

2California – Child and Family Services Review Signature Sheet

For submittal of: CSA SIP Progress Report

County	Santa Cruz
CSA Period Dates	February 2013 – February 2015
Outcome Data Period	September 2011 (Q1 11) to July 2014 (Q1 14)
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California - Child and Family Services Review

2015 Santa Cruz County Child Welfare/Juvenile Probation Self-Assessment

FEBRUARY 3, 2015 – FEBRUARY 3, 2020

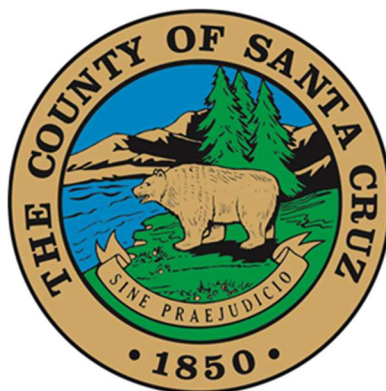


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Introduction

The purpose of the County Self-Assessment (CSA) is for each County, in collaboration with their community partners, to perform an in-depth assessment of Child Welfare and Juvenile Probation programs. This analysis includes both qualitative and quantitative data and guides the County in planning for program enhancements and continuous quality improvement.

The County Self-Assessment is one the three major components required by the California Child and Family Services Review (C-CFSR). The C-CFSR emerged as a result of California's Child Welfare System Improvement and Accountability Act (AB 636). As required by AB 636, Santa Cruz Family and Children's Services and Santa Cruz Juvenile Probation must analyze, in collaboration with key community stakeholders, its performance on critical child welfare and probation outcomes. These outcomes are measured using data from the statewide child welfare database. In addition to the outcome indicators, the Self-Assessment must review systemic and community factors that correspond to the federal review. The areas needing improvement will be addressed in the System Improvement Plan (SIP), which must also be developed in partnership with community partners. The SIP must be approved by the Santa Cruz County Board of Supervisors and submitted to the California Department of Social Services (CDSS).

In the past, counties have developed a separate plan for expenditure of federal and state funds for the Promoting Safe and Stable Families (PSSF), Child Abuse Prevention, Intervention and Treatment (CAPIT) and Community Based Child Abuse Prevention (CBCAP). In June 2008, the CDSS, in collaboration with the California Welfare Directors' Association, announced integration of the CAPIT, CBCAP, and PSSF plan into the C-CFSR. In an effort to minimize duplicative processes, maximize resources, and increase partnerships and communication between organizations, the CAPIT, CBCAP, and PSSF Plan has been integrated into the CSA and SIP process.

Santa Cruz County's most recent Self-Assessment was completed in February of 2011 and the SIP in July of 2011. Recent changes to the C-CFSR process have resulted in a change to the evaluation and reporting periods and the three-year cycle has been increased to five years to allow counties additional time to plan, implement, and achieve their desired outcomes and objectives.

As required, Santa Cruz County's Human Services Department, Family & Children's Services Division, and Juvenile Probation led the County Self-Assessment in partnership with the CDSS. The county was additionally supported in completion of this process by Shared Vision Consultants and the Bay Area Academy Regional Training Academy.

C-CFSR Planning Team & Core Representatives

C-CFSR Team

Judy Yokel, Director of Family and Children’s Services

Abby Wexler, Assistant Director, Family and Children’s Services

Mark Holguin, Program Manager, Family and Children’s Services

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Melissa Delgadillo, Program Manager, Family and Children’s Services

Kelli Kopeck, Senior Analyst, Family and Children’s Services (CAPIT/CBCAP/PSSF Liaison)

Sharon Fox, Social Work Supervisor, Family and Children’s Services

Lisa Molinar, Shared Vision Consultants

Henry Franklin, CDSS Office of Outcomes and Accountability

Irma Munoz, CDSS Office of Child Abuse Prevention

Core Representatives

The Human Services Department thanks the numerous individuals and organizations that participated in this assessment of our local Child Welfare System (CWS). First, we acknowledge the leadership of the Chair of the System Improvement Committee, Supervisor Bruce McPherson. His commitment to the welfare of children in Santa Cruz County is marked by his ongoing oversight of this process.

Human Services extends a sincere thanks to the community members of the SIP Steering Committee who have brought a wealth of experience and dedication to this effort. These members have invested generously of their time and knowledge to improving outcomes for children and families in our community. Their active role in shaping the system and their thoughtful feedback are highly valuable to the child welfare and probation departments. These members are:

Kristine Adams, Foster and Adoptive Parent Representative	Michael Paynter, County Office of Education
David Brody, First 5 of Santa Cruz County	Jenny Sarmiento, Pajaro Valley Prevention and Student Assistance
Dane Cervine, Health Services Agency, Children's Mental Health	Casey Schutte, FosterEd, Youth Law Center
Cynthia Druley, CASA of Santa Cruz	Laura Segura, Monarch Services
Bruce McPherson, Board of Supervisors	John Gallagher, County of Santa Cruz Superior Court,

	Juvenile Division
Suzanne Stone, Above the Line/Homes for Kids	Brian Murtha, Human Services Commission
Celia Goeckermann, Parents Center	Cynthia Sloane, Encompass Community Services
Deborah Helms, Foster and Kinship Care Education Program, Cabrillo College	Susan Paradise, Encompass Community Services Transition Age Youth programs
Deutron Kebebew, Encompass Community Services, PAPÁS and Child Abuse Prevention Council (CAPC) Representative	Valerie Thompson, Probation Department
Bill Manov, Health Services Agency, Alcohol and Drug Programs	Michael Watkins, Santa Cruz County Office of Education Participation of Core Representatives
Dana McRae, County Counsel	Michael Groves, Foster Parent Association President

Core representatives who comprised the SIP Steering Committee participated in the ongoing self-assessment process during quarterly meetings and in focus groups. Core representatives received regular updates on Santa Cruz County’s performance on outcomes data measures, as well as progress on System Improvement Plan strategies. Members of the public also attended and participated in some of the quarterly SIP Steering Committee meetings.

TRIBES

There are no Bureau of Indian Affairs recognized tribes in Santa Cruz County.

SERVICE RECIPIENTS

1. Foster youth (current and former) provided feedback during focus groups.
2. Parents/consumers provided both focus group and survey feedback.
3. Resource families and other caregivers provided both focus group and survey feedback.

The C-CFSR Planning Process

The Santa Cruz County SIP Steering Committee has met quarterly since the last SIP was developed and is the oversight body for decisions made regarding the process used to develop the CSA and SIP.

A smaller, internal C-CFSR team began the CSA planning process in March of 2014. This included agency staff from both child welfare and probation to make day to day decisions and to provide all logistical support. As the process unfolded additional input was received regarding the need for additional focus groups and surveys that would provide a more robust assessment of the entire continuum of care in Santa Cruz County. In addition to focus groups and surveys the county conducted the Peer Review, which will be described later in this document.

From August through October 2014, nineteen focus groups and three individual interviews were conducted. Focus groups and individual interviews were conducted with:

- Caregivers – County Licensed Foster Parents and Non Related Extended Family Members
- Public Service Providers – Mental Health, Alcohol and Other Drugs, Office of Education, Cabrillo College
- Nonprofit Service Providers – Independent Living Program, Domestic Violence provider, Parents Center
- Child Welfare Services Staff – Santa Cruz office
- Child Welfare Services Supervisors – Child Welfare Services Staff – Watsonville
- Dependency Court Systems Meeting – including the Dependency Court judge, attorneys, Court Appointed Special Advocates
- Family Foster Agency Caregivers
- Delinquency Court System Meeting - including the Delinquency Court judge and attorneys
- Child Welfare Services Youth – Independent Living Program/California Youth Connection
- Child Welfare Services Fathers (through the Encompass PAPÁS program)
- Extended Relatives
- Probation Parents
- Probation Staff – Including prior Probation Officer and Supervisors
- Probation Spanish Speaking Parents
- Probation Spanish Speaking Youth
- Probation Youth
- Education Liaisons and Foster Education Providers
- Early Childhood Education and Services and Day Care Providers
- Probation - Youth (2 Individual Interviews)
- Child Welfare Services – Deutron Kebebew, Project Director, PAPÁS (Individual Interview)

Focus groups were scheduled for 60-90 minutes and were comprised of between 5-17 participants. Groups were held at different community locations including both North and South County to accommodate participants, and with both Probation and CWS staff and families.

Within the focus groups, participants were asked to respond to questions regarding improvements, strengths, services, and barriers to success for CWS and Juvenile Probation families, children, and youth and recommendations for improvement. While questions were different for different groups and tailored to the stakeholder’s experiences with the system, the common themes in the questions revolved around the SIP outcome measures.

Additionally written surveys were administered to child welfare caregivers and parents in both English and Spanish.

Demographic Profile

General County Demographics

POPULATION

TABLE 1: GENERAL POPULATION OF COUNTY

	2000	2010	2012
California	33,871,648	37,253,956	38,041,430
Santa Cruz County	255,602	262,382	266,776
Santa Cruz	54,593	59,946	62,041
Watsonville	44,265	51,199	51,881
Scotts Valley	11,385	11,580	11,670
Capitola	10,033	9,918	10,012

Sources: U.S. Census Bureau, 2000 Census; U.S. Census Bureau, 2010 Census; U.S. Census Bureau, 2012 American Community Survey

Santa Cruz County is located on the California coast, situated at the north end of the Monterey Bay. There are four incorporated cities within Santa Cruz County: Santa Cruz, Watsonville, Scotts Valley, and Capitola. The county seat is Santa Cruz.

TABLE 2: DEMOGRAPHICS OF GENERAL SANTA CRUZ COUNTY, BY AGE AND GENDER

	All		Female		Male	
	Number	Percent	Number	Percent	Number	Percent
Total population	266,776		134,232		132,544	
Under 5 years	15,194	5.6%	7,417	5.4%	7,777	5.9%
5 to 9 years	15,133	5.3%	7,444	5.5%	7,689	5.1%
10 to 14 years	15,083	6.3%	7,225	5.6%	7,858	6.9%
15 to 19 years	22,432	8.5%	11,400	8.5%	11,032	8.4%
20 to 24 years	27,192	9.8%	13,146	9.6%	14,046	10.0%
25 to 29 years	16,024	12.1%	7,521	5.6%	8,503	6.4%
30 to 34 years	16,389	12.4%	8,067	6.0%	8,322	6.3%
35 to 39 years	15,544	13.7%	7,694	5.7%	7,850	5.8%
40 to 44 years	16,972	8.1%	8,352	6.7%	8,620	6.7%
45 to 49 years	17,496	5.9%	8,830	6.3%	8,666	6.8%
50 to 54 years	19,302	7.0%	9,762	7.3%	9,540	7.1%
55 to 59 years	19,990	3.2%	10,282	8.6%	9,708	7.7%
60 to 64 years	17,590	2.0%	8,724	5.6%	8,866	6.3%
65 to 69 years	11,802	5.6%	6,025	5.2%	5,777	4.5%

70 to 74 years	6,945	5.3%	3,705	2.2%	3,240	2.1%
75 to 79 years	4,819	6.3%	2,699	2.0%	2,120	1.3%
80 to 84 years	3,906	8.5%	2,336	1.8%	1,570	1.1%
85 years and over	4,963	9.8%	3,328	2.3%	1,635	1.7%

Source: Source: U.S. Census Bureau, 2012 American Community Survey.

There are slightly more females than males. The median population age is 32.9 years. The adult population 21-61 years is the largest demographic at 66.6%. Youth under the age of 19 comprise of 31.8% of the overall population. Twenty-eight percent of the population was under 18 years and 11 percent was 65 years and older.

TABLE 3: DEMOGRAPHICS OF GENERAL SANTA CRUZ COUNTY POPULATION, BY RACE

RACE	Total	Percent
One Race	254,522	95.4%
White	221,730	83.1%
Black or African American	3,020	1.1%
American Indian and Alaska Native	1,952	0.7%
Asian	10,991	4.1%
Native Hawaiian and Other Pacific Islander	521	0.2%
Some Other Race	16,308	6.1%
Two or More Races	12,254	4.6%
White; American Indian and Alaska Native [3]	2,730	1.0%
White; Asian [3]	3,869	1.5%
White; Black or African American	896	0.3%
Total population	266,776	100%

Source: Source: U.S. Census Bureau, 2012 American Community Survey.

TABLE 4: DEMOGRAPHICS OF GENERAL SANTA CRUZ COUNTY, BY RACE-HISPANIC/LATINO

	Total	Percent
Total population	266,776	100%
Hispanic or Latino (of any race)	87,299	32.7%
Mexican	76,415	28.6%
Puerto Rican	1,457	0.5%
Cuban	458	0.2%
Other Hispanic or Latino [5]	8,969	3.4%
Not Hispanic or Latino	179,477	67.3%

Source: U.S. Census Bureau, 2012 American Community Survey. Note: People who identify their origin as Spanish, Hispanic, or Latino may be of any race. Thus, the percent Hispanic should not be added to percentages for racial categories.

TABLE 5: SANTA CRUZ COUNTY POPULATION PROJECTIONS BY RACE/ETHNICITY, 2020

YEAR	TOTAL	WHITE	HISPANIC	ASIAN	PACIFIC ISLANDER	BLACK	AMERICAN INDIAN	MULTI-RACE
2020	287480	139942	119705	16501	407	3228	2042	5655
As a percent	100%	49.%	42.%	6.%	0%	1.%	1.%	2.%

Source: California Race and Ethnic Population Totals 2000-2050, <https://opendata.socrata.com/Government/California-Race-And-Ethnic-Population-Totals-2000-/tdw2-bgt8?>

TABLE 6: LANGUAGES SPOKEN AT HOME, SANTA CRUZ COUNTY

	Total	Percent
Population 5 years and over	251,704	251,704
Language other than English	80,173	31.9%
Spanish	64,227	25.5%
Other Indo-European languages	7,182	2.9%
Asian and Pacific Islander languages	7,339	2.9%
Other languages	1,425	0.6%

Source: U.S. Census Bureau, 2012 American Community Survey

The primary ethnic minority group in Santa Cruz County is Hispanic/Latino, comprising 33% of the County’s population. The South County area around and including the City of Watsonville is the major center of Latino population in the County. The Hispanic population is projected to increase to 42% by 2020. Thirty-two percent of the County’s population five years old and over reported that Spanish is spoken by at least some members of their household.

HOUSEHOLD INCOME, EMPLOYMENT, AND POVERTY

TABLE 7: INCOME FOR SANTA CRUZ COUNTY, (IN 2012 INFLATION-ADJUSTED DOLLARS)

	California		County	
Total households	12,552,658	12,552,658	93,253	93,253
Less than \$10,000	794,831	6.3%	5,422	5.8%
\$10,000 to \$14,999	671,941	5.4%	3,532	3.8%
\$15,000 to \$24,999	1,268,861	10.1%	7,623	8.2%
\$25,000 to \$34,999	1,150,308	9.2%	6,950	7.5%
\$35,000 to \$49,999	1,585,035	12.6%	10,102	10.8%
\$50,000 to \$74,999	2,129,072	17.0%	17,239	18.5%
\$75,000 to \$99,999	1,500,192	12.0%	11,320	12.1%
\$100,000 to \$149,999	1,801,399	14.4%	15,499	16.6%
\$150,000 to \$199,999	794,583	6.3%	7,117	7.6%
\$200,000 or more	856,436	6.8%	8,449	9.1%
Median household income (dollars)	58,328	(X)	67,769	(X)

Source: U.S. Census Bureau, 2012 American Community Survey

The median income of households in Santa Cruz County, California was \$67,769. Ten percent of households had income below \$15,000 a year and 17 percent had income over \$150,000 or more. Eighty-one percent of the households received earnings and 16 percent received retirement income other than Social Security. Twenty-seven percent of the households received Social Security. The average income from Social Security was \$17,040. These income sources are not mutually exclusive; that is, some households received income from more than one source.¹

TABLE 8: EMPLOYMENT STATUS, SANTA CRUZ COUNTY

	California		County	
	Estimate	Percent	Estimate	Percent
EMPLOYMENT STATUS				
Population 16 years and over	29,884,983	29,884,983	218,080	218,080
In labor force	19,068,155	63.8%	146,140	67.0%
Civilian labor force	18,929,227	63.3%	146,087	67.0%
Employed	16,778,061	56.1%	134,312	61.6%
Unemployed	2,151,166	7.2%	11,775	5.4%
Armed Forces	138,928	0.5%	53	0.0%
Not in labor force	10,816,828	36.2%	71,940	33.0%

Source: U.S. Census Bureau, 2012 American Community Survey

In Santa Cruz County, 67 percent of the “population 16 and over” was employed; 33 percent were not currently in the labor force. 75.1 percent of the people employed were private wage and salary workers; 14.5 percent were federal, state, or local government workers; and 10.2 percent were self-employed in their own (not incorporated) business.

TABLE 9: MEDIAN HOUSING COSTS, SANTA CRUZ COUNTY

	California	County
Median household income	\$61,400	\$66,571
Median value of owner-occupied housing units	\$383,900	\$576,500

Source U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits

TABLE 10: SANTA CRUZ COUNTY HOMELESSNESS COUNT

Year	Count
2005	3,293
2007	2,789
2009	2,265
2011	2,771
2013	3,536

Source: Santa Cruz County 2013 Homeless Census & Survey Executive Summary

http://www.appliedsurveyresearch.org/storage/database/homelessness/santacruz/Infographic_ExecutiveSummary_SantaCruz_2013.pdf

¹ Source: U.S. Census Bureau, 2012 American Community Survey

Children made up 12 percent of the homeless people counted. An additional 25 percent of the homeless were 18 to 24 years old. The majority (63%) of the homeless population were over the age of 25. Eighty-two percent of individuals reported residing in unsheltered settings (i.e. on the street, in abandoned buildings, in vehicles, or encampments). Two-thirds of the homeless were male. One hundred twenty-nine of the people counted were domestic violence victims.

TABLE 10: NUMBER OF RECIPIENTS OF CALWORKS BENEFITS: 2009 - 2013

Locations	Percent				
	2009	2010	2011	2012	2013
California	3.4%	3.7%	3.9%	3.7%	3.6%
Santa Cruz County	2.0%	2.1%	2.1%	1.9%	1.9%

Data Source: As cited on kidsdata.org, California Dept. of Social Services, CalWORKs Data Trends. Accessed at <http://www.cdss.ca.gov/research/PG219.htm> (Aug. 2013); California Dept. of Finance, E-4 Historical Population Estimates for Cities, Counties, and the State, 1990-2000, 2001-2010, 2011-2013. Accessed at <http://www.dof.ca.gov> (May 2013).

CHILD MALTREATMENT INDICATORS

TABLE 1: NUMBER AND PERCENT OF LOW BIRTHWEIGHT BIRTHS, CALIFORNIA COUNTIES, 2008-2010

	CA # of all live births	% of all live births	County # of all live births	% of all live births
2008	37,663	6.8	223	6.3
2009	35,835	6.8	201	6.1
2010	34,692	6.8	182	5.7

Source: State of California, Department of Public Health, Birth Records
<http://www.cdph.ca.gov/data/statistics/Documents/VSC-2010-0220.pdf>

TABLE 2: NUMBER AND PERCENT OF LIVE BIRTHS TO TEEN MOTHERS (AGED 15-19), 2008-2010

	CA # of live births	% of all live births	County # of live births	% of all live births
2008	51,704	9.4	303	8.6
2009	47,811	9.1	314	9.5
2010	43,127	8.5	257	8.1

Source: State of California, Department of Public Health, Birth Records.
<http://www.cdph.ca.gov/data/statistics/Documents/VSC-2010-0221.pdf>

TABLE 3: NUMBER AND PERCENT OF LIVE BIRTHS WITH LATE OR NO PRENATAL CARE, 2010

	LATE OR NO PRENATAL CARE	PERCENT OF ALL LIVE BIRTHS
California	15,995	3.2
Santa Cruz County	103	3.3

Note: Late prenatal care is care beginning in the third trimester. Source: State of California, Department of Public Health, Birth Records. <http://www.cdph.ca.gov/data/statistics/Documents/VSC-2010-0219.pdf>

TABLE 4: LIVE BIRTHS, CALIFORNIA COUNTIES, 2009-2011 (BY PLACE OF RESIDENCE)

	2009	2010	2011
California	526,774	509,979	502,023
Santa Cruz County	3,301	3,190	3,232

Source: Source: State of California, Department of Public Health, Birth Records.

<http://www.cdph.ca.gov/data/statistics/Documents/VSC-2011-0218.pdf>

TABLE 5: DEMOGRAPHICS OF LIVE BIRTHS IN COUNTY, BY RACE/ETHNICITY OF MOTHER, 2010 (BY PLACE OF RESIDENCE)

	Total	Hispanic	Non-Hispanic							
			2 or More Race Groups	American Indian	Asian	Black	Pacific Islander	White	Other Race	Unknown
California	509,979	257,269	10,285	1,910	60,654	27,704	2,235	140,670	345	8,907
County	3,190	1,814	38	4	88	16	4	1,179	3	44

Source: State of California, Department of Public Health, Birth Records.

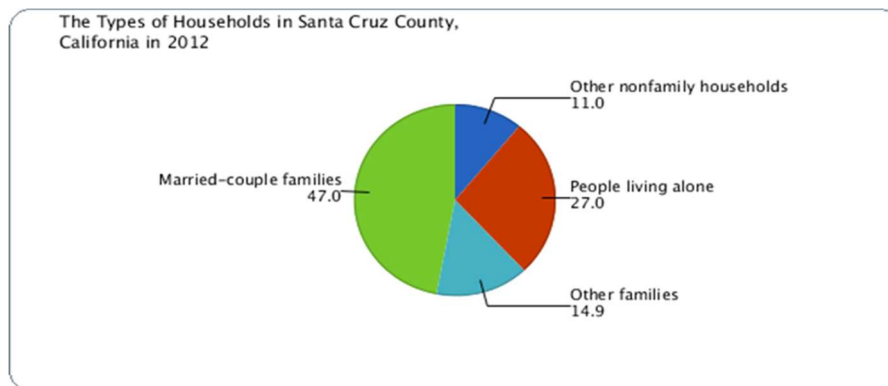
<http://www.cdph.ca.gov/data/statistics/Documents/VSC-2010-0233.pdf>

FAMILY STRUCTURE

In 2012 there were 93,000 households in Santa Cruz County, California. The average household size was 2.7 people. Families made up 62 percent of the households in Santa Cruz County, California. This figure includes both married-couple families (47 percent) and other families (15 percent). Of other families, 6 percent are female householder families with no husband present and have children under 18 years of age.

Nonfamily households made up 38 percent of all households in Santa Cruz County, California. Most of the nonfamily households were people living alone, but some were composed of people living in households in which no one was related to the householder.

In Santa Cruz County, California, 30 percent of all households have one or more people under the age of 18; 26 percent of all households have one or more people 65 years and over.²



Among persons 15 and older, 45 percent of males and 42 percent of females are currently married.

² Source: U.S. Census Bureau, 2012 American Community Survey

In Santa Cruz County, California, 4,400 grandparents lived with their grandchildren under 18 years old. Of those grandparents, 24 percent of them had financial responsibility for their grandchildren.

TABLE 6: MARITAL STATUS OF SANTA CRUZ COUNTY, BY GENDER

	Tot.	Tot.	Female		Male	
	CA		CA		CA	
Population 15 years and over	30,416,010		15,397,459		15,018,551	
Now married, except separated	46.1%		44.8%	42.4	47.4%	44.7
Widowed	5.1%		8.0%	7	2.1%	1.8
Divorced	9.8%		11.3%	13.3	8.3%	8.1
Separated	2.4%		2.8%	2.2	1.9%	1.5
Never married	36.6%		33.1%	35.1	40.3%	43.8

Source: U.S. Census Bureau, 2010-2012 American Community Survey

TABLE 7: PERCENTAGE OF FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL

	California	Santa Cruz
All families	12.9%	7.8%
With related children under 18 years	19.3%	11.6%
Married couple families	7.7%	3.1%
With related children under 18 years	11.3%	4.6%
Families with female householder, no husband present	29.2%	26.8%
With related children under 18 years	39.4%	33.3%

Source: U.S. Census Bureau, 2012 American Community Survey

TABLE 8: HOUSING COSTS AND AVAILABILITY, 2012

	California		Santa Cruz County	
	Estimate	Percent	Estimate	Percent
HOUSING OCCUPANCY				
Total housing units	13,708,197	13,708,197	104,286	104,286
Occupied housing units	12,552,658	91.6%	93,253	89.4%
Vacant housing units	1,155,539	8.4%	11,033	10.6%
Homeowner vacancy rate	1.6	(X)	1.6	(X)
Rental vacancy rate	4.5	(X)	2.7	(X)
HOUSING TENURE				
Occupied housing units	12,552,658	12,552,658	93,253	93,253
Owner-occupied	6,781,817	54.0%	52,900	56.7%
Renter-occupied	5,770,841	46.0%	40,353	43.3%
VALUE				
Owner-occupied units	6,781,817	6,781,817	52,900	52,900
Median (dollars)	349,400	(X)	545,700	(X)

MORTGAGE STATUS				
Owner-occupied units	6,781,817	6,781,817	52,900	52,900
Housing units with a mortgage	5,013,594	73.9%	38,681	73.1%
Housing units without a mortgage	1,768,223	26.1%	14,219	26.9%
SELECTED MONTHLY OWNER COSTS (SMOC)				
Housing units with a mortgage	5,013,594	5,013,594	38,681	38,681
Median (dollars)	2,119	(X)	2,482	(X)
Housing units without a mortgage	1,768,223	1,768,223	14,219	14,219
Median (dollars)	478	(X)	517	(X)
GROSS RENT				
Occupied units paying rent	5,593,677	5,593,677	39,272	39,272
Median (dollars)	1,200	(X)	1,474	(X)

Source: U.S. Census Bureau, 2012 American Community Survey

EDUCATION

TABLE 9: SCHOOL ENROLLMENT, SANTA CRUZ COUNTY, 2012

	California		Santa Cruz County	
	Estimate	Percent	Estimate	Percent
Population 3 years and over enrolled in school	10,678,252	100%	78,731	100%
Nursery school, preschool	591,188	5.5%	3,356	4.3%
Kindergarten	520,325	4.9%	2,273	2.9%
Elementary school (grades 1-8)	4,064,573	38.1%	24,798	31.5%
High school (grades 9-12)	2,250,021	21.1%	12,672	16.1%
College or graduate school	3,252,145	30.5%	35,632	45.3%

Source: U.S. Census Bureau, 2012 American Community Survey

TABLE 10: SCHOOL ENROLLMENT BY RACE/ETHNICITY, 2012-2013 SCHOOL YEAR

	Hispanic or Latino of Any Race	American Indian or Alaska Native	Asian,	Pacific Islander	Filipino,	African American	White	Two or More Races, Not Hispanic	Not Reported	Total
State Total	3,282,105	40,414	536,970	33,958	154,891	394,695	1,589,393	149,806	44,757	6,226,989
Santa Cruz Co.	21,914	144	730	70	336	376	14,916	1,055	419	39,960

Source: California Longitudinal Pupil Achievement Data System (CALPADS). Data as of: 2013-05-30.

Retrieved from <http://dq.cde.ca.gov/dataquest>

TABLE 11: RATE OF HIGH SCHOOL DROPOUTS, SANTA CRUZ COUNTY, 2011 – 2012

	Adjusted Grade 9-12 Dropout Total	Grade 9-12 Enrollment Total	Annual Adjusted Grade 9-12 Dropout Rate
Statewide Total	79,413	1,984,774	4.0%
County Total	368	11,838	3.1%

Source: California Longitudinal Pupil Achievement Data System (CALPADS). Data as of: 2013-05-30.

Retrieved from

<http://dq.cde.ca.gov/dataquest/DropoutReporting/DrpByEth.aspx?cDistrictName=SANTA%20CRUZ&CDSCode=4400000000000000&Level=County&TheReport=EthOnly&ProgramName=All&cYear=2011-12&cAggSum=CTotGrade&cGender=B>

TABLE 12: EDUCATIONAL ATTAINMENT, SANTA CRUZ COUNTY, 2012

	California		Santa Cruz County	
	Estimate	Percent	Estimate	Percent
Population 25 years and over	24,779,784	24,779,784	172,067	172,067
Less than 9th grade	2,509,483	10.1%	15,327	8.9%
9th to 12th grade, no diploma	2,077,250	8.4%	8,843	5.1%
High school graduate (includes equivalency)	5,107,967	20.6%	27,647	16.1%
Some college, no degree	5,465,458	22.1%	39,043	22.7%
Associate's degree	1,959,097	7.9%	15,277	8.9%
Bachelor's degree	4,865,203	19.6%	39,704	23.1%
Graduate or professional degree	2,795,326	11.3%	26,226	15.2%
			172,067	172,067

Source: U.S. Census Bureau, 2012 American Community Survey

Eighty-one and a half percent of the population 25 years and over are high school graduates or higher. Of the same population 30.9% of the population have bachelor's degrees or higher.

HEALTH AND DISABILITIES

TABLE 13: HEALTH INSURANCE COVERAGE

	California		Santa Cruz County	
	Estimate	Percent	Estimate	Percent
Civilian Noninstitutionalized Population	37,524,274	37,524,274	265,440	265,440
With health insurance coverage	30,814,688	82.1%	227,341	85.6%
With private health insurance	22,506,950	60.0%	182,496	68.8%
With public coverage	11,426,976	30.5%	69,379	26.1%
No health insurance coverage	6,709,586	17.9%	38,099	14.4%

Source: U.S. Census Bureau, 2012 American Community Survey

TABLE 14: DISABILITY STATUS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION

	California		Santa Cruz County	
	Estimate	Percent	Estimate	Percent
Total Civilian Noninstitutionalized Population	37,524,274	37,524,274	265,440	265,440
With a disability	3,821,538	10.2%	23,709	8.9%
Under 18 years	9,223,488	9,223,488	55,258	55,258
With a disability	282,281	3.1%	2,224	4.0%
18 to 64 years	23,798,381	23,798,381	177,967	177,967
With a disability	1,891,395	7.9%	11,207	6.3%
65 years and over	4,502,405	4,502,405	32,215	32,215
With a disability	1,647,862	36.6%	10,278	31.9%

Source: U.S. Census Bureau, 2012 American Community Survey

TABLE 15: CHILDREN WITH MAJOR DISABILITIES (REGIONS OF 65,000 RESIDENTS OR MORE): 2008 - 2011

	2008	2009	2010	2011
County				
California	274,930 (2.9%)	272,691 (2.9%)	283,254 (3.0%)	289,003 (3.1%)

Data Source: As cited on kidsdata.org, U.S. Census Bureau, American Community Survey. Accessed at <http://factfinder2.census.gov> (Nov. 2012).

TABLE 16: SPECIAL EDUCATION ENROLLMENT, SANTA CRUZ COUNTY, BY DISABILITY: 2008 – 2012

	2009	2010	2011	2012
Autism	5.3%	5.8%	5.9%	6.4%
Deaf	0.4%	0.4%	0.4%	0.4%
Deaf-Blindness	N/A	N/A	N/A	N/A
Emotional Disturbance	3.2%	3.0%	3.2%	2.9%
Hard of Hearing	2.1%	2.1%	2.0%	2.3%
Intellectual Disability	4.2%	4.1%	4.4%	4.3%
Learning Disability	47.9%	49.1%	49.6%	50.0%
Multiple Disability	1.1%	1.1%	1.2%	1.1%
Orthopedic Impairment	1.9%	2.0%	1.9%	1.8%
Other Health Impairment	6.0%	5.9%	6.3%	6.1%
Speech or Language Impairment	27.1%	25.8%	24.2%	23.9%
Traumatic Brain Injury	N/A	0.2%	N/A	N/A
Visual Impairment	0.6%	0.6%	0.6%	0.6%

Data Source: Special Tabulation by the California Dept. of Education, Special Education Division; Assessment, Evaluation and Support (Nov. 2013); California Dept. of Education, California Basic Educational Data System (CBEDS); National Center for Education Statistics. (2013). Table 204.30: Children 3 to 21 years old served under Individuals with Disabilities Education Act (IDEA), Part B, by type of disability: Selected years, 1976-77 through 2011-12. Digest of Education Statistics (Nov. 2013).

MENTAL HEALTH

TABLE 17: PERCENTAGE OF DEPRESSION-RELATED FEELINGS, BY GENDER AND GRADE LEVEL: 2008-2010

California	Female		Male	
	Yes	No	Yes	No
7th Grade	30.8%	69.2%	24.7%	75.3%
9th Grade	36.4%	63.6%	24.2%	75.8%
11th Grade	37.2%	62.8%	26.5%	73.5%
Non-Traditional	47.0%	53.0%	29.4%	70.6%
Santa Cruz County	Female		Male	
	Yes	No	Yes	No
7th Grade	33.1%	66.9%	24.8%	75.2%
9th Grade	33.7%	66.3%	26.6%	73.4%
11th Grade	32.4%	67.6%	22.1%	77.9%
Non-Traditional	45.9%	54.1%	30.0%	70.0%

Source: As cited on kidsdata.org, California Department of Education, California Healthy Kids Survey (WestEd). <http://www.wested.org/chks>. Note: "Non-traditional" students are those enrolled in Community Day Schools or Continuation Education.

TABLE 18: DOMESTIC VIOLENCE-RELATED CALLS FOR ASSISTANCE, COUNTY 2008-12

	2008	2009	2010	2011	2012
No Weapon Involved	706	683	741	681	632
Weapon Involved*	141	173	155	160	151
Firearm	5	6	2	4	0
Knife or Cutting Instrument	19	19	13	19	12
Other Dangerous Weapon	47	60	61	58	51
Personal Weapon**	70	88	79	79	88
Not Reported	0	0	0	0	0
TOTAL CALLS	847	856	896	841	783
TOTAL CALLS CALIFORNIA	166343	167087	166361	158548	157634

* Penal Code section 13730 does not require that the type of weapon involved in a domestic violence-related call be reported. ** Hands, feet, etc. Source: <http://oag.ca.gov/crime/cjsc/stats/domestic-violence>

TABLE 19: ADULTS IN COUNTY WHO SOUGHT HELP FOR SELF-REPORTED MENTAL/EMOTIONAL AND/OR ALCOHOL-DRUG ISSUE(S), BY GENDER

Gender	Needed help but did not receive treatment		Needed help and received treatment		All	
	Est. N	%	Est. N	%	Est. N	%
Male – CA	857,000	44.9	908,000	37.0	18,227,000	49.4
Female CA	1,051,000	55.1	1,547,000	63.0	18,704,000	50.6
TOTAL						
TOTAL CA	1,908,000	100.0	2,456,000	100.0	36,931,000	100.0

Source: 2011 - 2012 California Health Interview Survey, <http://ask.chis.ucla.edu>

TABLE 20: NON-FATAL EMERGENCY DEPARTMENT VISIT BY AGE AND CAUSE, COUNTY AND CALIFORNIA, 2012

Age	All unintentional injuries		All self-inflicted injuries		All assault injuries		Other-Undetermined Intent	
	SC0	CA	SC	CA	SC	CA	SC	CA
< 1	141	26,771	0	2	1	94	0	86
1-4	1,095	207,306	1	36	1	496	3	561
5-9	987	162,830	1	54	5	907	0	210
10-14	986	176,281	23	2,120	16	4,686	1	541
15-19	1,166	191,236	63	6,700	89	16,253	4	1,565
Total	4,375	764,424	88	8,912	112	22,436	8	2,963

Source: California Office of Statewide Health Planning and Development, Emergency Department Data. Prepared by: California Department of Public Health, Safe and Active Communities Branch. Report generated from <http://epicenter.cdph.ca.gov>

CHILD WELFARE AND PROBATION POPULATION

All Data from CWS/CMS Quarter Q4 2013

Santa Cruz County Population

TABLE 1: CHILD POPULATION BY AGE (2010-2013)

Age Group	Year-Interval			
	2010	2011	2012	2013
Under 1	2,920	3,221	3,320	3,356
'1-2	6,013	5,890	6,124	6,480
'3-5	9,112	9,216	9,190	8,917
'6-10	15,051	15,036	15,021	15,127

'11-15	15,640	15,497	15,437	15,317
16-17	6,742	6,904	6,863	6,742
18-20	18,173	18,063	17,782	18,200
Total	73,651	73,827	73,736	74,139

TABLE 2: PERCENTAGE OF CHILD POPULATION BY RACE/ETHNICITY (2010-2013)

Ethnic Group	Year-Interval			
	2010	2011	2012	2013
Black	0.9	0.9	0.9	0.9
White	43.9	43	42.2	41.6
Latino	46.1	47	47.7	48.1
Asian/P.I.	4.4	4.4	4.3	4.5
Nat Amer	0.3	0.3	0.3	0.2
Multi-Race	4.4	4.5	4.6	4.7
Total	100	100	100	100

TABLE 3: CHILD POPULATION (0-17) AND CHILDREN WITH CHILD MALTREATMENT ALLEGATIONS, SUBSTANTIATIONS, AND ENTRIES, JAN 1, 2013 TO DEC 31, 2013, BY AGE

Age Group	Total Child Population	Children with Allegations	Incidence per 1,000 Children	Children with Substantiations	Incidence per 1,000 Children	% of Allegations	Children with Entries	Incidence per 1,000 Children	% of Substantiations
Under 1	3,356	192	57.2	58	17.3	30.2	25	7.4	43.1
'1-2	6,480	249	38.4	41	6.3	16.5	13	2	31.7
'3-5	8,917	429	48.1	62	7	14.5	15	1.7	24.2
'6-10	15,127	755	49.9	107	7.1	14.2	26	1.7	24.3
'11-15	15,317	612	40	105	6.9	17.2	36	2.4	34.3
16-17	6,742	233	34.6	34	5	14.6	20	3	58.8
Total	55,939	2,470	44.2	407	7.3	16.5	135	2.4	33.2

TABLE 4: CALIFORNIA CHILD POPULATION (0-17) AND CHILDREN WITH CHILD MALTREATMENT ALLEGATIONS, SUBSTANTIATIONS, AND ENTRIES, JAN 1, 2013 TO DEC 31, 2013, BY RACE/ETHNICITY

Ethnic Group	Total Child Population	Children with Allegations	Incidence per 1,000 Children	Children with Substantiations	Incidence per 1,000 Children	% of Allegations	Children with Entries	Incidence per 1,000 Children	% of Substantiations
Black	422	52	123.2	14	33.2	26.9	5	11.9	35.7
White	22,165	903	40.7	146	6.6	16.2	56	2.5	38.4
Latino	29,238	1,367	46.8	233	8	17	68	2.3	29.2
Asian/PI	1,358	20	14.7	2	1.5	10	0	0	0

Nat Amer	153	12	78.5	4	26.2	33.3	2	13.1	50
Multi-Race	2,604	0	0	0	0	.	0	0	.
Missing	0	116	.	8	.	6.9	4	.	50
Total	55,939	2,470	44.2	407	7.3	16.5	135	2.4	33.2

TABLE 5: CALIFORNIA CHILD POPULATION (0-17) AND CHILDREN WITH CHILD MALTREATMENT ALLEGATIONS, SUBSTANTIATIONS, AND ENTRIES, JAN 1, 2013 TO DEC 31, 2013, BY GENDER

Gender	Total Child Population	Children with Allegations	Incidence per 1,000 Children	Children with Substantiations	Incidence per 1,000 Children	% of Allegations	Children with Entries	Incidence per 1,000 Children	% of Substantiations
Female	27,036	1,219	45.1	196	7.2	16.1	63	2.3	32.1
Male	28,903	1,239	42.9	211	7.3	17	72	2.5	34.1
Missing	.	12	.	.	.	.	.	.	.
Total	55,939	2,470	44.2	407	7.3	16.5	135	2.4	33.2

TABLE 6: CHILDREN WITH ONE OR MORE ALLEGATIONS FOR JAN 1, 2013 TO DEC 31, 2013

Allegation Type	Disposition Type					Total
	Substantiated	Inconclusive	Unfounded	Assessment Only/Evaluated Out	Not Yet Determined	
	n	N	n	n	N	
Sexual Abuse	35	39	62	71	2	209
Physical Abuse	50	149	228	105	4	536
Severe Neglect	35	26	17	4	.	82
General Neglect	235	367	358	328	4	1,292
Exploitation	1	.	.	1	.	2
Emotional Abuse	47	122	22	101	.	292
Caretaker Absence/Incapacity	.	.	.	.	.	.
At Risk, Sibling Abused	4	7	42	4	.	57
Substantial Risk	.	.	.	.	.	.
Missing	.	.	.	.	.	.
Total	407	710	729	614	10	2,470

TABLE 7: CHILD WELFARE- CHILDREN WITH FIRST ENTRIES, JAN 1, 2013 TO DEC 31, 2013, BY AGE

Age Group	Total Child Population	Children with Entries	Incidence per 1,000 Children
Under 1	3,356	25	7.4
'1-2	6,480	12	1.9
'3-5	8,917	14	1.6

'6-10	15,127	20	1.3
'11-15	15,317	31	2
16-17	6,742	14	2.1
Total	55,939	116	2.1

TABLE 8: CHILD WELFARE- CHILDREN WITH FIRST ENTRIES, JAN 1, 2013 TO DEC 31, 2013, BY RACE/ETHNICITY

Ethnic Group	Total Child Population	Children with Entries	Incidence per 1,000 Children
Black	422	5	11.9
White	22,165	49	2.2
Latino	29,238	57	1.9
Asian/P.I.	1,358	0	0
Nat Amer	153	1	6.5
Multi-Race	2,604	0	0
Missing	0	4	.
Total	55,939	116	2.1

TABLE 9: CHILD WELFARE- CHILDREN WITH REENTRIES, JAN 1, 2013 TO DEC 31, 2013, BY AGE

Age Group	Total Child Population	Children with Entries	Incidence per 1,000 Children
Under 1	3,356	0	0
'1-2	6,480	1	0.2
'3-5	8,917	1	0.1
'6-10	15,127	6	0.4
'11-15	15,317	5	0.3
16-17	6,742	6	0.9
Total	55,939	19	0.3

TABLE 10: CHILD WELFARE- CHILDREN WITH REENTRIES, JAN 1, 2013 TO DEC 31, 2013, BY RACE/ETHNICITY

Ethnic Group	Total Child Population	Children with Entries	Incidence per 1,000 Children
Black	422	0	0
White	22,165	7	0.3
Latino	29,238	11	0.4
Asian/P.I.	1,358	0	0
Nat Amer	153	1	6.5
Multi-Race	2,604	0	0
Missing	.	.	.
Total	55,939	19	0.3

TABLE 11: PROBATION- CHILDREN WITH FIRST ENTRIES, JAN 1, 2013 TO DEC 31, 2013, BY AGE AND RACE/ETHNICITY

Age Group	Ethnic Group						Total
	Black	White	Latino	Asian/P.I.	Nat Amer	Missing	
	n	n	N	n	n	N	
<1 mo
1-11 mo
'1-2 yr
'3-5 yr
'6-10 yr
'11-15 yr	2	.
16-17 yr	3	.
18-20 yr
Total	5	.

TABLE 12: PROBATION- CHILDREN WITH REENTRIES, JAN 1, 2013 TO DEC 31, 2013, BY AGE AND RACE/ETHNICITY

Age Group	Ethnic Group						Total
	Black	White	Latino	Asian/P.I.	Nat Amer	Missing	
	n	n	N	n	n	N	
<1 mo
1-11 mo
'1-2 yr
'3-5 yr
'6-10 yr
'11-15 yr	3	.
16-17 yr	3	.
18-20 yr
Total	6	.

TABLE 13: CHILD WELFARE CHILDREN IN FOSTER CARE, BY AGE

	Point In Time				
	1-Jan-10	1-Jan-11	1-Jan-12	1-Jan-13	1-Jan-14
	n	n	n	n	n
Under 1	15	19	23	18	17
'1-2	35	36	42	41	29
'3-5	34	47	57	60	38
'6-10	43	52	48	55	53
'11-15	57	64	56	56	44
16-17	36	29	39	39	40
18-20	4	9	9	19	28
Missing	.	.	.	.	.
Total	224	256	274	288	249

TABLE 14: CHILD WELFARE CHILDREN IN FOSTER CARE, BY RACE/ETHNICITY

Ethnic Group	Point In Time				
	1-Jan-10	1-Jan-11	1-Jan-12	1-Jan-13	1-Jan-14
	n	N	n	n	n
Black	18	14	14	14	9
White	81	111	118	127	103
Latino	123	128	140	144	132
Asian/P.I.	2	2	2	3	1
Nat Amer	.	1	.	.	1
Missing	.	.	.	.	3
Total	224	256	274	288	249

TABLE 15: PROBATION CHILDREN IN FOSTER CARE, BY AGE

	Point In Time				
	1-Jan-10	1-Jan-11	1-Jan-12	1-Jan-13	1-Jan-14
	n	n	n	n	n
Under 1	.	.	.	.	.
'1-2	.	.	.	.	.
'3-5	.	.	.	.	.
'6-10	.	.	.	.	.
'11-15	6	6	8	5	2
16-17	20	23	23	12	11
18-20	1	9	14	15	9
Missing	.	.	.	.	.
Total	27	38	45	32	22

TABLE 16: PROBATION CHILDREN IN FOSTER CARE, BY RACE/ETHNICITY

	Point In Time				
	1-Jan-10	1-Jan-11	1-Jan-12	1-Jan-13	1-Jan-14
	n	N	n	n	n
Black	3	2	1	1	.
White	6	6	10	7	7
Latino	16	28	31	23	15
Asian/P.I.	1	.	1	.	.
Nat Amer	.	.	.	.	.
Missing	1	2	2	1	.
Total	27	38	45	32	22

TABLE 17: CHILD WELFARE- CASELOAD BY SERVICE COMPONENT TYPE AND AGE, JANUARY 2014

	Age Group							Total
	Under 1	'1-2	'3-5	'6-10	'11-15	16-17	18-20	
	n	n	n	n	N	n	n	
Emergency Response	9	5	3	9	5	4	.	35

Pre-Placement (FM)	12	5	14	13	9	2	.	55
Post-Placement (FM)	.	3	5	12	7	1	.	28
Family Reunification	1	11	15	24	18	9	.	78
Permanent Placement	11	16	26	31	25	30	4	143
Supportive Transition	.	.	.	.	.	.	24	24
Missing	.	.	.	.	.	.	.	.
Total	33	40	63	89	64	46	28	363

TABLE 18: CHILD WELFARE- CASELOAD BY SERVICE COMPONENT TYPE AND RACE/ETHNICITY, JANUARY 2014

	Ethnic Group						Total
	Black	White	Latino	Asian/P I	Nat Amer	Missing	
	n	n	n	N	n	N	
Emergency Response	4	8	21	.	.	2	35
Pre-Placement (FM)	8	14	33	.	.	.	55
Post-Placement (FM)	.	19	9	.	.	.	28
Family Reunification	.	32	45	.	1	.	78
Permanent Placement	5	55	81	1	.	1	143
Supportive Transition	2	15	7	.	.	.	24
Missing	.	.	.	.	.	.	.
Total	19	143	196	1	1	3	363

TABLE 19: CHILD WELFARE- CASELOAD BY SERVICE COMPONENT TYPE AND VOLUNTARY STATUS, JANUARY 2013

	Voluntary Status			Total
	Court Ordered	Voluntary	Missing	
	n	N	N	
Emergency Response	.	.	35	35
Pre-Placement (FM)	54	1	.	55
Post-Placement (FM)	28	.	.	28
Family Reunification	75	3	.	78
Permanent Placement	136	7	.	143
Supportive Transition	22	2	.	24
Missing	.	.	.	.
Total	315	13	35	363

DEMOGRAPHICS SUMMARY (THE FOLLOWING IS DERIVED FROM THE DATA SOURCES CITED FOR EACH TABLE ABOVE):

Santa Cruz County is located on the California coast, situated at the north end of the Monterey Bay. There are four incorporated cities within Santa Cruz County: Santa Cruz, Watsonville, Scotts Valley, and Capitola. The county seat is Santa Cruz. Watsonville is the second largest city. Total county population as of 2012 Census was 266,776. Growth over the previous decades has been slow but steady. Of the total population, approximately 11% was children

under 10 years of age and 25.7% of the total population was under 19 years old. The principal industries are agriculture, tourism, high technology, and education (University of California, Santa Cruz). UC Santa Cruz is the largest single employer in Santa Cruz County.

One third of the Santa Cruz County population (32.7%) is Hispanic, primarily Mexican and by 2020, the Hispanic population is projected to increase to 42% of the total county population. Of individuals 5 years and over, almost a total of 32% speak a language other than English at home; 25.5% speak Spanish at home. Median income for families in Santa Cruz County is \$67,769 which exceeds the statewide median household income (\$58,328). Only 10% of all families earned less than \$15,000 annually which is below the state average (11.7%) and 16.7% of all families had annual incomes in excess of \$ 150,000. However, 33% of all families with children under 18 in Santa Cruz County lived below the poverty level.

In 2012, 67% of the total county population 16 years and over was employed and 14.5% worked for government. Housing costs were slightly above the state average. Homelessness fluctuated between 2005 (3293) and 2013 (3536). Of the total homeless, 12% were children. The majority (63%) were over 25 and predominately male. 129 of those interviewed reported being victims of domestic violence. The rate of CalWORKs participation is one half of the statewide rate.

From 2008-2010, there was a decline in the percentage of low birth weight births. Among teen mothers (8.1%), only 3.3% had received no or late prenatal care which is close to the statewide average. The highest annual rate of live births is among Hispanic mothers.

Regarding domestic violence related calls for assistance, the number of such calls gradually decreased from a high of 896 in 2010 to 783 in 2012, with fewer weapons being reported as involved in the domestic violence.

In 2012, among the 93,000 households in Santa Cruz County, 62% were families and 30% included one or more persons under 18. In the last 12 months, 11.6% of all families with children under 18 lived under the poverty level. 31.5% of the children enrolled in school in 2012 were enrolled in elementary schools; 45.3% were enrolled in college or graduate school. The high school dropout rate was 3.1% which is below the state rate (4%). The vast majority of the County population (81.5%) 25 years and older are high school graduates or have higher degrees. 30% are college graduates.

Regarding the child welfare and probation population (CWS/CMS Q4 2013), Santa Cruz County had 74,139 children and youth under 20 during that quarter. Of that total, approximately 18,000 were under 5 years of age and a total of 51,000 under 15 years of age. Of the total child and youth population, 48.1% were Hispanic, 41.6% were White and only 0.9% were Black. For 2013, 2,470 children had allegations of abuse or neglect and of these, 407 allegations were substantiated. Of the total children and youth who entered foster care during 2013 (135), the greatest number (36) of substantiated allegations of abuse or neglect involved youth 11-15 years of age. The next highest incidence of substantiations was for children under 1) who accounted for 25 entries into child welfare. In regards to the ethnicity, 68 of the 135 entries into child welfare (29.2%) were Hispanic children. Allegations of abuse and neglect of Hispanic children accounted for 46.8% of the total allegations. The vast majority of substantiated allegations were for general neglect (235/407), followed by 50 substantiated allegations for

physical abuse and 47 substantiated allegations for emotional abuse. Most of the children with first entries were youth aged 11-15 years (31/116), followed by children under one year of age (25/116) were under one year of age. The majority of children with first entries were Hispanic (57/116). For children or youth who reentered child welfare during 2013 (19), the majority were Hispanic (11/19), six were 6-10 years of age and six were between 16 and 17 years of age.

During 2013, there were five children/youth with first entries into Juvenile Probation; all were between 11-17 years of age.

Child Welfare supervised 249 children in foster care (point in time) on January 1, 2014, which was below the average of the prior 5 years (258). The range was between 224 (2010) and 288 (2013) children under child welfare supervision in foster care. The largest ethnic group among these children (43%) was Hispanic, following the overall data on substantiated allegations of abuse and neglect. Probation supervised 22 youth (point in time) on January 1, 2014. One half of these youth were 16-17 years of age. This number was significantly below the average of the previous five year period (35), which ranged from 22-45 youth under probation supervision each year. Most of the youth under probation supervision on January 1, 2014 were Hispanic (68%), which was consistent with the prior comparison years.

Public Agency Characteristics

A. Political Jurisdictions

BOARD OF SUPERVISORS

Pursuant to the provisions of the California Constitution, the five-member Board of Supervisors governs the Santa Cruz County unincorporated area and is the executive and legislative governing body of the County of Santa Cruz. The Board directs overall operations of the various County departments and districts by establishing policies and approving the budgets and financing for all of County government and certain special districts.

The Board of Supervisors also serves as the governing body for a number of political entities separate from the County, including County Service Areas, the Santa Cruz County Flood Control and Water Conservation District, and County road maintenance districts. Board members also serve on other local and regional boards such as the Associations of Monterey Bay Area Governments, the Local Agency Formation Commission, and the Santa Cruz County Regional Transportation Commission. The current Chairperson of the Board of Supervisors is Zach Friend.

The Family and Children’s Services (FCS) Division is a component of the Santa Cruz County Human Services Department (HSD), which is responsible to the County Administrative Officer and the Board of Supervisors. Supervisor Bruce McPherson serves as the Chair of the Child Welfare System Improvement Plan Steering Committee. The FCS Division is responsible for all child welfare, adoption, and foster care licensing services and the FCS Division Director directly reports to the HSD Agency Director. The Santa Cruz County Probation Department provides juvenile probation services. Both departments are responsible to the County Administrative Officer and the Board of Supervisors. The County Administrative Office is responsible for the preparation and supervision of the County’s budget, legislative analysis, contract and grant administration, intergovernmental relations, supervision of non- elected department heads, and oversight of all departmental functions.

FEDERALLY RECOGNIZED TRIBES

There are no Bureau of Indian Affairs recognized tribes in Santa Cruz County.

PUBLIC SCHOOLS

There are more than 40,000 students in grades K-12 in the 10 school districts within Santa Cruz County. Four of the 10 districts are small, one-school districts with student populations between 106 students and 129 students. The largest school district, Pajaro Valley Unified (PVUSD), provides education instruction for over half (20,362) of the children within Santa Cruz County. PVUSD is comprised of sixteen elementary schools, six middle schools, three high schools, five charter schools, seventeen children's centers, a continuation high school, an adult

education school, and two alternative schools. The Santa Cruz County Office of Education is a public agency whose purpose is to provide educational leadership, resources, and services to schools to ensure quality educational opportunities for all students. This mission is accomplished through partnerships with teachers, school districts, businesses and other governmental agencies. Direct instructional programs are offered through special education, alternative education, and Regional Occupational Programs. District services are provided in the areas of staff development and fiscal services.

FCS collaborates with the districts and the County Office of Education in several ways:

- **Placement Meetings:** School staff is invited to attend FCS placement review committee meetings. Placement meetings also include Probation and/or Children’s Mental Health staff. When a child is being placed in a group home at level 14 or above, FCS works with Mental Health and Probation for approval of the placement.
- **Individual Education Plans:** FCS works closely with the schools in regard to individual educational plans (IEPs) and associated educational funding.
- **AB490:** Santa Cruz County’s Foster Youth Advisory Board, a collaborative body coordinating foster youth education issues, was instrumental in facilitating a Memorandum of Understanding among the County Office of Education (COE), FCS, Probation, CASA and all local school districts to delineate roles, responsibilities, and procedures for educational services to children in care and ensure compliance with AB490. The Board continues to focus on minimizing disruption of school attendance during placement, increasing the number of children who are able to stay in their home schools, and ensure that children in foster care have the same educational resources as other children.
- **Investigations:** FCS works cooperatively with individual schools when investigating child abuse referrals and interviewing children at school sites.

LOCAL LAW ENFORCEMENT AGENCIES

- California State Parks, Santa Cruz District
- City of Santa Cruz Police Department
- City of Scotts Valley Police Department
- City of Watsonville Police Department
- City of Capitola Police Department
- Santa Cruz County Sheriff’s Department
- University of California at Santa Cruz Police Department

The FCS Division has established Memoranda of Understanding (MOU) and Joint Protocols with Mental Health, Juvenile Probation and the law enforcement agencies listed above. Separate agreements for various aspects of child welfare, including investigations and cross reporting, domestic violence, sexual abuse, and juvenile sex offenders, delineate each party to the agreement’s role(s) and responsibilities. The MOUs assist the agencies in working cooperatively in cases with overlap between agencies. Several important areas of collaboration include:

- **Cross Training:** The County has sponsored cross training between child welfare, probation, and law enforcement staff. The cross training has enabled greater understanding among the various agencies of the work of their colleagues, how to strengthen collaboration, avoid duplication of effort, increase consistency of response and continue to address how to better work together.
- **Domestic Violence Reports:** A provision of the MOU between FCS and law enforcement specifies that law enforcement will report all domestic violence incidents where children were present as soon as possible, but no later than three days after the incident, to the FCS Division.
- **Interagency Child Abuse Council:** The Interagency Child Abuse Council, a collaborative among law enforcement, child welfare, the District Attorney’s Office, Probation, Parole, and two community-based providers coordinates ongoing investigations in sexual abuse cases. The Council also promotes cross communication between the Council partners. Included in the cross communication is an agreement to alert Council members when a perpetrator has been paroled.
- **Child removals:** FCS staff work closely with law enforcement when children are removed from their homes. As provided in our MOU, social workers and law enforcement officers conduct child welfare investigations jointly. The law enforcement agencies have legal authority to take children into custody and FCS does not.
- **Conflict Resolution:** FCS generally has strong working relationships with the various law enforcement agencies. When issues arise as they sometimes do in cases with many vested parties, the chain of command is used to resolve the issue. Working collaboratively, FCS and the various law enforcement agencies have resolved confidentiality issues and are able to communicate openly which leads to better relationships and fewer misunderstandings, reduces duplication of effort, and ultimately contributes to better services for children and families.

In addition to the other law enforcement agencies noted above, the FCS Division works closely with the District Attorney on matters of shared responsibility. The District Attorney is very interested in child welfare issues and works closely with FCS. On mutual investigations, FCS may be called upon to provide information to the District Attorney so that the District Attorney can analyze the information and determine his own recommendations.

The four local cities are as follows:

- City of Capitola
- City of Watsonville
- City of Santa Cruz
- City of Scotts Valley

In addition to the collaboration with city police departments, another vital aspect of collaboration with the cities is the relationship with local fire departments. These departments work cooperatively with our Licensing unit on home inspections for licensing and home approvals as needed. Firefighters are also first-responders to emergency (911) calls and are mandated reporters. FCS staff participates in multidisciplinary teams formed to address specific

issues through the County Neglected Properties Task Force. The teams may include child welfare, adult protective services, county counsel, cities, zoning, environmental health and safety and planning, depending on the nature of the issue with the particular property/family. Dirty house/property issues are sometimes addressed through these multidisciplinary team meetings. Using this approach ensures that all issues are identified and addressed and helps reduce duplication of efforts. The team can sometimes access funds to help the family address the issues identified.

PUBLIC HEALTH

The Health Care Program for Children in Foster Care (HCPCFC) is a public health program to meet the medical, dental, mental, and developmental health needs of children and youth in court-ordered, out-of-home placement or foster care. The goals and objectives of the HCPCFC are common to the health, welfare, and probation departments and are implemented through close collaboration and cooperation among this multi-disciplinary, interdepartmental team. Through this program, a Public Health Nurse (PHN) provides expertise to the Human Services Department/Family and Children's Services Division and collaborates with social workers, probation officers, and foster parents to ensure that health care resources are provided to children placed in foster homes and group homes.

The HCPCFC PHN is co-located with social workers at the Human Services Department, Family and Children's Services, although the PHN is an employee of the Health Services Agency's Public Health Division - Children's Health and Disability Prevention (CHDP). The Santa Cruz County Child Health and Disability Prevention (CHDP) program is dedicated to the health and well-being of children. As part of the State Children's Medical Services, CHDP provides for the early detection and prevention of health problems among children from low-to-moderate income families. Program staff works collaboratively with health care providers and child advocate agencies to ensure that eligible children receive quality health care and to empower families to be knowledgeable, responsible health care consumers.

The goal of the HCPCFC is to identify, respond to, improve and enhance foster children's physical, mental, dental and developmental well-being. The PHN is a consultant and liaison to social workers, foster parents and probation officers. S/he is responsible for assurance of foster children's health by:

- helping foster parents obtain timely comprehensive health assessments and dental examinations and immunizations;
- expediting referrals to specialty medical care (such as cardiology, gastroenterology, neurology, etc.);
- coordinating health services for foster children placed in and out of Santa Cruz County and out-of-state;
- providing medical documentation and proof to the court as needed;
- providing medical education through the interpretation of medical reports and training for foster care team members; and

- assisting social workers in overcoming obstacles by gaining access to coordinated, multidimensional services.

The PHN also participates in the creation and update of the Health and Education Passport, an electronic health record required by law for every foster child.

County Child Welfare and Probation Infrastructure

County Child Welfare Infrastructure

Organization of service components. In the last two years, the FCS Division has significantly restructured the organization of service components. In September 2012, we combined our Emergency Response (ER) and Dependency Investigations (DI) programs into a single Investigations program comprising four social work units. With this reorganization, families are no longer assigned an ER worker to conduct the initial investigation, followed by a separate DI worker to conduct further investigation and write the Jurisdiction/Disposition report. In the new structure, one Investigations worker carries out all of these tasks. In September 2014, our post-disposition (post-dispo) service components were similarly reconfigured. In the past, the Division had two Family Maintenance/Family Reunification (FM/FR) units, one Permanency Planning (PP) unit, and one Adoptions unit. A child or family moving from one of these service components to another was assigned a new social worker. However, since the September 2014 restructuring, these units have become generic post-dispo units that carry FM, FR, PP and Adoptions cases. Under this new model, post-dispo social workers have become more generic workers who keep their cases until closure, even if the case goes through all of the possible service components including adoption.

The primary purpose of reorganizing the service components was to reduce the number of social worker changes that a child or family experiences during the life of a case. Under the old model, a family might be assigned to as many as five social workers if the case ends in adoption—and this number could even be higher due to staff turnover. Under the new model, a family will only be assigned to two social workers—an investigations worker and a post-dispo worker, although the number could be increased due to staff turnover. This represents an almost vertical case management model. Research indicates that children and families do best with fewer changes of social worker, and we anticipate that our restructuring will provide a better experience for children and families.

Social work position types. As described above, case-carrying positions in FCS are now divided into Investigations (20 FTEs) and Post-Dispo (25.5 FTEs). In addition, we have a number of specialized senior social worker positions including: Court officer, home approval workers, Team Decision Making facilitators, and home finders. Finally, we have four Social Worker I/II's who perform specialized functions including absent parent/relative search, visit supervision, licensing social worker, and placement coordinator.

Staff recruitment and selection. Santa Cruz County operates a continuous open recruitment for the senior social worker. New applications are rated to determine whether they meet the minimum qualifications for the position. Once rated, the Personnel Department provides HSD

with a list of qualified applicants. FCS offers each of these applicants an opportunity to interview for the position. Interviews and reference checks are conducted by the FCS management team. The management team then discusses each candidate's interview performance and reference checks and decides whether to offer a position to the applicant. In these hiring decisions, the Division attempts to hire applicants who have MSWs (particularly Title IVE students), who have prior child welfare experience, and who are bilingual in English and Spanish, whenever possible.

Methods for assigning cases. Within both the Investigations program and the Post-Dispo program, cases are assigned by the program supervisors based on a rotation of social workers. In some circumstances, supervisors may deviate from a strict rotation based on the number and complexity of cases that are currently open to particular worker. The supervisors make every effort to ensure that workloads are equitable across social workers.

Average caseload sizes. Caseload sizes are affected by staff turnover and vacancies, as well as by staff leaves of absence. When fully staffed, average caseloads for Investigations are 8 to 9 investigations per month and less than one Jurisdiction/Disposition report per month. However, due to the Division's current eight vacancies as well as leaves of absence, the average Investigations caseload is currently 9 to 11 investigations per month and one Juris/Dispo report per month. In our Post-Dispo units, when fully staffed, we anticipate that caseloads (a combination of FM, FR, PP and Adoptions cases) will be in the high teens to 20. However, due to current vacancies and leaves of absence, average post-dispo caseloads are currently about 23 to 25.

Staff turnover. The following table shows the turnover rate in the FCS Division, by type of position, for calendar year 2014. For purposes of this self-assessment, the turnover rate was defined as the number of workers who left the Division by promoting to a position in another division, retiring, resigning or who were terminated during the 2014 calendar year divided by the total number of positions for each staff category.

STAFF TURNOVER

<i>Type of Position</i>	<i>Number Who Left the Agency during 2014</i>	<i>TOTAL number of positions by category FY 2014-2015</i>	<i>Turnover Rate (percent)</i>
Managers	0	5	0%
Administrative Support (clerical)	0	10	0%
Social Worker I & II (examples include home finding social workers; visit supervisor; foster care licensing social worker)	0	4	0%
Public Health Nurses	1	2	50%
Senior Social Workers	10	53.5	19%
Supervisors	0	9	0%
Staff Analysts (NON-case carrying)	0	1	0%
All Positions/Overall Turnover Rate	11	84.5	13%

The 2014 turnover rate in FCS was 13%, which is undesirably high. Most of the turnover was among senior social workers, who had a 19% turnover rate for their job classification. The 10 senior social worker departures included a promotion to another division, several retirements, and several voluntary resignations. We are concerned about this unusually high turnover rate. There does not seem to be any single reason for it, but rather a number of different reasons—staff reaching retirement age, staff leaving the area for family reasons, and staff choosing to accept social work positions elsewhere in the community (e.g. Hospice, FFAs and group homes). Management has received anecdotal input from some staff and a union representative that the post-dispo redistribution of social worker tasks is a reason for some staff departures, although as far as we know, those departing did not give this reason in their exit interviews.

Due to the high turnover, the number of vacant senior social worker positions has varied from 4 to 8 at various times during the last year. Filling vacant positions is the highest priority for the management team. We have hired 7 new senior social workers in 2014, and our efforts to hire are continuous. Because many Bay Area counties are hiring, there is considerable competition to attract good candidates. We are hopeful that we will be able to fill our 8 current vacancies by May/June, when new MSWs will be graduating from their programs.

Staff education levels and demographics. Of the 44.5 current child welfare senior social workers who are responsible for managing child welfare cases, 38 have Master’s degrees. Of these, the majority have MSWs and a minority have other related degrees such as a Master’s in Counseling. Only 6.5 senior social workers do not have Master’s degrees, and one of these is currently in a part-time MSW program. As a result of our post-dispo restructuring, all case-carrying post-dispo social workers must now have a Master’s as they will be managing adoptions cases. The Department is in the process of revising the job specification for Senior Social Worker to require an MSW or related Master’s degree for all incumbents in this classification. All social work supervisors and division managers possess Master’s degrees in social work or a related field. The division director has a Ph.D. in social psychology.

The Department does not track the number of years of child welfare and/or related experience possessed by our social workers. It is safe to say that there is a wide range, from long-time staff with 30-plus years of experience to brand new hires whose only experience is their Title IV-E internships.

In Santa Cruz County, the primary ethnic minority group is Latinos/Hispanics. Although most FCS clients speak English, there is a minority of clients who speak Spanish as their primary language. To ensure appropriate communication and case management, HSD makes every effort to hire social workers who are bilingual in English and Spanish. Currently, 22 or 44% of our total social work staff are bilingual in Spanish. Most of these bilingual workers are ethnically Latino. The Division is strongly committed to providing culturally competent services to our clients, and this is reinforced through periodic trainings as well as staff hiring.

Bargaining Unit Issues. Clerical, social worker and supervisory staff are represented by Service Employees International Union (SEIU) Local 521. The County and SEIU have historically enjoyed a cooperative working relationship. SEIU contacts the County about overall and individual workload issues if they are contacted by a union member with a concern. However, these issues

are generally addressed in a non-adversarial manner and generally to the satisfaction of all invested parties.

FCS staff can participate in the HSD Workload Committee, pursuant to Article 26 of the General Representation Memorandum of Understanding (MOU). The Committee is composed of three general representation members, three management members and one union representative. The Committee's intent is to ensure fair and equitable workload size across specific job classifications in the MOU. Staff may also forward individual workload concerns to the Committee for consideration. The Committee has a specific protocol for staff to address workload concerns.

Salaries. For senior social workers, the starting salary (step 1) is \$62,150 per year. The top step (step 7) is \$78,665. This salary range is lower than most Bay Area counties, with the exception of Monterey and San Benito. The lower salary range makes it more difficult for Santa Cruz County to attract qualified senior social worker job applicants, particularly given the high cost of housing in our community. The Department is currently reviewing senior social worker salaries and considering whether a pay increase might be possible in the next few years.

CONTRACTED SERVICES

The following services are contracted to community-based nonprofit agencies or independent consultants:

- After hours hotline services
- Counseling services (individual, group and family counseling)
- Parent education—using the Triple P evidence-based model
- Supervised visitation services
- Independent Living Program services
- Transitional Housing Placement-Plus Program
- Transitional Housing Placement – Plus Foster Care
- Counseling and case management services for AB12 youth
- Educational support services (FosterEd program)
- Differential Response (Families Together) Services
- Resource parent recruitment and community-based support
- Resource Parent Training and Peer Support Services

Santa Cruz County Probation Infrastructure

The Probation Department is headed by Chief Probation Officer Fernando Giraldo. Assistant Chief, Bill Penny oversees the Department's operations. Valerie Thompson is the Juvenile Division Director responsible for all aspects of Juvenile Field Supervision and the Placement Unit. The Assistant Division Director for the Juvenile Division is Yolanda Perez-Logan who also manages the Luna Evening Center Program. The vacant Adult Division Director position is currently slated will be filled by Sara Fletcher in January 2015; this position was previously held

by Bill Penny (current Assistant Chief). The Juvenile Hall Superintendent is Sarah Ryan and the Assistant Superintendent is Jennifer Buesing.

STAFFING CHARACTERISTICS/ISSUES

TURNOVER RATIO:

The Santa Cruz County Probation Department human resource records indicate that during the 2010/2011 FY, staff who resigned, retired, or were terminated resulted in an overall turnover rate of 15.69%. Staffing reductions occurring during the 2010/2011 FY due to a large ratio of voluntary retirements followed by those accepting other employment. For FY 2011/2012, the turnover rate was 4.81% which followed the same separation pattern as the previous FY. For FY 2012/2013, the turnover rate was 8.77% respectively.

The turnover breakdown is as follows:

	FY 10/11	FY 11/12	FY 12/13
Executive Management	0.00%	50.00%	0.00%
Middle Management Unit	44.44%	0.00%	20.00%
General Representation Unit	14.29%	4.35%	8.00%
Deputy Probation Officers	2.38%	2.22%	5.77%
General Representation Extra Help	0.00%	0.00%	0.00%
Totals	15.69%	4.81%	8.77%

Since January 2011, the staffing turnover in the placement unit has included the replacement of Supervisor Melinda Sutter, with Supervisor, Lori Feldstein. In March 2011, one Deputy Probation Officer retired. The position was filled with another officer. In January 2013 a new probation officer joined the unit to overlap during the planned leave of another officer. For the period of time from January-April 2013, there were three placement officers assigned to the unit. In April 2013, one deputy probation officer transferred to the adult division.

Officers within the Probation Department are assigned caseloads based on vacancies and departmental need. A permanent status Probation Officer may submit a request for a specific position; however, there is no guarantee to any assignment. The Deputy Probation Officer is expected to be able to complete all duties as assigned within any position in the department, which includes both the Juvenile and Adult Divisions. All Deputy Probation Officers hired with the department are required to go through a thorough hiring process. The department prefers the Deputy Probation Officer to have a bachelor's degree upon employment and prior experience within the criminal justice field is encouraged. Upon applying for a position within the department, a State required written exam must be completed. Afterward, the applicant must participate in a qualifications interview panel. If selected from the qualifications interview, the applicant will be invited to participate in a selection interview panel. Upon successfully passing the selection interview, the applicant must complete a thorough peace officer's background investigation. Applicants who successfully complete the background investigation are then offered a conditional offer of employment, pending the completion and passing of a medical evaluation, finger prints and psychological screening. The salary for a Deputy Probation Officer I/II ranges from \$26.70 to \$29.51 an hour for the beginning step 1. The salary for a Deputy Probation Officer III is \$33.41 for the beginning step 1.

PROBATION PRIVATE CONTRACTORS:

The Department's main source for service delivery continues to be provided through interagency agreements and collaboration with other county departments and community based organizations. Included are services to high risk wards of the Court to prevent out-of-home placement. This is accomplished with the Wraparound teams which are a joint collaboration between Probation, Mental Health and Drug and Alcohol Services as well as the Human Services Department. Additionally, Children's Mental Health contracts with the Family Partnership Program for parental advocacy for Wraparound clients. Children's Mental Health also provides SCCORE, an intensive out-patient substance abuse treatment group for moderate-high-risk offenders with co-occurring disorders. The Probation Department also partners with numerous Community Based Organizations and local contractors to provide interventions and services for youth at the diversion level as well those on probation. The range of contracted services is as follows:

- Parent-Teen Mediation
- Victim Offender Dialogue Program
- Neighborhood Accountability Boards
- Teen Peer Court
- Substance Abuse Services
- Counseling
- Community Service Programs
- Life Skills Programs (to include employment skills)
- Case Management
- Cultural Enrichment and Activities
- Assessments and Psychological Evaluations
- Re-entry Services
- Broad-based Alternatives Suppression and Treatment Approach (BASTA)
- Mentoring
- Parenting Classes

DEPUTY PROBATION OFFICER CASELOAD SIZE BY SERVICE PROGRAM:

The Juvenile Field Services Division caseload size varies depending on the level of supervision and specialty services needed. A review of caseloads and their sizes are as follows (please note there are four supervisors covering the supervision of the following caseloads):

- a. Juvenile Placement – one Supervisor and two Placement Officers provide supervision and reunification services (when applicable) to wards with court ordered out-of-home placement. The average caseload size is 10 per officer.
- b. Community Accountability Program (CAP) - North County has one Supervisor and one CAP Probation Officer that covers the Live Oak and San Lorenzo Valley geographical areas. South County has one Supervisor and two CAP Probation Officers who cover the medium and high risk youth in the Watsonville and Aptos areas. The average caseload size is 25.
- c. Community Prevention Services – South County has one Supervisor and one

- Community Prevention Officer responsible for school liaison duties as well as the Azteca soccer program. This Probation Officer is also a member of the Critical Incident Team (CIT) and carries a high risk caseload. The average caseload size is 8.
- d. General Supervision – There are two Supervisors and two Probation Officers covering North and South County respectively. The caseloads serve low risk youth and youth who are over 18 years of age and whose remaining probation term primarily relates to owing restitution. The caseloads average 60-70.
 - e. Santa Cruz Police Department out-stationed – One Supervisor and One probation Officer is responsible for supervision of moderate to high risk youth in the Santa Cruz City limits and is stationed at the Santa Cruz Police Department. The average caseload is 25.
 - f. Wraparound Unit – One supervisor and 3 Wrap Probation Officers are responsible for the supervision of Wraparound caseloads in both North and South County. Previously there were 4 Wraparound officers, however due to a decrease in probation referrals to Wraparound; one position was frozen after one Officer transferred to the Adult Division and there was a promotion within the unit. The average caseload is 10-12.

BARGAINING UNIT ISSUES

The Santa Cruz County Probation Officers Association (SCCPOA) represents Supervising Deputy Probation Officer III positions as well as Deputy Probation Officers I and II positions. Juvenile Hall Group Supervisors, Accounting and Clerical staff are represented by Service Employees International Union (SEIU).

The unions maintain an interest based negotiation style with the County to work collectively to resolve and agree on a multitude of issues that can occur within the workplace. The unions affect staff in a positive manner, as their main purpose is to ensure consistency and fair and equitable treatment among all members.

FINANCIAL/MATERIAL RESOURCES

PSSF/CAPIT/CBCAP/CHILDREN’S TRUST FUND

The Children’s Network is a local interagency organization that oversees the distribution and uses to which Santa Cruz County puts our PSSF, CAPIT, CBCAP, and Children’s Trust Fund resources. The largest amount of funds supports the County’s differential response program, Families Together. Other uses of the funds are for supervised visitation, a flexible fund for immediate need payments for CWS families, pre- and post-adoptive counseling, the Child Abuse Prevention Council’s prevention activities, and support for the County’s Children’s Network.

OTHER SUPPLEMENTAL FUNDING STREAMS

- Adoption Opportunities: In our previous CSA, we mentioned a Diligent Recruitment Grant from the federal Administration for Children, Youth and Families. In September 2013, The FCS division completed the final year of the five-year federal grant for diligent recruitment of permanent homes for foster care system. Our program funded by this grant is called “Roots and Wings.” The project emphasized recruitment and support of resource families in general, with a particular focus on finding permanent homes for

older youth. After the grant ended, Realignment funds were allocated to maintain key aspects of the program.

- Leaps and Bounds: Funded by a four-year grant from the federal Substance Abuse and Mental Health Administration, the Leaps and Bounds program was developed in 2010 to provide screening, assessment and treatment planning for children ages 0-5 with parents involved in Family Preservation Court (dependency drug court). The federal grant expired on September 30, 2014. The Department has allocated Realignment funds to maintain key aspects of this program.
- First 5 – First 5 of Santa Cruz County provides funding for the Families Together differential response program, which was first implemented in September 2006.
- Mental Health Services Act (MHSA)—MHSA funds are used to support services to dependent children that are provided by Children’s Mental Health, as well as to support mental health services provided by the local Independent Living Program. In addition, MHSA funds have been and continue to be used to support training and service provision for Triple P parent education services.
- Early Periodic Screening Diagnosis and Treatment (EPSDT) funds -- In recent years, HSD has collaborated with Children’s Mental Health to access MediCal EPSDT funds to maximize services in several areas.
 - EPSDT funding is used to enrich the Independent Living Program (ILP) by providing a high level of mental health counseling and supportive services to current and former foster youth. ILP services are designed to assist youth ages 15-21.
 - EPSDT services provide therapeutic treatment services to foster children who are in out of home placement. This includes therapeutic supervised visitation, which assists families in overall family functioning and facilitates eventual reunification.
 - EPSDT sources partially fund mental health services to dual diagnosis clients who have been linked to the child welfare system.
 - EPSDT funding also partially supports mental health services to Families Together clients who are referred by the child welfare system. FosterEd: The FosterEd program, providing educational support to children in the child welfare system, is currently funded by grants to the National Youth Law Center from the Stuart Foundation, Walter S. Johnson Foundation, and Annie E. Casey Foundation. The program was also funded by a multi-year federal grant that expired in September 2014. Finally, the County Office of Education draws down Title IVE funds to support this program.
- Wraparound Services for Probation Wards: Santa Cruz County operates a Wraparound program utilizing foster care funds as authorized by SB 163. The program is a collaborative effort by the Probation Department and HSA’s Mental Health and Substance Abuse Division, as well as HSD. The program serves 30 youth and their families at any given point in time; the target population is wards of the Juvenile Court who are on probation. Maintaining high fidelity with Wraparound principles, the goal in each case is to preserve and strengthen the home environment and increase a family’s

capacity to engage natural helpers in order for children to continue to live in their home environments.

- **Flexible Funds Provided by Non Profit Organizations:** Two nonprofit organizations, the Youth Resources Bank and Court Appointed Special Advocates (CASA), provide flexible funds that can be accessed to address individual unmet needs of children in the child welfare system. Additionally, Probation sets aside Wraparound funds to support needs identified in the case plan.

BLENDING/BRAIDING OF MULTIPLE FUNDING STREAMS

There are several programs that blend multiple funding streams in order to provide a unified service. A description of this is below:

- **Transitional Housing Program Plus (THP Plus)** – THP Plus Realigned funds and EPSDT funds are braided to support this program. EPSDT funds are utilized to enhance THP Plus services through the provision of a full array of mental health rehabilitation and case management services to eligible youth. Services include assessment, individual and /or group counseling, crisis intervention, medication management support and chemical dependency treatment services with 24-hour on-call availability. A more detailed description of services can be found in the service array section.
- **Crossroads Group Home** – Child Welfare funds and EPSDT funds are braided together to support short-term intensive mental health assessment, treatment and rehabilitative services in a 6-bed, level 10 residential group home for youth ages 12-17. The program provides a stable short-term living environment for adolescents experiencing difficulty in foster placement, or homelessness, and coordination with the case carrying Child Welfare social worker and Mental Health staff.
- **Independent Living Program (ILP)** – EPSDT funds are used to augment Realigned ILP funds in order to support the provision of mental health services to eligible youth in this program, which is described in the service array section. Key mental health services provided in this program and funded by EPSDT include individualized assessment, individual and group counseling, case management, assistance with educational progress, employment skills, daily living skills, social skills, self-esteem, and if needed, medication management skills.
- **Therapeutic mental health services to children in out-of-home placement** – EPSDT funds are braided with Child Welfare funds to provide intensive mental health services for the purpose of reunification for children in foster placement. Staff at the Parents Center, a local non-profit counseling agency, are contracted to provide a full array of mental health rehabilitation and case management services including assessment, counseling, family therapy, therapeutic supervised family visitation and crisis intervention. For a further description of this program, please see the service array section.
- **Families Together** – First 5 of Santa Cruz County provides funds that are blended with PSSF Family Support funds, as well as CAPIT funds and County Children’s Trust Funds to support the Families Together differential response program for Santa Cruz County. This program is described in detail in the service array section.

- **FosterEd**—As discussed in the previous section, the FosterEd program is operated with braided funding from the Stuart Foundation, Walter S. Johnson Foundation, and Annie E. Casey Foundation, Title IV-E funding, and a federal grant that recently expired. In the budget process for Fiscal Year 2015-16, FCS will request Realignment funds to sustain this highly valuable program.

Child Welfare/Probation Operated Services

EMERGENCY PLACEMENT

Santa Cruz County does not operate an emergency shelter. Children who enter emergency foster care in Santa Cruz County are placed in either a licensed foster home, or with an approved relative or non-relative extended family member.

COUNTY LICENSING

The State Department of Social Services contracts with the County to license foster family homes. The current MOU between FCS and CDSS has been in place since 2009. Foster family homes must meet State health and safety requirements in order to be licensed, and potential foster parents are screened and evaluated for suitability. Licensing staff make home visits in order to determine each home’s capacity for meeting the needs of children and to investigate complaints against facilities.

COUNTY ADOPTIONS

HSD, as a licensed adoption agency, accepts relinquishments from parents who wish to make a plan of adoption for their child. The major workload of the program, however, is on behalf of children in foster care. In order for a foster child to be adopted, the Juvenile Court must terminate parental rights and order a permanent plan of Adoption. FCS social workers provide services related to the adoption of dependent children in the child welfare system. Social workers in consultation with community service providers working with the families, prepare the 366.26 report to terminate parental rights. Information is gathered from providers to best inform the court of the dependent child’s developmental progress. FCS provides pre-adoption counseling to assist parents with permanency planning for their child or children. To provide for the timely finalization of adoptions, the Division also completes the Adoption Petitions and finalization paperwork and files all necessary materials with the Court for its client families. The adoption is then finalized in Superior Court. FCS also manages the Adoption Assistance Program (AAP), which provides a financial stipend for families who have adopted children with special needs. Through the AAP Program, adopting parents continue to receive referrals and counseling for post-adoption services. All adoption services are governed by state regulations, the Welfare and Institutions Code and the Family Code.

Other County Programs

The FCS Division has established Memoranda of Understanding (MOU) and Joint Protocols with Mental Health, Juvenile Probation and the law enforcement agencies listed above. Separate

agreements for various aspects of child welfare, including investigations and cross reporting, domestic violence, sexual abuse, and juvenile sex offenders, delineate each party to the agreement's role(s) and responsibilities. The MOUs assist the agencies in working cooperatively in cases with overlap between agencies. Several important areas of collaboration include:

- Cross Training: The County has sponsored cross training between child welfare, probation and law enforcement staffs. The cross training has enabled greater understanding among the various agencies of the work of their colleagues, how to strengthen collaboration, avoid duplication of effort, increase consistency of response and continue to address how to better work together.
- Domestic Violence Reports: A provision of the MOU between FCS and law enforcement specifies that law enforcement will report all domestic violence incidents where children are involved in any way.
- The Santa Cruz County Probation Department has worked with Children's Mental Health as a System of Care partner in an effort to provide the most comprehensive response to the treatment needs of the youth served in the probation department. In addition to serving as a partner with probation's Wraparound program, Children's Mental Health also provides mental health services in our Juvenile Hall and participates as members of probation's Placement Screening Committee. The Placement Screening Committee meets twice weekly to discuss the most at risk cases and seeks to formulate a plan to address the needs of the youth and family. The youth and family are invited and encouraged to attend and participate in the full discussion of their child's case offering their input to the recommendation. This plan is submitted to court in the form of a recommendation and is meant to guide continued probation supervision.
- A recent highlight of Probation's partnership with Children's Mental Health is the development of an intensive dual diagnostic outpatient program that began in October 2014 known as Santa Cruz County Outpatient Recovery Experience (SCCORE). SCCORE is an intensive outpatient treatment program structured to introduce an individual to the various tools available to obtain a drug-free lifestyle while also addressing any additional support necessary to sustain recovery, including mental health needs.
- The program is a comprehensive eight week curriculum that includes several domains of education and information that the individual can use to learn to develop the skills to improve healthy decision making, set goals, and learn new ways of dealing with pressures and temptations of everyday life.
- The program includes, but is not limited to the following topics:
 - Emotional regulation
 - Healthy coping strategies
 - Dealing with denial
 - Cognitive Behavior Therapy (CBT)
 - Post-Acute Withdrawals (PAW)
 - Building a support network
 - Relapse Prevention (RPT)
 - Engaging in healthy activities

- Discovering academic and career goals
- Groups take place twice per week and transportation can be offered if needed, there are snacks and beverages provided during the program and there are also incentives for ongoing engagement and participation

CALWORKS

The Family and Children’s Services (FCS) Division is a component of the Santa Cruz County Human Services Department (HSD). Employment and Benefit Services is also a division of HSD. In March of 2014, Santa Cruz County implemented a Family Stabilization program to augment Santa Cruz County’s CalWORKS program. The Family Stabilization program provides intensive case management and services that may be in addition to those provided by the County’s Welfare to Work (WTW) program to CalWORKS clients who are experiencing crisis that is destabilizing the family and interfering with the adult clients’ ability to participate in WTW activities and services. Family Stabilization Services are provided to address homelessness, mental health, substance abuse, domestic violence, health related needs, SSI application support, parent education, and mental health needs for children. The Family Stabilization program has been brought under the umbrella of the Family and Children’s Services Division and is managed by the FCS Assistant Division Director in order to leverage the already existing strong relationships that Child Welfare has with Children’s Mental Health and the County Office of Education and other community partners who provide services to families. The key to this program is collaboration and communication between the FCS Family Stabilization social worker and the Employment and Benefits Services Division (EBSD) Employment Training Specialist (ETS). In the case of Child Welfare families who are receiving Family Stabilization services, the services are included in the Child Welfare case plan.

PUBLIC HEALTH

FCS works closely with Public Health Nursing to meet the needs of children. A Public Health Nurse who is an FCS employee works with children at the time of removal from home. The nurse’s role is to gather medical histories from parents during an interview at the detention hearing and to gather medical records from providers, to create a medical case management plan. An additional Public Health Nurse manages the medical case plan throughout the life of the case. This collaboration is effective and critical to ensuring the well-being of children.

ALCOHOL AND DRUG TREATMENT

FCS and the Health Services Agency (HSA) are co-located in the same building and work together collaboratively. FCS and the HSA’s Alcohol and Drug Program (ADP) have continued to dedicate an AOD Specialist to be out-stationed in the FCS office. In addition, FCS purchases substance abuse assessment and treatment services through the HSA ADP program. HSD has recently increased the funding dedicated to this purpose, in an effort to ensure that appropriate treatment is available on demand for FCS parents. FCS is now dedicating nearly \$1.2 million annually for this purpose.

MENTAL HEALTH

FCS and Mental Health are co-located in the same building and have a long standing collaborative relationship through the County's Interagency System of Care, which began in 1989. As part of this collaboration FCS enjoys a close relationship with Children's Mental Health (CMH) management, supervisors and staff. All children who are removed from care are referred to CMH for assessment and treatment and social workers coordinate closely with CMH therapists on shared cases. In addition, CMH and FCS collaborate to provide Katie A. services to all children who meet the subclass requirements. Child and Family Team meetings are facilitated by mental health therapists, with participation by the FCS social worker, the family, other service providers and informal support people.

Probation Operated Services

Santa Cruz County operates a Wraparound program utilizing foster care funds as authorized by SB 163. The program is a collaborative effort by the Probation Department and HSA's Mental Health and Substance Abuse Division, as well as HSD. The program serves up to 30 youth and their families at any given point in time; the target population is wards of the Juvenile Court who are on probation. Maintaining high fidelity with wraparound principles, the goal in each case is to preserve and strengthen the home environment and increase a family's capacity to engage natural helpers in order for children to continue to live in their home environments.

The FCS Division has established Memoranda of Understanding (MOU) and Joint Protocols with Mental Health, Juvenile Probation and the law enforcement agencies listed above. Separate agreements for various aspects of child welfare, including investigations and cross reporting, domestic violence, sexual abuse, and juvenile sex offenders, delineate each party to the agreement's role(s) and responsibilities. The MOU assists the agencies in working cooperatively in cases with overlap between agencies. Several important areas of collaboration include:

- **Cross Training:** The County has sponsored cross training between child welfare, probation and law enforcement staffs. The cross training has enabled greater understanding among the various agencies of the work of their colleagues, how to strengthen collaboration, avoid duplication of effort, increase consistency of response and continue to address how to better work together. It also should be noted that whenever possible we invite each other to trainings that each department holds that could benefit all staff.
- **Domestic Violence Reports:** A provision of the MOU between FCS and law enforcement specifies that law enforcement will report all domestic violence incidents where children are involved in any way.

Probation Assessments:

The Probation Department has fully implemented use of a comprehensive risk assessment tool; The Juvenile Assessment and Intervention System (JAIS). This tool affords Intake and Probation Officers the ability to assess initial and ongoing risk levels of the youth being served in addition

to assessing appropriate and effective supervision strategies to contribute to a reduction in recidivism. This tool identifies strengths and needs which allows for the development of individualized, relevant and effective case plans which guide probation supervision as well as the provision of services and/or interventions.

In the event that a youth has an Individual Education Plan (IEP) indicating a lower IQ or a recent history of exhibiting other behaviors identified by mental health staff, a formal assessment by the San Andreas Regional Center or an evaluation by a licensed psychologist will be requested through the Juvenile Delinquency Court. While these situations occur infrequently, the juvenile detention facility has limited access to a mental health clinician and a psychiatrist through the County Mental Health Department for early detection to avoid prolonged detention stays while pending evaluation for services. The probation placement unit reviews all assessments, individual education plans and social and educational history available for appropriate level of care placement. Additionally, the placement alternative Wraparound program performs an assessment of needs and risks, a mental health assessment and a thorough review of all educational records. Staff works closely with the educational system and parent/guardian(s) to identify the need for an IEP update or other assessment(s)/services as appropriate.

State and Federally Mandated Child Welfare/Probation Initiatives

Santa Cruz County Human Services is participating in a number of initiatives including the Fostering Connections After 18 program, Katie A. /Core Practice model and Safety Organized Practice.

Fostering Connections / After 18 Program

Santa Cruz County began providing *After 18* program services in January of 2012. The goal of extended foster care is to assist foster youth in maintaining a safety net of support while experiencing independence in a secure and supervised living environment. The extended time as a non-minor dependent (NMD) can assist the youth in becoming better prepared for successful transition into adulthood and self-sufficiency through education and employment training. In Santa Cruz County, many foster youth are choosing to remain in foster care to receive extended supportive services as they venture into more independent living situations in their journey to adulthood. As of July 1, 2014, 32 NMDs remained in care.

Katie A./California's Core Practice Model

In 2002, a class action lawsuit was filed against the California Department of Social Services (CDSS), the California Department of Health Care Services (DHCS) and the County of Los Angeles. The basic argument made in this lawsuit centered on the issue of inadequate mental health services for foster youth. The plaintiffs alleged this shortfall was causing children to experience placement instability and result in unnecessary restrictive placement settings. A settlement was reached and a strategic plan has been adopted to rectify the challenges identified in this case.

In preparation for potential program changes as a result of this litigation, Santa Cruz County has built on its long-standing System of Care interagency processes to screen, assess, and treat foster children/youth in need of mental health services.

Santa Cruz County has continued to have a high level of leadership involvement and oversight in our broader Child Welfare/Mental Health partnership, including the Katie A. planning and implementation process. Our Katie A. leadership group (including directors, managers and supervisors) meets monthly to oversee all aspects of Katie A. implementation. In addition, supervisor sub-groups meet to review screening, referral and tracking processes for Katie A.; continue training Mental Health and Child Welfare staff in Wraparound/CFT process, tailoring it to the Katie A. Child & Family Team process. Mental Health administrative staff have been working to fine-tune data and billing procedures. In general, administrative structures in and between both agencies remain strong. Child Welfare and Mental Health staff have a process (including Excel data base) for cross-checking all referral and service activities. Long-standing experience in cross-agency leveraged funding continues to support a robust and diverse range of supports for foster children/youth and families. Child Welfare invests matching funds with Mental Health to help support EPSDT MediCal services for specialized programs (e.g. 0-5

Neuro-developmental clinic in conjunction with Stanford; THP/ILP Transition age youth supports, among others).

Safety Organized Practice

In January 2014, Santa Cruz County initiated Safety Organized Practice training for child welfare staff as a continuation of efforts to improve family engagement practice. Through this practice model, social workers have been able to apply a structured strategy designed to help all the key stakeholders involved with a child - the parents, the extended family, the child welfare worker, supervisor, managers, lawyers, judges, and other individuals, maintain their focus on assessing and enhancing child safety at all points in the case process. This practice model integrates the best *Signs of Safety* methodology, i.e., a strengths and solution focused child welfare approach that includes Structured Decision Making. Initial training for the first cohort of social workers took place in February 2014. Training consisted of a 3-day training module, followed by monthly 1/2-day training modules for 12 months. Training for the second cohort began in June 2014. In addition to training, Bay Area Academy has been contracted to provide coaching and mentoring on the SOP model for social workers and supervisors since February 2014.

Board of Supervisors (BOS) Designated Commission, Board or Bodies

The BOS-Designated Public Agency

As the public agency designated by the Board of Supervisors to administer Child Abuse Prevention, Intervention and Treatment (CAPIT), Community Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) funds, the Human Services Department provides program oversight and accountability, integration of local services, fiscal compliance, data collection, preparation of amendments to the county plan, preparation of annual reports, and outcomes evaluation.

The Children’s Network of Santa Cruz County serves as the Interagency Children’s Coordinating Council to oversee the distribution of CCTF, CAPIT, CBCAP, and PSSF funds. The Children’s Network is an independent countywide organization made up of a twenty-seven member Cabinet, citizens and organizations who are providing services to or have an interest in children in Santa Cruz County. This includes the Human Services Department, the Probation Department, law enforcement, the office of the District Attorney, and the courts. In addition, the prevention and treatment service communities, including medical and mental health services, community based social services, public and private schools, community representatives such as volunteers, civic organizations, and members of the religious community participate in the broad ranging group. The Children’s Network provides a venue for coordination of service delivery, launching new initiatives and oversight for the distribution of CCTF, CAPIT, CBCAP and PSSF and funds for services to children and families. Several of the members of the Children’s Network also participate on the FCS System Improvement Committee, where they provide recommendations for improvements in services to families.

Child Abuse Prevention Council (CAPC)

The Children’s Network was designated to serve as the Child Abuse Prevention Council for Santa Cruz County in 2008. The Children’s Network CAPC is comprised of volunteer members of the Children’s Network and provided with staff support through a contract with a non-profit service provider. The CAPC provides coordination of the county’s prevention and early intervention efforts by providing information about resources to families and to other members of the Children’s Network, for distribution to the families that they serve. The CAPC maintains a public website with prevention materials, resources and referral information. During Child Abuse Prevention Month, the CAPC coordinates a public media campaign to promote public awareness of the abuse and neglect of children, and the resources available for intervention and treatment. The CAPC provides eight mandated reporter workshops throughout the year. Topics covered include the detection, treatment and prevention of child abuse and neglect, as well as mandated reporter responsibilities.

County Children’s Trust Fund Commission, Board or Council

The Children’s Network serves as the required County Children’s Trust Fund (CCTF) Interagency Children’s Coordinating Council to provide oversight and recommendations for services funded

by CCTF. The Human Services department is the fiscal agent for these funds. CCTF funds support the activities of the CAPC, as described above. The CAPC submits an annual report on their services and activities, which are submitted to a Human Services Department program analyst and included in the CDSS Office of Child Abuse Prevention (OCAP) annual report. These activities are also published in the Children’s Network annual report, which is submitted to the Board of Supervisors. The county deposits the full amount of the CBCAP allocation into the CCTF.

PSSF Collaborative

The Children’s Network is the PSSF Collaborative and Interagency Children’s Coordinating Council (ICSSC) that oversees funding from Promoting Safe and Stable Families (PSSF). The Human Services department acts as the fiscal agent.

Systemic Factors

A. Management Information Systems

CHILD WELFARE (FCS DIVISION)

The primary database used in the FCS Division is the Child Welfare Services/Case Management System (CWS/CMS). In addition, the division uses a secondary database, SafeMeasures. SafeMeasures captures data from existing computerized files and links these data elements to key performance standards. The use of these systems is described below.

CWS/CMS

Santa Cruz County has fully utilized CWS/CMS since October 2000. This means that FCS uses all five components of the application: Case Management, Client Management, Placement Management, Court Management and Service Management.

CWS/CMS is critical to FCS's ability to carry out its responsibilities. The system enables us to keep electronic records of all casework activities, and to measure client progress. CWS/CMS makes it possible to track the progress of a child or family through the child welfare system, from the initial face-to-face contact to court hearing dates, court reports, and the finalization of adoptions. Data collected from CWS/CMS is utilized to measure FCS's success in achieving outcome goals. Every level of staff within FCS uses CWS/CMS data. Social workers and clerical staff enter data regarding referrals, investigations, case plans, court hearings, delivered services, and client progress. Supervisors review and approve case data in CWS/CMS at key decision points such as the close of the investigation, prior to case transfer, at each six month review, and when court reports/case plan updates are due.

FCS also uses Business Objects to extract data from CWS/CMS and produce monthly reports that are reviewed by supervisors and managers, and periodically runs Business Objects reports specific to a particular project. For example, Business Objects was used extensively in the County Self Assessment for collection of data related to surveys of birth parents, caregivers and youth. Managers also review cumulative data reports to better monitor program performance, activities, service delivery, caseloads, and staffing levels.

FCS has identified several areas of concern related to the CWS/CMS system, and they are centered on the fact that CWS/CMS is a statewide database; therefore counties have very little control of it at the local level. Legislative and regulatory changes take weeks, months and sometimes years to be incorporated into the database. In addition, local data needs must be addressed outside the system in locally designed data systems. This results in increased demand on local information technology resources.

PROBATION

Probation is responsible for entering information into the CWS/CMS database. Since we have access to the system, Probation not only enters all the safety, child well-being and permanency

outcomes for all placement youth, but Probation is also able to elicit child welfare history on all youth entering into the judicial system.

One barrier with CWS/CMS is having the assigned officers enter their contacts in a timely fashion due to their extensive traveling. Due to a shortage of placements within the county, the majority of youth placed out of the home are placed outside of Santa Cruz County, and sometimes outside of California. Probation is looking at ways to improve the length of time for entering information into CWS/CMS and is currently trying to get Dragon Speak installed for the placement officers to assist in the expediting of information across systems. Currently our Typist Clerk has been trained in entering all of the data entry into CWS/CMS, a practice that was previously done by the Placement Supervisor. This allows the Placement Supervisor to audit the cases in CWS/CMS more efficiently.

Another barrier with CWS/CMS is that Probation utilizes its own case management system in addition to entering the required information into CWS/CMS. Because Probation has their own system, only the basic information is included in CWS/CMS. Case plans, for example, are captured in our own system thereby making CWS/CMS not as utilized as it could be.

SAFEMEASURES

In early 2004, the FCS Division implemented SafeMeasures as a quality assurance tool, not only to track progress locally on the state and federal performance measures, but also as a means to see where we may be having data entry problems or case management issues. FCS has continued to utilize SafeMeasures to identify and remedy issues that, in the past, would have been extremely labor intensive to address.

FCS is using SafeMeasures to monitor compliance with the Division 31 regulations as well as with AB 636 outcome measures, including reviewing reports on Caseload Management, Compliance Summaries, Referrals & Investigations, Emergency Response, Family Maintenance, Family Reunification, Permanent Placement, Child Well-Being, and Federal Outcome Estimates.

The County Self-Assessment process identified areas of information that were unavailable and necessary to comprehensively assess the child welfare system. These gaps were often due to a lack of information in CWS/CMS or a lack of information collected by key partners.

- There is a lack of systematic data on the incidence and prevalence of substance abuse in child welfare involved families.
- There is a lack of information on availability of foster parents and specific information such as preferred capacity and ability to be a concurrent placement.
- There is a lack of a field that identifies whether the child is in a concurrent foster/relative home. There is a need to determine if children and youth who have been in care for 18 months or more are in homes moving towards permanency or need further permanency efforts. It would be very helpful to have a data report identifying these children.
- There is a lack of a systematic way to collect and analyze data on the presenting safety factor(s) that led to a case, for example substance abuse or domestic violence. This

information is in the case plan but it cannot be easily compiled in a CWS/CMS data report.

- There is a lack of information on how mothers, fathers, and youth were engaged in services.

COUNTY CASE REVIEW SYSTEM – CHILD WELFARE

Case Review continues to be a key area of focus for Santa Cruz County’s Self Assessment Process. In 2014 Santa Cruz County engaged in a comprehensive effort to gather information and input from community partners, caregivers, CASAs, parents, extended relatives and youth in an effort to ensure comprehensive community inclusion into the Self Assessment. This effort gave stakeholders the opportunity to participate in focus groups or provide feedback in writing, depending upon the cohort.

This community engagement process included questions related to the core elements of the Case Review section. The intent was to review this subject matter from multiple perspectives by seeking out both anonymous and identified feedback from multiple stakeholder groups. Feedback provided by stakeholders is described elsewhere in this document.

Described below are the primary elements of the local court structure for Dependency Court. The Dependency Court in Santa Cruz County is convened by the Superior Court. Dependency matters are heard by one primary judge in the Santa Cruz County Courthouse located in Watsonville.

Counsel - All children are appointed an attorney at the outset of the dependency process and these attorneys remain in place until the dependency is dismissed. The local law firm of Patterson and Dews is on contract through the Administrative Office of the Courts to provide this service. Though they have large caseloads, the children’s attorneys are active partners in the dependency process on behalf of their clients. With respect to parents, if their financial circumstances prevent them from affording an attorney, they can receive court-appointed representation. The law office of Evguenia Vatchkova represents the first parent to appear on the matter. If there are subsequent parents needing representation, another law firm, Laurie E. Daniels or Robbins & Strunk, represents the additional parents. All of these attorneys have worked within the Santa Cruz County dependency system for a number of years and are well respected as strong advocates on behalf of their clients. The FCS Division is represented by the office of the County Counsel.

Court Officer - FCS has a social worker assigned full-time in the role of Court Officer. The Court Officer appears in court on behalf of case-carrying social workers, a practice that allows FCS staff to spend more time in direct service to clients. The Court Officer also files 387 and 388 petitions and tracks Indian Child Welfare Act (ICWA) and Interstate Compact for the Placement of Children (ICPC) cases. She works with County Counsel’s office to ensure that FCS is meeting all legal requirements of ICWA and of ICPC. The Court Officer provides regular feedback to social work supervisors regarding current laws and procedures in these areas and ensures that social work practice is above reproach. By centralizing all ICWA noticing, contact with tribes and ICWA reporting to the court within one FCS position, the department has significantly lowered its

exposure to appeals in this area and has established good, ethical practice with respect to children who fall within the purview of this law.

Advocacy and support – Almost all dependent children (primarily children who are in family reunification, but many who are also in family maintenance) who are in need of additional advocacy and support are paired with a Court Appointed Special Advocate (CASA). FCS works closely with the local CASA agency and the court to ensure that children promptly receive a CASA. The relationship between FCS and CASA has strengthened significantly over the past several years and continues to be an area of focus for supporting permanency and educational outcomes for children and youth. In 2008 an MOU was established between CASA and FCS to ensure consistent practice with respect to communication and collaboration. FCS social workers and CASAs received extensive training on best communication practices at that time. Both groups are consistently supported to work effectively with each other towards the best interests of the child. Additionally, specific structures were delineated regarding resolving conflicting opinions on cases. As a result, more issues are resolved at the social worker/advocate level. When appropriate, supervisors or managers from both agencies step in. Further, there are regular meetings between CASA and FCS managers as a quality assurance measure and to seek resolution of extremely difficult case issues. Finally, supervisors from both agencies meet on a quarterly basis to address day to day practice concerns and to celebrate partnership successes.

Dependency Court Systems Coordinating Meeting (DCS) - DCS is a bi-monthly meeting of representatives from all professional groups who touch the dependency system. It was initiated to support and improve the working relationships among all these parties, and to provide a venue for training on topics of mutual interest. Members include the Dependency Court Judge, Parents' Attorneys, Minors' Attorneys, CASA, FCS staff, Superior Court Clerk and County Counsel. All parties agree that this is a useful forum to share information and increase collaboration.

Court partners continue to agree that collaboration between and among the parties is constant and effective. As stated above, there is already a written MOU that establishes communication practices between FCS and CASA. Additionally, FCS management and the dependency judge maintain contact as needed in an effort to address general department/court practice issues.

HEARINGS

The dependency calendar is held each Tuesday and Thursday. The calendar includes matters set for jurisdiction/disposition hearings, 388s, 387s, status reviews for family maintenance, family reunification and permanency planning cases, AB12 matters and interim reviews. Detention hearings are held daily. Trials, settlement conferences and mediations are scheduled in the intervening times. The physical structure of the courtroom and the courthouse is family friendly and accessible by public transportation. Unfortunately, the courthouse is located on the southernmost end of the county. This places a burden on families who live in the Santa Cruz Mountains, because they often need to make multiple bus changes in order to get to the courthouse by the 8:30 am calendar.

Frequency of Hearings – Following is a summary of the typical pattern of setting hearings:

Detentions – These hearings are held within 72 hours of protective custody. While it is possible for detentions to be continued for a contested hearing, these continuances are rare in Santa Cruz. The judge and the attorneys typically have enough information from FCS to fully vet the situation and make a determination about detention on the date it is set.

Jurisdiction/Disposition Hearings – The initial hearing for these matters typically begins within the appropriate statutory timeframe of 15 days following the detention hearing. However, many of these matters are set for a settlement conference and/or trial. Given the Court’s availability, there are times when these trials do not resolve within the 60 day statutory timeframe. The attorneys and FCS staff work informally, prior to these hearings, in order to resolve or narrow the trial related issues, so as to expedite the process. When the court determines the disposition of the case is family reunification, the judge alerts the parent, on the record, about the reunification timeframes applicable to the case. If there is a child under the age of 3, the court sets an interim review at 90 days in order to assess the parents’ progress towards reunification, prior to having to make a determination about permanency at the six month status review. This gives the court an additional opportunity to remind the parents and FCS of the need to determine who the “forever family” will be for the child, due to that child’s young age.

Status Review Hearings – All matters for which the court has taken jurisdiction are set for status review hearings at six month intervals (see the administrative review section below for the exception to the six month interval process). There are times when these status reviews fall just outside of the statutory timeframes, due to court calendar lack of availability, requests from attorneys to move a matter by one week, requests by FCS for an additional week or two to determine the most appropriate recommendation for a child, etc. The permanency needs of the child, as guided by the statutory timeframes that apply to that child, are considered and specifically addressed at each status review. It is rare for any child to exceed 12 months of family reunification services, prior to moving the focus specifically to permanency.

366.26 Hearings – These permanency hearings are consistently set within the appropriate statutory timeframes. Santa Cruz County has avoided the need for continuances for technical reasons, in large part, due to the fact that the County Counsel’s office effects notice for these hearings in order to ensure notice is proper. Santa Cruz County has a high completion rate for adoptions. This is in large part due to the effective teaming between FCS and the court that began in 2008 when FCS was awarded a five year federal grant, specifically focused on permanency, that spearheaded systemic change, not only procedurally, but in the perceptions of permanency held by those who are charged with facilitating it. Though both the court and FCS have specifically focused on the need for life-long permanency for all children who have not been able to reunify with their parents, both the court and FCS are reluctant to terminate parental rights for any child who does not have an

identified adoptive home. In those cases, the court continues to monitor FCS' efforts to identify a permanent home for the child, during each status review hearing.

Administrative Reviews – Santa Cruz County is the last county in the state that uses an administrative review process for children and youth in permanency planning. These reviews are conducted by FCS, with the appropriate community partners, at intervals between formal status review hearings in court. The court reviews each of these cases on a yearly basis. FCS does the review during the six month intervals between those formal hearings. Both the court and FCS are making efforts to move away from this process in favor of setting these matters in court at six month intervals.

Continuances - FCS social workers produce court reports one week in advance of jurisdiction/disposition hearings, two weeks in advance of status review and post-permanency hearings and three weeks in advance of 266.26 hearings. This practice greatly reduces the need for continuances by allowing parties significant preparation time.

When continuances are requested, the dependency court judge grants these continuances only after reaching a legal finding of “good cause.” The typical reasons for continuances are as follows: pending necessary information has not been received by the social worker, ensuring ICWA noticing compliance, attorneys have not had sufficient time or opportunity to speak with their clients prior to the hearing, parent illness the day of the hearing, or the parent has not read the court report prior to coming to the hearing. Many continuances are only for a few days to a week. Santa Cruz County Superior Court does not currently track the percentage of cases that are granted continuances.

However, FCS was aware that many continuances occurred at the jurisdiction/disposition hearing. In 2012 it was determined that the rotation of court social work staff was too small to maintain investigations that were both thorough and timely. Because of that, and other issues impacting the Emergency Response (ER) program as well, FCS implemented a redistribution of social worker tasks and merged the investigative functions of the ER and Court units into one large rotation. Specifically, each Investigations social worker carries the investigation from the first knock on the door all the way through the jurisdictional/disposition process, if necessary. This change in practice has significantly reduced the number of continuances submitted to the court by FCS. It has also had a significant positive effect on spreading ER assignments to a greater number of people and, consequently ER investigations are completed more timely. Finally, this merging of functions reduced the number of social workers each family has to experience within the first 30 days of involvement with FCS.

Termination of Parental Rights - Federal law has codified the goal of permanency for children by requiring the dependency court to consider termination of parental rights for all cases where children have been in out-of-home care in 15 of the previous 22 months of dependency. The State of California stipulates that status review hearings must occur at six and twelve months after disposition but that a third status review hearing must happen no later than eighteen

months after removal. To that end, the Santa Cruz County Dependency Court does consider the permanency needs of children at the six month review for children under the age of three and at the twelve month review for children over the age of three. Additionally, FCS and the Santa Cruz County Dependency Court also consider whether or not W&I Code sec. 361.5 bypass of reunification services criteria apply to any out-of-home pre-disposition case, thereby hastening permanency for children and youth whose family circumstances fit those extreme criteria.

As noted above, FCS has made an extensive effort to address the importance of permanency on every level from written policies and procedures to in depth social worker discussions about child welfare practice, ethics and values. This process was significantly bolstered by the receipt of the five-year federal Adoption Opportunities: Diligent Recruitment grant aimed at increasing real permanency for children and youth. During the grant period from 2008 to 2013, FCS engaged the services of several permanency and permanency-related experts to assist in deconstructing practices and beliefs about permanency in child welfare in Santa Cruz County. One of these experts described child welfare practice in Santa Cruz County as “reunification at all costs” and that social workers see themselves as failures if reunification is not successful. As a result, significant efforts were made to address a needed culture shift so children and youth can achieve true permanency.

Some of these efforts included the following: creating more interaction between the Adoptions unit and the Ongoing and Teen units; better policies and procedures with respect to concurrent planning and case transfer processes; a more clear policy regarding 361.5 bypass cases; established policies regarding specific steps for assessing readiness for reunification (within the TDM policy and procedure); use of TDM prior to moving to overnight visitation with parents; educating the court on the desirability of adoption as the only true permanent alternative to reunification; establishing court orders for using adoption websites such as AdoptUSkids in the pursuit of permanent homes; establishing practices for youth readiness for adoption; and engaging in general, targeted and specific recruitment efforts for permanent homes for youth and children.

Though these efforts constituted a significant change in the way social workers practice and in the way supervisors supervise their staff with respect to the permanency needs of children, FCS continued to identify barriers to successful permanency for all children. These barriers include the following: 1. Placing with a safe relative at the beginning of the dependency does not necessarily constitute the best permanent placement to meet the child’s overall well-being needs for this rest of his or her life; 2. Though social workers have the desire to achieve a practice focused on the permanency needs of children, Ongoing social workers are often times unable to consistently practice concurrent planning tasks due to the need to focus on the “reasonable services” requirements in family reunification cases; 3. Though Adoptions workers are assigned as secondary workers on family reunification cases in an effort to champion the permanency discussion for each child, often times these workers’ primary adoption caseloads leave little room for focus on this secondary work; 4. Often times older youth are transferred back and forth between the Teen unit and the Adoptions unit as caregivers vacillate between wanting and not wanting to adopt.

Due to these issues, FCS concluded the following: When permanency is everyone's secondary work, it's no one's work.

Consequently, in September 2014 FCS conducted its second redistribution of social worker tasks in two years. This second one was specifically aimed at improving permanency outcomes for all children. As of September 2014, all families entering the Santa Cruz County child welfare system will experience an Investigations social worker (who conducts the initial and the jurisdictional investigation) and a Post-Disposition worker (who actually is assigned to the case prior to disposition in an effort to engage the family in the case planning process). This one Post-Disposition worker will carry the case from disposition until case closure either due to successful reunification or due to successful adoption. It is anticipated that this new structure will improve the social worker's ability to focus on the permanency needs of the child from the outset of the case because the Post-Disposition social worker is trained on adoption, as well as reunification. The benefit to the family is the reduction in the number of social workers assigned throughout the life of the case. This reduction mitigates drop-off points for families and for vital information needed as children move into a greater need for permanency services.

USE OF ALTERNATIVE DISPUTE RESOLUTION

Staff of the Family Court Mediation program provides mediation services on dependency cases. The court will refer cases to mediation if there is a likelihood the parties could resolve their differences and trial could be avoided. Access to this resource is limited so attorneys are also employing the use of Early Resolution conferences in order to informally discuss issues with the family present in an effort to avoid unnecessary trials. If neither mediation nor Early Resolution conferences are effective in resolving conflict, Santa Cruz County uses settlement conferences with the judge in order to narrow the trial issues. Often times, this process can be effective in avoiding a trial all together. However, as stated previously, there are circumstances wherein a settlement conference is ordered despite all parties' awareness that there is no chance the matter will settle. This can lead to a delay in resolution of the matter.

PROCESS FOR TIMELY NOTIFICATION

As required by law, FCS informs all parties of hearings. Given the different noticing requirements for each hearing, a Policy and Procedure was established in 2006 to assist social workers in proper noticing techniques.

For the **detention hearing**, all parties (parents, children and caregivers) are noticed in person or via telephone. Social workers document their efforts to notice parents in the detention report and document their efforts to notice the caregivers in CWS/CMS case notes. Caregivers are reminded of their right to be present at the detention hearing. Both FCS and children's attorneys ensure that children/youth are aware of their right to be present at detention hearings.

The Santa Cruz County Superior Court provides notices for the **jurisdiction/disposition** hearing to the social worker at the time of the detention hearing. The social worker notices all parties (parents, children and attorneys) present at the detention hearing for the

jurisdiction/disposition hearing. If there are parties not present at the detention hearing, the Santa Cruz County Superior Court notices those parties at their last known address via mail. Social workers verbally notice caregivers for the jurisdiction/disposition hearing. Caregivers are reminded of their right to be present at the jurisdiction/disposition hearing.

Two weeks in advance of each **status review**, interim review or administrative review hearing, FCS mails parents, children, siblings, attorneys, tribes, and other “parties to the action” the “Notice of Review Hearing – Juvenile” for a court hearing, or “Administrative Review Panel Notice of Hearing” for an administrative review. FCS court clerks maintain a “court calendar” which tracks upcoming reviews and notification dates. Four weeks prior to each hearing, the clerks send a “notification list” to the case carrying social worker. The social worker edits the list to ensure that all parties and their addresses are accurate.

Caregivers also receive the “Notice of Review Hearing – Juvenile” for a court hearing, or “Administrative Review Panel Notice of Hearing” for an administrative review. Via these last two documents, resource/foster parents and relative/non-related extended family member caregivers, including pre-adoptive parents, are reminded of their right to be present at these hearings and reviews. FCS includes the “Caretaker Information Form” (JV-290) with the notice of hearings to caregivers. This State of California form solicits input from the resource/foster parents and relative/non-related extended family member caregivers, including pre-adoptive parents, on behalf of the child, in order for the court to have direct communication from the caregiver. Instructions regarding how to provide this form to the court are included with each notice, and lead the caregiver to forward the information directly to the clerk’s office. In this way, the caregiver can be assured that the communication goes to the judge without third party interference. The information provided by resource/foster parents and relative/non-related extended family member caregivers, including pre-adoptive parents, is an important component in giving the court a current picture of the specific foster child’s needs and well-being. However, few caregivers avail themselves of the opportunity to provide input in the Caretaker Information Form and its predecessor, the Caretaker Statement to the Court.

The Division adheres to state law and regulation requirements for determining whether children have American Indian heritage to ensure compliance with the **Indian Child Welfare Act (ICWA)**. Investigations social workers are trained to ask parents about their ancestry at the time children are removed from their parent or guardian. Once a child is identified as potentially coming within ICWA regulation, the Division has a designated coordinator (the Court Officer) who tracks required notifications and documentation to/from the Bureau of Indian Affairs. The Division adheres to direction from the Bureau of Indian Affairs or a specific tribe regarding placement of children with an Indian family. There are few ICWA cases in Santa Cruz County. Of those cases, FCS and the court make a concerted effort to ensure tribal participation in hearings. If the applicable individuals are not able to make personal appearances at hearings, their feedback is gathered prior to hearings by FCS and reported to the court. Additionally, the court allows tribal appearances by telephone.

FCS notices all parties to an action, including caretakers as noted above, children, biological parents or guardians, de facto parents, minor’s counsel, parent’s counsel and CASA, in a timely manner.

FCS consistently properly notices parties to an action and it is rare that improper notice causes hearing delays. However, there are times when the Department requests continuances in order to achieve proper notice for the Indian Child Welfare Act if information from the family is not received by FCS in a timely manner.

PROCESS FOR PARENT/YOUTH PARTICIPATION IN CASE PLANNING

The FCS Division focus in case planning is on the welfare of the child. If the needs of the parent, guardian, or other caregiver are affecting the welfare of the child, then those needs will be addressed by designing a case plan unique to the needs of that family. FCS has a philosophy of strength-based, family-centered practice. This includes a tenet of client involvement in case planning and assessment of progress.

In 2006, FCS implemented a case planning policy and procedure designed to provide guidance and instruction to social workers about case planning at all phases of the dependency process. This policy includes instructions to social workers on how to incorporate identified needs into specific case plan goals and activities.

PARENTS

Santa Cruz County social workers strongly believe in the value of including parents in the case planning process. As part of our 2007-08 SIP, FCS developed a Parent's Bill of Rights, which is provided to parents at the time that a child is removed, and this document informs the parent of his or her right to participate in the case planning process and of what is at stake should the parent fail to participate in ordered services.

In 2007, 57% of parents reported that their first social worker who went to court with them at the beginning, talked with them about the services they thought they needed. From 2007 to 2012, FCS considered a number of options and implemented some strategies in order to improve the family's experience in this area. It was ultimately determined, prior to the implementation of the first Redistribution of Tasks, that there were two barriers to appropriate engagement in case planning and to the client's ability to understand what was expected of him or her within that document:

- Court social workers did not have the ability to provide appropriate focus on the case plan engagement process and also spend the time needed to conduct a thorough investigation within 15 days, so the case plan was not prioritized;
- Court social workers are not Post-Disposition workers and they did not know how the initial case plan translated to the next worker as that worker sought to help the family benefit from it.

For these reasons, the first redistribution of social worker tasks model included bringing the Post-Disposition social worker into the case prior to disposition, in order for that worker to begin engagement efforts with the family. This process includes helping the family to identify their own strengths and areas of need in order to build an applicable case plan. In this model, the Post-Disposition social worker develops suggested case plan language and submits it to the

Investigations social worker for review. If both social workers agree, the case plan document is generated using that language. If there is disagreement, FCS has appropriate procedures for resolving the issue.

In an effort to further refine this process and create more opportunities for families to self-identify what's working and what isn't, FCS developed a Child Well-being Conference that coincided with the launch of the second redistribution of social worker tasks in September 2014. This meeting includes parents, children/youth, caregivers, extended family and supports, and both the Investigations and Post-Disposition social workers. Among other topics, this meeting is specifically designed to tease out feedback from participants about important elements to include in the case plan for all pertinent parties.

In the survey of parents in 2014, 70% of parents said that their social worker did a good job explaining what they had to do in order to have their children returned. 95% said they felt confident they could successfully complete their case plan. This data suggests that the majority of parents in the Santa Cruz County child welfare system understand their rights and responsibilities with respect to case planning.

FATHER ENGAGEMENT

In most child welfare cases, the mother is the most immediately and easily identified parent, by virtue of having given birth to the children. However, efforts are made to engage fathers in the case plan, either as a single parent or a second parent. If the child is removed, efforts to locate a father are a primary focus. If a (non-offending) father becomes available for placement, FCS typically makes that placement.

Initially, the juvenile dependency judge makes the finding that a father has "presumed" status. He can make the finding based on birth certificate, parents' marriage, other court orders, or if the father has declared the child as his own. Once a father is elevated to "presumed" status, a Investigations worker has a lengthy interview with him about the allegations of child abuse and gathers information on the concerns and strengths of the family. The worker and father then talk about the case plan and he is referred to needed services. He will then meet monthly with a social worker who will review his case plan progress and make revisions to the case plan as necessary. If the father is the child's caregiver, the department works to assist the father with ameliorating the issues that brought the child or children to the court's attention. Reasons for fathers' exclusion from a case plan could include inability to identify or locate a birth father.

General Case Planning and Review – Child Welfare

CASE PLANS

FCS social work staff generates case plans designed to identify family strengths and needed services that will help parents keep their children safe and secure. State regulations require case plans for all families served by FCS.

As described in the previous section, in 2006 FCS implemented a comprehensive case plan policy and procedure that outlines not only suggested content of the case plan but specific procedures

and requirements regarding how to generate the document in CWS/CMS and the timeframes for completion.

FCS focuses much of its efforts towards early engagement of parents in needed services. Most often, parents receive information at the detention hearing about services suggested by the social worker. Immediately following the detention hearing, Investigations social workers make referrals for services so that parents do not have to wait until the implementation of their case plan by the court to get started. Many parents take advantage of these early referrals.

Case plans are legally due within 60 days of the beginning of a case but Santa Cruz County court culture expects the case plan to be designed by the jurisdiction/disposition hearing just three weeks after removal of the child. In accordance with state law, case plans are updated at least once every six months thereafter. The Department tracks compliance with this requirement through various means. Supervisors approve the case plans in CWS/CMS and Safe Measures software generates, among other measures, continuously updated data on cases that are approaching a due date (60 days or six months). FCS supervisors routinely review these reports to track compliance. Additionally, the court expects to review an updated case plan at each status review hearing and case plan details are typically discussed at each hearing (visitation frequency and duration, the potential need for further or different services, whether or not a psychological evaluation points to additional services, etc.).

FCS has adopted Structured Decision-Making for use by all social work staff when conducting assessments of risk to children and when engaging in the case planning process. The tools provide specific guidelines for assessing level of risk in order to minimize the influence of subjective conclusions and social worker bias. The Family Strengths and Needs Assessment tool guides the case planning process to promote greater consistency and appropriateness of case plan activities designed to help parents overcome issues placing children at risk. Though the Family Strengths and Needs Assessment tool is designed to encourage social workers to prioritize services in an effort to refrain from overwhelming families, the court sometimes requires staff to increase the number of services within case plans. Some of these services do not necessarily coincide with prioritized needs identified in the SDM tool and potentially contribute to parental overwhelm.

In order to further promote fairness and equity, social workers and the court also take pains to ensure monolingual Spanish-speaking clients are not expected to participate in any service that is not available in their native language. If for some reason a service is ordered and then it becomes apparent that it is not available in Spanish, social workers will look for an alternative, or seek the service in a surrounding county and provide resources for transportation for that client. There are occasions when families need resources in other languages such as American Sign Language or Mixteco. In these instances where a vast majority of the services will not be available in the person's dominant language, FCS ensures that there are appropriate interpreters who can accompany that family member to each service.

Social workers in Santa Cruz County have well-established relationships with most of the providers who serve FCS families. The service providers to whom FCS refers are well versed in

the needs of the child welfare population and, often times are able to provide best practices to serve this population. Some of those best practices include the following: Triple P Parenting Education, Parent-Child Interaction Therapy (PCIT), Trauma Informed services within Mental Health and Substance Use Disorder milieus, Matrix Substance Use Disorder treatment, Family Preservation Drug Court, and comprehensive developmental screening provided by the Stanford Neuro-Developmental Clinic.

All providers of services are aware in advance of the reporting needs of the court. Case plans are written such that both the client and the provider has a clear understanding of how FCS and the court will identify success. In this way, both the client and the provider are aware that merely participating in a service does not constitute successful resolution of the pertinent risk issues. Similarly, if a client does not necessarily participate in every service component, but is able to consistently demonstrate needed behavior change, the case plan is satisfied.

In early 2014, FCS began offering Safety Organized Practice training to social workers, supervisors and managers in an effort to further standardize practice around targeted behaviors and measurable behavior change. While FCS has not fully implemented SOP language into case plans at present, it is a long term goal.

FCS and Children’s Mental Health engage in specific strategies to ensure children and youth are provided with excellent and relevant mental health services. Social workers and clinicians meet regularly with children and youth to engage those young people in identifying their needs. Child welfare and clinical supervisors meet monthly to ensure all children/youth in the child welfare system are being appropriately referred to mental health, assessed for services and closely followed by the team (including the clinician, the social worker and the family). FCS and Children’s Mental Health managers meet every other month to refine procedures and address barriers to serving children.

With respect to the specifics of the case plan document, all case plans detail frequency of visitation between the social worker and the child/youth and between the social worker and the parent. It is the expectation of the Department that children/youth are regularly seen in their home or placement as opposed to in the child welfare office, at visits or at school. However, there are certain circumstances under which one of these alternative contact scenarios may be used in an effort to better inform child safety and parent/child interaction. All case plans reflect a suggested visitation order between parent and child/youth for the court to adopt.

Social worker/caregiver contact is also specified within the case plan. Though there are times when the caregiver’s needs are specifically addressed within the case plan document, it is not current practice to do this regularly. It is rare for the local court to order a caregiver to participate in services beyond what is needed to provide basic care for the child (maintaining school performance, participating in well child examinations, making the child available for visitation, etc.). In certain cases where a placement is considered to be the best suited for the child/youth, but that caregiver has unique needs, the Department seeks to address those needs outside of the purview of the case plan document. For example, the Department can refer the caregiver to counseling or assist the caregiver in seeking resources for a child’s unique abilities or interests. To that end, the Agency maintains flexible funds, such as the Kinship Emergency

Fund, to address the resource needs of relative caregivers and resource parents. If, for instance, a relative caregiver needs a larger home to care for a child, the fund may provide one-time moving assistance. It can also pay for specialized equipment needed to care for a child. Other funds are maintained which address the various needs of children, parents and resource parents.

As to whether or not the child is placed in the least restrictive placement, that issue is not addressed in the case plan itself because the Santa Cruz County Court expects that detailed discussion to take place within each detention, jurisdiction/disposition, status review and 366.26 permanency report. There is significant support by the court and all attorneys to assist the Division in obtaining and maintaining kin placements. For that reason, Santa Cruz County consistently has a fairly high rate of kin placements (approximately half of all placements). Significant steps are taken by Investigations social workers to obtain information on kin at the point of removal and to make every attempt to have an approved placement for that child, with someone the child knows, immediately. As stated above, FCS is now endeavoring to take the initial placement process to a higher level by assessing multiple relatives for the best well-being and permanency match for the child, as close to the outset of the dependency as possible.

As with the issue of least restrictive placement, efforts to make or finalize an adoption or other permanent plan are not addressed within the case plan document because those efforts are addressed within each court report. Within the Division, the Post-Disposition supervisory team tracks all relevant information pertaining to specific adoption efforts for children for whom reunification has either failed or has a high likelihood of failing, including the following: the acknowledgement, the child summary, the home study, obtaining medical records, full disclosure interview, consent and joinder and any post-adoption agreement. The status of these elements is discussed within the 366.26 report.

PERMANENCY HEARINGS

For all family reunification cases, permanency hearings must be held within 12 months of the disposition hearing (within 6 months for children under the age of 3). To ensure compliance, the Santa Cruz Dependency Court sets the 6 and 12 month review hearing date from the date of the dispositional hearing where family reunification services were ordered. In virtually every case, therefore, a permanency hearing is held within the required time frames.

At the permanency hearing, the court must first consider whether the child may be returned to the parent(s). For cases where reunification services have been unsuccessful, however, the court may either (1) continue reunification services for another 6 months if there is a substantial likelihood of return to the parent within the next 6 months or (2) end reunification services and set a hearing date to decide what should be the child's permanent plan (366.26 hearing). If concurrent planning efforts are successful, the child should have already been placed in the home that may become the child's permanent, preferably adoptive, placement.

As previously indicated, the Division has facilitated several in-depth assessments of potential practice barriers to permanency and these assessments have indicated that both the Division

and the court have had a history of tending to tip the scale too far away from permanency in favor of allowing for a slim chance of potential return to a parent in the future.

As stated above, these assessments have led to significant restructuring of practice including deployment of staff; training regarding adoptions efforts for all youth not only for social work staff, but for court and community partners as well; a case review process for addressing barriers to permanence for specific children/youth; significant recruitment efforts for families willing to be “forever families”; deployment of community contracts to support placements to become forever families; and use of technology and media to seek appropriate forever families for specific youth.

The most significant effort has taken place within the minds and hearts of social work staff. As a result of our permanency efforts, Santa Cruz social workers have developed a better understanding that no supportive relationship takes the place of a permanent parental relationship. The Division now minimizes the number of recommendations for non-permanence (such as legal guardianship or planned permanent living arrangement).

CONCURRENT CASE PLANNING

Concurrent planning is a process of identification and early placement into a placement that can become a permanent living situation for children should reunification with parents fail. Traditionally, FCS had a policy that required social workers to begin the process of concurrent planning from the time the child is removed from the home, and continue this active process until a concurrent plan is finalized. However, there were few guidelines as to how specifically social workers should engage in this process. Further, there was little guidance as to the Ongoing social worker’s responsibilities and the Adoptions social worker’s responsibilities in the concurrent planning process. As a result, FCS had been inconsistently successful with respect to following California law that dictates a concurrent plan needs to be in place by disposition. In fact, social workers have, at times, been unable to implement a formal concurrent plan for some children even during the first six months of services.

In order to address this challenge, FCS implemented relative placement and concurrent planning policies and procedures in 2007. The Relative Placement Policy and Procedure made a formalized structure for immediate identification of relatives at the time of removal with the goal of placing with a relative as the initial placement. These policies attempted to outline the roles and responsibilities of each social worker (Ongoing, Adoptions or Licensing) and what the expectations for ongoing communication are. Whether or not initial relative placement was achieved, a Home Finding social worker (through the Licensing unit) was to work in conjunction with a family meeting facilitator to bring all known relatives and the parents together for a family meeting within days of removal. The intent of this meeting was for the family to identify the best and most concurrent (with a strong emphasis on adoption) relative placement for the child. Unfortunately, due to budget constraints, the Department could not maintain all the positions necessary to fully implement these policies as they were written. In an effort to bolster concurrent planning efforts, the policy was re-written in 2010 and provided clear direction for each program. As stated above FCS is now embarking on additional efforts to bolster concurrent planning practices by establishing one Post-Dispo social worker for the child

and the family all through the post-disposition phase of service. This change in task distribution, along with the implementation of the Child Well-being Conference, will push efforts to establish well-vetted relative or NREFM placements at the beginning that are both willing and capable of providing a forever home for the child, if needed.

As to placement with relatives, they are identified through discussions with parents and youth, through letters and phone calls to relatives, and through the use of computer database systems. It should be noted that efforts to locate possible non-offending parents is a primary focus of the case carrying social worker at this time. If this non-offending parent becomes available for placement, FCS makes that placement. If a petition has already been filed with the Dependency Court, the Agency makes efforts to assist the non-offending parent (if it is a father) in establishing paternity prior to dismissing the petition.

With respect to the option of placing with paternal relatives, every effort is made to encourage fathers to appear at the detention hearing in order to be considered for presumed status. If a father's status is raised at that time, FCS may consider his relatives immediately. However, even if he waits until the jurisdictional/disposition hearing to have his status raised, the Division can make a placement with his relative at that time if it is the most appropriate placement for the youth.

Competing interests can pose barriers to concurrent planning. At times, appropriate relatives are located who reside a significant distance from Santa Cruz County, such that placement would make on-going visitation with parents problematic. Although it falls short of the concurrent planning ideal of early placement, FCS will facilitate contact and visitation between the relative and the child in these cases.

FCS AND PROBATION

FCS and the Santa Cruz County Juvenile Probation Department routinely work effectively to serve the individualized needs of youth.

Formalized structures – FCS and Probation engage in a joint protocol process to determine the appropriate jurisdiction when there is a question of which court should supervise the youth. The social worker and the probation officer work closely to assess the youth's criminal infractions against the backdrop of his or her family of origin issues. A joint report is produced and a joint recommendation for jurisdiction is made. At this time, there is no dual status process in Santa Cruz County, though it is being considered and is supported by both the Delinquency and Dependency Benches. FCS and Probation also work closely with AB12 youth who remain in care after turning 18. FCS, Probation, Children's Mental Health and the County Office of Education also work closely to jointly staff all youth being considered for Level 14 group homes.

Informal relationships – Probation has often been a resource for FCS with respect to providing an alert when a dependent child is processed in to Juvenile Hall. They have also provided supervision and support during placement changes that have potential safety implications for staff. Probation placement staff has thorough knowledge of high level group homes available

around the state and often provide information to FCS about the successes and challenges of different programs.

CASE REVIEW SYSTEM – PROBATION

The Placement Screening Committee is the forum for which cases are assessed for additional services whether it is for Wraparound, the inclusion of Therapeutic Behavioral Services, private placement including out of home placement or step down services. The Placement Screening Committee is made up a team of professionals including County Mental Health Supervisors, the Placement and Wraparound Supervisors, and a manager from Juvenile Probation. The meetings take place twice a week and youth and their families are invited to voice their opinions on how best to aid in the success of having that youth complete their probation terms. In preparing a case for placement screening, the supervising officer must complete a screening form, a Children’s Mental Health referral form (if appropriate) and a full Juvenile Assessment and Intervention System (JAIS) tool assessment. The JAIS provides an objective and empirically validated evaluation of a minor’s risk to recidivate and his/her needs. Addressing these factors and matching the offender to the appropriate level of services is linked to changing offender behavior, more effective use of resources, and improved public protection.

Depending on whether the youth being screened has been identified as a reasonable candidate or not, case plans are required. Probation currently has four different case plans: the pre-placement case plan for those youth that are at imminent risk of removal, the IV-E placement and supplemental case plans for youth that are ordered into out of home placement and the JAIS case plans for youth that are not currently in placement or at imminent risk of removal but score moderate or high on the JAIS. The youth, their parent(s) and/or guardian(s) and the Probation Officer all work collectively to come up with goals for their case plans. The case plans are a working document and the Probation Officer should be going over the case plans with the youth they supervise during every meeting and making adjustments as needed. Formally, the case plans are reviewed and signed off by a supervisor at least once every six months, or when there is a change in services being needed or provided such as in or out of state placement as well as downgrading placement youth into the Wraparound program.

In the event that the youth being assessed in Placement Screening is in need of more services than what either the wraparound or placement unit can provide, the youth’s case may be assessed for a level 14 placement and/or an out of state placement through the Multi-Disciplinary Team Meeting. This is a meeting that brings the Assistant Division Directors from Child Welfare and County Mental Health with a manager from the County Office of Education and the Placement Supervisor. All parties have to agree to sign off on a case before it can be recommended to the court for a level 14 placement and/or an out of state placement.

For the youth that get ordered into out of home placement, since there are few options in Santa Cruz and surrounding counties, family engagement is increased by the use of Skype. Probation also encourages families to visit with their child in out of home placement and reimburses families for gas, food and lodging on a monthly basis. During the monthly placement visits, the supervising officers check in with the youth and formalize their plans for permanency.

Court reviews are scheduled at least twice a year. The Pre-Permanency Review Hearing is held within six months from the date the youth was originally removed from the home. In cases where the judicial process was delayed, some youth will have their Pre-Permanency Review Hearing shortly after entering placement. Six months after the Pre-Permanency Review Hearing, a Permanency Review is held. Six months beyond that and every six months thereafter, a Post Permanency Review Hearing is held. These hearings continue to be held until the youth is returned home.

For the youth in out of home placement, family reunification, whenever possible, is always the main goal. If the parent(s) continue to make efforts to maintain a relationship with their child, meet with the assigned Probation Officer and commit to their objectives in the case plans, then Probation will choose not to recommend the termination of parental rights. It is only if the parent(s) fail to abide by their case plan objectives and are unable or unwilling to, that Probation would possibly recommend the termination of parental rights.

One of the main barriers with family engagement is having an officer that speaks the same language as the parent(s)/guardian(s). Currently, there is only one bilingual officer in the Placement Unit and depending on where the youth are placed, determines who will be their assigned officer. Having to depend on bilingual staff to communicate with non-English speaking families poses problems that English speaking families do not face. Another barrier is that many of our non-English speaking families are undocumented and hesitant to be completely forthcoming about things occurring in the home due to fear of deportation. Additionally, a majority of the undocumented families have jobs working in the fields, making it harder to meet with them during traditional working hours.

Considering that many times youth that are involved in child welfare overlap into probation and vice versa, a plan to have a dual jurisdiction caseload continues to be considered.

C. Foster and Adoptive Parent Licensing, Recruitment and Retention

GENERAL LICENSING

The State Department of Social Services contracts with the county to license foster family homes. Standards for foster parents are divided into two categories: licensure and placement. State licensing regulations outline the basis for assessing a foster parent on their home, provision of supervision and care, and attention to a child's personal rights. The State Licensing Liaisons, the County Licensing supervisor, and the Licensing social worker evaluate compliance with the licensing standards for licensing homes. Placement standards for licensing homes are based on first and second-hand information known about a particular foster parent. Feedback from the Placement Specialist, Licensing social worker, Foster Parent Recruiter/Retention Specialist, placing social workers, and service providers is a primary source of information upon which placement is recommended and accomplished. Multiple factors are considered including, but not limited to, the reliability of the home, level of prior cooperation meeting a child's needs, appropriateness to the well-being of the child, cooperation with the child's service plan, ability to meet sibling placement needs, language issues, and household composition.

Standards for relative and extended family caregivers are also set by the California Code of Regulations. They are supplemented by the Agency's own FCS Division Policies and Procedures, including the Relative/NREFM Placement Policy and the Criminal Record Exemption Procedure, as well as multiple ancillary documents. The Home Approval Coordinating social worker, the Licensing supervisor, and the case-carrying social worker, in consultation with his or her supervisor and program manager, evaluate compliance with relative and extended family standards for approved homes. Placement standards for approved homes are more subjective because the home's approval is based on the specific child's placement there.

Other than the regulatory criteria referenced above, continued placement is based on first and second hand information known about a particular relative or NREFM. Feedback from the assigned social worker and his or her supervisor, the Home Approval Coordinating social worker, and the Licensing supervisor are the sources of information formally reported and/or informally related about a home upon which a placement is recommended and approved, and upon which placement decisions continue to rely. Considerations include multiple factors including, but not limited to, the relationship of the caregiver to the child, potential for concurrent placement, reliability of the home, level of cooperation in meeting the child's needs, appropriateness for the well-being of the child, cooperation with the child's service plan, ability to meet sibling placement needs, language issues, protection from risk, and household composition.

All potential resource parents submit to a criminal background check. On those occasions when the background check is returned indicating a history of criminal activity the criminal exemption process is put into effect as outlined by the State Department of Social Services (references: Title 22 Regulations, Division 6, Chapter 7.5 and Division 12, Chapter 3; H&S Code section 1522(g); WIC Code Section 361.4), and augmented by internal county policies. Our Criminal Exemption policy requires more stringent review than that outlined by State Licensing; social workers obtain approval from program managers before requesting the home approval process be initiated for a potential relative/NREFM, so that any exemption issues can be identified and addressed up front. Each exemption, whether simplified or standard, must be approved at the Division Director or Assistant Division Director level.

Although Santa Cruz County was once home to many Native Americans of the Ohlone and Costanoan tribes, currently only 1.8% of Santa Cruz residents report their ethnicity as Native American (US Census Bureau). We are not aware of any BIA recognized tribes in Santa Cruz County; on those occasions when a child coming into care is described as an Indian child, we work with the pertinent tribes by requesting confirmation of the child's Native American status and provide notice of hearing to all required parties (references: Family Code, Section 8630 (g) and (h)). One of our senior social workers serves as a single-point-of-contact for all matters related to the Indian Child Welfare Act.

Cross-jurisdictional efforts to improve timeliness of adoptive and permanent placements include having social workers and supervisors participate in the Bay Area Supervisors of Adoptions (BASA) meetings and the Public Agency Adoption Services (PAAS) meetings, both of which provide opportunities for exchange of information regarding families waiting to adopt and children in need of permanent homes. Additionally, we utilize the Interstate Compact on

the Placement of Children (ICPC) process, as opportunities arise, to facilitate placement with relatives/NREFMs living outside of California, but within the United States.

The Probation Department in the event of needing to license a relative or foster parent will request the assistance of the Family and Children's Services agency.

RECRUITMENT

During the period of 2008-2013, Family and Children's Services administered a five-year grant from the Children's Bureau of the Administration on Children, Youth and Families. The focus of the grant was diligent recruitment of families for children in the foster care system. The grant enabled us to dedicate a full time contracted position to recruitment efforts. The program that FCS developed through the grant is entitled Roots and Wings. As a result of some of the program's success, Roots and Wings has remained largely intact and is now a county-funded program incorporated into our licensing unit. We continue to contract for a full time recruiter and a part time faith-based recruiter.

General Recruitment: County wide efforts to raise awareness of the needs of children in foster care and recruit quality foster and adoptive homes include:

- Preparing press releases to promote Spanish PRIDE training.
- Preparing press releases to promote series of orientations.
- Submitting event listings in local media for orientations.
- Working with current foster/adoptive parents to identify potential news stories featuring foster and adoptive families.
- Writing and placing opinion-editorials in local newspapers.
- Coordinating editorial board meeting to discuss positive editorial coverage of foster care program and recruitment effort with emphasis on older youth and sibling sets.
- Writing radio PSAs in English and Spanish and distribute to local radio stations.
- Developing and distributing newspaper-style promotional material in English and Spanish to be used in recruitment efforts, outlining basic information about becoming a foster or adoptive parent, including orientations dates/times.
- Developing and distributing bilingual PRIDE flyers.
- Developing and distributing bilingual orientation flyers.
- Providing half-day media training sessions with TV personality and cameraperson for up to 4 staff, including the foster care/adoption recruiters and the Licensing supervisor, to prepare staff for upcoming media efforts.
- Coordinating the production of advertisements on local buses.
- Making changes to current website to increase public engagement.
- Working on for Search Engine Optimization (SEO) (i.e., key words) on WWW.FosterCare 4.Kids.COM website to be implemented by County-approved website resources.

Targeted Recruitment: County wide efforts to raise awareness of particular groups of foster youth for whom a limited number of foster homes are currently available are ongoing. For

Santa Cruz County this includes teens, sibling groups, and children with special needs. Targeted recruitment efforts will include:

- Efforts to raise awareness of geographical locations within the county where there are currently an insufficient number of foster homes and a high number of children removed.
- Creating promotional material focusing on the need for foster homes to serve the specific groups described above.
- Participating in Community events held in areas with high rates of removal to recruit foster homes so children can remain in their schools of origin and close to their neighborhood supports.

Child-Specific Recruitment: Outreach to individuals, such as relatives, extended family members, and others from within the child’s existing support network. These efforts include:

- Two designated senior social workers will be assigned to the role of “Home Builders,” which will involve multiple permanency related tasks, including interviewing children and youth for whom a permanent home is needed, to help identify potential caregivers already known to the child/youth.
- Photo-listing will continue to be explored as a possible option.

RETENTION OF CAREGIVERS

FCS works to retain foster, adoptive, and relative caregivers by ensuring that licensing processes run smoothly and adequately and that effective support is accessible to all caregivers.

INDIVIDUAL SUPPORT

The Foster Care Licensing social worker is assigned to all foster parents to assist in licensing issues.

- Case-carrying social worker: the social worker assigned to the child and his/her family provides one-on-one support to caregivers.
- Two full-time Roots and Wings liaisons are out stationed at family resource centers in the community. They have as their primary role the provision of one-on-one support to caregivers.
- The Roots and Wings liaisons help find and process volunteers from the community to assist children/youth in care with identified needs. Their needs are identified by the caregivers themselves and range from volunteers who provide tutoring to one volunteer who has taught a foster child to how to surf.
- A Public Health Nurse works closely with caregivers to provide needed assessments and referrals to meet children’s medical needs.
- Children’s Mental Health: if child is being seen by Children’s Mental Health, then a Mental Health Specialist in the Health Services Agency may provide therapeutic support to the caregiver and child.

PEER SUPPORT

The Foster and Kinship Care Education Program of Cabrillo College provides several peer-support strategies for caregivers. These strategies include access to an active group of parent mentors who partner with new resource parents to provide assistance to foster parents and offer support around general foster care issues, adoptive parenting, working with drug-exposed babies and building relationships with parents, relatives and non-relative extended family members.

Group support includes support groups and appreciation events. Caregivers may access monthly Caregiver Support Groups in Spanish and English. FCS and Cabrillo College conduct four annual appreciation events for caregivers. An appreciation event is held annually for resource families who are certified through the Options for Recovery Program or participate in the Specialized Training for Adoptive Parents (STAP) program. FCS utilizes local print media to run ads acknowledging and celebrating the efforts and commitment of existing foster parents during National Foster Care Month, and an annual appreciation event for all caregivers is held during that month. The Agency also supports the annual foster children's holiday party run by the Insurance Underwriters Association of Santa Cruz County.

RESPIRE CARE

Respite Care is a service the Agency administers and provides directly to resource parents on a reimbursement basis. General respite care is available to all caregivers and additional respite care is provided for resource families who are caring for drug-exposed infants and have received certification through the Options for Recovery (OFR) program and to pre-adoptive families through the STAP program.

TRAINING

Training has been conducted by the Foster and Kinship Care Education Program of the Chancellor's Office of the California Community College System since 1984. Currently the Cabrillo College FKCE Program works closely with the Santa Cruz County Human Services Department, particularly the Foster Care Licensing Unit, to determine both the pre-licensing and in-service training needs of resource families in the county and to provide this training and support. These are described below:

- **Parents' Resource for Information, Development, and Education (PRIDE):** This is required 15 hour pre-licensure foster parent training, required before new foster parents can have a child placed in their care. It covers a range of topics such as child development, child trauma, and working with FCS.
- **Options for Recovery Program:** The Options for Recovery Program conducted by Cabrillo College recruits, trains, and supports OFR-certified resource families to care for children, aged birth to five, who have been affected by substance abuse in their family of origin or who are HIV positive. The OFR Program has been conducted in Santa Cruz County by Family & Children's Services since 1997, and through a subcontract with Cabrillo College since 2004. To become OFR-certified, caregivers must complete 30 hours of training, which includes a training series called SPARK-Santa Cruz (Successfully Parenting At-Risk

Kids). Trained and experienced caregivers are available as mentors for OFR-certified caregivers.

- **Specialized Training for Adoptive Parents:** The Specialized Training for Adoptive Parents (STAP) Program conducted by Cabrillo Colleges provides services, support, and education to families in the process of adopting STAP-eligible children. A STAP-eligible child is one who is 18 years or younger and is currently in the child welfare system and has been affected by the parental use of drugs and alcohol or is HIV positive. The STAP Program offers training, therapeutic support groups, and mentor services to adoptive parents of STAP-eligible children.
- **Kinship Training and Support:** offered through Cabrillo College, is designed to provide similar information to that included in the PRIDE training for prospective foster parents, relative and Non-Relative Extended Family Member (NREFM) caregivers. If a relative or NREFM caregiver decides to become a licensed foster parent, this training meets the same requirements as PRIDE training.
- Ongoing special trainings on a variety of topics.

SATISFACTION SURVEY

In the fall of 2014, Surveys were mailed out to parents and caregivers currently in the child welfare system in Santa Cruz County. The surveys asked a series of multiple choice and open-ended questions.

There were 82 total respondents;

- 37 English speaking parents;
- 7 Spanish Speaking parents;
- 32 caregivers who speak English as a primary language; and
- 7 caregivers who speak a language other than English primarily.

Parents were asked questions that focused on the relationship with the Social Worker, parent understanding of and participation in case planning, services provided, and gaps in services.

Caregiver respondents ranged in length of time care giving from 2 months to 37 years and most reside with a spouse or partner. Half have other biological or foster children in the home. The majority are between the ages of 30-60. 70% are licensed foster parents, while 30% are relatives and between 50-60% work outside the home. They were asked questions that focused on demographics of the children, satisfaction with staff, satisfaction with the department and process and satisfaction with the care giving process.

PARENTS RESPONSES

A majority of parents (78%) that responded to the survey reported positive working relationships with their social workers. They responded that they felt comfortable with the worker, that they understood what was required of them that they felt listened to and encouraged by the social worker.

When asked for specific things their social worker did to establish the positive working relationship, they cited services that they were referred to that helped them increase their confidence and become better parents.

When asked for specific things their worker could have done to establish a better working relationship, parents generally requested increased communication, including more phone calls and more face-to-face contacts. Even those that were satisfied with the relationship asked for more communication. Many of the parents made comments requesting “more straight answers and more straight forward communication, honest and upfront.” These comments seem to indicate that parents feel that they are not getting the “whole story” and that social workers keep information from them. The department might be able to brainstorm how to communicate information in a way that helps parents feel more fully informed.

Parents were split in their satisfaction with the placement and care that their children received in foster care. A little over half of parents felt that their opinion was taken into account in the placement. Some wished placement with relatives, or consideration of the parent’s opinion on placement, could have happened right from the first day.

Most parents felt that their children did not have significant behavioral or mental health issues but for those who did, they mostly felt that their children received needed services. The number one most desired service, (and the same service that was most requested by participants in focus groups) was more visitation between parents, children and siblings. Another service requested frequently by focus group participants was after school activities for children.

Additional services that respondents felt were most needed (in the order of number of responses) are:

- Increased visitation between parents, children and siblings;
- Family and individual counseling;
- After school social activities;
- Mentoring

When parents were asked about mandated services that helped them increase their confidence and become a better parent, almost all respondents agreed that they did. Some of the frequently mentioned services were:

- Parenting classes;
- Substance Abuse Treatment and Recovery services
- Parent-Child Visits;
- Domestic Violence classes;
- Family Preservation Court (FPC);
- Parent Child Interaction Therapy (PCIT);
- Individual and family counseling; and
- Leaps and Bounds services for families with young children affected by substance abuse.

Several questions were asked regarding additional services that would have helped families complete their case plan, succeed in reunification, and help prevent re-entry into foster care. The responses to these questions were very similar and identified the same services over and

over again. Upon reunification, 33% of parents offered suggestions about what additional services would have helped them to be better prepared. The majority of responses talked about post reunification support including increased communication with social workers (phone calls, visits, emails). It is interesting to note that this issue was also raised in multiple focus groups. The other services suggested often were housing, economic assistance, drug treatment and domestic violence. The most common response from parents as to what was the most successful area of improvement in reunification and preventing re-entry was drug and alcohol treatment, becoming clean and sober and staying in recovery.

Parents identified many of the same factors listed above as presenting the most serious continuing needs for families in Santa Cruz County, as well as reasons that families come to the attention of the Child Welfare system, including housing, drug use, gangs, poverty, domestic violence, employment and transportation to services.

Finally, parents for whom English was a second language were asked about whether language specifically presented barriers to interacting with the child welfare system and/or necessary services. Of the seventeen families that responded, 12 felt that they had family or translator services whenever needed. Three felt that at times they were worried that they were not understanding or getting all the information needed, and two felt that this occurred often.

CAREGIVER RESPONSES

While 30% of English speaking caregiver respondents were relatives, none of the Spanish speaking caregivers were related to the children in their care. Almost 50% of the English speaking caregivers knew the children prior to placement; none of the Spanish speaking caregivers did so.

85% of Spanish speaking and 62% of English speaking respondents reported being interested in adopting the children in their care.

Both groups reported the ages of children in their care varied greatly between 1 day and 20 years of age and both groups reported the children as having siblings in care between 50-60% of the time. Siblings resided in the home 75% of the time in the Spanish speaking homes and 53% of the time in the English speaking homes.

In the Spanish speaking homes, Spanish was the primary language for all children reported and all reported children were of Latino/Hispanic descent, with twice as many boys as girls. In English speaking homes, English was the primary language 81% of the time with 56% of the children identified as white/Caucasian (32% Latino).

In the Spanish speaking homes 84% of the caregivers that responded felt that the children had needs that were not being met in many different areas. Among English speaking caregivers only 16% felt the child had needs that were not being met. The areas where children needed more assistance overlapped, with both groups identifying unmet needs in order as follows: medical, emotional, academic and developmental.

The large majority (90%+) of caregivers reported satisfaction in their interactions with social workers. They reported getting return phone calls from staff in a timely manner, being treated

respectfully (87%), feeling supported in caring for the children and getting their questions and concerns answered.

Some caretakers did mention unreturned phone calls as “Calls are often late in return. I realize the work load is imposing and there are only so many hours in the week” and “My calls often went unresponded to as well as my emails. I often had to call her supervisor to get important questions answered.”

When caregivers did have negative comments to make regarding a lack of respect felt, they had strong feelings about interactions with particular social workers. One caregiver reported, “The social worker assigned to our most recent placement was very difficult to work with, very disrespectful of our family needs.” Another felt that she had not understood that she had to supervise visits between the child and the parents. She felt unprepared to do so and felt that it left her in a precarious position and without adequate support.

When asked if staff had an adequate understanding of the caregivers’ culture and language, again the majority 80% replied in the affirmative. One commented, “My concerns are not addressed. I am threatened with removal of the foster child if I do/do not agree with certain department requests that I think are discriminatory.”

When reporting their satisfaction with departmental processes, again, the majority was satisfied with the information they received about the child at placement (80%). However, several had experiences that were not as positive. One caregiver reported that she was not told that the child had siblings; one mentioned that the worker couldn’t pronounce the child’s name and did not mention her ethnicity. In addition, one caregiver stated that she was not told about a frequency change in parent-child visits, and still another reported that the child needed glasses.

As an area for potential improvement, the Department should consider the issue of caregivers’ input into case planning. Caregivers had a wide range of responses about the adequacy of their input. Only 64 % of respondents were satisfied with their level of input, particularly around the JV290 (caregivers report to the court). Several caregivers mentioned that they did not receive the form in a timely manner or did not even know about the form. Some stated that they never saw a case plan.

75% of the respondents were satisfied with the timeliness of payment to them to properly care for the child. The 25% who received late payments reported the payments as being from 3-6 months late. These caregivers expressed the difficulties in providing care for children with no payment, late payments and or no clothing funds. Some described how receiving payment on the 15th of the month is difficult with rent due on the 1st. Several mentioned categories of late payments such as emergency care, clothing allowances, respite and childcare payments as being problematic, particularly for those with few discretionary funds.

Caregivers were asked about the availability of Resource Parent Liaisons and other community resources. About half the respondents reported they had contact with a liaison and half said they had not. Those that had contact found it to be helpful in the areas of helping them obtain

services, providing listening and support and helping to obtain goods for the children. They reported being linked to medical, education, counseling and support services.

The majority of caregivers reported that they enjoy their duties and responsibilities and feel satisfied in the role of caregiver in the foster care system. Most reported that they can generally find respite care when needed. A majority have considered becoming a forever family and many already have. For those who did not, several felt they or the child were too old, felt that the child should be with family, or have not yet decided.

Finally, caregivers were asked for suggestions for how the agency can better support them in their role. Most comments asked the agency for more communication, to be clearer about their rules and expectations, and to be consistent in those expectations. Throughout the survey they talked of the variation in their experience depending on the particular social worker. They requested checklists of things that are expected of them and a greater knowledge of the timelines impacting the child, and they request more ongoing support.

Almost all caregivers expressed appreciation to the department for the experience of providing care to the children and for the support and assistance they have received.

D. Staff, Caregiver and Service Provider Training

FCS SOCIAL WORKER TRAINING

FCS provides training for social workers and supervisors to assist in the development of awareness, knowledge and skills for delivering services to families. Training focuses on teaching social workers to engage families in a manner that provides safety and stability for children while respecting family culture, meeting Division 31 requirements, and achieving the best outcomes for children in the areas of safety, permanency, and well-being.

During their first year of employment, social workers receive entry-level induction training, which utilizes a structured curriculum of classroom and on-the-job activities. Social workers participate in 250 hours of in-house induction training provided by the Agency's Staff Development Unit. This training focuses on county specific policies and procedures related to child welfare case management through the life of a case. Topics covered include: intake; interviewing; investigation; SDM; case planning and case management; child placement; Juvenile Court procedures; court report writing and documentation; concurrent planning; permanency; after hours response; Division 31 Regulations; outcomes and accountability; California Law Enforcement Telecommunication System (CLETS); car seat safety; collaboration and partnership with CalWorks and EBSD (crossover); customer service and addressing complaints and grievances; differential response; working with resource parents; time management; self-care; collaboration and partnership with client resources, providers, i.e. probation, children's mental health, Court partners, substance abuse treatment and parenting class service providers; personal safety; ethics; evidence based and promising practices in child welfare social work. Induction training also includes technology training on CWS/CMS, SDM, Safe Measures and Outlook. Cultural humility is incorporated into all segments of training. Effectiveness of the training is evaluated through the use of written assignments, presentations, role-play and simulation activities, on-the-job training and supervisor feedback.

In addition to the internally provided induction training, over their first and second years of employment, social workers participate in 24 days of CORE training provided by our local regional training academy. Training Topics include: Court Procedures, CWS Documentation for use in the Legal System, Framework for Child Welfare Practice, Intimate Partner Violence, Basic Interviewing, Mental Health & Mental Disorders, Caregiver Substance Abuse, Child & Youth Development, Structured Decision Making, Child Maltreatment Identification, Worker Safety, Supporting Educational Rights & Achievement, Values & Ethics, CWS/CMS, Child Welfare Practice in a Multicultural Environment, Health Care Needs, Multi-Ethnic Placement Act, Indian Child Welfare Act, Family Engagement, Time Management, Stress Management, and Placement & Permanency. CORE training is offered cyclically, generally over a six to eight-month period. Supervisors attend a Supervisor CORE training series, Foundations of Supervision, within the first year of promotion or hire. This training meets the State requirement for supervisor training. Supervisors also attend a monthly consultation and training group, contracted through our regional training academy and facilitated by an experienced manager and leader in human services. This group provides ongoing training in regard to supervision issues.

Social workers and supervisors receive advanced classroom training on specialized topics designed for skills enhancement and career development. An average of 500 hours of ongoing training is offered each year, in order to allow each social worker to meet the State requirement for 40 hours of continuing education every two years. Topics identified through the County's PQCR are addressed in advanced classroom training, as well as areas of need identified by FCS management, supervisors, and social work staff. Additionally training needs are identified due to practice changes as the body of child welfare research grows and due to system changes to address legislation and policy changes. Training is informed by evidence based and promising practices in child welfare. Cross training and training to multiple partners (i.e. service providers, resource parents etc.) and other stakeholders alongside child welfare staff is purposefully provided with the goals of increasing partnership in serving all youth and collaboratively identifying and treating trauma. Some of the trainings provided in 2011 - 2014 were: Court Report Writing: Status Reviews, Selection & Implementation Reports, Jurisdiction-Disposition Reports; Adoption from a Child's Perspective; Adoptions Trainings for Supervisors & Leadership; Overview of Adoptions Practice in California; Field Based Training in Adoptions, Permanency & Concurrent Planning; SDM for supervisors and social workers, Hotline Assessments, Post-Disposition Tools, Fostering Connections, Beyond the Bench, Bridges out of Poverty, Beyond Domestic Violence; Breaking Intergenerational cycles of Trauma & other Trauma Informed Practice Trainings; Case Plan Development; AAP; Safety Organized Practice; CPR/First Aid; Advanced CWS/CMS Training, Adoptions, Referral and Intake; Dependency Law Changes; Field Safety; Forensic Interviewing; Foster Ed Training; Fostering Connections to Success After 18; Gang Awareness & Gangs in Santa Cruz County Trainings; Grief and Loss; Health Care Reform Basics and Outreach; Effective Court Participation; Implementation of SOP in TDM and Family Team Meetings; Katie A. (Pathways to Well-being) Trainings; Making Ethical Decisions in Child Welfare; Medical Assessment of Pediatric Injuries & Sexual Trauma; Mental Health Issues for Children in Foster Care; Supporting Father Involvement and Co-parenting; Probation 101; Professional Writing for Child Welfare; Staying Focused on Safety & Risk; Recognizing Drug

Abuse in the Home; Restraining Orders; Team Decision Making; Testifying at Court; Transition Conference Facilitation. Training that has been identified as a need is engagement of youth and young adults, safeguarding against unintentional ethical missteps, and an after-hours response refresher. FCS will pursue this training during FY 15/16.

STAKEHOLDER TRAINING

All CAPIT/CBCAP and PSSF funds are sub-contracted to provide support services or direct services to families. Santa Cruz County FCS routinely provides ongoing training opportunities for contracted service providers and parent consumers, including CAPIT/CBCAP and PSSF-funded contractors, using Title IVE or grant funds. The majority of provider training opportunities were offered through the regional training academy.

FCS invites contracted providers to advanced classroom training on specialized topics designed for skills enhancement. In the last few years, provider staff has been invited to attend Bridges out of Poverty, ACT-Adoptions & Permanency Curriculum for Service Providers Working with Youth, Safety Organized Practice, Supporting Father Involvement & Co-Parenting, Shared Parenting – Belonging, Connections & Permanence; and Transitioning Foster Youth to SSI. Resource Parents and parents that have been recipients of child welfare services were not invited to these trainings due to a focus on other priorities; however FCS will consider doing so during the next review period.

In addition to these FCS-sponsored trainings, FCS has and continues to collaborate with First 5 of Santa Cruz County and the Health Services Agency, Children’s Mental Health to provide a training and certification program for the Triple P Parenting Education curriculum to several providers who work with FCS families, including Parents Center and Children’s Mental Health therapists, workers at the La Manzana Family Resource Center, and Families Together service providers. Triple P is an evidence-based parenting education program. These service providers were trained and certified to provide both individualized parenting education and standardized classroom parenting education.

FCS stakeholders also participate in trainings led by the Health Services Agency’s Alcohol and Drug Program, particularly trainings associated with Family Preservation Court. Trainings were held on evidence based outpatient substance abuse treatment and other issues related to substance abuse. Social Workers, Alcohol and Drug staff, community based service providers, and parent mentors participated in the trainings.

FCS has and continues to collaborate with Cabrillo College Foster & Kinship Care Education Program in order to provide trainings for both resource parents and FCS staff. These trainings included: Amazing Adolescent Brain, Attachment Training for Professionals & Parents, Effects of Prenatal Meth Exposure, Helping Young Children Who Have Experienced Trauma, Hope for Healing Attachment Training, Perinatal Exposure to Methamphetamine and Other Drugs, Seeing the Voices of Children & Youth, and Trauma, Grief & Loss in Children & Adolescents.

PROBATION

Probation officers are mandated to complete a 160 hour Probation Core class and a 40 hour training course on peace officer duties and responsibilities, both offered through California

Department of Corrections and Rehabilitation – Standards and Training in Corrections (CDCR-STC), within the first year of hire. All probation supervisors are mandated to attend an 80 hour supervisor core training course offered through CDCR-CSA. The Probation Department places an additional requirement that all supervisors attend and complete a local Leadership Academy pertaining to personnel related matters.

Placement unit supervisors are mandated to attend an 18 hour course specific to foster care and out of home placement state and federal regulations. Probation officers assigned to the placement unit are also mandated to attend a 32 hour course specifically designed for probation officers assigned to probation placement units.

All probation officers are mandated by CDCR-STC to complete 40 hours of approved training annually. In order to meet this requirement, officers attend a variety of trainings related to their assignments, inclusive of legal updates, evidence based practices and training courses offered through Santa Cruz County Family and Children’s Services. Training courses attended by each probation officer is verified with records monitored closely and updated regularly to ensure CDCR-STC compliance.

E. Agency Collaboration

The Juvenile Probation Division and FCS have had an evolving collaboration. Communication between managers has improved through the development of an informal liaison process. Staff utilize their respective managers to communicate and problem-solve situations arising in either agency/department. While the intended collaboration has not been fully infused in both Departments, some staff have naturally taken steps for the benefit of the youth and families through participation in family team meetings with social workers, counselors and probation officers. In one instance, a family was provided with a wraparound type model of service involving weekly team meetings with the social worker, probation officer, and counselors committing to meet together at least monthly. Adult Probation’s recommendation for time in custody for the father was modified due to the family’s involvement and progress, thus averting a protective custody placement of the youth. In other instances, the collaborative efforts have not always been as successful or involved.

FCS and Probation have long had a joint protocol for collaborative case planning and communication between probation officers, social workers and judicial officers. As a result, the dependency and delinquency judicial officers have good communication regarding crossover youth and families and have an increased knowledge of both systems’ philosophy and services available to families.

FCS and Probation also have a standing meeting held quarterly to review in-placement youth aging out of foster care or youth eligible for the Independent Living Program. This meeting is used to verify or facilitate a stronger connection between youth and ILP Providers, to review the availability of housing assistance, and to ensure that any CDSS mandatory data entry is completed. This meeting also serves as an information sharing session between FCS and

Probation staff regarding youth involved in probation placement, wraparound and any other cross-over youth.

Collaboration between FCS and Adult Probation has been a struggle due to confidentiality restrictions. Unlike with Juvenile Probation, there is no local standing order allowing for open communication.

Managers from both programs have met jointly with their respective County Counsels and the juvenile court judge in an attempt to develop an order that would allow for the sharing of information that serves families who are involved with both systems better and at the same time not release a child's confidential information.

COLLABORATION WITH STAKEHOLDERS

FCS collaborates with an extensive array of stakeholders, including public agencies, court system partners, community based agencies, and caregivers. The primary collaborations are described below.

EMPLOYMENT AND BENEFITS DIVISION OF HUMAN SERVICES DEPARTMENT

The Human Services Department's Employment and Benefits Division (EBSD) and the FCS division collaborate to ensure that eligible families are receiving local, state and federal benefits they are entitled to in a coordinated manner. At the time a child is referred to child welfare, it is determined whether the family is receiving benefits or services from EBSD. If FCS works with the family in any capacity and the family does not have benefits but may be eligible, FCS Social Workers refer the family to EBSD. The FCS social worker regularly asks parents and caregivers if they are enrolled in some type of healthcare coverage, and reviews possible options for healthcare with them. Parents and caregivers who may be eligible for MediCal and/or CalFRESH are referred to EBSD for enrollment.

If the family is involved in CalWORKS-Welfare to Work, case plan coordination occurs at initial case plan development and throughout the life of the case. The FCS case plan takes precedence over the employment services or Welfare to Work plan. A crossover data report is run every month, which lists all the cases actively open in FCS and Welfare to Work. Typically, about 100 children are in both a FCS case and Welfare to Work case. This report assists supervisors to monitor case plan coordination. In order to ensure effective coordination of these cases, a Welfare to Work/FCS crossover quality assurance team meets quarterly to review cases and/or mitigate system challenges.

HEALTH SERVICES

FCS collaborates extensively with the Health Services Agency (HSA) of Santa Cruz County. Several of the divisions within the agency are key partners in providing needed services for children in families involved in child welfare. These partnerships are described below:

Over the last 8 years the FCS Division, the HSA's ***Alcohol and Drug Program (ADP)***, and various community-based providers have successfully worked to increase and improve collaborative efforts to meet the needs of CWS clients struggling with substance abuse. FCS and ADP have continued to dedicate an AOD Specialist to be out-stationed in the FCS office. In the last 8 years, FCS has collaborated with ADP to implement and maintain an extensive enhancement of the

Drug Dependency Court, which included incorporating an evidence based outpatient model and expanding the numbers served. In addition, FCS and ADP management and line staff have met routinely to identify goals and values conflicts and work to mitigate any systemic problems. These efforts have greatly improved the collaboration between FCS and substance abuse administrators, managers and service providers.

Santa Cruz County's FCS Division, along with HSA's **Children's Mental Health (CMH) Division**, as well as the HSA's Alcohol and Drug Program, the Probation Department, County Office of Education, and a variety of community-based agency partners have a longstanding collaborative relationship through the County's interagency System of Care, which began in 1989. This partnership has grown over the years into a robust collaboration with a broad service array focused on helping to keep children and youth safely at home, in school, and out of trouble (the original System of Care goals). The collaboration supports screening, assessment, and enrollment into mental health treatment for children in foster care. In addition, regular manager/supervisor meetings are held to ensure effective service coordination. This has recently expanded to include a system of care to address mental health services for children who meet the criteria for services under Katie A., as described elsewhere in this report.

FCS also works closely **Public Health Nursing** to meet the health needs of children. One Public Health Nurse who is an FCS employee works with children at the time of removal from home. Her role is to gather medical histories from parents from interviews at detention hearings and to gather medical records from providers, to create a medical case management plan. An additional Public Health Nurse manages the medical case plan throughout the life of the case. This collaboration is effective and critical to ensuring the well-being of children.

EDUCATION

There has been much success in collaborating on educational issues in the last three years. The Foster Youth Advisory Board developed a Memorandum of Understanding that has been signed by the County Office of Education (COE), FCS, Probation, CASA, the Juvenile Court, and school districts to delineate roles, responsibilities, and procedures for educational services to children in care as required under AB490. A workgroup of stakeholders including COE, FCS, Cabrillo Community College, CASA and a foster parent created and implemented a dynamic training for educators on the needs and issues impacting foster children and youth. The dependency judge, in collaboration with COE and FCS, developed a "parent's educational report to the court" that allows the parent to demonstrate and report the skills learned around supporting their child's educational success. In addition, at the line level, collaboration continues to involve contact between FCS social workers and liaisons from each school district to coordinate services for individual children, especially around finding creative solutions to enable children to remain in their school of origin.

FosterEd is an initiative of the National Center for Youth Law that improves the educational outcomes of foster children by ensuring each has an educational champion supporting his or her success in school. FosterEd currently operates in Arizona, California, and Indiana. Implemented in August 2013, *FosterEd: Santa Cruz County* is a collaboration between the

FosterEd Initiative and a wide-range of Santa Cruz County agencies and community organizations, including: Santa Cruz County Human Services Department, Santa Cruz County Office of Education, Superior Court of California, Probation’s Juvenile Division, CASA of Santa Cruz County, Pajaro Valley Unified School District, The Parents Center and the Cabrillo College Foster and Kinship Care Education program.

The goal of *FosterEd: Santa Cruz County* is to improve the educational outcomes of children in Santa Cruz County's foster care system by ensuring each has an education team and educational champion supporting his or her school success. This involves the following critical steps:

- 1. Identifying the adult or adults who will serve as the child's educational champion.**
Whenever possible, educational champions will have a pre-existing relationship with the child, continue to serve as the child's educational champion when the child leaves foster care, and be willing to learn how to better support the child's educational success. Educational champions are most often parents or relatives, but will sometimes be foster parents, CASAs or other responsible adults involved in the child's life.
- 2. Identifying the educational strengths and needs of the child and educational champion.** This is accomplished by careful consideration of education data such as attendance, GPA, test scores, and other school records; conversations with stakeholders such as parents, social workers and teachers; and specially designed surveys administered to the educational champions.
- 3. Creating an “Education Team” for each child.** At intake, FosterEd pulls together key partners in the child’s life, including the child (if age appropriate), the child’s teacher, social worker, parent, caregiver, therapist, CASA and any other stakeholder with an interest in the child achieving educational success. The team creates an education intervention plan. Based on identified strengths and needs, education intervention plans are to ensure the child receives appropriate educational services and the educational champion receives appropriate training and technical assistance. These plans are developed, monitored and updated with input from a diverse range of agencies, organizations and stakeholders, including the foster children themselves, if age appropriate.
- 4. Providing needed educational supports and services.** A diverse range of Santa Cruz County agencies and community organizations implement the education intervention plans, ensuring children in foster care and their educational champions receive the educational supports and services they need.
- 5. Continuously monitoring data to update and improve the education intervention plan.** Education intervention plans are regularly monitored and updated based on new education data, new survey data or newly identified strengths and needs.

COURT PARTNERS

Court partners in Santa Cruz County include the juvenile court judge, attorneys for parents and children, County Counsel, Court Appointed Special Advocates (CASA), FCS staff, and the Court Clerk. The Dependency Court Systems Committee, comprised of these partners, meets bimonthly to address collaboration issues. All court participants have an opportunity to express

their views and have them considered by the court. The court process is adversarial by nature. However, in spite of opposing interests, court partners generally work well together and use both formal processes (such as settlement conferences and mediation) and informal opportunities to arrive at the best results for families.

In 2008, a Memorandum of Understanding (MOU) was developed by FCS and CASA that delineates the roles and responsibilities of managers and workers in both organizations. This MOU detailed communication procedures including the joint supervisor and management meetings between CASA and FCS. In addition, the FCS Division Director and program managers meet monthly with the CASA Director and Program Manager to address issues regarding the collaboration between FCS and CASA, and there are quarterly meetings among FCS supervisors and CASA supervisors.

Community-Wide Collaborations

The FCS Division collaborates with various community-based service providers to meet the service needs of children and families. Most of these organizations are discussed in more detail in the section on service array. Most are also members of the **Children's Network**, a countywide body whose purpose is to "encourage the development of a comprehensive and collaborative service delivery system for children and youth." The Children's Network membership is made up of child welfare, health services, juvenile probation, schools, parks and recreation, law enforcement, courts, and service providers. The Children's Network provides a venue for coordination of service delivery, launching new initiatives and makes recommendations for the distribution of CAPIT, CBCAP, PSSF and Children's Trust Funds for services to children and families.

A major collaboration has been the county's **Triple P Collaborative**, which has introduced the evidence-based Positive Parenting Program (Triple P) to Santa Cruz County. This collaborative was spearheaded by First 5, Children's Mental Health, and FCS. The directors of these three entities meet regularly as the steering committee for the collaborative. In 2010 service providers were trained and certified in Triple P parent education levels 3, 4 and 5. The community now has several individual practitioners from various agencies/programs who are accredited to provide Levels 3, 4 and/or 5 of Triple P. The majority of child welfare parents participate in Triple P services as part of their case plan. The response from parents has been overwhelmingly positive. Many parents report that the Triple P class, in conjunction with Triple P-based coaching during supervised visits, has improved their confidence in their parenting skills. Several practitioners have shared examples of how Triple P has helped parents learn concrete and practical parenting skills, which has resulted in improved relationships with their children. The collaborative provides ongoing training to Triple P practitioners in the community.

COLLABORATIONS WITH INDIVIDUAL COMMUNITY-BASED SERVICE PROVIDERS

The **Parents Center** has been a non-profit counseling agency in Santa Cruz County since 1975, with a mission to serve families with children from birth to 18 years. The Parents Center has had a contract with FCS to provide counseling services and parent education in both North and South

County to referred families since 1977. The Parents Center has also provided court ordered supervised visitation services in both North and South County since 1982 and after-hours hotline services for the entire county for over 15 years. Parents Center is a part of the System of Care Collaborative which meets routinely with collaborative partners to review issues and challenges of the collaboration. The center bills EPSDT for a significant portion of its services to children in the CWS system Overall, FCS and the Parents Center have a highly effective long-term partnership that has survived and thrived through many changes.

The Early Childhood Education Department at **Cabrillo College** houses three programs that provide training and support for foster, adoptive, kinship, and non-relative caregivers of children in the child welfare system: the Foster and Kinship Care Education (FKCE) Program, the Options for Recovery Program, and the Specialized Training for Adoptive Parents Program. A FCS Program Manager regularly meets with the FKCE Director to participate in initiative planning.

Encompass Community Services (formerly Santa Cruz Community Counseling Services) provides services to many CWS families and children. The organization has served the Santa Cruz community for over 20 years. Encompass has four service components: Child and Family Development Programs, Youth Services, Community Recovery Services, and Community Support Services. FCS contracts with Encompass to provide differential response services (discussed further below under Prevention Collaborations), as well as Independent Living Program and Transitional Housing Program-Plus services, and supportive services to AB12 youth. Encompass is a member of the System of Care and utilizes EPSDT funding to provide mental health services as a component of these programs. FCS enjoys a very close and effective collaboration with Encompass in operating these critical programs. The ILP and THP+ programs work seamlessly with FCS, and have an excellent record of achieving positive outcomes for youth in the areas of education and employment. Regular meetings are held with the contractor to coordinate services and ensure that objectives are met. Encompass offers two other child abuse prevention programs in addition to Families Together. These three prevention programs are discussed below.

PREVENTION COLLABORATIONS

FCS's collaborates with Encompass Community Services to provide two child abuse prevention programs as described below:

- Families Together (FT), the Santa Cruz County differential response program, was launched a by public/private consortium that included FCS, Public Health, Children's Mental Health, First 5 and Encompass. The program was planned and designed through an intensive collaborative effort where all parties participated in the shaping and scope of the program. The program continues to collaborate closely with FCS on referrals, as all referrals to FT are received from FCS. Currently 25% of a Senior Social Worker is dedicated to assist with the engagement of referrals. Challenges do arise regarding the flow of referrals when referrals are not processed timely by FCS due to competing demands. Each time this has happened, the issue has been resolved; however, this process will continued to be monitored closely to ensure timely referrals. HSD also provides evaluation support to the program by analyzing data on the occurrence of

substantiated allegations for those who have completed FT services. These data are used in evaluation reports provided to First 5 by a local evaluator.

- PAPÁS/Supporting Father Involvement, described earlier in this report, is locally funded. As noted in the service array section, the program provides multiple services centered on an evidence-based parent education model that emphasizes fathers' relationships with their children and families. Beginning in 2003, FCS spearheaded the project and was the fiscal agent for an initial OCAP grant, but since 2007 it has been fully based in the community as a program of Encompass. PAPÁS receives regular referrals from Families Together and from FCS. An FCS program manager serves as the liaison to PAPÁS, and FCS is working in an effort to increase referrals to the program. The Director of PAPÁS has expressed several concerns that he believes are indicative of the Department's insufficient engagement of fathers. In response, FCS is working collaboratively with PAPÁS to engage in an organizational self-assessment to determine where there are gaps in father engagement.

LOCAL TRIBES

There are no Bureau of Indian Affairs recognized tribes in Santa Cruz County.

SYSTEM IMPROVEMENT PLANNING COLLABORATION

The SIP Steering Committee was established in 2006 and has operated continuously since that time. This committee has approximately 30 members representing public and private stakeholders in the child welfare system. The committee is chaired by a member of the Board of Supervisors, and provides ongoing oversight to the County's child welfare system improvement work. During the development of the CSA and SIP, the committee provides extensive guidance and input into the process. Once the SIP is developed, the steering committee receives quarterly updates on the progress of improvement strategy implementation, and provides feedback to the Division and partners,

F. Service Array

OVERVIEW

Santa Cruz County is a community that benefits from a wide array of services. FCS and its partner providers refer families to a host of services within the community. In addition, since 2010, Santa Cruz County United Way has maintained a 211 service for access to resource and services information via the telephone. Any caller can get information 24 hours a day about local resources and supportive services. Services in the community that are regularly accessed by child welfare families include:

Child/Youth Development:

- Developmental Assessment
- Educational Support
- Independent Living Training & Support

- Children and Foster Youth Advocacy

Parenting Education:

- Purposeful (including therapeutic)Supervised Visitation
- Parenting Classes and Support Groups
- Parent-Child Interaction Therapy (PCIT)

Alcohol and Drug

- Assessment & Testing
- Outpatient Alcohol and Drug Treatment
- Inpatient/Residential Alcohol and Drug Treatment/Sober Living Environments
- Prenatal Alcohol and Drug Screening and Referral

Mental Health:

- Screening & Assessment
- Counseling (individual or group)
- Inpatient/Residential Services
- Katie A. Services

Physical Health:

- Screening & Assessment
- Public Health Nurse Home Visits
- Public Health Nurse Medical Case Management

Domestic Violence

- Shelter
- Counseling & Education
- Family Support
- Home Visits/Case Management

Economic Support and Services

- Rental Subsidies
- Transitional Housing
- Income and Basic Needs Support
- Job Search Support
- Job Training
- Benefits Application Assistance
- Food Assistance

ASSESSMENT

A variety of assessment tools are used to assist workers in ensuring that family needs are met. FCS primarily uses Structured Decision Making (SDM) Tools for internal assessments. This is a

set of online assessment tools developed by the Children’s Research Center. The SDM Hotline Tools, as well as Risk and Safety Assessments, are research-based and are used to determine the level and immediacy of the initial response and as a basis for recommendations in Court reports. The Family Strengths and Needs Assessment identifies the priority needs and strengths of a family in order to build an effective case plan. After these assessments, FCS Social Workers refer the parent and/or child for comprehensive assessments in specific areas. The following is a list of the primary assessments utilized:

- **Child Mental Health:** Every new foster child/youth over the age of two who is entering out-of-home care is screened for possible mental health issues by the Investigations social worker, using the Mental Health Screening Tool (MHST) developed by the California Institute for Mental Health. The local version has been adapted into a single tool for ages 3 – 18. Based on this screening, the social worker makes referrals to Children’s Mental Health. Once the referral has been received, the Mental Health intake therapist completes the Ohio Scales (Worker version) and has the child's caregiver complete a Child Behavioral Checklist (CBCL). If the child is 12 or older, s/he also completes an Ohio Scales (Youth version) to assess problems, functioning and satisfaction from the youth perspective. The results of these assessments are used by Mental Health staff to develop a plan for mental health services to the child.
- **Child Development:** Children under 5 whose parents are participating in the Dependency Drug Court, locally called Family Preservation court, receive an Ages and Stages Questionnaire which is a developmental screening that provides information on whether the child should be assessed for delays.
- **Neuro-Development:** When warranted, a comprehensive assessment is completed by the Stanford Neuro-Developmental Foster Care Clinic. This clinic consists of a neuro-developmental assessment team which includes a Stanford pediatric fellow, a developmental psychologist from the Lucile Packard Children’s Hospital, and a clinician from Santa Cruz County Children’s Mental Health. The clinic provides a comprehensive assessment of the social-emotional development of a young child, as well as service planning and case management. In addition, children presenting with significant developmental delays are referred to San Andreas Regional Center whose staff assesses children for profound developmental disabilities.
- **Adult Substance Abuse:** FCS social workers refer individuals who present with substance abuse issues to be assessed by Health Services Agency (HSA) Alcohol and Drug Specialists. These specialists use the Addiction Severity Inventory (ASI) to assess the presence and severity of addiction. The specialist then refers the individual to appropriate treatment, which is funded by CWS allocation and realignment funds. The amount of funding for this purpose has recently been increased to nearly \$1.2 million to ensure the availability of appropriate treatment on demand. Parents who participate in Family Preservation Court, a specialized court that processes cases where drug or alcohol abuse is a significant contributing factor in child abuse or neglect, receive ongoing assessment and case management by an HSA Alcohol and Drug Specialist.

- **Adult Mental Health:** Assessments for counseling services are provided for most parents at the Parents Center, a local non-profit counseling agency that serves FCS families who reside throughout the County.
- **Adult and Child Physical Health:** A Public Health Nurse who is an FCS employee works with children going into foster care and gathers medical histories from parents and medical records from providers. She then creates a medical case management plan. An HSA public health nurse manages the medical case plan throughout the life of the case. Children are referred to local clinics and hospitals for any needed medical intervention.
- **Probation Assessments:** In the event that a youth has an Individual Education Plan (IEP) indicating a lower IQ or a recent history of exhibiting other behaviors identified by mental health staff, a formal assessment by the San Andreas Regional Center or an evaluation by a licensed psychologist will be requested through the Juvenile Delinquency Court. While these situations occur infrequently, the juvenile detention facility has limited access to a mental health clinician and a psychiatrist through the County Mental Health Department for early detection to avoid prolonged detention stays while pending evaluation for services. The probation placement unit reviews all assessments, individual learning plans and social and educational history available for appropriate level of care placement. Additionally, the placement alternative wraparound program performs an assessment of needs and risks, a mental health assessment and a thorough review of all educational records. Staff works closely with the educational system and parent/guardian(s) to identify the need for an IEP update or other assessment(s)/services if appropriate.
- **Service Provider Assessments:** Each service provider typically conducts an assessment particular to the outcome they are working to achieve with the client, for example parent education programs typically conduct assessments on parenting knowledge, skills and attitudes.

SERVICE DESCRIPTIONS

Families receive a combination of services directly provided by FCS Social Work Staff and those provided by other public agencies as well as private agencies. FCS social workers assess family needs and broker services for children and families. Numerous public and private organizations offer a wide array of services to children and families involved with FCS. Service referrals are made dependent on the needs of children and parents that are determined in the assessments mentioned above.

POPULATION BASED SERVICES

Specific services are designed to serve specific ethnic or gender-based populations. These are listed and described below.

ETHNIC MINORITIES

By far, the largest ethnic/minority population in Santa Cruz County consists of Latinos. Within this group, there is also a significant monolingual Spanish-speaking population. Virtually every service provider offers culturally competent services in Spanish as well as English. Some have additional resources to provide services in other languages such as Tagalog and Mixteco. Family and Children's Services (FCS) provides child welfare assessment and case management services in English and Spanish by trained culturally competent staff. Services can be provided in other

languages via translation services. Several key service providers located in the major population centers in Santa Cruz County also provide culturally competent services to ethnic/minority populations. Community service providers specializing in minority populations are:

- **Family Resource Centers (FRC)** are centrally located in the five distinct geographical locations of the county. Each of the FRCs have trained culturally competent staff providing an easily accessible, comprehensive array of services designed to meet the unique needs of the residents in the community they serve. Each of the resource centers provides both direct services and information and referral, including parenting education, health advocacy, resource distribution, case management, counseling and community organizing/empowerment services. In southern Santa Cruz County in the city of Watsonville, where the largest numbers of Latino residents live, La Manzana FRC is housed in a central and easily accessible downtown location. Several programs are situated around a large enclosed plaza. The FRC provides legal and financial referrals, childcare access, family advocacy, support groups, parent and child counseling, assistance with public benefits applications for SSI, TANF, MediCal, Food Stamps, Healthy Families, Healthy Kids, and passport applications. Parenting education is offered through a variety of programs including Triple P, Cara y Corazon which is designed to meet the unique needs of the Latino population, Play and Learn and Renacer, a support group for parents of children with special needs. Family education services are also available, many of which are specific to the needs of Latinos such as adult Spanish literacy and English classes. In northern Santa Cruz County, Familia Center FRC is dedicated to serving low income Latino families and provides a similar wide array of services, including those designed to ease access to social services through advocacy, form and application assistance, translation assistance, information and referral and direct services such as topical and relevant education workshops, parenting education classes in Spanish (Triple P), homework clubs and recreational opportunities for children, and food distribution. All of the FRCs conduct outreach to their local communities through distribution of written material and engagement events in order to reach the underserved in their communities.
- **Substance Abuse Treatment:** Alto South Outpatient Services in Watsonville provides culturally competent, bilingual drug and/or alcohol abuse treatment services to adults. Services include individual, family and group counseling, AOD education, early sobriety, relapse prevention, anger management, and domestic violence prevention. Services are based on a sliding fee scale but no one is denied services due to inability to pay. Si Se Puede is a residential substance abuse treatment program providing AOD services designed to be culturally sensitive to the needs of Latino men. Services include residential treatment, on-going assessment, education, aftercare and exit planning. All treatment programs within the county, including Sobriety Works, Alto, Janus, and New Life have at least one bilingual/bicultural staff member.
- **Domestic Violence:** Monarch Services offers services to end and prevent domestic violence and sexual assault by providing intervention and prevention services in a culturally sensitive way. Services are available in Spanish and include crisis intervention,

emergency shelter, community education and services to children and youth. Walnut Avenue Women’s Center (WAWC) is a non-profit organization dedicated to improving the quality of life for women, children and families in the local community. The WAWC has full-time and volunteer advocates available to support victims of domestic violence. The advocates are trained and certified DV counselors. They offer a 24-hour bilingual domestic violence crisis hotline, one-on-one peer advocacy, legal advocacy, support groups, an emergency interim shelter, and clinical counseling. All support services are provided in English and Spanish.

- **Youth Services:** Pajaro Valley Prevention and Student Assistance (PVPSA) provides education, training, counseling and prevention services to students, families and staff of the Pajaro Valley Unified School District in Watsonville (which has a large Latino student population), with the goals of preventing criminal behavior, gang involvement, truancy, and drug, alcohol and tobacco use. With its south county location and with its bilingual, culturally competent staff, PVPSA serves a significant Latino population with bilingual, culturally competent staff. PVPSA provides alcohol, drug and tobacco prevention and education programs for youth and adults, youth and family counseling, violence prevention and intervention, community-based prevention efforts, school dropout prevention and parenting education. Barrios Unidos seeks to prevent and curtail violence among youth in Santa Cruz County by providing culturally competent, esteem enhancing and self affirming educational activities and services for youth.
- **Father Support:** PAPÁS/ Supporting Father Involvement is a local program designed to find the most effective ways to increase father participation in families and community. PAPÁS is located in Watsonville and draws much of its client base from the local Latino population. Fathers participate in highly structured group sessions centered on activities to promote self-esteem, relationship building with the mother and child, recognizing generational family patterns, and dealing with stress and stress reduction. Fathers also receive a Family Worker who assists in brokering needed services and resources in the community.
- **Bilingual Legal Services:** The Santa Cruz County Immigration Project provides immigration legal services including naturalization, appeals, waivers, information & referral and community education & advocacy for persons legalizing under IRCA & related immigration programs. California Rural Legal Assistance serves the rural poor in Santa Cruz County with a mission to strive for economic justice and human rights on behalf of the rural poor (many of whom are ethnic/minority group members) by providing no-cost legal services and a variety of community education and outreach programs. CRLA serves individuals but also takes on multi-client cases that grapple with the root causes of poverty.
- **Community-based Health Services.** Salud Para La Gente is located in South Santa Cruz County and provides free/low cost primary health care services to the underserved populations including ethnic/minority populations in Santa Cruz County. Staff members speak a number of languages including Spanish, Tagalog, Mixteco and English. Services include medical and dental care, eye care, Obstetrics and Gynecology, elder care and community outreach.

SERVICES TO NATIVE AMERICAN CHILDREN

Very few children served by FCS are identified as having American Indian heritage. However, the department adheres to state law and regulation requirements for determining whether children have American Indian heritage to ensure compliance with the Indian Child Welfare Act (ICWA). Client needs are assessed to assure that the unique needs of each child and family are met. This assessment is accomplished by direct interview of the child and family, review of available history, consultation with other agencies or individuals who have had contact with the child or family, and consultation with experts in specific topic areas.

Native TANF provides services to Native Americans residing in Santa Cruz County, offering cash assistance and supportive services to eligible needy Native American families with children in need of temporary aid and services. Services also include job preparation, employment opportunities, and other support services to increase self-sufficiency. The four purposes of the Native TANF Program are to provide assistance to needy families so their children may be cared for in their own homes, end the dependence of needy parents on government benefits by promoting job preparation, work and marriage, prevent and reduce out of wedlock pregnancies and encourage the formation and maintenance of two parent families. Cultural sensitivity is built into the service delivery models as Native families may be more comfortable with culturally relevant based programs which specifically address their needs.

SERVICES BY GEOGRAPHICAL AREA

Santa Cruz County, which is geographically the second smallest county in California (though there are many counties with smaller populations), has two social service centers located in the two largest population centers: the cities of Santa Cruz and Watsonville. Additionally, many services are provided in local Family Resource Centers strategically placed throughout the county in more localized population centers. They are the Davenport Family Resource Center serving the north coast region, Mountain Community Resource Center serving the San Lorenzo Valley and mountain communities, the La Familia FRC serving greater Santa Cruz, Live Oak FRC serving the mid-county communities, and the La Manzana FRC serving Watsonville and the south county communities. As already mentioned, these FRCs specialize in providing many direct services to meet needs particular to the communities they serve and in easing access to resources not directly provided by the centers.

SERVICES FOR CHILDREN WITH DISABILITIES

In the summer of 2010, FCS began referring children under five with suspected developmental delays to the Stanford Neuro-Development Clinic. This service provides intensive multi-disciplinary assessment of physical, developmental and psychological needs. Additionally, FCS screens for developmental delays utilizing the ASQ assessment tool for children whose parents are participating in the Dependency Drug Court (locally called “Family Preservation Court”). For all other children, social workers may make a referral to the public health nurse who utilizes the Denver II Developmental Screening Test to assess developmental milestones/issues.

Any child served by FCS that presents with developmental delays is referred to San Andreas Regional Center for assessment for Early Start services, or Regional Center services for children with developmental disabilities as defined by the Lanterman Act. Early Start provides family-centered early intervention services for children ages 0 to 3 who have or are at risk of having disabilities. Early Start provides assessments, counseling, and development of an individualized Family Service Plan. Regional Center Services are available for children with a (profound) disability recognized by the Lanterman Act, which usually is only applicable to children age 3 and above due to diagnostic limitations associated with younger children. Services include assessment, case management, service coordination, respite, residential placement, behavior modification and adaptive skills training case management, referrals, and follow-up at 3 months and 12 months after the initial visit.

SERVICES FOR FAMILIES AND INDIVIDUALS WHO ARE HOMELESS

FCS social workers make referrals for any families or youth on their caseload who are homeless or marginally housed and who can benefit from homeless services. The Homeless Services Center provides services to the homeless in Santa Cruz County. The Center includes several shelters, a Daytime Essential Services Center that provides meals, shower and laundry facilities, mail service, computer access, clothing, work-readiness workshops, and AA and NA meetings, and access to healthcare. Santa Cruz County Health Services Agency (HSA) provides health services to homeless or marginally housed youth, adults and families with children through the Homeless Persons Health Project (HHPH). Services may include information and referral for health, mental health, substance abuse, shelter, social services, housing benefit programs, food and other services. Families in Transition (FIT) is another service provider that specializes in serving homeless families with children. FIT provides direct housing assistance and case management, and collaborates closely with FCS to serve clients involved in the child welfare system.

FCS is currently participating in a countywide effort to create a strategic plan to end homelessness in Santa Cruz County. The strategic plan will address the specific needs of unaccompanied youth and young adults and families. Multiple stakeholders from several sectors in the community are involved.

OTHER SERVICES AVAILABLE IN SANTA CRUZ COUNTY INCLUDE:

- Doran Center for the Blind provides evaluation, a low vision clinic, training in daily living skills, orientation and mobility, in-home volunteer support and social activities as well as training and support groups for families and caregivers.
- Special Parents Information Network (SPIN) is a parent-to-parent organization that provides support and advocacy on behalf of families that have children of any age with special needs.
- In-Home Supportive Services provides caregiver support for aged, blind and disabled individuals, including children, to enable them to remain at home and to avoid institutional care.
- Easter Seals of Central California provides information and referral, one-on-one educational assistants, educational programs, camps, mobility training, equipment loans, support groups, social and recreational programs for children and adults.

- BALANCE4kids is a local non-profit advocacy and service organization for students with disabilities. Services include one-to-one instructional assistants, respite workers, as well as sponsoring and providing funds for enhanced school-based services for children with special needs.

PREVENTION SERVICES

A number of collaborative programs are working to prevent child abuse and neglect and these programs are detailed below.

FAMILIES TOGETHER/DIFFERENTIAL RESPONSE

Families Together is the most comprehensive child abuse early intervention and prevention program in the county. This initiative, using a differential response model, is a collaborative effort between the FCS Division and Encompass Community Services. Funding from First 5, and Santa Cruz County Health Services and Human Services Departments (including CCTF, CAPIT, and PSSF Family Support) are braided together to support this program. Families Together is an essential part of the Differential Response strategy developed in Santa Cruz County to reduce child abuse and neglect. It is an innovative program that utilizes home-based, individualized services with an emphasis on the parent-child relationship and child development and parent education. Participation in Families Together is voluntary. Family and Children's Services (FCS) refers parents and pregnant women to this program when they've been reported to FCS and the referral has been:

- assessed out
- investigated and the case has been closed and the outcome was substantiated or inconclusive.

Once a referral is identified, a FCS social worker contacts the family to engage them in voluntary community-based services. The program has been actively serving families since fall of 2007 and has successfully engaged the majority of referrals. Once the verbal consent is established, a Family Support Specialist meets with the family and works with them to determine which available services would be most beneficial to the family. Initially, families needed to have a child under 6 to qualify for Families Together services. However, with additional funding from HSD, Families Together recently expanded services by accepting referrals for children up to age 12. They were able to add an additional Family Support Specialist to work with children ages 6-12, and their parents.

TRIPLE P

Family and Children's Services, along with many local service providers, has chosen Triple P as our primary approach to parent education. Triple P is a comprehensive, evidence-based parenting and family support system designed to: 1) Increase parents' confidence and competence in raising children; improve the quality of parent-child relationships; 2) de-stigmatize parenting information and family support and; 3) make evidence-based parenting information and interventions widely accessible to parents. The Triple P system consists of five levels of interventions of increasing strength including:

Level 1 – Universal (media-based parenting information campaign); Level 2 – Selected (information and advice about specific parenting concerns provided in 1-2 brief sessions or in large-group seminars); Level 3 – Primary Care (brief consultations about specific parenting concerns provided in 1-4 sessions); Level 4 - Standard or Group (intensive training in positive parenting skills, offered as 10-week sessions to individual families or 8-week group sessions); Level 5 – Enhanced or Pathways (additional modules for families where parenting difficulties are complicated by other sources of family distress (e.g., marital conflict, parental depression, anger management problems or high levels of stress).

PAPÁS

PAPÁS - Supporting Father Involvement (SFI), a program of Encompass Community Services, is a community based locally supported and funded, evidence-based fatherhood program. The program promotes positive father involvement and co-parenting with emphasis on developing a father friendly social services and community at large. From 2003 to 2012, PAPÁS was part of a state-wide study with a goal of fostering the positive involvement of low-income fathers in the lives of their children and families. The findings of the study demonstrated that positive father involvement was associated with children’s well-being, with lower levels of behavior problems, and with reduced risk factors for child abuse and neglect.

PAPÁS currently offers networking and support groups, as well as parenting workshops for fathers and father figures in their role as caretaker, provider and role model to promote father-child connection, relationship and attachment. PAPÁS provides culturally and linguistically appropriate services that strengthen family relationships, help fathers and father figures become more involved with their children, and provide a more positive environment for children’s social-emotional development. FCS social workers routinely refer fathers who have had referrals to child welfare and are found to be in need of services, but who have not had a child welfare case opened.

In addition to providing direct support to families, PAPÁS continues to be the leading voice in ensuring that services in the Santa Cruz community have a father-friendly focus. FCS is currently collaborating with PAPÁS to conduct an organizational self-assessment to identify gaps and strengthening father friendliness in our provision of services to families.

PREVENTION EDUCATION

In September 2008 the County Board Of Supervisors designated the Children’s Network as the Child Abuse Prevention Council (CAPC) for Santa Cruz County, and contracted with United Way to provide child abuse prevention messaging to the community. The Children’s Trust Fund is used to fund these CAPC services. In 2013, eight trainings were provided throughout the county on mandated reporter responsibilities. Each year there is intensive education effort in April’s Child Abuse Prevention month, with a specific theme. For example in 2013 the committee focused on topic of “Helping children deal with trauma” with the main message being “de-stigmatizing help seeking” which was disseminated through a media campaign and workshops at local Family Resource Centers. Information such as posters and parenting tips sheets are located at each Family Resource Center and public agencies throughout the year. The Children’s Network is supported with Community Based Child Abuse Prevention (CBCAP) funds.

INTERVENTION SERVICES

FCS provides court-ordered family maintenance services when the child can safely remain at home with the provision of these services. The family works with their FCS Social Worker who provides case management, and participates in an array of services described below. However, if a child cannot remain safely at home the child is placed in out of home care and services are provided to the family to support reunification.

Services provided directly by FCS staff include: referral screening, referral investigation, dependency investigation, case planning and coordination, case management, permanency planning and adoption support. FCS coordinates a host of services implemented by other service providers which include: parent education, mental health services, substance abuse treatment and support, health services, domestic violence intervention and prevention, employment support, and housing support.

Parent Education: Several parent education models are available in the county. The three that FCS involved parents typically participate in are described below:

- **Triple P:** Parents Center, a contracted provider, now uses the Triple P evidence-based parent education model for all of its parenting classes. The adoption of Triple P was a strategy in our 2007-08 SIP, and the response to this model from both service providers and families continues to be very positive. In addition to the Triple P classes, Parents Center visit supervisors and therapists also use Triple P principles and materials in their work with FCS clients. The majority of parents in FCS are required to participate in parent education provided by the Parents Center.
- **Positive Discipline for Parents in Recovery** is a parent education model based on Adlerian theory that human behavior is motivated by the need to feel a sense of connection and significance. The basic philosophy is that children thrive when they feel a sense of connection with others. Parents in Family Preservation Court, particularly those with older children, sometimes participate in this parent education model as it is part of the larger system of services provided for drug dependency court participants.
- **PAPÁS/ Supporting Father Involvement (SFI)**, provides evidence based parent education, information and referral services, socialization and peer to peer networking, community education and awareness campaigns, father friendly presentations and trainings and a “Hands on Fatherhood” program. Fathers and their partners who are court involved are referred and encouraged to attend as a supplement to one of the above court mandated models. Due to the fact that parents may have to wait to attend services, it currently cannot be used as a court mandated service.

Supervised Visitation: If a child cannot remain at home, in most cases the court orders supervised visitation for the parent and child(ren). FCS contracts with a local mental health provider, Parents Center, to provide all supervised visits, with the exception of cases pending disposition, for which FCS provides a visit supervisor. Promoting Safe and Stable Families (PSSF) Time Limited Family Reunification funds are used to support this contract. Parents Center employs Master’s level and licensed clinicians to provide the supervised visits. The service

model involves development of a visitation plan and family counseling within the supervised visit context. Parents Center has implemented a system of multiple levels of purposeful supervision, from the most intensively therapeutic to less intense mentoring/coaching interventions. Families move through these levels based on behavioral criteria observed during visits. As stated earlier, Triple P concepts that are presented in parent education classes are carried over and practiced during supervised visitation.

Substance Abuse Services: FCS collaborates with the Health Services Agency's Alcohol and Drug Program to provide substance abuse services to parents. As stated earlier, HSD has recently increased its annual funding for alcohol and drug assessments and treatment to nearly \$1.2 million. Alcohol and Drug (AOD) specialists first conduct assessments with referred parents, and then make a treatment recommendation. Depending on the parent's needs, he or she may be referred to detoxification services, methadone treatment, outpatient or inpatient treatment and/or 12 step meetings.

FCS is fortunate to have a dedicated AOD Specialist, out-stationed at FCS, who provides direct service to FCS parents and assists them in engaging in substance abuse services. Due to funding constraints, this AOD specialist's target population is parents of young children. She makes contact with the parents at the Detention Hearing and schedules a Drug and Alcohol assessment. If substance abuse treatment is identified as a need, she assists the parent in finding appropriate treatment and engaging in that treatment. In addition to the intake process, this AOD Specialist also provides ongoing case management and support for parents who participate in the Dependency Drug Court. This court is described below.

Family Preservation Court (Drug Dependency Court): Parents in either Family Maintenance Services or Family Reunification Services who are substance involved may participate in Family Preservation Court (Drug Dependency Court) which is a voluntary treatment court whose purpose is to assist parents in addressing their substance abuse issues in order to prevent removal of their children due to abuse or neglect, or to increase their chances of family reunification in the event that removal has already taken place. Candidates may be referred or recruited to consider participation. The service team includes a Parent Mentor who helps clarify the benefits of participation and assists the client in applying to become a part of the program. After having an opportunity to observe the Court, the candidate expresses willingness to join, and the team usually accepts the person into the program. Most participants are enrolled in the evidence-based Matrix treatment program at Sobriety Works; however, other treatment modalities are utilized, as needed. The program is one year long, and hearings are held every week. Participants attend hearings every two weeks to every two months depending on which phase of the program they are in. Requirements for graduation include 90 days sobriety, completion of parenting education, success in treatment, and compliance with a family maintenance or family reunification plan.

Mental Health Services for Children: According to the 2014 stakeholder surveys, 25% of parents felt that their child had an ongoing health problem that was mental health or behavior related and 70% of caregivers said that the child could benefit from either individual or family therapy.

For those children referred to Children’s Mental Health, a Mental Health intake therapist meets individually with the child, in either a play or discussion setting, depending on the child's age. The intake therapist also meets with the caregiver to hear their concerns. The intake therapist then determines the child's level of need for mental health services.

Children’s Mental Health therapists provide individual and family therapy to children presenting with high mental health needs. Children with moderate mental health needs are referred to the Parents Center, which provides individual and family therapy for these children. Other non-profit mental health organizations also serve some FCS children with moderate mental health needs; these providers include: Pajaro Valley Prevention and Student Assistance (PVPSA), Family Services, Encompass Community Services’ Youth Services program, or other individual private providers.

Children under age 5 are referred to the Stanford Neuro-Development Clinic (formerly known as the Dominican Child Development Clinic) for a complete developmental assessment as mentioned earlier. The clinic also coordinates needed services for the children and works in collaboration with FCS Social Workers to ensure these services are received.

Katie A. mental health services are provided for all children who meet the subclass criteria for these services. Child and family teams are established for these families, and the team meetings are facilitated by a mental health therapist, with participation by the FCS social worker, the family, other service providers and natural helpers.

Mental Health Services for Parents: When children are served by Children’s Mental Health or Parents Center, the parents/guardians are included in the initial assessment process, as well as in ongoing treatment. However, the emphasis is on the treatment needs of the child in the context of the family, rather than on the mental health issues of the adult. Since a majority of children are involved with FCS because of neglect due to their parents’ dual diagnosis substance abuse/mental health needs, there is a strong need for direct mental health treatment for the parents. Santa Cruz County contracts with Parents Center to provide individual, family, and group counseling to parents involved in the child welfare system. Since most parents also attend Triple P parenting classes at the Parents Center and have their visits supervised by Parents Center staff, this provides an excellent opportunity for integration of counseling services with these other services using Triple P concepts.

Most parents receive their mental health services at the Parents Center, but two other avenues for treatment also exist:

- Adult Mental Health predominantly serves adults with a serious mental illness who are at risk of hospitalization and experience acute functional impairment. While the typical parent of a foster youth does not necessarily have a major diagnosis such as schizophrenia, those who do can be served by Adult Mental Health for their treatment needs.
- For parents who are MediCal beneficiaries but do not meet the acute target population above, HSA Mental Health can refer to individual panel providers for treatment, as well

as provide treatment by a number of county clinicians through Federally Qualified Health Centers (FQHC) funding.

Domestic Violence: The Walnut Avenue Women’s Center and Monarch Services provide services for victims of domestic violence. Through crisis counseling, safe shelter, legal assistance and advocacy, these organizations help victims of domestic violence and sexual assault to become survivors and repair their lives. Batterers are provided treatment through Pacific Treatment Associates, Fenix, ALTO, and New View Learning Center.

Financial, Employment, and Housing Services: During Emergency Response investigations, social workers provide outreach information to inform parents about the CalWORKs, MediCal, and CalFRESH programs. Parents are referred to Santa Cruz County’s CalWORKs program, which provides temporary financial assistance and employment services to economically disadvantaged families with dependent children. FCS social workers and CalWORKs eligibility workers coordinate case plans for parents who are co-enrolled in both child welfare services and CalWORKs. Parents with housing needs are referred to a local housing support organization, Families in Transition (FIT) which provides transitional housing assistance, Section 8 vouchers, and other forms of support to help families achieve stable housing and self-sufficiency.

Housing Services for Foster Youth: The *Transitional Voucher Program (TVP)* is a joint program of Encompass Community Services’ Transition Age Youth (TAY) Program and the Santa Cruz Housing Authority. Through TVP, the Housing Authority provides eight Section 8 Family Reunification Vouchers to a small number of participants, ages 18-20. The Section 8 Housing Choice Voucher allows ILP participants to secure private housing in the community and receive federal assistance in paying their rent for up to 18 months. To help participants be successful in their new housing and ultimately transition to paying for housing on their own, TAY Coordinators provide counseling, support, and empowerment to TVP participants in accessing resources and learning new skills.

In addition the *Transitional Housing Program Plus (THP Plus)* is a supportive housing program that serves former foster and probation youth between the ages of 18-24. The program can serve up to 21 youth at any given time. THP Plus participants receive assistance securing independent housing in the community, and meet regularly with their THP Plus Coordinators to work on independent living goals for a maximum period of 24 months. Throughout this process, participants receive financial assistance with rent, utilities, food and educational expenses while also saving money for when they leave the program. They also receive emotional support, life skills coaching, and connections to valuable community resources. Eligible participants have emancipated from the foster care system or an out of home probation placement, and have some form of income to maintain housing as program subsidies decrease.

Transitional Housing Plus – Foster Care (THP+FC) is a new placement option which became available for Non-minor Dependents with the passage of AB12. Santa Cruz County has two programs currently, a scattered site program run by Encompass and a single site program run by a local group home. There are several programs in adjoining counties and throughout the state in which Santa Cruz County NMDs could be placed. Another placement option enabled with the enactment of AB12 is the

Supported Independent Living Placement (SILP) which allows youth to receive a monthly grant in support of their living independently in situations like shared housing, apartments and college dorms.

Health Services are provided by local medical providers such as the Health Services Agency, California Children’s Services, community clinics, private physicians, and local hospitals. A south county clinic, Salud Para La Gente, previously mentioned, provides low-cost medical services to low income residents who are largely Latino. These services are critical as reflected in the 2014 surveys of youth, parents, and caregivers. According to the surveys, health concerns, in general, were cited as issues for more than one in three youth; 39% of caregivers and 25% of parents said that the child’s health was only fair or poor. FCS social workers and public health nurses work with caregivers and medical providers to ensure that all of the child’s health needs are met.

Family Resource Centers (FRC) are centrally located in the five distinct geographical locations of the county. Each of the resource centers provide both direct services and information and referral, including parenting education, health advocacy, resource distribution, case management, counseling and community organizing/empowerment services.

Independent Living Services for Foster Youth: The **Independent Living Program (ILP)** is a state mandated program and the County has been contracting with Encompass Community Services since July 2001 for ILP services. The program assists current and former foster and probation placement youth aged 15-21 to develop independent living skills and achieve educational/vocational goals to successfully transition to self-sufficiency. ILP services include individualized assessments, one-on-one counseling, tutoring, and weekly workshops at Cabrillo College on topics such as money management, personal health, finding independent housing, and obtaining financial aid for college. The **Independent Living Resource Center** provides youth a central location to get resources and support from ILP staff. The Resource Center assists current and former foster and probation placement youth ages 15-24 in building the skills, self-esteem, and support system necessary to make a successful transition to independent living in the community. Center staff assist youth to obtain jobs, register for college, enroll in vocational training, find housing, learn budgeting skills, and make healthy decisions and choices for their futures. The Resource Center is equipped with a cozy living room, kitchen, laundry facility, and computer lab. The center also offers free tutoring services, counseling services, food and clothing donations, as well as a hot meal. Most importantly, the center is a safe place to go, and gain support from peers and ILP case managers.

In addition to the avenues that are available to all students through the educational system, such as Individual Education Plans (IEPs) and school tutoring programs, youth are supported by their social worker, clinician and ILP coordinator. This trio works collaboratively with each other and any other identified support person, such as a resource parent or a CASA, to ensure that the educational needs of the youth are being met. Specifically, ILP offers workshops in completing financial aid applications for college, assistance in completing college applications, and tutoring services. As always, youth can also receive individual assistance as needed. For youth attending Cabrillo, ILP also offers book vouchers.

Both Cabrillo and UCSC have well-established organizations that provide supportive services to former foster youth attending these colleges. At Cabrillo, it is the Guardian Scholars program and at UCSC it is the Smith Renaissance Society. ILP has a strong collaborative relationship with both of these programs.

Concrete Supports: FCS contracts with the **Youth Resource Bank** to provide a flex fund for tangible, concrete supports for families receiving child welfare services. The contract is supported by Promoting Safe and Stable Families (PSSF) Family Preservation funds. Concrete supports, such as rental deposits, furniture, or payment for after-school activities, assist families in need with open child welfare cases.

PERMANENCY SERVICES

Santa Cruz County has re-designed case management services for FR and PP cases in order to support, among other things, the permanency of children in foster care. Under the new model, a case is assigned to one social worker who manages the case from detention through family reunification and to permanency planning and adoption. In the past a child could have three social workers during this period. The hope is this will increase the focus on concurrent planning and permanency throughout the life of the case, and result in improved and more rapid permanent outcomes for children in foster care. Santa Cruz County has eliminated its “Teen Unit” of social workers, whose primary focus was on the permanency needs of teens, as this staff has become part of the larger pool of staff taking all cases.

ADOPTION SERVICES

As indicated above, Santa Cruz County has re-designed case management services for FR and PP cases in order to support the permanency of children in foster care. Under the new model, a case will be assigned to one social worker who will manage the case from detention through family reunification and to permanency planning and adoption. Effectively, all staff in ongoing services are now adoptions social workers. FCS has specialized social workers who provide adoption home studies and AAP post-adoption services.

Adoption Promotion and Support: FCS uses Promoting Safe and Stable Families (PSSF) Adoption Promotion and Support funds to contract with a group of local therapists who provide pre- and post-adoption counseling to caregivers, with a goal of supporting them to make a lifetime commitment to the children in their care.

SERVICE GAPS

In 2014, FCS asked a variety of stakeholders, including parents, resource parents, youth, and service providers, for their opinions about the availability of services. One key finding was that parents are challenged in obtaining services to assist in housing, jobs and/or income. Thirty-four percent of the parents responding to the survey reported that one of their top two needs was income. However, only 24% of these parents reported receiving any help for this need, reflecting the fact that many CWS parents are not eligible for income assistance programs due to criminal history or immigration status, and that others choose not to enroll in these programs for whatever reasons. In addition, 66% of parents responding to the survey reported that housing was one of their top two needs when they entered FCS. However, under half (43%) of

these parents reported receiving any help for this need, which suggests that expanded housing services are needed.

Responses also pointed to a need to expand substance abuse treatment funding to ensure access to all FCS parents in need of this service. In terms of services for children and youth, the 2014 assessment pointed to a need for services addressing social/emotional issues of very young children, educational support for school age children and substance abuse services specifically targeted to youth.

In the area of adult substance abuse services, several gaps were noted by service providers in the 2014 survey and these were adequate availability of intensive residential services for parents and their children, after care services, and Sober Living Environments (SLE) that incorporate parents and children.

In addition, across the various surveys conducted, a few themes emerged regarding barriers to accessing services: childcare and other logistical issues such as transportation, documentation issues for immigrants, and services that can accommodate parents with difficulties complying with program rules (e.g., drug use, mental health issues, or attendance issues).

Many of these issues continue to be of concern for Santa Cruz County families however some of these needs have been mitigated in the last five years. Expanded services include:

Educational support for foster youth has been positively impacted by the increased availability of tutoring resources through the County Office of Education, funded by McKinney-Vento, and the Independent Living Program, which offers tutoring for older youth. Educational advocacy has been enhanced through the intensive training and support of CASA volunteers to provide this type of advocacy to the children whom they serve. Educational support has been dramatically improved by the implementation of the FosterEd program. However, lack of transportation continues to be an issue for children whose best interest is to remain in their school of origin after removal from the home. It should be noted that the problem has been somewhat alleviated by a system of enhanced coordination among resource parents, social workers and school foster care liaison to provide this transportation.

Expanded Dependency Drug Court (known locally as “Family Preservation Court”) has increased the availability of funding for treatment and implemented evidence-based treatment (Matrix Model) with treatment providers.

Stanford Neuro-Development Clinic which provides comprehensive developmental assessment for children under age five.

Santa Cruz County families are benefiting from these new and expanded services. However, several gaps that were identified in 2010 continue to be gaps. These primary gaps are income and housing support, adult substance abuse treatment and sober living environments that include children.

G. Quality Assurance System

Quality assurance refers to the overall system of quality, including identifying and documenting how to assure and improve quality processes and outcomes. Quality control is an important part of quality assurance, and it refers to the activities and observations that are required by the quality assurance plan in order to evaluate processes and outcomes for improvement. FCS undertakes regular case reviews, uses SafeMeasures as a key method of quality control and to review compliance, and also reviews performance indicators.

In 2007 FCS adopted a comprehensive quality assurance policy and procedure that provided a background on quality assurance, identified eight key principles of quality and how each principle is linked to child welfare outcomes, incorporated the Council of Accreditation Standards of Practice and the Child Welfare League of America Standards of Excellence, and outlined quality control measures. The outcome was to ensure that children are in a safe and stable setting. Fundamental elements of this procedure, and the status of their implementation, are defined below.

Recommendations for ***new/revised policies or procedures*** are brought to the upper management team of FCS, which assigns a workgroup with an analyst as lead and a manager as the program expert. All completed policies are approved by the Division Director and posted online. A user-friendly Online Practice Guide (OPG) was launched in 2010, and is used for both training and ongoing reference.

State All County Letters, All County Information Notices, County Fiscal Letters, and County Fiscal Information Notices provide official information on how to operationalize new or revised laws and regulations. The relevant letters are reviewed by the Division Director, who assigns each letter to be reviewed as needed.

A fundamental way that Santa Cruz County ensures service delivery for children who are at risk of abuse or neglect is by use of ***Structured Decision Making Risk and Safety Assessment and Family Strengths and Needs Assessment tools***. Santa Cruz has fully implemented the tools and the department relies upon their use to ensure appropriate families have access to services and families who don't currently meet criteria, but may in the future, are referred to the County's differential response program, Families Together. The department has a high degree of compliance with these tools and, consequently, families are offered the appropriate level of intervention and support.

One important mechanism for implementing a quality assurance system is to be able to analyze key data elements in a timely manner. ***SafeMeasures*** is a sophisticated quality assurance reporting service that allows supervisors and managers to access useful and timely information. It captures data from CWS/CMS and SDM databases and links these data elements to key performance standards. Key personnel have been trained to use this resource for every day caseload assessment. Consistent use of SafeMeasures is now an element in each supervisor's and manager's evaluation and has led to more consistent use of this powerful tool. Most social work staff have expressed that they appreciate how SafeMeasures details compliance for certain data elements because it allows them to immediately address data concerns.

FCS personnel have developed a **case management checklist to be used each month** for 100% of all ongoing cases. FCS has also implemented a case review process developed by the Children’s Research Center to look at SDM compliance. Under this process, each supervisor randomly selects and reviews a case from each worker each month, and the program managers randomly re-review a sample of these cases. However, for a variety of reasons these case review activities are not consistently completed by social work supervisors as expected according to the policy. The supervisor case review process is currently being reviewed and revised to improve compliance.

Regular performance indicator **data reviews** include: (a) The HSD Planning and Evaluation unit compiles a monthly dashboard of key program and performance indicators. The FCS director and assistant director review this dashboard with the HSD director and at monthly meetings with the Department leadership team; (b) the Division Director and analyst review the quarterly state reports on performance indicators; (c) Business Objects reports are generated monthly to assist specific supervisors and managers to monitor aspects of service delivery; and (d) outcomes data are reviewed periodically with the Division supervisor team. For children with Native American heritage and who are removed from their parents, the **Indian Child Welfare Act (ICWA)** provides important rights to the tribe when determining permanency. FCS has assigned one worker, the Court Officer, with specialized training to notice the tribes (or all tribes, if the specific tribe is not known, or the Bureau of Indian Affairs, if the type of heritage is not known) and receive the response. County Counsel double checks this process. There is a specific updated policy and procedure for ICWA compliance to ensure social work staff understand notice requirements as well as how to appropriately engage tribes when a child falls within the purview of ICWA.

Multi Ethnic Placement Act (MEPA), the federal law that prohibits racial profiling in placement and adoptions. The FCS MEPA policy is in compliance with federal law and social workers, including permanency workers, are familiar with it.

Psychotropic Medications Any time a foster child/youth in Santa Cruz County is prescribed psychotropic medication, the prescribing doctor (typically, one of two County Health Services Agency (HSA) psychiatrists) prepares a JV-220 application which is filed with the court to authorize the use of these medications. All information regarding JV-220s is entered into CWS/CMS by our Public Health Nurse.

In addition, the Public Health Nurse maintains a spreadsheet tracking the following information: Name, age, and gender of the child for whom the medication is prescribed, a list of each prescribed medication including dosage, condition being treated, and the name of the prescribing doctor, child/youth’s placement type, the child/youth’s diagnoses, and the end date for the current authorization.

This allows us to have an up-to-the-minute snapshot of how many foster children served by FCS are being prescribed psychotropic medications at a given time. At the time of this writing, psychotropic medications have been authorized for about 10% (27 of the 259 children/youth currently in foster care through Santa Cruz County) of our foster care population.

Plans are in place for meetings between County Children’s Mental Health, Family and Children’s Services, and HSA psychiatry to review all processes related to the identification, assessment, and treatment of children for whom the use of psychotropic medications is considered.

The FCS **concurrent planning policy** assists social workers in the steps needed to immediately involve parents and extended family members in identifying the most appropriate placement, with the recognition that it may become the permanent placement if efforts at reunification fail. This policy was updated in 2010 and is consistent with the other permanency efforts underway as outlined in the Case Review section of this document.

By law, each foster child 16 and over is required to have a **Transitional Independent Living Plan (TILP)** to identify transition issues and supportive services. FCS policy specifies that any youth 15 and up is required to receive a TILP. Post-dispo supervisors use SafeMeasures each month to print a list of all youth in foster care who are 14 or older. Case-carrying workers are responsible for working with the youth to complete the TILP, which is attached to the court report. The TILP is also used as a basis for assigning the youth to an Independent Living Program Coordinator to receive transition supports and services.

By federal law, **Termination of Parental Rights (TPR)** need to be considered by the court for all children who have been in out of home care for 15 of the last 22 calendar months unless there are compelling reasons not to terminate parental rights. At the 12 month permanency hearing the court considers what the permanent plan should be for the child. If the court finds there is not a substantial probability for return to a parent, the court then ends FR services and sets a 366.26 hearing within 90 days to consider a permanent plan, including whether parental rights should be terminated. Compelling reasons are included in the court report. Parents are advised at the beginning of the case that reunification may not be feasible, depending on their progress meeting case plan objectives. As indicated in the Case Review section of this document, the department’s focus on termination of parental rights has shifted substantially since 2008. All social workers have received training regarding the benefits to the child of termination of parental rights in cases where reunification has failed.

Additionally, since there has been significant improvement in resources to support identifying forever families for children, the number of cases making “compelling reason” arguments for not terminating rights is likely to diminish over time. However, as stated in the Case Review section of this document, the department still has significant work to do with respect to educating court partners regarding the desirability of adoption as the most appropriate permanent plan if reunification efforts fail.

CAPIT, CBCAP, and PSSF

Santa Cruz County ensures effective fiscal and program accountability for the CAPIT, CBCAP, and PSSF vendor/contractor services in the following manner:

- **Families Together:** Children’s Trust Fund, CAPIT and PSSF funds are contracted out to support Families Together, a child abuse prevention program, and the differential response program in Santa Cruz County. The contractor provides bi-annual electronic and written reports to the county on their progress toward specified objectives. Progress

toward meeting service objectives is used to determine quality and to indicate any strengths or weaknesses of the program. A program manager from FCS meets quarterly with the contractor to determine a strategy for addressing any concerns, and to ensure that any necessary corrective action was implemented. Client satisfaction is evaluated through the use of an exit interview and an anonymous client satisfaction survey provided after case closure. An annual participation survey is completed by the contractor and submitted to the program analyst for inclusion in the OCAP annual report.

- **Children's Network of Santa Cruz County:** CBCAP funds are contracted out to provide support for the activities of the Children's Network of Santa Cruz County, the local children's services coordinating council. The Children's Network submits an annual report of their activities to an FCS analyst, who monitors the contract to determine that support and technical assistance is provided to the Children's Network members as needed.
- **CWS Flex Fund:** PSSF funds are contracted out to provide flexible funding to meet emergency needs for families. All requests for funds are reviewed and approved by the FCS Assistant Division Director prior to being submitted to the contractor for payment. Requests are evaluated for need and relevance to the family's case plan objectives. Fiscal accountability and oversight is maintained by the county Auditor's office. An annual participation survey is completed by the contractor and submitted to the program analyst for inclusion in the annual OCAP report.
- **Adoption Promotion and Support:** PSSF funds are contracted out to provide counseling services to potential adoptive families and post-adoptive families. All referrals for adoption promotion and support services are followed up by an analyst to ensure that the family received services. Client satisfaction pre and post surveys are used to determine if services met the needs of the adoptive family. Program effectiveness is monitored by an analyst, who reviews the number of disrupted adoptive placements in SafeMeasures quarterly. Any areas of concern are addressed in regular meetings with the contractor. An annual participation survey is completed by the contractor and submitted to the program analyst for inclusion in the OCAP annual report.
- **Supervised Visitation:** A portion of FCS therapeutic supervised visitation program is supported with PSSF funds. The contracted service provider submits a written report summarizing the activity of each visit. Written reports are reviewed monthly by an FCS analyst and general qualitative feedback is given to the contractor. Client satisfaction is assessed during monthly contact between the FCS social worker and the family. Any concerns are reported to an FCS program manager, who meets quarterly with the contractor to discuss any program issues, strategize for any required program changes and ensure corrective action was implemented. Any issues of non-compliance are addressed by the FCS Director. The contractor submits an annual participation survey to the program analyst for inclusion in the OCAP annual report.

PROBATION DEPARTMENT

The Santa Cruz County Probation Department operates under the mandates of the Juvenile Delinquency Court and with the Court's support, has embraced the use of alternatives aimed at the reduction in population and racial and ethnic disparities within the juvenile detention facility and justice system while maintaining community safety. As a national model site for detention reform and disproportionate minority confinement/contact, the Probation Department maintains a number of indicators and has implemented protocols as a means of quality assurance and for program utilization and oversight. Probation managers and some unit supervisors meet to review the detention population weekly, examining each youth's length of stay, ensure compliance with any interim court orders and explore the use of detention alternatives (pre and post-adjudication) and services for youth directly filed as an adult in court with lengthy stays in detention. Additionally, the detention status and appropriateness is reviewed pertaining to any cross-system youth (youth involved with Children's Mental Health and/or family and children's services).

Specific statistical data for each caseload is updated and reviewed monthly. This data includes but is not limited to total of number of youth per caseload by race and ethnicity, total number of reports and detention assessments completed by officer, youth recidivism, recidivism while pending court, failures to appear for court, length of stay in detention, average daily population in detention and by program, program outcome data, probation violations by type and detention risk assessment instrument (RAI) overrides. All indicators are disaggregated by gender and race/ethnicity. This data depicts program/service utilization and is often used to examine the probation department's decision making points for continual improvements and to drive departmental policy and procedures for improved processes and outcomes for youth. For example, a high override rate existed when the decision of a detention RAI override rested with probation supervisors. A change in policy was developed and implemented to have the decision made by a manager, which resulted in a reduction in detention override rate and an increased utilization of detention alternative services.

Additionally, the average daily population of youth in foster care and institutional placements is monitored closely to ensure fiscal targets, to examine program success by proximity and seeks to examine any potential racial and ethnic disparities. Unit indicators such as the monthly program cost, length of stay, length of stay in detention from disposition to placement, proximity of program, offense history and completion type/outcome data, all disaggregated by gender and race/ethnicity are tracked and reviewed monthly. In the event that an out state placement is being considered by the Court or probation, approval is obtained through the County Multi-Disciplinary team prior to making such recommendation to the court.

The Placement Screening Committee serves as a formal quality assurance process that ensures youth are placed in the least restrictive environment, considering community safety and repairing the harm of victims and to review that community interventions have been offered and tried. This review process is the discretionary entry point for foster care and institutional placements as a recommendation stemming from probation and family participation in a multi-disciplinary committee. A probation officer brings a youth/family before this committee when considering removal from the home or intensive placement alternative services.

Recommendations by the committee are examined and analyzed monthly and compared with Court outcomes for each youth participating in the committee process. A probation manager participates and monitors all recommendations from the committee.

As a formal quality assurance process within the juvenile division of probation there is a service utilization review and evaluation meeting that occurs every other month to review key program utilization and unit indicators, fiscal oversight and to examine trends or problem areas recognized through data review. This is a proactive process by managers as efforts to problem solve or make programmatic and/or fiscal adjustments if needed.

Santa Cruz County Probation in consultation with Children’s Mental Health seeks to resume regular System of Care review meetings involving justice system partners as Children’s Mental Health, County Office of Education – Alternative Education, Division of Alcohol and other Drugs and occasionally Family and Children’s Services. Programs and services will be reviewed to include data indicators, review of fidelity to program models, implementation of evidence-based practices, program census review and brainstorming surrounding system improvements or program enhancements.

The probation department also implemented a new case management system with improved capacity to meet the department’s needs of data collection, review and report building. Additionally, an updated risk assessment instrument has been implemented in the juvenile and adult divisions to aid in assessing appropriate levels of supervision. The department is also making strides to use the prescripts of Trauma Informed Care to facilitate the process of developing case plans and appropriating services to improve outcomes.

Critical Incident Review Process

If there is a determination that a child died or could have died due to abuse or neglect in Santa Cruz County, FCS takes the following steps:

- The Screening supervisor/manager reviews CWS/CMS to determine whether or not FCS is currently or has been in the past, involved with the family. If yes, FCS management reviews all documentation to:
 - Determine if any other children are at risk in the situation and respond appropriately.
 - Determine who is involved in the life of the child that may need to be notified, and provided with support resources.
 - Determine what staff members have worked with the child/family that may need to be notified and provided with support resources.
- Inform the court of the unknown circumstances (if the child is a dependent).
- Make contact with the pertinent law enforcement jurisdiction.
- Make contact with the pertinent medical professionals (if there is cause for further investigation by FCS, due to other children being at risk).
- Maintain open channels of communication with all persons involved in the investigation into the death/near death.
- Assess the case, through review of documentation and interviews with staff, to determine whether or not staff acted in accordance with FCS policies and procedures while working with the family.
- Assess FCS policies and procedures against the facts of the case to determine whether or not there are any changes needed to further support practices that help determine the presence or lack of child safety in their living situations.
- The Investigations Manager will ensure that a SOC826 (Child Fatality/Near Fatality County Statement of Findings and Information) is immediately filed with DCSS, in accordance with state policy.
- The Investigations Manager will attend the county's Child Death Review Team Meetings which are facilitated by the Sheriff's Office. The meetings are held quarterly with the District Attorney's Office, all the local law enforcement jurisdictions, local hospital staff, probation, County of Education and the County Coroner's Office in attendance. Any and all children who have died in the county during that time period are discussed. The review team ultimately comes up with recommendations in hopes of preventing a similar child death.
- The Assistant Division Director will confirm all information sent to CDSS in this regard on a quarterly basis.

National Resource Center (NRC) Training and Technical Assistance

During the course of the Children Affected by Methamphetamine (CAM) grant (October, 2010 – September, 2014), the grant administrator, SAMHSA, contracted with Children and Family Futures to serve as a liaison-agency between the twelve CAM grant sites and SAMHSA. Children and Family Futures held intensive site visits each year of the grant. During the site visits and throughout the grant period, Children and Family Futures provided technical assistance in a number of areas, including:

- Working with the Family Preservation Court (FPC)/CAM team to develop strategies in the area of sustainability, such as preparing a cost-benefit analysis to present to potential funders.
- Helping the team develop a drop-off analysis to identify points in our process where we might be losing clients, so that retention strategies could be put in place.
- Providing guidance during a period of transition when we had both a new FPC Judge and a new Dependency Court Judge.

Peer Review Results

The Santa Cruz County Peer Review

As part of the County Self-Assessment process and the development of the System Improvement Plan, a Peer Review was conducted in Santa Cruz County from August 18 – 20th, 2014.

Staff and supervisors from eight counties were invited to participate. For Child Welfare, staff from Yolo, San Luis Obispo, Merced, Placer and Madera Counties attended and for Probation, staff from Ventura, Santa Clara and Monterey attended.

Prior to the Peer Review, orientation webinars were conducted for social workers, probation officers and peers. The webinar covered general demographics of the county, the focus area, interview and debrief tools.

The first morning of the Peer Review, further information was given to the reviewers and county staff, by the California Department of Social Services, Santa Cruz Child Welfare and Juvenile Probation, the Bay Area Academy and Shared Vision Consultants. Team building activities occurred to ensure that a safe environment was created for the county staff being interviewed. Subsequently the teams of two child welfare workers and one probation officer spent fifteen minutes prepping for each interview, an hour conducting an interview with a social worker or probation officer, and thirty minutes debriefing the interview. Information was captured from across all of the interviews and trends identified. The following information is the findings from the Peers at the peer review.

FINDINGS FOR CHILD WELFARE SERVICES

Social workers in Santa Cruz County are experienced child welfare professionals with both pre and post disposition experience. Participating social workers had been Title IV-E students, which provided them with child welfare experience from internships prior to their work with Santa Cruz County.

The culture of the county values placement with relatives. Family engagement was found to be strong in the cases that were reviewed. Strengths regarding family engagement identified during the case review were that the social worker knew the family well and made quick linkages to services (e.g., behavioral health, medical, developmental), and the social workers interviewed expressed positive personal and professional experience with the philosophy of empowering the family. The social workers were also quick to involve the extended family, place the child with a relative, and were creative in maintaining connections with family including arranging holiday events and extended family visits.

Only two social workers were assigned to the family between intake and reunification (the Investigations social worker, and the Post-Dispo social worker. Peer reviewers found that the transition between social workers went smoothly because both workers continued to be involved for some time during the transition. Barriers to optimal family engagement included parents' continued struggles with domestic violence, substance abuse, significant mental health issues and/r incarceration. Peers noted that the transition period during which two social workers were actively involved with the family could cause some confusion with the families as to roles and responsibilities.

Family connections and engagement were established early and maintained through early identification and placement with relatives. The social workers established a personal relationship with the child, meeting with the child 2-3 times/month. Social workers regularly met with the child along with the parents, as well as meeting with the child while in the care of caregivers. The social workers reaffirmed the parent's parental role by arranging for parents to attend medical appointments and school activities, and providing transportation support with bus passes or gas vouchers. Barriers to reunification identified were incarceration, transportation problems parents' behavior that sabotages placement, lack of participation in services and continued use of drugs. Engagement with the parents was strong as shown by parents self-reporting relapses, social workers' meetings with the parents in community settings, placement with relatives who supported reunification, and monthly social worker meetings with the parents to discuss the case plan. When reunification was not successful, common contributing factors often included parents being incarcerated and not having regular visits, as well as father's absence or lack of involvement/engagement.

Referrals for assessment were made immediately and were used in case planning and reunification. The strong relationship between the provider (Parents Center) and the social worker reinforced frequent communication regarding the parents, participation through informal contact and quarterly reports. Social workers were also in communication with related providers as well including the Alcohol and Drug Program through Family Preservation Court which reinforces support and accountability for parents. Barriers to reunification

included obtaining treatment for depression suffered by one parent, the long waiting list for AOD treatment, and waiting time for parenting assessments. By county culture and by agency policy and practice, significant focus is placed on early identification of relatives and placement in concurrent homes. Typically, 1-2 placements occur after the initial emergency placement. Reunification is facilitated by providing extra support for parents despite setbacks, using TDM for safety planning before beginning overnight visits, and graduated visitation. Parents not being engaged in their case plan due to incarceration, lack of interest, or having untreated mental health issues are ongoing barriers to reunification in many cases.

Peers had various recommendations regarding training, including Safety Organized Practice. Shifting emphasis to behavior change rather than days in treatment or number of classes completed was also recommended as a way to better work with families and assess readiness for reunification. (Note: Santa Cruz County has already committed to making this shift and is training social workers in Safety Organized Practice.) Peers also recommended funding more community services as long waiting lists for services in some agencies was mentioned by FCS social workers. Services recommended to fill in service gaps were substance abuse treatment for children, family treatment centers, expanded mental health services for adults, long term residential substance abuse treatment, sober living environments, a family shelter accommodating children of all ages, and increased affordable housing.

PROBATION OFFICERS

The Probation Officers who were interviewed both had experience with group homes and other probation functions and services which can be valuable when working with transition aged youth. The lack of a centralized resources list of services in the community for the youth to be able to easily access when they returned home was identified as a challenge to probation officers trying to help youth establish themselves in the community.

When the Extension of Foster care (AB12/After 18) was first implemented the Probation Officers received training. Since that time, many changes have been made to the program and no additional training has been received. It was noted that training around how to engage the youth in the services and updated program information is needed.

A strength of the Probation Department is the ability to place youth in the appropriate placement right from the beginning, where youth can be successful in graduating from high school (or its equivalency), and completing their program. Probation Officers build strong rapport with the youth, by engaging them when they are in Juvenile Hall and visiting the youth frequently. A challenge to successful transition occurs when the youth's behavior disrupts the placement which frequently results in a change in probation officers which interrupts the youth's program.

Probation Officers were diligent in helping the youth to maintain connections to his/her family, including siblings. They use a range of tools such as SKYPE, phone calls, visits, home passes and provide assistance to the families with transportation so that they can visit. Probation officers meet with youth prior to placement to discuss the requirements of the placement, the program

that would be offered, and visited monthly. The Probation Officer focuses on engaging the youth in planning for his/her future from the very beginning, e.g., arranging for admission to a vocational training program upon release from probation. Referrals were made to WRAPAROUND services for the entire family. One Spanish speaking PO was available to work with Spanish speaking families and facilitated visits and engagement with family members. A challenge to successful transition noted was when the parents minimized the seriousness of their son's or daughter's behavior and enabled him/her.

The major difficulty for youth transitioning to adulthood after successfully completing their program is returning to the same community they were removed from which makes it hard for the youth to use new skills, maintain positive behavior change, and continue in recovery. Assignments to multiple probation officers is a continuing obstacle to transition.

Youth actively participate in deciding what services they need after becoming 18 years old. Services which are most often used by youth are AB 167 to compile school credits, ILP, AB 12, THP+, CET, and regular therapy. Behavioral assessments and JAIS assessment were used to help identify service needs.

Another problem with successful transition is the Interruption in services between pre 18 and beginning Non Minor Dependent (NMD) eligibility. As a consequence, youth can be without services or a support system for some months until funding eligibility is established through NMD. Youth get lost in the process in some cases and some have trouble with the lack of structure in independent living placements. Family can have a negative impact on the youth during this period including minimizing and enabling drug use. Prior gang involvement exerts pressure as well when the youth is returned to a family that lives in a gang-impacted area. In these circumstances, probation could focus more on family finding tools and concurrent planning to offer the youth alternative placement with extended family.

Peers recommended closing the gap in services and support system during the transition months from 18 to NMD to ensure continuity of services and relationships with service provider. Youth will give up if they don't see anything coming "soon enough." More training on family engagement, ILP resources and improving transition planning was recommended as well.

Santa Cruz Peer Review: Peer Suggestions Based on Practices in Peer Counties

PROBATION

VENTURA:

- Recently hired a parent partner, all parents are required to connect with partner for mentoring
- Parent partner employed by Parents United: familiar with system, trained in EBP parenting practices, aware of community resources, other training
- Recently hired additional PO to focus on increasing visits, transition planning

SANTA CLARA:

- The HUB – supported by DSS, run by former fosters youth – one stop shop with opportunities to apply for food stamps, work on resumes, etc.
- Full Service Partnership – can voluntarily continue to receive parent partner, therapy, access to psychiatric support without having to continue to be on probation if the youth has met all probation requirements
- Family Preservation Unit – dually involved youth, focuses on Wraparound to prevent placement – evening hours

MONTEREY:

- SILP Academy – educate youth on options available
- TILCP – help connect with services when returning home

CHILD WELFAREYOLO:

- Webcam hooked up with jail webcam: way for social workers to meet with parents, and children can do Skype visits without going through security in jail
- UC Davis training called “Working with Incarcerated Parents”

SAN LUIS OBISPO:

- Incarcerated Parent Handbooks on DSS network – selected by the social worker and emailed to Administrative Assistant who prints and social worker takes to jail (or if in prison, mailed to parent)

MERCED:

- County-run program All Dads Matter since 2009 – LCSW and some other staff who do interactive groups with dads; Boot Camp for Dads; accountability, paying bills, budgeting
- All Moms Matter just started
- Family Time – LCSW does coaching of parent with ear bud
-
- Dog therapy program for children

PLACER:

- Social workers co-located with Probation, Mental Health, parent advocates, *Promotora de Salud*
- List of contracted mental health providers throughout county; every two weeks managed care sends list of how many openings each provider has

MADERA:

- Social workers co-located with mental health, alcohol and drug services, etc.
- When parent is referred to AOD, they are also referred to Mental Health
- Social workers meet weekly with therapists; social and therapists jointly meet with parents

Outcome Data Measures

The source for the following data is the California Child Welfare Indicators Project (CCWIP)³ from September 2011 (Q1 11) to July 2014 (Q1 14).

Measure S1.1: No Recurrence of Maltreatment

This measure answers the question: Of all children who were victims of a substantiated maltreatment allegation during the 6-month period, what percent were not victims of another substantiated maltreatment allegation within the next 6 months?

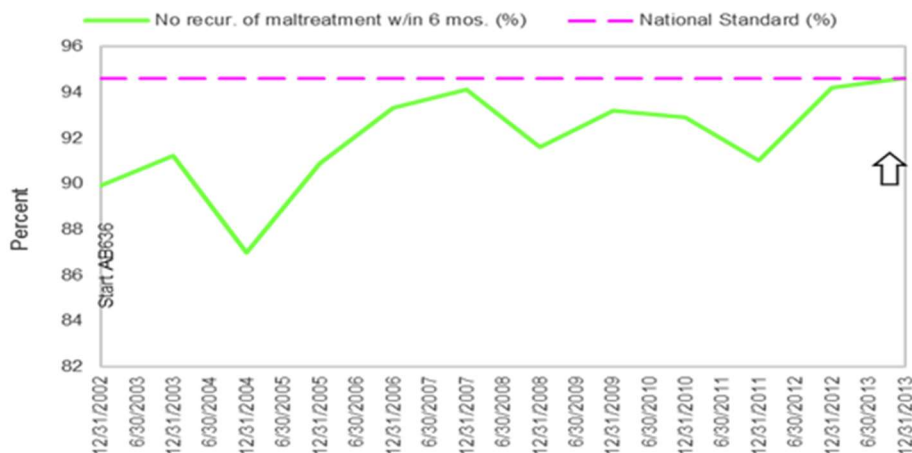
⇒ **County's Current Performance:**

From April 1, 2013 to September 30, 2013, of those children who were victims of a substantiated maltreatment allegation during the 6-month period, 95.3% were not victims of another substantiated maltreatment allegation within the next 6 months.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/13	9/30/13	203	213	95.3	↓	-2.3

From the baseline of April 1, 2010 to September 30, 2010, the number of children who were victims of a substantiated maltreatment allegation during the 6-month period and were not victims of another substantiated maltreatment allegation within the next 6 months decreased from 97.5% to 95.3%. Current performance is above the Federal Standard (94.6%).

SANTA CRUZ COUNTY: S1.1--NO RECURRENCE OF MALTREATMENT



³ Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., King, B., Sandoval, A., Yee, H., Mason, F., Benton, C., Pixton, E., Lou, C., & Peng, C. (2014). CCWIP reports. Retrieved 10/17/2014, from University of California at Berkeley California Child Welfare Indicators Project website. URL: http://cssr.berkeley.edu/ucb_childwelfare

ANALYSIS

While Santa Cruz County is currently exceeding the national standard on this measure, we will continue to focus the issue of repeated maltreatment. As drug and alcohol issues, domestic violence issues and mental health issues are prevalent among child welfare families, it is not surprising that maltreatment is repeated in some of these families.

Many Stakeholders advocated that a greater array of treatment services might assist families in recovery and reduce maltreatment. Stakeholders shared their experiences where they witnessed parents attend treatment, but then return to the family system with a need for aftercare services. A universal recommendation from stakeholders is for more substance abuse treatment both inpatient and out, and more particularly, enhanced aftercare services and support for parents and youth.

Parents also discussed that prevention and early intervention services for families are not generally known about until they have problems, sometimes until they are referred to CWS. Increased educational outreach to families could help to get families earlier support.

Measure S2.1 No Maltreatment in Foster Care

This measure answers the question: Of all children served in foster care during the year, what percent were not victims of a substantiated maltreatment allegation by a foster parent or facility staff member?

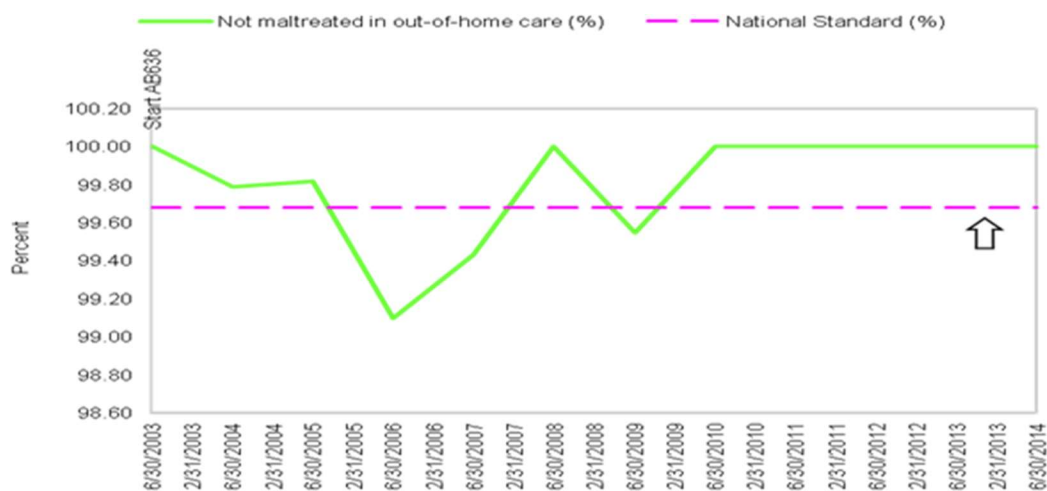
⇒ **County's Current Performance:**

From April 1, 2013 to March 31, 2014, of all the children served in foster care during the year, 100% were not victims of a substantiated maltreatment allegation by a foster parent or facility staff member.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/13	3/31/14	430	430	100	=	0%

From the baseline of April 1, 2010 to March 31, 2011, the number of children served in foster care during the year, whom were not victims of a substantiated maltreatment allegation by a foster parent or facility staff member remained the same, 100% to 100%. Current performance is above the Federal Standard (99.68%).

SANTA CRUZ COUNTY: S2.1--NO MALTREATMENT IN FOSTER CARE



ANALYSIS

Again, Santa Cruz County exceeds the national standard for this measure, and again it is one that we will continue to monitor. Improvements noted by stakeholders include, enhanced caregiver support, community assistance with social activities for youth, shared decision making opportunities like TDM, case planning and Court contact, and increased communication with agency staff.

At the same time, caregivers suggested that, although communication has improved, they would still like more communication with agency staff, particularly, particularly more information about the children placed with them, more in-depth explanation of things that are required or desired from them and why, and more consistent updates from the Department after Court hearings.

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

This measure answers the question: Of all children discharged from foster care to reunification during the year who had been in foster care for 8 days or longer, what percent were reunified in less than 12 months from the date of the latest removal from home?

⇒ **County's Current Performance:**

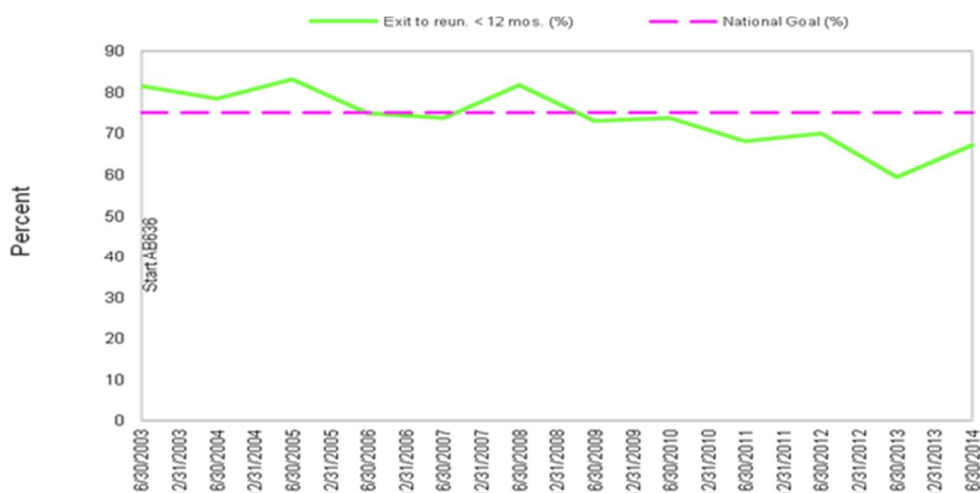
From April 1, 2013 to March 31, 2014, of all the children discharged from foster care to reunification during the year who had been in foster care for 8 days or longer, 62.1% were reunified in less than 12 months from the date of the latest removal from home.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/13	3/31/14	36	58	62.1	↓	-10.3%

From the baseline of April 1, 2010 to March 31, 2011, the number of children discharged from foster care to reunification during the year who had been in foster care for 8 days or longer and

were reunified in less than 12 months from the date of the latest removal from home has decreased from 69.2% to 62.1%. Current performance is below the national standard (75.2%).

SANTA CRUZ COUNTY: C1.1--REUNIFICATION WITHIN 12 MONTHS (EXIT COHORT)



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

This measure answers the question: Of all children discharged from foster care to reunification during the year who had been in foster care for 8 days or longer, what was the median length of stay (in months) from the date of latest removal from home until the date of discharge to reunification?

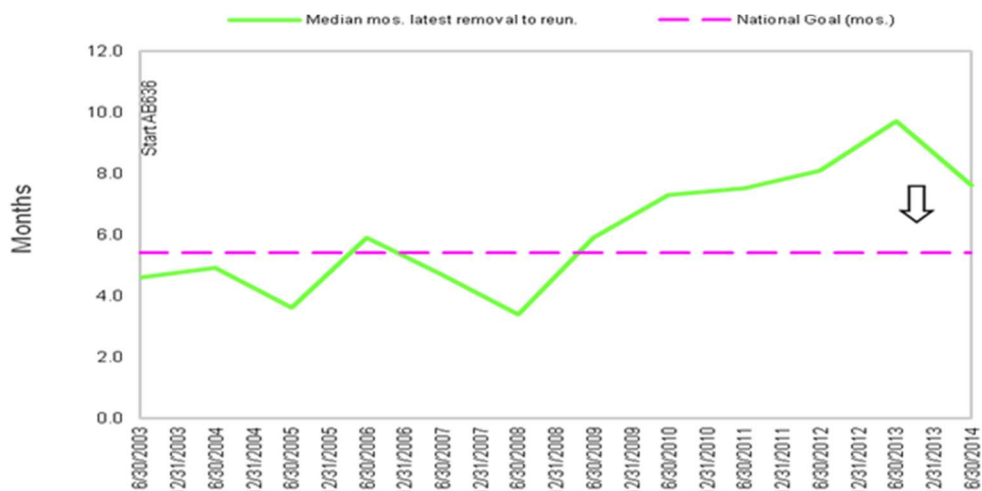
⇒ **County's Current Performance:**

From April 1, 2013 to March 31, 2014, of all children discharged from foster care to reunification during the year who had been in foster care for 8 days or longer, the median length of stay (in months) from the date of latest removal from home until the date of discharge to reunification is 9.1 months.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/13	3/31/14	n/a	58	9.1	↑	31.7%

From the baseline of April 1, 2010 to March 31, 2011, the number of children discharged from foster care to reunification during the year who had been in foster care for 8 days or longer, the median length of stay (in months) from the date of latest removal from home until the date of discharge to reunification increased from 7.4 months to 9.1 months. Current performance is above the national standard (5.4 months).

SANTA CRUZ COUNTY: C1.2--MEDIAN TIME TO REUNIFICATION (EXIT COHORT)



C1.3 Reunification within 12 Months (Entry Cohort)

This measure answers the question: Of all children entering foster care for the first time in the 6-month period who remained in foster care for 8 days or longer, what percent were discharged from foster care to reunification in less than 12 months from the date of latest removal from home?

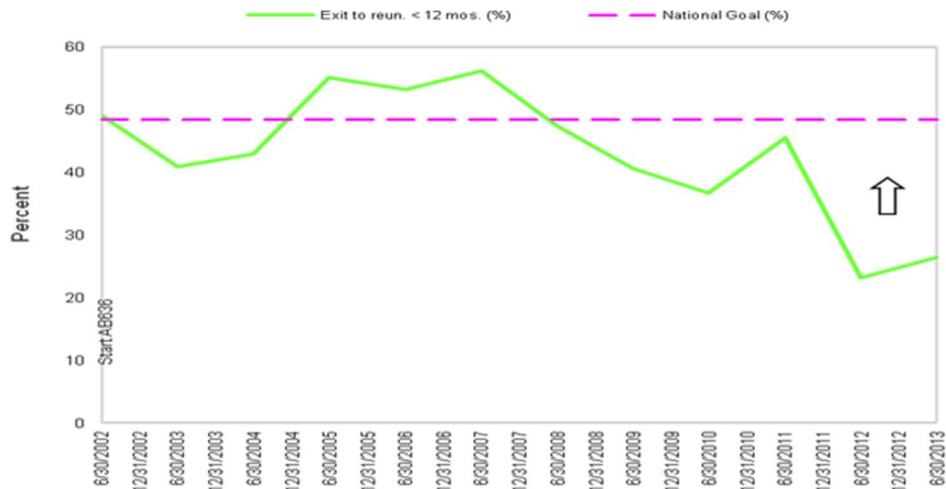
⇒ **County's Current Performance:**

From April 1, 2013 to March 31, 2014, of all children entering foster care for the first time in the 6-month period who remained in foster care for 8 days or longer, 25.4% were discharged from foster care to reunification in less than 12 months from the date of latest removal from home.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
10/01/12	3/31/13	15	59	25.4	↓	-39.4%

From the baseline of October 1, 2009 to March 31, 2010, the percent of children entering foster care for the first time in the 6-month period who remained in foster care for 8 days or longer and were discharged from foster care to reunification in less than 12 months from the date of latest removal from home, decreased from 41.9% to 25.4%. The current performance is below the national standard (48.4%).

SANTA CRUZ COUNTY: C1.3--REUNIFICATION WITHIN 12 MONTHS (ENTRY COHORT)



ANALYSIS

CWS's outcome measures are currently below the national standard for reunification within 12 months in the entry and exit cohorts, and similarly, CWS exceeds the national standard for median time to reunification.

There are indications that the high prevalence of substance abuse issues among both parents and youth in Santa Cruz County pose severe challenges to timely/rapid reunification. Data from the California Healthy Kids Survey, suggests that the issue is more pervasive here than in many other areas of the state. Nearly one in three Santa Cruz County 11th-graders reported that they binge drink, compared with the state average of one in five students. Similarly, 30 percent of Santa Cruz County 11th-graders surveyed said they smoke marijuana, compared with 20 percent of students across the state. The survey was conducted from 2009 to 2011.

In addition, it has long been known that stress increases the risk of alcohol/drug relapse (Sinha, 2001). With the effects of the recent economic recession, many families have been facing critical stressors, including job loss, loss of housing, trying to hold multiple jobs or long work hours among others. Substance abuse "can impair a parent's judgment and priorities, rendering the parent unable to provide the consistent care, supervision and guidance children need." (Blending Perspectives and Building Common Ground. A Report to Congress on Substance Abuse and Child Protection, April 1999.)

Once in foster care, children whose parents have substance abuse problems tend to remain in care for longer periods of time than other children. (Blending Perspectives and Building Common Ground. A Report to Congress on Substance Abuse and Child Protection, April 1999). Treatment is generally a lengthy process, with relapse common, and high levels of aftercare required to support continued sobriety.

Some recommendations from focus group participants include addressing wait lists for parents and youth for inpatient beds, which will translate into less time in foster care for children.

Additional aftercare support will also help ensure parents remain on track in their sobriety, and re-lapse issues can be addressed more quickly.

A number of stakeholders advocated for enhancements to FCS’s existing visitation program. Increased use of technology such as Skype was seen as a promising addition to maintaining connections between children in placement and their families. Participants in every focus group strongly advocated increased visitation, and it was seen to be the most important factor in successful reunification.

Stakeholders noted that language and cultural issues could also slow the process of reunification. Almost all focus groups acknowledged a huge effort by the agency to increase in bilingual, bicultural staff in the last few years. They were very gratified by this and expressed the hope that this trend will continue. In addition, some stakeholders recommended that the Department focus on hiring more male social workers in an effort to create a more father-friendly environment for fathers trying to navigate the system. Stakeholders also mentioned that there is a shortage of bilingual, bicultural psychologists available for testing and treatment of mental health issues with Spanish-speaking families.

Another issue noted by stakeholders is that Santa Cruz County has a large percentage of farm working families that tend to work very long hours and often weekends, making access to services a challenge. Stakeholders suggested more services such as counseling, parenting, drug testing, visitation, etc., available later in the evenings.

Measure C1.4 Reentry following Reunification (exit cohort)

This measure answers the question: Of all children discharged from foster care to reunification during the year, what percent reentered foster care in less than 12 months from the date of the earliest discharge to reunification during the year?

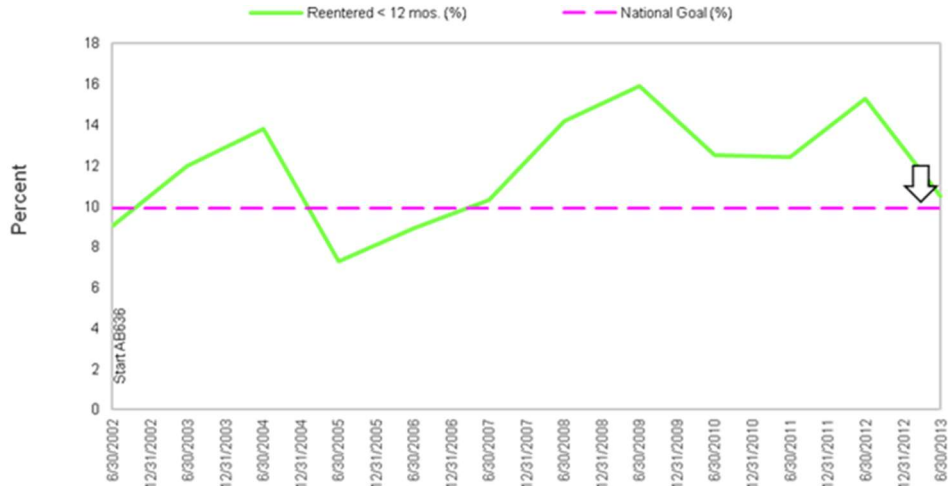
⇒ **County’s Current Performance:**

From April 1, 2012 to March 31, 2013, of all children discharged from foster care to reunification during the year, 8.8% reentered foster care in less than 12 months from the date of the earliest discharge to reunification during the year.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/12	3/31/13	5	57	8.8	↓	-33.3%

From the baseline of April 1, 2009 to March 31, 2010, the number of children discharged from foster care to reunification during the year who reentered foster care in less than 12 months from the date of the earliest discharge to reunification during the year decreased from 13.4% to 8.8%. Current performance is better than the national standard (9.9%).

SANTA CRUZ COUNTY: C1.4--REENTRY FOLLOWING REUNIFICATION



ANALYSIS

Currently, Santa Cruz County is doing better than the national standard for this measure. FCS has focused on this outcome area in past SIPs and has succeeded in reducing the percentage of re-entries. One key SIP strategy was to implement TDM's prior to beginning overnight visits (and therefore prior to reunification). This practice provides an opportunity for FCS social workers, other service providers, the family and natural helpers to join together to assess the family's readiness for reunification, and to develop a clear safety plan to help maximize the chances of successful reunification. We believe that these TDM's have contributed substantially to the reduction in re-entries to foster care.

Stakeholders cited drug and alcohol use as the most prevalent and important issue contributing to re-entries when they occur. Not only does drug and alcohol dependency in families impede reunification, but addiction to alcohol and other drugs can be a chronic, relapsing disorder and recovery can be a long-term process (Blending Perspectives and Building Common Ground, A Report to Congress on Substance Abuse and Child Protection April 1999). Relapse issues cited in the analysis for the reunification measures, apply to re-entry issues as well.

Input from caregivers, service providers, families, youth and agency staff reflects a need for longer treatment periods, increased availability for those services, and longer aftercare services provided to families. Almost every focus group had a large number of stakeholders that consistently advocate for increased aftercare services.

As discussed in relation to the reunification measures, enhanced parent-child visitation was again cited by stakeholders, in this case as the most important factor that could help to decrease re-entries. Additionally, caregivers stated that they had experienced increased communication from the social worker and court, both in listening to the caregiver's knowledge and information about the children and their family connections, as well as the social worker providing them with more information about what is required of the caregivers and why. Caregivers recommend that this trend continue, so that they are able to better support the reunification process.

Members from several focus groups mentioned a need for more timely mental health services for children and families, and suggested that earlier treatment would help decrease re-entry because families would benefit from having a longer period of treatment prior to reunification. It was also noted that there is a lack of bilingual and or bicultural psychologists and psychiatrists available for testing and treatment.

Educational service providers noted the connection between school and placement stability and prevention of re-entry. They believe that multiple school placements are disruptive to attachments and break down children’s bonds with their school, community and friends, as well as impeding educational goals. They commented that these additional disruptions create chaos in the child’s life and contribute to re-entry. Educational service providers recommend more educational “champions,” to teach and support biological parents when children are returned home, to stabilize reunification and prevent re-entry.

Additional strategies recommended by education stakeholders include increasing the level of support to caregivers, noting that they see many on the verge of terminating placements for children due to their inability to manage trauma induced behaviors. They also note that with the advent of the FosterEd program, they are now able to provide support for school stability to parents and children after reunification, and that this is likely to help decrease the risk of re-entry.

These education providers applauded the county for putting every effort into maintaining placements that may need to change, until the end of a school term, thereby providing more stability to the youth. They advocated for more consistent social worker completion of a “change of placement” notification form in order to enhance stability in school settings.

An issue that was raised by caregivers and parents was the issue of agency staff listening to their opinions and concerns. While there was acknowledgement that many were included in decisions and had opportunities to express concerns, others still felt that when asked for their opinions, they didn’t necessarily feel listened to and respected.

Measure C2.1 Adoption within 24 months (exit cohort)

This measure answers the question: Of all children discharged from foster care to a finalized adoption during the year, what percent were discharged in less than 24 months from the date of the latest removal from home?

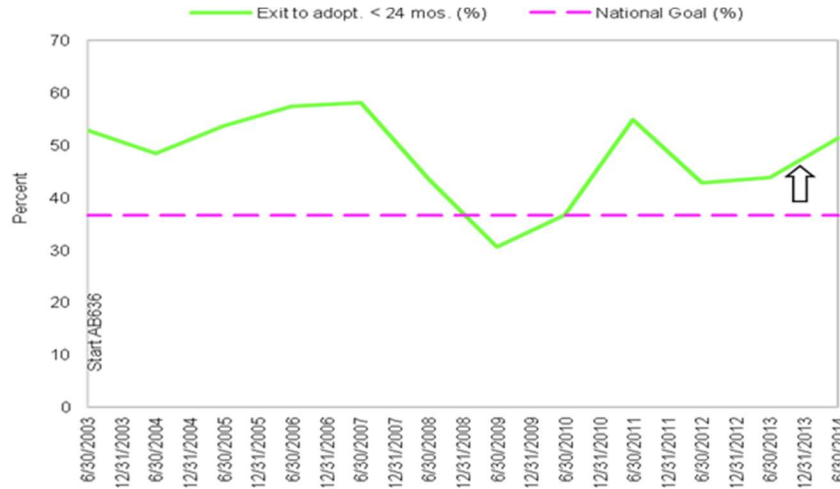
⇒ **County’s Current Performance:**

From April 1, 2013 to March 31, 2014, of all children discharged from foster care to a finalized adoption during the year, 52.9% were discharged in less than 24 months from the date of the latest removal from home.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/13	3/31/14	36	68	52.9	↓	-6.1%

From the baseline of April 1, 2010 to March 31, 2011, the number of children discharged from foster care to a finalized adoption during the year and discharged in less than 24 months from the date of the latest removal from home decreased from 56.4% to 52.9%. This is considerably better than the national standard (36.6%).

SANTA CRUZ COUNTY: C2.1--ADOPTION WITHIN 24 MONTHS (EXIT COHORT)



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

This measure answers the question: Of all children in foster care for 17 continuous months or longer on the first day of the year, what percent were discharged to a finalized adoption by the last day of the year?

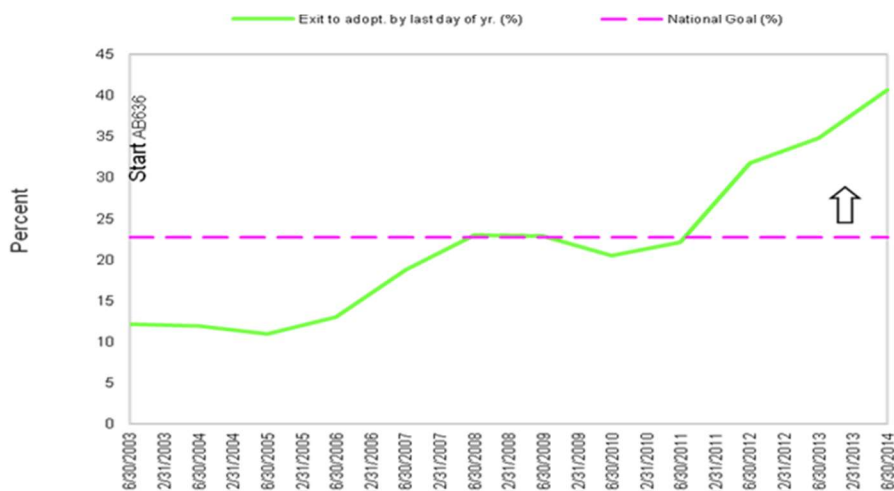
⇒ **County’s Current Performance:**

From April 1, 2013 to March 31, 2014, of all children in foster care for 17 continuous months or longer on the first day of the year, 34.8% were discharged to a finalized adoption by the last day of the year.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/13	3/31/14	32	92	34.8	↑	64.3%

From the baseline of April 1, 2010 to March 31, 2011, the number of children of all children in foster care for 17 continuous months or longer on the first day of the year and were discharged to a finalized adoption by the last day of the year increased from 21.2% to 34.8%. This is significantly above the national standard (22.7%).

SANTA CRUZ COUNTY: C2.3--ADOPTION WITHIN 12 MONTHS (17 MONTHS IN CARE)



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

This measure answers the question: Of all children in foster care for 17 continuous months or longer and not legally free for adoption on the first day of the period, what percent became legally free within the next 6 months?

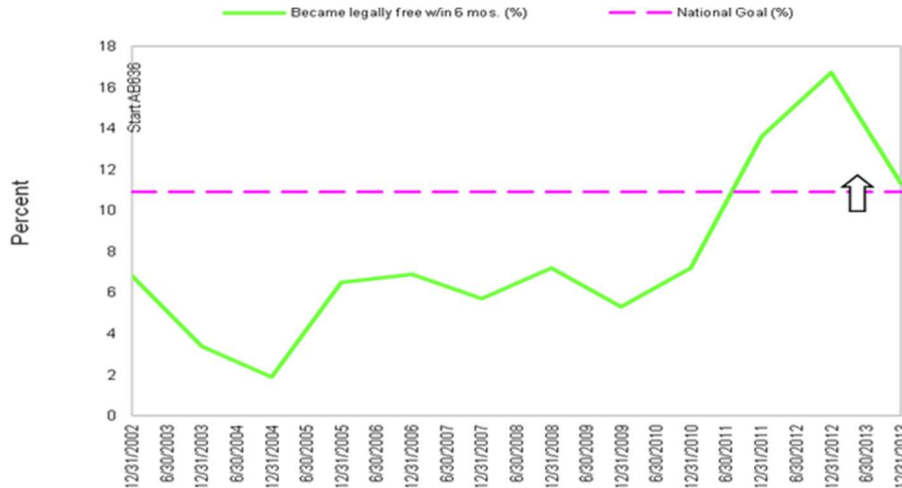
⇒ **County's Current Performance:**

From April 1, 2013 to September 30, 2013, of all children in foster care for 17 continuous months or longer and not legally free for adoption on the first day of the period, 11.1% became legally free within the next 6 months.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/13	9/30/13	7	63	11.1	↑	53.3%

From the baseline of April 1, 2009 to September 30, 2010, the number of children in foster care for 17 continuous months or longer and not legally free for adoption on the first day of the period, and became legally free within the next 6 months, increased from 7.2% to 11.1%. This is above the national standard (10.9%).

SANTA CRUZ COUNTY: C2.4--LEGALLY FREE WITHIN 6 MONTHS (17 MONTHS IN CARE)



C2.5 Adoption within 12 Months (Legally Free)

This measure answers the question: Of all children in foster care who became legally free for adoption during the year, what percent were then discharged to a finalized adoption in less than 12 months?

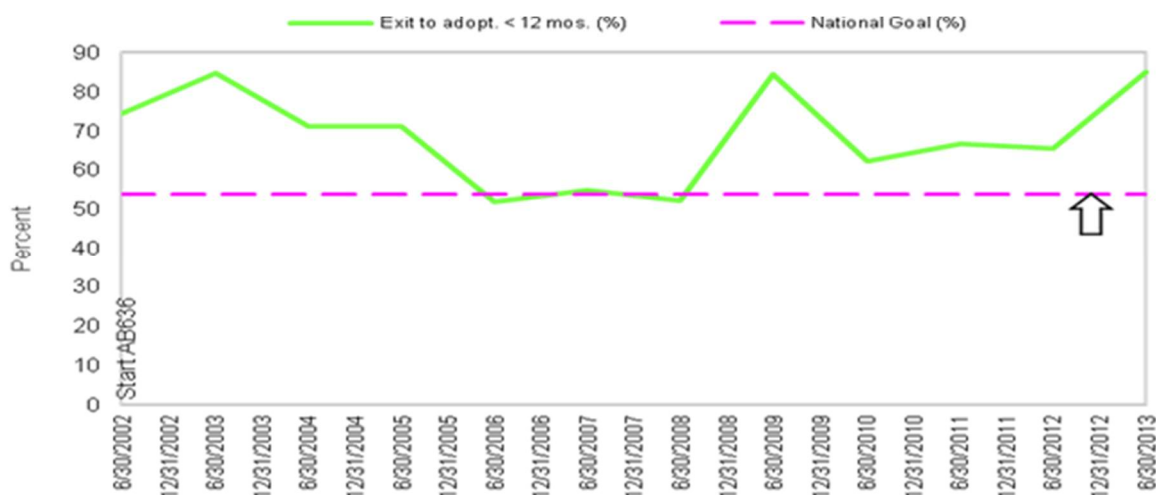
⇒ **County's Current Performance:**

From April 1, 2012 to March 31, 2013, of all children in foster care that became legally free for adoption during the year, 83.6% were then discharged to a finalized adoption in less than 12 months.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/12	3/31/13	51	61	83.6	↑	23.7%

From the baseline of April 1, 2009 to March 31, 2010, the percentage of all children in foster care who became legally free for adoption during the year and were then discharged to a finalized adoption in less than 12 months, increased from 67.6% to 83.6%. This is above the national standard (53.7%).

SANTA CRUZ COUNTY: C2.5--ADOPTION WITHIN 12 MONTHS (LEGALLY FREE)



Measure C3.1 Exits to permanency (24 months in care)

This measure answers the question: Of all children in foster care for 24 months or longer on the first day of the year, what percent were discharged to a permanent home by the end of the year and prior to turning 18?

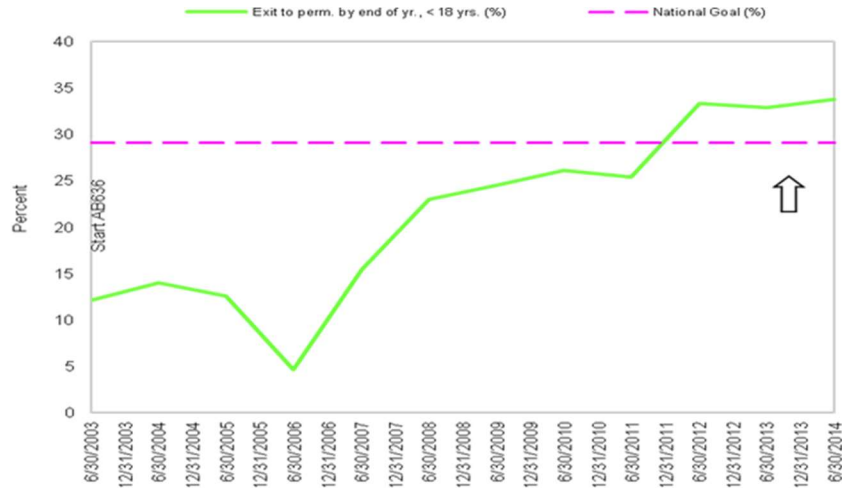
⇒ **County's Current Performance:**

From April 1, 2013 to March 31, 2014, of all children in foster care for 24 months or longer on the first day of the year, 34.4% were discharged to a permanent home by the end of the year and prior to turning 18.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/13	3/31/14	22	64	34.4	↑	16.2%

From the baseline of April 1, 2010 to March 31, 2011, the number of children in foster care for 24 months or longer on the first day of the year and were discharged to a permanent home by the end of the year and prior to turning 18 increased from 29.6% to 34.4%. This is above the national standard (29.1%).

SANTA CRUZ COUNTY: C3.1--EXITS TO PERMANENCY (24 MONTHS IN CARE)



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

This measure answers the question: Of all children discharged from foster care during the year, who were legally free for adoption, what percent were discharged to a permanent home prior to turning 18?

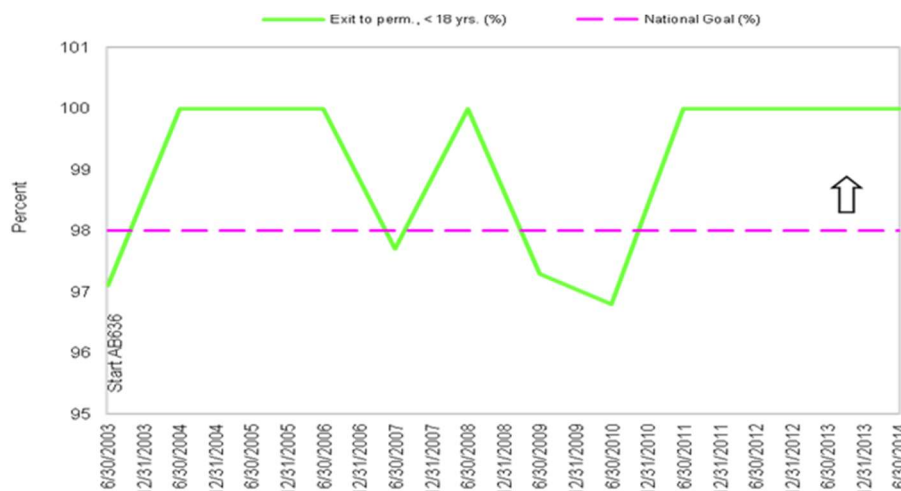
⇒ **County's Current Performance:**

From April 1, 2013 to March 31, 2014, of all children discharged from foster care during the year who were legally free for adoption, 100% were discharged to a permanent home prior to turning 18.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/13	3/31/14	68	68	100	=	0%

From the baseline of April 1, 2010 to March 31, 2011, the percentage of all children discharged from foster care during the year who were legally free for adoption, remained the same, 100% to 100%. This is above the national standard (98%).

SANTA CRUZ COUNTY: C3.2--EXITS TO PERMANENCY (LEGALLY FREE AT EXIT)



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

This measure answers the question: Of all children in foster care during the year who were either discharged to emancipation or turned 18 while still in care, what percent had been in foster care for 3 years or longer?

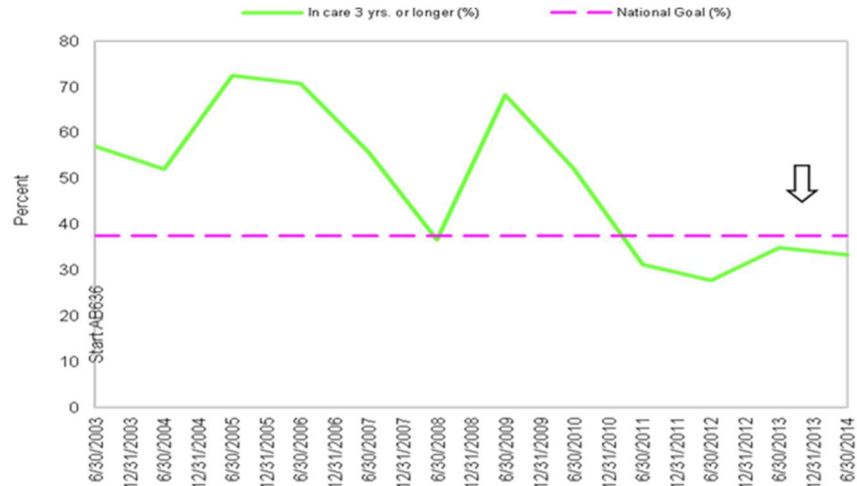
⇒ **County's Current Performance:**

From April 1, 2013 to March 31, 2014, of all children in foster care during the year who were either discharged to emancipation or turned 18 while still in care, 29.4% had been in foster care for 3 years or longer.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/13	3/31/14	5	17	29.4	↓	-41.2%

From the baseline of April 1, 2010 to March 31, 2011, the percentage of all children in foster care during the year who were either discharged to emancipation or turned 18 while still in care and had been in foster care for 3 years or longer, decreased substantially from 50% to 29.4%. This is below and better than the national standard (37.5%).

SANTA CRUZ COUNTY: C3.3--IN CARE 3 YEARS OR LONGER (EMANCIPATED/AGE 18)



ANALYSIS

For the eight preceding outcome measures having to do with adoptions and permanency, Santa Cruz County's performance continues to be excellent, improving over time and consistently better than federal standards. These findings reflect the FCS Division's strong commitment to strengthening permanency and adoption Stakeholders credit these excellent results to many best practices implemented by the agency such as greater focus on permanence, concurrent planning, Team Decision Making, increased cross training opportunities, better social worker/attorney communication, focus on relative placement and relative adoption, etc. One stakeholder discussed how the child's social worker was very willing to take the case through the entire adoption process a second time to achieve permanence for the child.

In an effort to maintain these positive adoption and permanency outcomes, agency staff recognized that leadership has re-designed and streamlined some processes such as bringing post-dispo social workers into cases at detention, rather than waiting until after jurisdiction/disposition. Other recommendations from stakeholders included an increased focus on early family finding, and increased support and communication with extended family members.

Agency staff credit resources such as the AAP program, which provides funding for post-adoptive families to access services to meet the child's needs. They mentioned that they would like to see Santa Cruz County develop a full adoption support center or kinship center would offer services such as:

- Pre-adoption support
- Post-adoption counseling support
- Support to adoptive families to keep children connected with birth family and other important people in their lives
- Weekly support groups
- Adoption mentors.

In the focus group with youth, those that had transitioned out of the foster care system after age 18 described their long term stay within that system. They talked about the difficulties of the transition to adulthood. One youth described the finalization of her grandmother’s adoption of herself and her younger sister which took place when she was 19, and stated how thankful she was for that to happen.

C4.1: Placement Stability Outcome: Placement Stability (8 Days to 12 Months In Care)

This measure answers the question: Of all children served in foster care during a year who were in foster care for at least 8 days but less than 12 months, what percent had two or fewer placement settings?

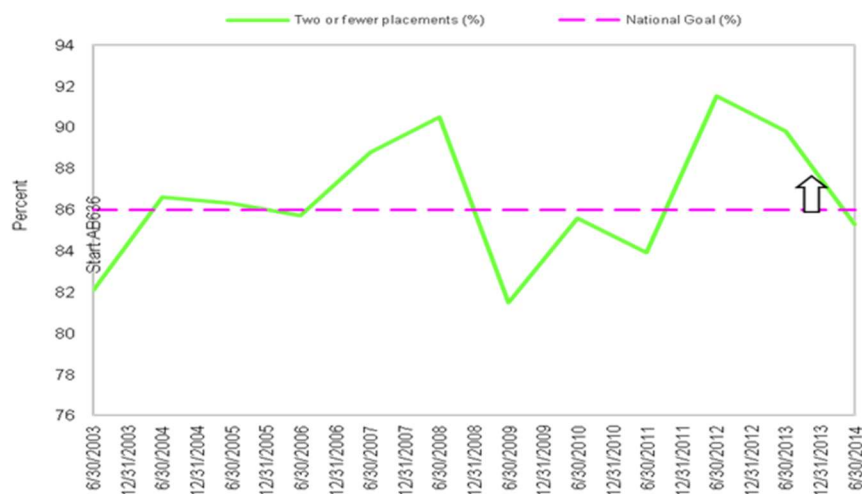
⇒ **County’s Current Performance:**

From April 1, 2013 to March 31, 2014, 87.1% of those children in foster care during the year who had been in care for at least 8 days but less than 12 months had two or fewer placement settings.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/13	3/31/14	128	147	87.1%	↑	3.4%

From the baseline of April 1, 2010 to March 31, 2011, the number of children who had two or fewer placement settings increased from 84.2% to 87.1%. This is slightly above the national standard (86.0%).

SANTA CRUZ COUNTY: C4.1--PLACEMENT STABILITY (8 DAYS TO 12 MONTHS IN CARE)



C4.2: Placement Stability (12 to 24 Months in Care)

This measure answers the question: Of all children served in foster care during a year who were in foster care for at least 12 months but less than 24 months, what percent had two or fewer placement settings?

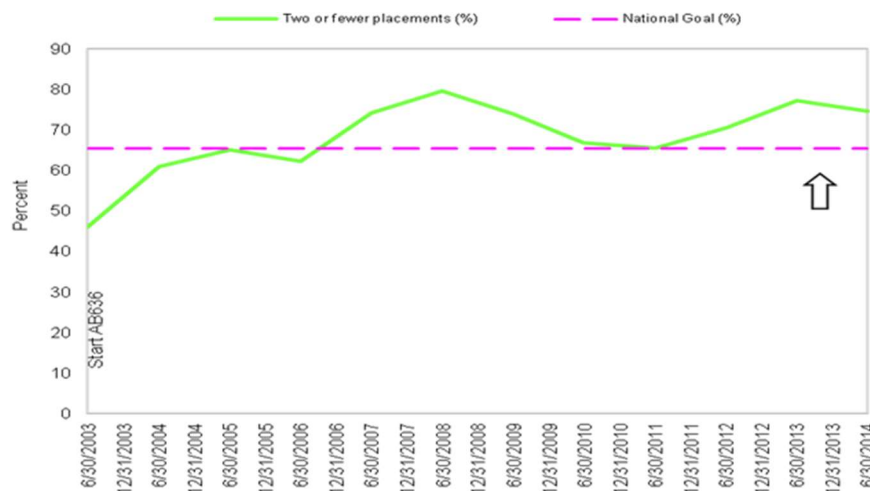
⇒ **County's Current Performance:**

From April 1, 2013 to March 31, 2014, 70.5% of children in foster care during the year that had been in care for at least 12 months but less than 24 months had two or fewer placement settings.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/13	3/31/14	86	122	70.5	↑	20.8%

From the baseline, April 1, 2010 to March 31, 2011, the percentage of all children during a year who had been in foster care for 12 months but less than 24 months and had two or fewer placements, increased from 58.3% to 70.5%. This is above the national standard (65.4%).

SANTA CRUZ COUNTY: C4.2--PLACEMENT STABILITY (12 TO 24 MONTHS IN CARE)



Measure C4.3: Placement Stability Outcome: Placement Stability (At Least 24 Months In Care)

This measure answers the question: Of all children served in foster care during a year who were in foster care for at least 24 months, what percent had two or fewer placement settings?

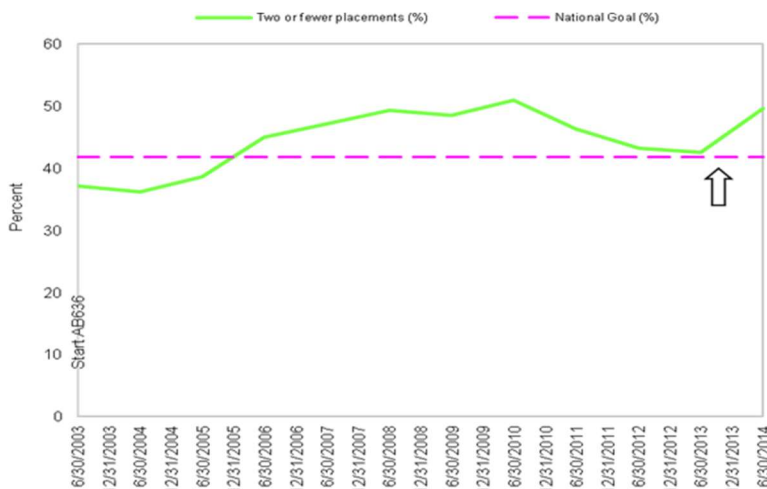
⇒ **County's Current Performance:**

From April 1, 2013 to March 31, 2014, 50.4% of children in foster care during the year that had been in care for at least 24 months had two or fewer placement settings.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/13	3/31/14	60	119	50.4	↑	8.5%

From the baseline, April 1, 2010 to March 31, 2011, the percentage of children in foster care during the year that had been in care for at least 24 months with two or fewer placement settings increased from 46.5% to 50.4%. This is above the national standard (41.8%).

SANTA CRUZ COUNTY: C4.3--PLACEMENT STABILITY (AT LEAST 24 MONTHS IN CARE)



ANALYSIS

In all measures dealing with placement stability, Santa Cruz County has exceeded the national standard.

Relevant literature suggests that the period of the greatest disruption occurs within the first six months that a child spends in out of home placement (Terling-Watt, 2001; Wulczyn, Kogan & Harden, 2003). In addition, children are more likely to experience instability when... placed with other children who are close to their age...or where foster parents have their own children under the age of 5 (Berridge & Cleaver, 1987). Emergency placement of children into foster or relative care results in a period of assessment of the child and family’s needs which may necessitate movement in those early stages. In addition, the appropriate relative placement for a child may require assessment and assistance in terms of insuring environmental safety, and may also require the movement of members in or out of a particular home.

Research finds that children placed with kin experience fewer moves (Webster, Barth & Needell, 2000). As mentioned earlier, Santa Cruz County FCS is committed to placing with relatives when possible. For a number of years, the percentage of children placed with relatives has been approximately 50%. In addition, FCS contracts with two family resource centers to provide resource parent liaisons, who are available to support resource parents in a variety of ways. Agency staff report that the following practices also contribute to placement stability: interviewing families early in the process regarding the availability of relatives; reducing the need for emergency shelter care through early placement with relatives, even if it

means bringing the child to the office to wait for Licensing approval; having relatives come to the office to wait with the child; and advocacy for licensing exemptions for relatives. According to FCS staff, barriers to relative placement include strict licensing regulations and economic barriers, such as relatives not having enough housing space to accommodate relative children in their homes. Santa Cruz County is focusing on increasing the ability to assist relatives in preparing their homes for the children quickly, which will decrease the need for other emergency placements.

2B Percent of Child Abuse/Neglect Referrals with a Timely Response (Immediate Response)

This measure answers the question: How many child abuse and neglect referrals that require, and then receive, an in-person investigation within 24 hours?

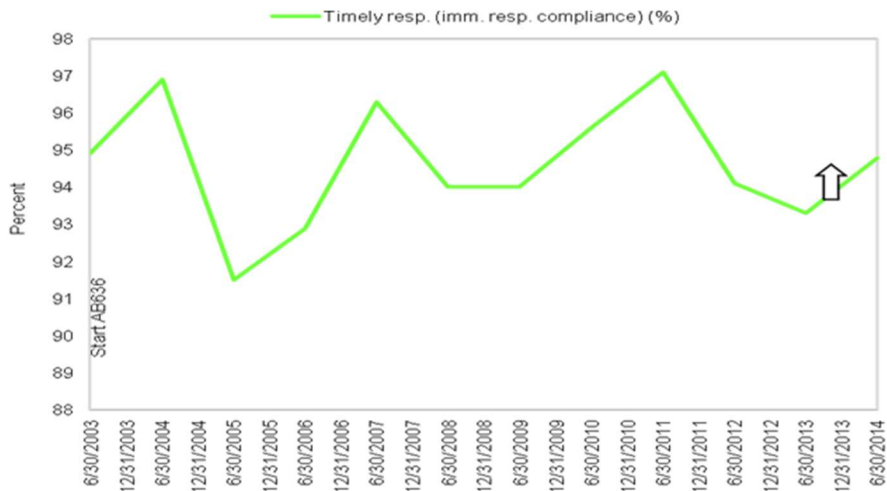
⇒ *County's Current Performance:*

From January 1, 2014 to March 31, 2014, of those child abuse and neglect referrals that required, and then received, an in-person investigation within 24 hours, 94.8% received a timely response.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
1/1/14	3/31/14	109	115	94.8	↑	0.1%

From the baseline of January 1, 2011 to March 31, 2011, the timely response of those child abuse and neglect referrals that required, and then received, an in-person investigation within 24 hours, increased from 94.6% to 94.8%. This exceeds the federal standard of 90%.

SANTA CRUZ COUNTY: 2B--TIMELY RESPONSE (IMM. RESPONSE COMPLIANCE)



2B Percent of Child Abuse/Neglect Referrals with a timely Response (10-Day Response)

This measure answers the question: How many child abuse and neglect referrals that require, and then receive, an in-person investigation within 10-day response?

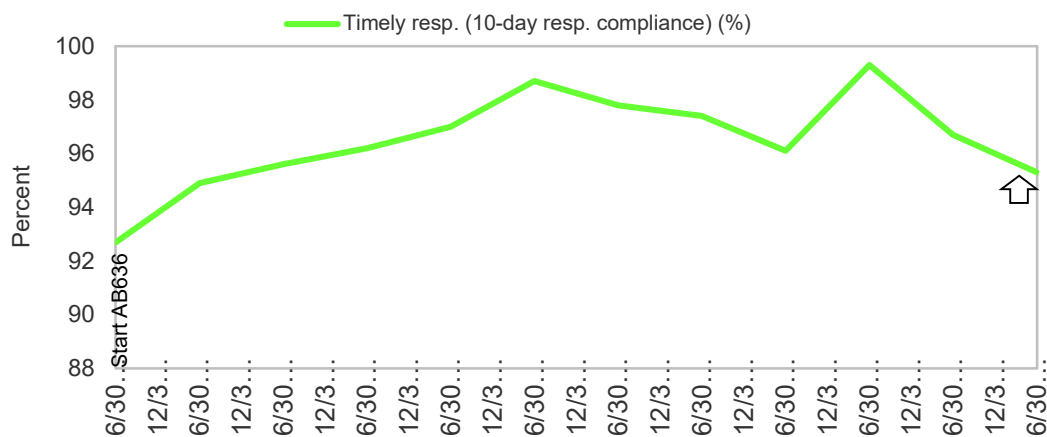
⇒ **County's Current Performance:**

From January 1, 2014 to March 31, 2014, of those child abuse and neglect referrals that required, and then received, an in-person investigation within 10-days, 95.4% received a timely response.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
1/1/14	3/31/14	292	306	95.4	↓	0.0%

From the baseline of January 1, 2011 to March 31, 2011, the timely response of those child abuse and neglect referrals that required, and then received, an in-person investigation within 10-days, decreased from 95.4% to 95.4%. The decrease is so small; it cannot be seen at one decimal place. The County's performance on this measure exceeds the federal standard of 90%.

SANTA CRUZ COUNTY: 2B--TIMELY RESPONSE (10-DAY RESPONSE COMPLIANCE)



ANALYSIS

Santa Cruz County is above 94% in each of the measures related to timely response to referrals. Stakeholders discussed several practices that have may have helped with this. The agency has a bilingual social worker assigned to the hotline screening process. This enables the Screening unit to obtain complete referrals at the time of the call and has reduced the need for call backs in these cases. This results in faster assignment and response.

Another positive change that stakeholders noted is the front-end redistribution of social worker tasks, in which emergency response and dependency investigations functions were combined

into a single investigations caseload. One impact of this redistribution was a decrease the number of referrals assigned per social worker. With fewer referrals, social workers are able to spend more time in initially locating families.

A third positive factor that staff noted was a high degree of supervisory availability and an open door policy with managers. This has led to social workers feeling that they can get questions answered quickly, which results in faster and more appropriate decision-making.

2F Timely Monthly Caseworker Visits (Out of Home)

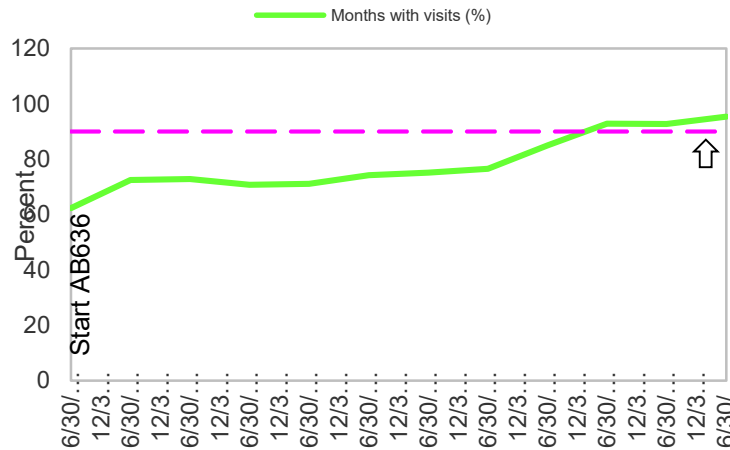
This measure answers the question: What is the percentage of children in placement for an entire month and who are visited by caseworkers at least once per month?

⇒ **County's Current Performance:**

From April 1, 2013 to March 31, 2014, of those children who were in placement, 94.2% were visited by caseworkers at least once per month.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/13	3/31/14	2,594	2,755	94.2	↑	15.4

From the baseline of April 1, 2010 to March 31, 2011, the percentage of children in placement for an entire month and who were visited by caseworkers at least once per month, increased from 81.6% to 94.2%. This is above the national standard (90%).



SANTA CRUZ COUNTY: 2F--MONTHLY VISITS IN RESIDENCE (OUT OF HOME)

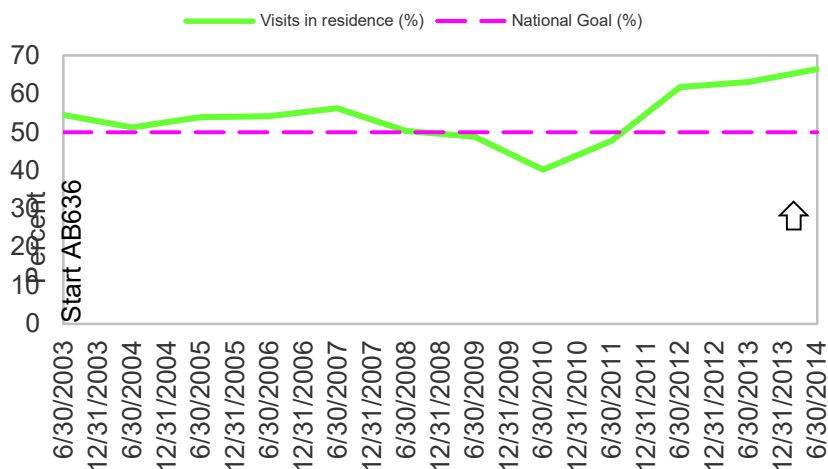
This measure answers the question: What is the percentage of children in placement for an entire month and who are visited by caseworkers at least once per month in their residence?

⇒ **County's Current Performance:**

From April 1, 2013 to March 31, 2014, of those children who were in placement, 65.7% were visited by caseworkers at least once per month.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/13	3/31/14	1,703	2,594	65.7	↑	43.2%

From the baseline of April 1, 2010 to March 31, 2011, the percentage of children in placement for an entire month and who were visited by caseworkers at least once per month in their residence, increased from 45.8% to 65.7%. This is above the national standard (50%).



ANALYSIS

Santa Cruz County exceeds the national standard for timely caseworker visits with children. Agency staff reported in focus groups that the recent reorganization of workloads have helped to reduce caseload sizes, thereby allowing staff more time to manage critical visiting requirements.

4B Least Restrictive Placement (Entries First Placement: Relative)

This measure answers the question: How many entries to out of home care during the time period were placed with relatives?

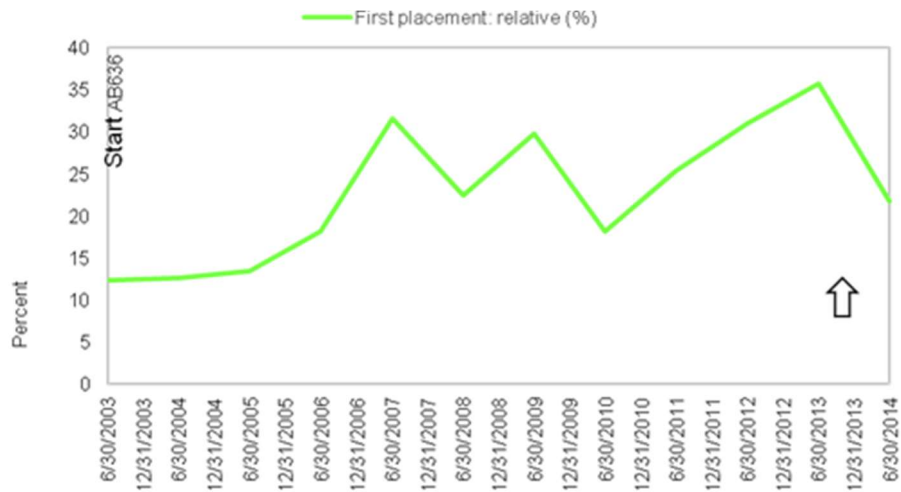
⇒ **County's Current Performance:**

From April 1, 2013 to March 31, 2014, 25.6% of entries to out of home care during the time period were placed with relatives.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/13	3/31/14	34	133	25.6	↑	13.6%

From the baseline of April 1, 2010 to March 31, 2011, the number of children whose first placement was with a relative increased from 22.5% to 25.6%.

SANTA CRUZ COUNTY: 4B--LEAST RESTRICTIVE (ENTRIES FIRST PLC.: RELATIVE)



4B Least Restrictive Placement (Entries First Placement: Foster Home)

This measure answers the question: How many first entries, during the time period, to out of home care were into foster homes?

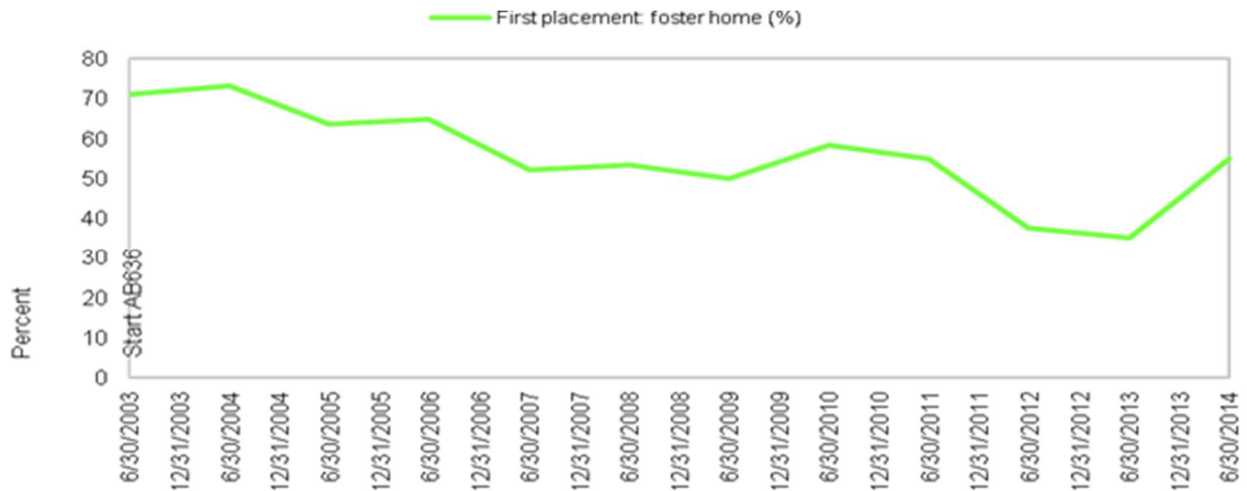
⇒ **County's Current Performance:**

From April 1, 2013 to March 31, 2014, 48.9% of children in out of home care during the time period were placed in foster homes.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/13	3/31/14	65	133	48.9	↓	-15.9%

From the baseline of April 1, 2010 to March 31, 2011, the number of children whose first placement was in a foster home decreased from 58.1% to 48.9%.

SANTA CRUZ COUNTY: 4B--LEAST RESTRICTIVE (ENTRIES FIRST PLC.: FOSTER HOME)



4B Least Restrictive Placement (Point in Time: Relative)

This measure answers the question: How many children who have an open child welfare supervised placement episode in the CWS/CMS system are placed with a relative?

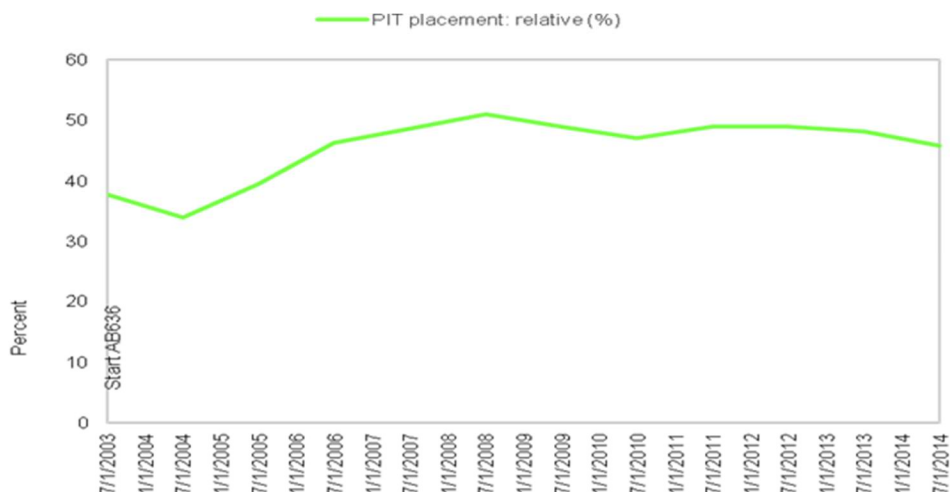
⇒ **County's Current Performance:**

As of April 1, 2014, 48% of children who have an open child supervised placement episode in the CWS/CMS system are placed with a relative.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/14	4/1/14	129	269	48	↑	6%

From the baseline of April 1, 2011, the number of children who have an open child supervised placement episode in the CWS/CMS system and placed with a relative increased from 45.2% to 48%.

SANTA CRUZ COUNTY: 4B--LEAST RESTRICTIVE (PIT PLACEMENT: RELATIVE)



4B Least Restrictive Placement (Point in Time: Foster Home)

This measure answers the question: How many children who have an open child welfare or probation supervised placement episode in the CWS/CMS system are placed in foster homes?

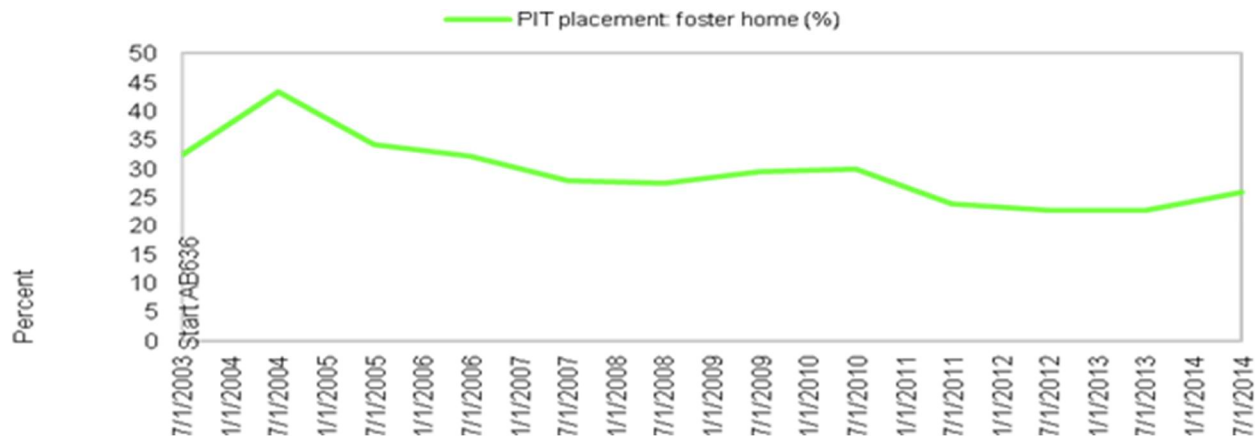
⇒ **County's Current Performance:**

As of April 1, 2014, 22.3% of children who have an open child supervised placement episode in the CWS/CMS system are placed in a foster home.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/14	4/1/14	60	269	22.3	↓	-8.3%

From the baseline of April 1, 2011, the number of children who have an open child supervised placement episode in the CWS/CMS system and placed in a foster home decreased from 24.3% to 22.3%.

SANTA CRUZ COUNTY: 4B--LEAST RESTRICTIVE (PIT PLACEMENT: FOSTER HOME)



ANALYSIS

There are no national standards for placing children in the least restrictive setting, however, in recent years Santa Cruz County has increased placement with relatives and decreased placement in foster homes. In focus groups there was much discussion of the need to maintain the stability of relative placements by providing supportive services to relative caregivers. It was felt that relatives receive a much lower level of training and support than do foster parents. In addition, stakeholders expressed a need for more caregiver training on how to deal with trauma induced behaviors that are exhibited by nearly all foster youth.

Stakeholders also expressed concerns about the limited array of placements available for teens. They cited the need to recruit more foster parents who are willing to care for teens. It was believed that most teens are either placed with relatives, NREFM's or group homes, but there

are few foster homes for them. As stated earlier, stakeholders commented on the number of English speaking children that are placed in Spanish speaking homes.

It was interesting that FFA providers felt that they had access to a greater number of services for the youth placed in their homes, than county licensed homes have. These homes do receive the support of an FFA social worker in addition to the FCS social worker, which probably contributes to this perception.

4E(1) - Placement Status for Children with ICWA Eligibility

This measure examines the placement status of Indian Child Welfare Act eligible children. Placement status takes placement type, child relationship to substitute care provider, and substitute care provider ethnicity into account.

Placement Status	1-Jul-11		1-Jul-12		1-Jul-13		1-Jul-14	
	#	%	#	%	#	%	#	%
Relatives	1	16.7	2	40	.	.	.	.
Non Relatives, Indian SCPs	.	.	.	.	.	.	.	.
Non Relatives, Non-Indian SCPs	4	66.7	3	60	1	100	1	33.3
Non Relatives, SCP Ethnic Missing	.	.	.	.	.	.	.	.
Group Homes	1	16.7	.	.	.	.	2	66.7
Other	.	.	.	.	.	.	.	.
Missing	.	.	.	.	.	.	.	.
Total	6	100	5	100	1	100	3	100

4E(2) - Placement Status for children with primary or mixed (multi) ethnicity of American Indian

This measure examines the placement status of children with primary or mixed (multi) ethnicity of American Indian. Placement status takes placement type, child relationship to substitute care provider, and substitute care provider ethnicity into account.

Placement Status	1-Jul-11		1-Jul-12		1-Jul-13		1-Jul-14	
	n	%	N	%	n	%	n	%
Relatives	.	.	.	.	2	66.7	1	50
Non Relatives, Indian SCPs	.	.	.	.	.	.	.	.
Non Relatives, Non-Indian SCPs	3	100	2	100	1	33.3	.	.
Non Relatives, SCP Ethnic Missing	.	.	.	.	.	.	1	50

Group Homes	.	.	.	.	.	.	.	.
Other	.	.	.	.	.	.	.	.
Missing	.	.	.	.	.	.	.	.
Total	3	100	2	100	3	100	2	100

ANALYSIS

These two charts for Measures 4E(1) and (2) represent point-in-time data. There is no baseline or comparison data. As there are no local Indian Tribes in Santa Cruz County, there is generally a small number of ICWA eligible children in care. Santa Cruz County continues to have no identified Indian resource families, but has been able to place some children of multi-ethnicity including American Indian, with relatives.

5B (1) Rate of Timely Health Exams

This measure answers the question: What percentage of children had timely Medical Exams?

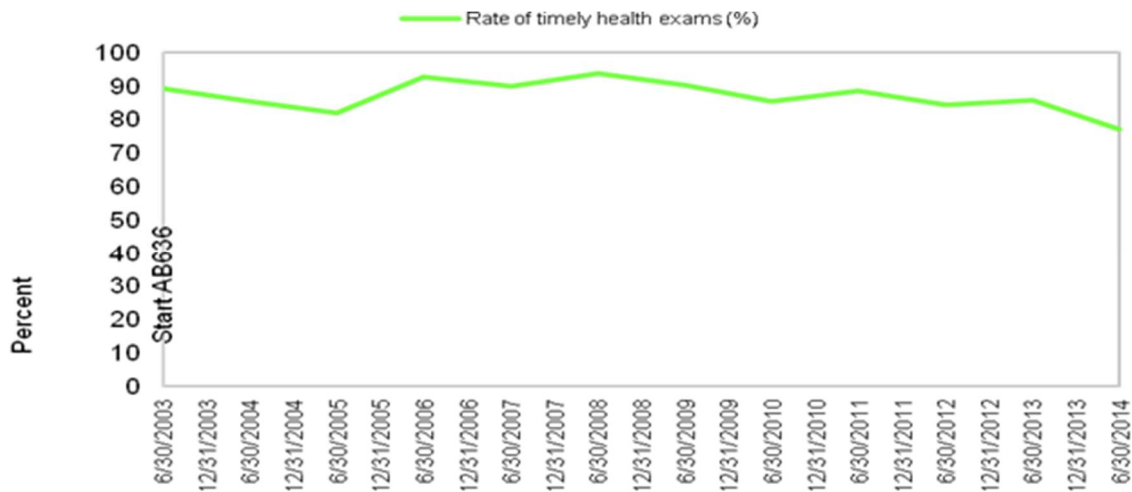
⇒ **County’s Current Performance:**

From January 1, 2014 to March 31, 2014, 78.8% of children had timely Medical Exams.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
1/1/14	3/31/14	190	241	78.8	↓	-10.6%

From the baseline of January 1, 2011 to March 31, 2011, the percentage of children with timely medical exams decreased from 88.2% to 78.8%.

SANTA CRUZ COUNTY: 5B (1)--RATE OF TIMELY HEALTH EXAMS



ANALYSIS

It appears that the timeliness of health exams has decreased in Santa Cruz County by almost 10%. At this time, we are not sure if this is a true reflection of service provision, or whether this is a data entry issue. The Department will investigate the cause of the decrease to make this determination. While stakeholders did not specifically mention this measure, parents and caregivers did speak to needing additional help in obtaining medical care for their families.

5B (2) Rate of Timely Dental Exams

This measure answers the question: What percentage of children had timely Dental Exams?

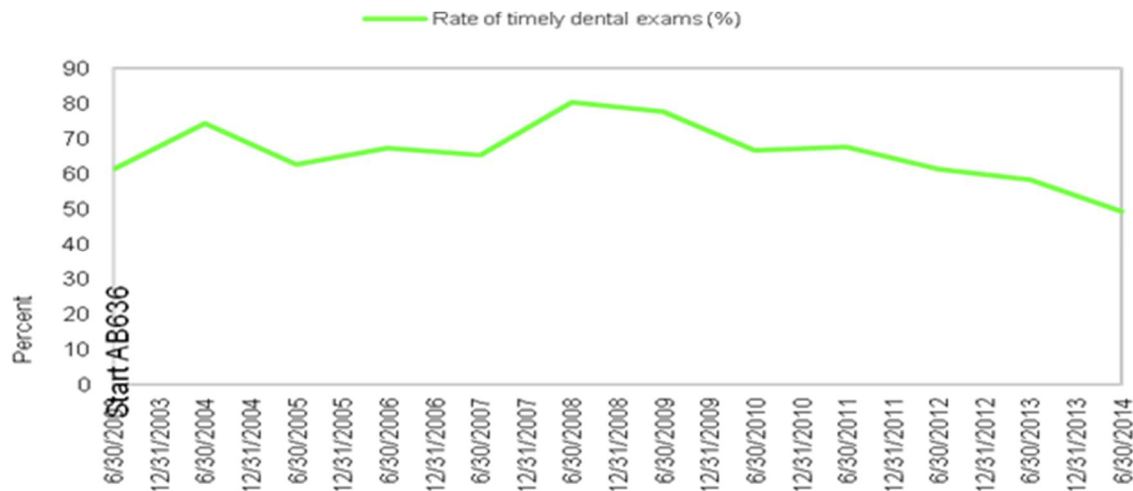
⇒ **County's Current Performance:**

From January 1, 2014 to March 31, 2014, 53% of children had timely Dental Exams.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
1/1/14	3/31/14	105	198	53	↓	-22.9%

From the baseline of January 1, 2011 to March 31, 2011, the percentage of children with timely dental exams decreased from 68.8% to 53%.

SANTA CRUZ COUNTY: 5B (2)--RATE OF TIMELY DENTAL EXAMS



ANALYSIS

Many of the caregivers were enthusiastic about community resources in the area of dental care. They cited the program Dientes quite frequently and one caretaker talked of a youth adopting a career goal of becoming a dental hygienist due to the relationship she had with Dientes program staff. However, FCS is concerned about the significant decrease in the number of children with timely dental exams recorded in CWS/CMS. This change is similar to the noted decrease in children with timely health exams. The Department will investigate the causes of this decrease and address both health and dental exams in the 2015 SIP.

5F Psychotropic Medications

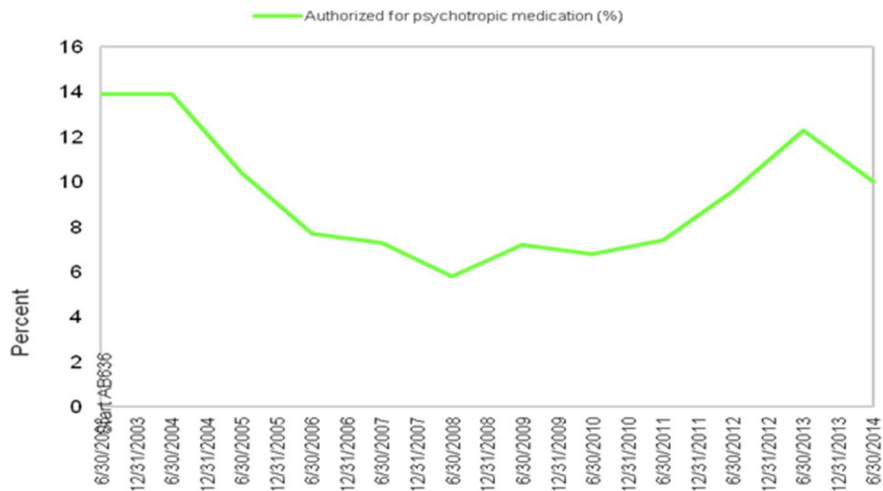
⇒ **County's Current Performance:**

From January 1, 2014 to March 31, 2014, 11.3 % of children are authorized for Psychotropic Medications.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
1/1/14	3/31/14	31	275	11.3	↑	98.9%

From the baseline of January 1, 2011 to March 31, 2011, the number of children authorized for psychotropic medications increased from 5.7% to 11.3%.

SANTA CRUZ COUNTY: 5F--AUTHORIZED FOR PSYCHOTROPIC MEDICATION



ANALYSIS

FCS is concerned about the increase in Santa Cruz County children who are taking psychotropic medications. As discussed earlier, the division recently began keeping a spreadsheet with key information about children authorized to take these medications, and is beginning to consult with Children's Mental Health to monitor these children. A positive aspect of Santa Cruz County practice is that nearly all prescriptions are written by two child psychiatrists employed by HSA. As a result, each child has only one prescribing physician, and we do not have a concern that children are being prescribed medications by multiple psychiatrists. However, given the increase in affected children, we plan to make this area a focus of the 2015 SIP.

The stakeholders most affected by the administration of psychotropic medications are foster youth. In discussions with the youth, they reported extremely strong adverse experiences with these medications. Some stated that medications adversely affected their school performance, memory, and general functioning. Youth also expressed strong opinions that medications had negative long-term consequences that affected career and lifelong goals.

Stakeholders commented on the lack of bilingual psychiatrists available to work with Spanish speaking children and families. It was also stated that Santa Cruz County does not have a child psychiatrist that takes private insurance for Children’s Mental Health, so if children are not on MediCal, they cannot obtain psychiatric services within the County.

6B Individualized Education Plan

This measure answers the question: How many children have Individualized Education Plan (IEP)?

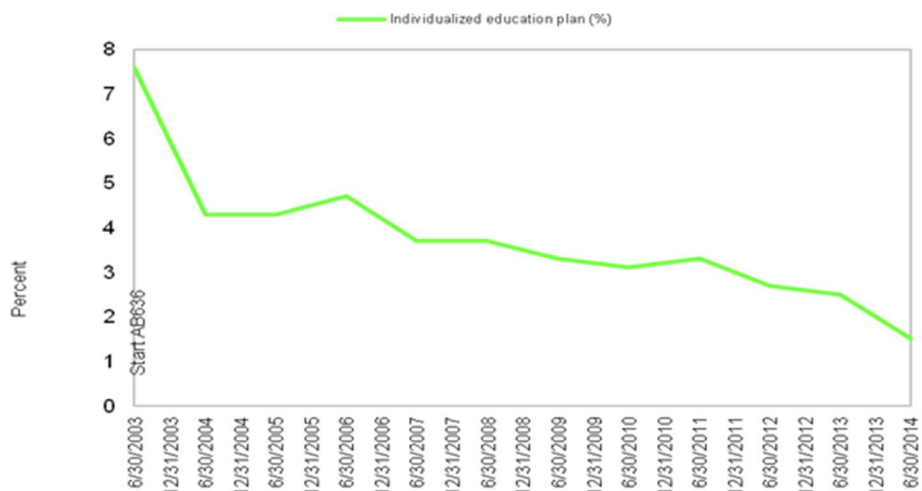
⇒ **County’s Current Performance:**

From January 1, 2013 to June 30, 2013, 2% of children have IEPs.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
1/1/14	3/31/14	5	250	2	↓	-42.4%

From the baseline of January 1, 2011 to March 31, 2011, the percentage of children with IEPs decreased from 3.5% to 2%.

SANTA CRUZ COUNTY: 6B--INDIVIDUALIZED EDUCATION PLAN



This point-in-time data appears to reflect a lack of data entry in CWS/CMS. This data only includes children in child welfare department supervised care in placement episodes lasting 31 days or more. The baseline was 9/259 and the comparison was 5/250. It excludes:

- Non-dependent legal guardianship placements;
- Interstate Compact for the Placement of Children (ICPC) placements (in or out);
- Children 19 years of age or older; and
- Children placed outside of California.

ANALYSIS

Due to the apparent lack of data entry, it cannot currently be determined what percentage of children actually have IEP's. The data suggests a continued decrease in youth who receive IEP services to a current level of only 2%. In focus groups, stakeholders reported many youth receiving IEP services. In fact, educational services staff mentioned that foster youth in Santa Cruz County are overrepresented in the group of youth receiving IEP services in the County (no data was immediately available to substantiate that claim), and many caregivers reported approaching school personnel and agency staff about special needs of youth in their care, and the difficulties in obtaining those services.

This is another area where the County needs to investigate and determine what is causing the low percentage of IEP's recorded in CWS/CMS. We may need to provide further training for staff on data entry for this measure. Educational service providers recommend further training for CWS and Probation staff, to better understand the purpose, development and implementation of IEP's, SST's and SARB. A heightened awareness of these issues may also lead to increased focus on data entry for this measure.

8A Completed High School Equivalency

This measure answers the question: Of those youth exiting out of foster care, how many completed high school or equivalency?

⇒ **County's Current Performance:**

From April 1, 2014 to June 30, 2014, of those youth exiting out of foster care, 100% completed high school or equivalency.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/14	6/30/14	1	1	100%	↑	100%

From the baseline of January 1, 2011 to March 31, 2011, the number of youth exiting out of foster care and completing high school or equivalency, increased from 0%-100%.

ANALYSIS

Due to very low numbers of youth exiting foster care at age 18 in Santa Cruz County, the percentage for the period in question represents one youth who completed high school or equivalency, and was enrolled in community college at the time of exiting foster care. The County's ILP and FosterEd programs provide ongoing support to foster youth to assist them in meeting their educational goals.

8A Obtained Employment

This measure answers the question: of those youth exiting out of foster care, how many children obtained employment?

⇒ **County's Current Performance:**

From April 1, 2014 to June 30, 2014, of those youth exiting out of foster care, 0% obtained employment.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/14	6/30/14	0	1	0	↓	-50%

From the baseline of January 1, 2011 to March 31, 2011, the number youth exiting out of foster care and obtained employment, decreased from 50% - 0%.

ANALYSIS

As mentioned earlier, the number of youth exiting foster care at age 18 has become very small as a result of the After 18 program. For the time period mentioned in the above table, the data represents one youth who did not obtain employment. The County's ILP program provides workshops to assist youth in preparing resumes and seeking employment. Employment is an area that many stakeholders groups recognized as a critical need for youth, both while in care and upon transition out of the foster care system. CWS youth expressed the desire for additional employment assistance. Several stakeholders mentioned internships as a possible avenue to explore for youth to gain employment experience.

8A Housing Arrangements

This measure answers the question: Of those youth exiting out of foster care, what is the percentage who exited with housing arrangements?

⇒ **County's Current Performance:**

From April 1, 2014 to June 30, 2014, of those youth exiting out of foster care, 100% exited with housing arrangements.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/14	6/30/14	1	1	100%	=	0%

From the baseline of January 1, 2011 to March 31, 2011, youth exiting out of foster care and obtaining housing remained the same at 100%.

ANALYSIS

In focus groups, youth cited THP+ and THP+ Foster Care as being extremely helpful to them in obtaining stable housing. Unfortunately, several youth who had housing when they transitioned out of foster care reported that they were homeless at the time of their participation in the focus group. Service providers described a struggle to locate available housing for youth, and discussed the difficulty of finding landlords willing to accept program youth. Stakeholders also expressed the hope of expanding housing services for older youth. Older youth discussed AB12 and the hope that transitional youth will take advantage of the program. They felt that an increase in awareness among transitional age youth would ensure that youth could begin to make an early plan for a potential extension of services.

Agency staff and community service providers recognize that housing continues to be a critical area of need for youth, and discussed the benefits of AB12 and the opportunities that this will provide for transitional age youth. Several youth who had housing at the time of transition out of foster care were homeless at the time of their participation in focus groups.

8A Received ILP Services

This measure answers the question: Of those youth exiting out of foster care, how many youth received ILP services.

⇒ **County's Current Performance:**

From April 1, 2014 to June 30, 2014, of those youth exiting out of foster care, 100% of youth received ILP services.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/14	6/30/14	1	1	100%	=	0

From the baseline of January 1, 2011 to March 31, 2011, the percentage of youth exiting out of foster care who received ILP services remained the same at 100%.

ANALYSIS

Stakeholders in multiple focus groups expressed satisfaction with ILP services in Santa Cruz County. Youth described receiving a high level of assistance from their County social worker, as well as assistance and positive connections with ILP community service providers. They expressed trust and felt supported by these helping professionals.

Caretakers of younger teens stated that these youth are not always ready to take full advantage of ILP services, and felt that with more maturity, youth will begin to see the value of the services. They recommended more fun-oriented programming rather than the classroom setting for these younger teens.

8A Permanency Connection with an Adult

This measure answers the question: Of those youth exiting out of foster care, how many reported having a permanent connection with an adult?

⇒ **County's Current Performance:**

From April 1, 2014 to June 30, 2014, of those youth exiting out of foster care, 100% reported having a permanent connection with an adult.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/14	6/30/14	1	1	100%	=	0%

From the baseline of January 1, 2011 to March 31, 2011, the percentage of youth exiting out of foster care and reported to have a permanent connection with an adult remained the same at 100%.

ANALYSIS

In focus groups, youth were able to articulate how CWS staff assisted them in solidifying relationships with adults. One 19-year-old youth thankfully described a recently finalized adoption for herself and her younger sister, by her grandmother. Several others reported the importance of connections with their CASAs.

Outcome Data Measures- Probation

The source for this data is the California Child Welfare Indicators Project (CCWIP)⁴ from September 2011 (Q1 11) to July 2014 (Q1 14). **Reports for the probation agency type are not available for years prior to 2012, since CWS/CMS was not structured to collect client contact data for probation-supervised children.**

Measure S1.1: No Recurrence of Maltreatment

Not applicable.

Measure S2.1 No maltreatment in Foster Care

This measure answers the question: Of all children served in foster care during the year, what percent were not victims of a substantiated maltreatment allegation by a foster parent or facility staff member?

⇒ **County's Current Performance:**

From April 1, 2013 to March 31, 2014, of all the children served in foster care during the year, 100% were not victims of a substantiated maltreatment allegation by a foster parent or facility staff member.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/13	3/31/14	45	45	100	=	0%

From the baseline of April 1, 2010 to March 31, 2011, the number of children served in foster care during the year, whom were not victims of a substantiated maltreatment allegation by a foster parent or facility staff member remained the same, 100% to 100%. Current performance is above the Federal Standard (99.68%).

ANALYSIS

In this period, Santa Cruz County has had no incidents of maltreatment in care for probation youth. Even so, it is a critical issue that they will continue to address. Improvements noted by stakeholders include, community assistance with social activities for youth, shared decision making opportunities like Team Decision Making (TDM), case planning and court contact, and increased communication with agency staff.

⁴ Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., King, B., Sandoval, A., Yee, H., Mason, F., Benton, C., Pixton, E., Lou, C., & Peng, C. (2014). CCWIP reports. Retrieved 10/17/2014, from University of California at Berkeley California Child Welfare Indicators Project website. URL: http://cssr.berkeley.edu/ucb_childwelfare

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

This measure answers the question: Of all children discharged from foster care to reunification during the year who had been in foster care for 8 days or longer, what percent were reunified in less than 12 months from the date of the latest removal from home?

⇒ *County's Current Performance:*

From April 1, 2013 to March 31, 2014, of all the children discharged from foster care to reunification during the year who had been in foster care for 8 days or longer, 50% were reunified in less than 12 months from the date of the latest removal from home.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/13	3/31/14	2	4	50	=	0%

From the baseline of April 1, 2010 to March 31, 2011, the number of children discharged from foster care to reunification during the year who had been in foster care for 8 days or longer and were reunified in less than 12 months from the date of the latest removal from home has remained the same at 66.5%. Current performance is below the national standard (75.2%).

Measure C1.2 Median time to reunification (exit cohort)

This measure answers the question: Of all children discharged from foster care to reunification during the year who had been in foster care for 8 days or longer, what was the median length of stay (in months) from the date of latest removal from home until the date of discharge to reunification?

⇒ *County's Current Performance:*

From April 1, 2013 to March 31, 2014, of all children discharged from foster care to reunification during the year who had been in foster care for 8 days or longer, the median length of stay (in months) from the date of latest removal from home until the date of discharge to reunification is 11.2 months.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/13	3/31/14	n/a	4	11.2	↓	-31.3%

From the baseline of April 1, 2010 to March 31, 2011, the number of children discharged from foster care to reunification during the year who had been in foster care for 8 days or longer, the median length of stay (in months) from the date of latest removal from home until the date of discharge to reunification decreased from 16.3 months to 11.2 months. Current performance is above the national standard (5.4 months).

C1.3 Reunification within 12 Months (Entry Cohort)

This measure answers the question: Of all children entering foster care for the first time in the 6-month period who remained in foster care for 8 days or longer, what percent were discharged from foster care to reunification in less than 12 months from the date of latest removal from home?

⇒ **County's Current Performance:**

From April 1, 2013 to March 31, 2014, of all children entering foster care for the first time in the 6-month period who remained in foster care for 8 days or longer, 0% were discharged from foster care to reunification in less than 12 months from the date of latest removal from home.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
10/01/12	3/31/13	0	2	0	↓	-100%

From the baseline of October 1, 2009 to March 31, 2010, the percent of children entering foster care for the first time in the 6-month period who remained in foster care for 8 days or longer and were discharged from foster care to reunification in less than 12 months from the date of latest removal from home, decreased from 100% to 0%. The current performance is below the national standard (48.4%)

ANALYSIS

While Probation's outcome measures are currently below the national standard in reunification within 12 months in their entry and exit cohorts, they exceed the national standard in median time to reunification.

There are indications that the high prevalence of substance abuse issues among youth and their parents in Santa Cruz County pose severe challenges to timely/rapid reunification. Data from the California Healthy Kids Survey, suggests that the issue is more pervasive here than in many other areas of the state. Nearly one in three Santa Cruz County 11th-graders reported that they binge drink, compared with the state average of one in five students. Similarly, 30 percent of Santa Cruz County 11th-graders surveyed said they smoke marijuana, compared with 20 percent of students across the state. The survey was conducted from 2009 to 2011. In addition, it has long been known that stress increases the risk of alcohol/drug relapse (Sinha 2001).

Treatment is generally a lengthy process, with relapse common, and high levels of aftercare required to support continued sobriety. Often times, youth are returned home after some treatment, re-entering families with parents or siblings that have substance abuse issues themselves.

Stakeholders also discussed that prevention and early intervention services for youth are not generally known about until they have problems, sometimes until they are referred to Probation.

Some recommendations from focus groups include addressing wait lists for inpatient and outpatient treatment. Additional aftercare support will also help insure youth remain on track in their sobriety, and relapse issues can be addressed more quickly. Probation staff noted that AA/NA treatment is not geared for youth and many youth feel out of place at the meetings and therefore do not attend. They wish there was a specific program aimed for youth in recovery.

In focus groups parents reported things like timely communication with Probation Officers an increase in visitation, and the PO offering them services, such as the parent center, assistance and school assistance to help the family be prepared for their child's return to the home.

An area of improvement seen by stakeholders is in the realm of visitation. Increase use of technology by the agency such as Skype, was seen as a positive addition to maintaining connections between youth in placement and their families, although youth mentioned that even Skype could not replace actual face to face visits. All groups strongly advocated increased visitation, and it was seen to be an issue for youth.

Many Stakeholders also advocated for an increase in social activities for youth both in placement and upon their return home.

Stakeholders noted that language and cultural issues could slow the process of reunification. Almost all focus groups acknowledged a huge effort by the agency to increase in bilingual, bicultural staff in the last few years. They were very gratified by this and expressed the hope that this trend will continue.

Another area to note that creates barriers to reunification in Santa Cruz County is the large percentage of farm working families and bi-lingual families that tend to work very long hours and often weekends, making access to services and visitation a challenge. Stakeholders suggest more services such as counseling, parenting, drug testing, visitation, etc., be available later in the evenings. Probation Officers talked about the continued need for more bi-lingual staff, both in the Probation agency, but the service providers as well. Currently, Wraparound provides Spanish-speaking staff if youth and/or parents speak Spanish; the family partner speaks Spanish; there is Spanish-speaking therapy available; there are Spanish language parenting classes through community agencies; and Mental Health provides a Spanish-speaking coordinator when needed.

Other improvements noted by stakeholders are:

- More services offered to families, including parenting;
- Probation and Mental Health concurrently work with parents so family issues can be more resolved when youth are ready to come home;
- Seasoned staff work on substance abuse issues; helps youth be more ready for therapy; and
- Partnership between mental health therapists and drug treatment effective

Measure C1.4 Reentry following reunification (exit cohort)

This measure answers the question: Of all children discharged from foster care to reunification during the year, what percent reentered foster care in less than 12 months from the date of the earliest discharge to reunification during the year?

⇒ **County's Current Performance:**

From April 1, 2012 to March 31, 2013, of all children discharged from foster care to reunification during the year, 42.9% reentered foster care in less than 12 months from the date of the earliest discharge to reunification during the year.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/12	3/31/13	6	14	42.9	↓	n/a

From the baseline of April 1, 2009 to March 31, 2010, the number of children discharged from foster care to reunification during the year and reentered foster care in less than 12 months from the date of the earliest discharge to reunification during the year increased from 0% to 42.9%. Current performance is above the national standard (9.9%).

ANALYSIS

Santa Cruz County is exceeding the national standards for the re-entry measures.

It is important to note that 75% of the youth in this cohort were high risk youth with numerous criminogenic risk factors as well as low protective factors which in and of itself presents a challenge to meet the re-entry measures. In addition, these youth are returning to the same high risk environments which include but are not limited to minimal parental supervision, high gang activity and safety issues in their communities.

In focus groups, Educational Liaisons noted the connection between school and placement stability and prevention of re-entry. They applaud the Probation staff's perfect compliance with change of placement notifications that they feel are critical in helping youth get enrolled in school programs in a timely manner, thereby assisting youth in work toward educational goals.

Members from several focus groups were supportive of Mental Health Services for the children and families, and suggested that earlier treatment would help decrease re-entry by the families having more treatment prior to re-unification. Probation staff also recognized the previous re-entry grant they had, as well as WRAP services as assisting in reducing re-entry.

Youth reported in focus groups that the longer they remain in placements, the more disruptive behaviors they take on from other youth. These behaviors then get acted out when youth return home and can lead to re-entry.

An area of improvement seen by stakeholders is in the realm of visitation. Increase use of technology by Probation such as Skype, was seen as a great addition to maintaining connections between children in placement and their families.

All groups strongly advocated increased visitation, and it was seen to be the most important factor in successful reunification and decreasing re-entry by maintaining attachments. Additional improvements noted to decrease re-entry include; more services offered to families, including parenting and Probation and Mental Health concurrently working with parents so family issues can be more resolved when kids ready to come home; and the Evening Center aims to provide some structure for youth after school.

Stakeholders noted other factors that may increase re-entry such as youth struggling to stay out of gangs when parents work long hours in the fields. They would like to see more prevention and social activities for youth including after school structured activities, including a focus on study habits, and physical exercise.

Measure C2.1 Adoption within 24 months (exit cohort)

This measure answers the question: Of all children discharged from foster care to a finalized adoption during the year, what percent were discharged in less than 24 months from the date of the latest removal from home?

⇒ **County's Current Performance:**

From April 1, 2013 to March 31, 2014, of all children discharged from foster care to a finalized adoption during the year, 0% were discharged in less than 24 months from the date of the latest removal from home.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/13	3/31/14	0	0	0		n\a

From the baseline of April 1, 2010 to March 31, 2011, the number of children discharged from foster care to a finalized adoption during the year and discharged in less than 24 months from the date of the latest removal from home remained the same, 0%. This is below the national standard (36.6%).

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

This measure answers the question: Of all children in foster care for 17 continuous months or longer on the first day of the year, what percent were discharged to a finalized adoption by the last day of the year?

⇒ **County's Current Performance:**

From April 1, 2013 to March 31, 2014, of all children in foster care for 17 continuous months or longer on the first day of the year, 0% were discharged to a finalized adoption by the last day of the year.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/13	3/31/14	0	4	0		n/a

From the baseline of April 1, 2010 to March 31, 2011, the number of children of all children in foster care for 17 continuous months or longer on the first day of the year and were discharged to a finalized adoption by the last day of the year remained the same at 0%. This is below the national standard (22.7%).

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

This measure answers the question: Of all children in foster care for 17 continuous months or longer and not legally free for adoption on the first day of the period, what percent became legally free within the next 6 months?

⇒ **County's Current Performance:**

From April 1, 2013 to September 30, 2013, of all children in foster care for 17 continuous months or longer and not legally free for adoption on the first day of the period, 0% became legally free within the next 6 months.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/13	9/30/13	0	4	0		n/a

From the baseline of April 1, 2009 to September 30, 2010, the number of children in foster care for 17 continuous months or longer and not legally free for adoption on the first day of the period, and became legally free within the next 6 months, remained the same at 0%. This is below the national standard (10.9%)

C2.5 Adoption within 12 Months (Legally Free)

This measure answers the question: Of all children in foster care who became legally free for adoption during the year, what percent were then discharged to a finalized adoption in less than 12 months?

⇒ **County's Current Performance:**

From April 1, 2012 to March 31, 2013, of all children in foster care that became legally free for adoption during the year, 0% were then discharged to a finalized adoption in less than 12 months.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/12	3/31/13	0	0	0		n/a

From the baseline of April 1, 2009 to March 31, 2010, the percentage of all children in foster care who became legally free for adoption during the year and were then discharged to a finalized adoption in less than 12 months remained the same at 0%. This is below the national standard (53.7%)

Measure C3.1 Exits to permanency (24 months in care)

This measure answers the question: Of all children in foster care for 24 months or longer on the first day of the year, what percent were discharged to a permanent home by the end of the year and prior to turning 18?

⇒ **County's Current Performance:**

From April 1, 2013 to March 31, 2014, of all children in foster care for 24 months or longer on the first day of the year, 0% were discharged to a permanent home by the end of the year and prior to turning 18.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/13	3/31/14	0	3	0		n/a

From the baseline of April 1, 2010 to March 31, 2011, the number of children in foster care for 24 months or longer on the first day of the year and were discharged to a permanent home by the end of the year and prior to turning 18 remained the same, 0%. This is below the national standard (29.1%).

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

This measure answers the question: Of all children discharged from foster care during the year who were legally free for adoption, what percent were discharged to a permanent home prior to turning 18?

⇒ **County's Current Performance:**

From April 1, 2013 to March 31, 2014, of all children discharged from foster care during the year who were legally free for adoption, 0% was discharged to a permanent home prior to turning 18.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/13	3/31/14	0	0	0		n/a

From the baseline of April 1, 2010 to March 31, 2011, the percentage of all children discharged from foster care during the year who were legally free for adoption, remained the same, 0%. This is below the national standard (98%).

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

This measure answers the question: Of all children in foster care during the year who were either discharged to emancipation or turned 18 while still in care, what percent had been in foster care for 3 years or longer?

⇒ *County's Current Performance:*

From April 1, 2013 to March 31, 2014, of all children in foster care during the year who were either discharged to emancipation or turned 18 while still in care, 14.3% had been in foster care for 3 years or longer.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/13	3/31/14	1	7	14.3	↓	-41.2%

From the baseline of April 1, 2010 to March 31, 2011, the percentage of all children in foster care during the year who were either discharged to emancipation or turned 18 while still in care and had been in foster care for 3 years or longer, decreased from 15.8% to 14.3%. This is below the national standard (37.5%).

ANALYSIS

While Probation staff acknowledges that there are opportunities to advocate for adoptions for youth, clearly youth and public safety require the greater share of their focus. Since some older youth in focus groups have related successful adoptions with relatives and even siblings, it should remain a topic of outreach with Probation staff.

Permanency Measure C4.1: Placement Stability Outcome: Placement Stability (8 Days to 12 Months In Care)

This measure answers the question: Of all children served in foster care during a year who were in foster care for at least 8 days but less than 12 months, what percent had two or fewer placement settings?

⇒ *County's Current Performance:*

From April 1, 2013 to March 31, 2014, 76.9% of those children in foster care during the year who had been in care for at least 8 days but less than 12 months had two or fewer placement settings.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/13	3/31/14	20	26	76.9	↓	13.5%

From the baseline of April 1, 2010 to March 31, 2011, the number of children who had two or fewer placement settings decreased from 88.9% to 76.9%. This is below the national standard (86.0%).

Placement Stability Outcome C4.2: Placement Stability (12 to 24 Months in Care)

This measure answers the question: Of all children served in foster care during a year who were in foster care for at least 12 months but less than 24 months, what percent had two or fewer placement settings?

⇒ **County's Current Performance:**

From April 1, 2013 to March 31, 2014, 0% of children in foster care during the year that had been in care for at least 12 months but less than 24 months had two or fewer placement settings.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/13	3/31/14	0	4	0	↓	-100%

From the baseline, April 1, 2010 to March 31, 2011, the percentage of all children during a year who had been in foster care for 12 months but less than 24 months and had two or fewer placements, decreased from 58.3% to 0%. This is below the national standard (65.4%).

Permanency Measure C4.3: Placement Stability Outcome: Placement Stability (At Least 24 Months In Care)

This measure answers the question: Of all children served in foster care during a year who were in foster care for at least 24 months, what percent had two or fewer placement settings?

⇒ **County's Current Performance:**

From April 1, 2013 to March 31, 2014, 60% of children in foster care during the year that had been in care for at least 24 months had two or fewer placement settings.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/13	3/31/14	3	5	60	↑	95%

From the baseline, April 1, 2010 to March 31, 2011, the percentage of children in foster care during the year that had been in care for at least 24 months with two or fewer placement settings increased from 30.8% to 60%. This is above the national standard (41.8%).

ANALYSIS

While not meeting two of the measures in the placement stability cohort, Santa Cruz County is above the national standard for stability at least 24 months in care. Many factors contribute to changes in placement including; emergency placement of children into the Juvenile hall; initial placements result in a period of assessment of the youth’s needs which may necessitate movement in early stages; youth behavioral acting out; running away; probation violations; drug and alcohol use; and other issues.

In focus groups, youth related that much of the responsibility for placement instability rests with them. Most of the youth reported that the above listed behaviors, particularly their running away, probation violations, and the use of drugs and alcohol, contribute heavily to placement disruptions and instability. Youth reported in focus groups that the longer they remained in placements, the more disruptive behaviors they take on from other youth.

Another barrier, as noted by focus group participants may include the parents being unsure as to what their role is when their child goes into placement. Stakeholders noted parents feeling hopeless and that they have no idea of how they can help their child through the process or what the court process is.

One area of improvement noted by agency staff was in the area of placement decision-making. It was thought that this might help increase placement stability by getting the correct placement for a child in a timely manner. Improvements noted include;

- Easier to get kids into placement who need it – seems more based on need now than on finances.
- Placement screening meeting between Mental Health/Probation more able to make decisions in favor of placement without administrative overrides; and
- Placement process streamlined once decision made – less than two weeks.
- Regular communication through bimonthly meetings between Probation attorneys, Mental Health

2B Percent of Child Abuse/Neglect Referrals with a timely Response (Immediate Response)

Not applicable.

2B Percent of Child Abuse/Neglect Referrals with a timely Response (10-Day Response)

Not applicable.

2F Timely monthly caseworker visits (out of home)

This measure answers the question: What is the percentage of children in placement for an entire month and who are visited by caseworkers at least once per month?

⇒ **County's Current Performance:**

From April 1, 2013 to March 31, 2014, of those children who were in placement, 82.4% were visited by caseworkers at least once per month.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/13	3/31/14	103	125	82.4		n/a

There is no baseline comparison of children in placement for an entire month and who were visited by caseworkers at least once per month. The current performance is below the national standard (90%).

ANALYSIS

Probation Officers visit each youth in placement every month, if youth are not seen it is because they are AWOL or otherwise unavailable for the probation officer.

4A Siblings Placed Together in Foster Care

Not applicable

4B Least Restrictive Placement (Entries First Placement: Group Home/Shelter)

This measure answers the question: How many entries, during the time period, to out of home care during the time period were placed in group home/shelter care?

⇒ **County's Current Performance:**

From April 1, 2013 to March 31, 2014, 100% of children in out of home care during the time period were placed in group home/shelter.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/13	3/31/14	20	20	100	=	0%

From the baseline of April 1, 2010 to March 31, 2011, the number of children whose first placement was in a group home/shelter remained the same at 100%.

4B Least Restrictive Placement (Point in Time)

This measure answers the question: How many children who have an open child supervised placement episode in the CWS/CMS system are placed in group home/shelter care?

⇒ **County's Current Performance:**

As of April 1, 2014, 58.6% of children who have an open child supervised placement episode in the CWS/CMS system are placed in group home/shelter care.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
4/1/14	4/1/14	17	29	58.6	↑	75.9%

From the baseline of April 1, 2011, the number of children who have an open child supervised placement episode in the CWS/CMS system and placed in a group home/shelter increased from 33.3% to 58.6%.

ANALYSIS

In the Probation setting, often times youth escalate to higher levels of placement due to probation violations that include running, acting out, drug and alcohol relapse, etc. It is difficult for lower levels of placement to have the knowledge and skills to deal with and treat these behaviors. Often times state licensing regulations, prohibit facilities from maintaining youth that exhibit these behaviors, in their facility.

Youth in focus groups also believe that group home placements themselves are a cause of instability as they suggested in focus groups, “don’t put us in group homes. They think it’s gonna help, but all we do is meet more tough kids, start to act like them to survive. We get worse and it keeps us away from our families.”

Another hopeful suggestion from stakeholders was for the agency to assist the youth in directing them to more social supports in the community that they believe will “keep them out of trouble.”

Most focus group members, youth, probation staff and service providers felt that there has been an increase in the number of bi-lingual and bi-cultural staff. Parents and youth described how this is helpful to their communication with the agency, and understanding the court process.

Stakeholders also have a high regard for WRAP services. Youth, parents and agency staff, all commented frequently about how helpful the program has been. It makes them feel supported and helps them understand what is happening. Additional improvements that it is hoped will

assist in maintaining the least restrictive setting are; Regular communication through bimonthly meetings between Probation, attorneys and Mental Health.

4E(1) - Placement Status for Children with ICWA Eligibility

This measure examines the placement status of Indian Child Welfare Act eligible children. Placement status takes placement type, child relationship to substitute care provider, and substitute care provider ethnicity into account.

Placement Status	1-Jul-11		1-Jul-12		1-Jul-13		1-Jul-14	
	n	%	N	%	n	%	n	%
Relatives	-	-	-	-	-	-	-	-
Non Relatives, Indian SCPs	-	-	-	-	-	-	-	-
Non Relatives, Non-Indian SCPs	-	-	-	-	-	-	-	-
Non Relatives, SCP Ethnic Missing	-	-	-	-	-	-	-	-
Group Homes	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-
Missing	-	-	-	-	-	-	-	-
Total	0	0%	0	0%	0	0%	0	0%

4E(2) - Placement Status for children with primary or mixed (multi) ethnicity of American Indian

This measure examines the placement status of children with primary or mixed (multi) ethnicity of American Indian. Placement status takes placement type, child relationship to substitute care provider, and substitute care provider ethnicity into account.

Placement Status	1-Jul-11		1-Jul-12		1-Jul-13		1-Jul-14	
	n	%	N	%	n	%	n	%
Relatives	-	-	-	-	-	-	-	-
Non Relatives, Indian SCPs	-	-	-	-	-	-	-	-
Non Relatives, Non-Indian SCPs	-	-	-	-	-	-	-	-
Non Relatives, SCP Ethnic Missing	-	-	-	-	-	-	-	-
Group Homes	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-
Missing	-	-	-	-	-	-	-	-
Total	0	0%	0	0%	0	0%	0	0%

8A Completed High School Equivalency

This measure answers the question: Of those youth exiting out of foster care, how many completed high school or equivalency?

⇒ **County's Current Performance:**

From January 1, 2014 to March 31, 2014, of those youth exiting out of foster care, 33.3% completed high school or equivalency.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
1/1/14	3/31/14	1	3	33.3	↑	19%

From the baseline of January 1, 2011 to March 31, 2011, the number of the youth exiting out of foster care and completed high school or equivalency, increased from 14.3% to 33.3%.

ANALYSIS

Stakeholders, particularly the Educational Liaisons described the services they are now able to provide to Probation youth. They describe having had staff based at the Juvenile Hall, to assist agency staff and youth with school changes as well as issues such as enrollment, IEP's and credit documentation. These services are decreasing educational barriers and increasing the opportunities for youth to document academic achievement, leading to graduation or the completion of high school equivalency programs.

Many of the youth in the hall come from families where Spanish is the primary language, the Educational Liaison staff co-located at the Juvenile Hall has been multi-lingual. Both staff and youth have mentioned that this is helpful as the parents can be included in the educational planning for the youth. The agencies are planning on continuing to provide bi-lingual services in the future as well.

These providers describe an excellent cooperative relationship with Probation staff who they recognize as working hard to keep them informed of changes to youth's placements, so that they can help youth transition to school placements without delays.

8A Obtained Employment

This measure answers the question: of those youth exiting out of foster care, how many children obtained employment?

⇒ **County's Current Performance:**

From January 1, 2014 to March 31, 2014, of those youth exiting out of foster care, 66.7% obtained employment.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
1/1/14	3/31/14	2	3	66.7%	↑	38.1%

From the baseline of January 1, 2011 to March 31, 2011, the number youth exiting out of foster care and obtained employment, increased from 28.6% to 66.7%.

ANALYSIS

Employment is an area that many stakeholders groups recognized as a critical need for youth, both in care and upon transition out of the foster care system. In focus groups, Probation youth expressed the desire for additional employment assistance, particularly as a preventative measure to maintain positive behaviors and keep them busy.

Agency staff and caretakers also recognize the need for increased assistance for youth around the area of employment. They suggested internships, vocational training programs and work/study programs as potential ways to engage youth in the process and provide them with employment experience.

8A Housing Arrangements

This measure answers the question: Of those youth exiting out of foster care, what is the percentage who exited with housing arrangements?

⇒ **County's Current Performance:**

From January 1, 2014 to March 31, 2014, of those youth exiting out of foster care, 100% exited with housing arrangements.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
1/1/14	3/31/14	3	3	100	=	0%

From the baseline of January 1, 2011 to March 31, 2011, youth exiting out of foster care exited with housing arrangements, remained the same at 100%.

ANALYSIS

In focus groups, Agency staff recognized the importance of housing arrangements, and expressed their concern regarding the lack of alternative settings for youth trying to refrain from gang activities.

8A Received ILP Services

This measure answers the question: Of those youth exiting out of foster care, how many youth received ILP services?

⇒ **County's Current Performance:**

From January 1, 2014 to March 31, 2014, of those youth exiting out of foster care, 100% of youth received ILP services.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
1/1/14	3/31/14	3	3	100%	↑	28.6%

From the baseline of January 1, 2011 to March 31, 2011, the percentage youth exiting out of foster care and received ILP services increased from 71.4% to 100%.

ANALYSIS

Probation youth that participated in focus groups were familiar with ILP services, but described how placement disruptions adversely affected their ability to participate. They talked about how ILP might help them in obtaining a job, and made recommendations about how the program might provide job assistance.

Probation staff was creative in thinking about how it might incorporate internships or practical hands on experience.

8A Permanency Connection with an Adult

This measure answers the question: Of those youth exiting out of foster care, how many reported having a permanent connection with an adult?

⇒ **County's Current Performance:**

From January 1, 2014 to March 31, 2014, of those youth exiting out of foster care, 100% reported having a permanent connection with an adult.

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
1/1/14	3/31/14	3	3	100%	↑	14.3%

From the baseline of January 1, 2011 to March 31, 2011, the percentage of youth exiting out of foster care and reported to have a permanent connection with an adult, increased from 85.7% to 100%.

ANALYSIS

In focus groups, youth discussed their view of the critical importance of maintaining family relationships throughout their time in care. Youth identified CASA's, grandparents and older siblings as providing a critical connection for them.

Focus Group Summary

CWS

STRENGTHS/IMPROVEMENTS

In all of the focus groups, participants were asked about strengths and positive changes that they have noted that have improved outcomes for children and families involved with CWS in Santa Cruz County. Some of the strengths and improvements cited were: an increase in agency bilingual staff; more agency focus on the child; the system of care model, which has helped develop stronger collaborations between agencies; expanded use of relatives for placement; improved outcomes in dependency drug court; improved access to mental health services for youth and families; new service programs available (e.g., Leaps Bounds, Foster Ed); increased team case planning meetings; changes in workload distribution; increased focus on permanency and concurrent planning; more community service providers attending case planning meetings; relatives being able to have a role with the child whether or not they are the primary caretaker; educational assistance through the FosterEd program; and increased attention to engaging fathers. Additional improvements and positive changes are discussed below.

BILINGUAL/ BICULTURAL ISSUES

Focus groups were asked about services to Spanish-speaking children and families—in particular, what services were helpful and what gaps in services stakeholders perceived. Several programs were mentioned as being particularly helpful in this area, including Children’s Mental Health. It was noted that Cabrillo College offers foster parents training in Spanish. Participants noted that parenting classes and counseling are offered in Spanish at Parents Center, as are services at many other programs. The Papàs, program was specifically discussed as having both bicultural and bilingual staff. Fathers expressed that the Papàs program focuses on the cultural needs of the families. Almost all focus groups mentioned that FCS has increased the number of bilingual social workers, and specifically that there is usually a bilingual social worker on the intake phones. FosterEd liaison services are bilingual and some early education programs such as Side-by-Side have bilingual staff that works with younger children and families, does outreach, and provides services.

Gaps in services to the Spanish-speaking population were also discussed. There is a lack of bilingual psychologists and psychiatrists. In Santa Cruz County, a large number of Spanish speaking families often live in rural areas and work long hours. Inherent difficulties for them include transportation, childcare, difficulty paying for services and the timing of when classes are offered. Many of these issues create serious barriers for them to complete programs.

Stakeholders noted that, while many FCS social workers speak Spanish, this is not the case for most social work supervisors, making it difficult when the social worker is not available or the supervisor needs to talk to the family for some other reason. Another issue that was noted is the low literacy level of many of the families involved in the child welfare system, which results

in less self- confidence in working with the system. This can create a fear of interacting with professionals and fear of attending and participating in meetings.

Educational staff reported a lack of services in the South County where they felt it can be a real challenge to advocate for things like special education services. It was also noted by participants that in the Latino community, many relatives are informally raising relative children and it was felt these families need more support, in spite of not being involved in the child welfare system.

Service providers talked about their experiences working with Native American families, but felt that there is little by way of culturally relevant services and supports for those families. Stakeholders also mentioned the emergence of the Oaxacan community that also lacks the language skills to avail themselves of local services, and possesses a fear of agencies, it was noted that the Watsonville Community Collaborative is taking on the task of serving this population and is educating service providers about the needs of the Oaxacan community.

DOMESTIC VIOLENCE

Although demographic information shows a decline in domestic violence (DV) during the period studied, stakeholders talked about the prevalence of DV in their communities and the importance of DV services to their families.

In both focus groups and survey responses, there are strong indications that DV continues to be a major concern. Stakeholders stated that there is fear of reporting domestic violence because taking action destabilizes the family, so families aren't reporting it. Some stakeholders felt that there are no consistent community wide programs that target DV. Some service providers reported an increase in DV, including situations in which the abuser is a woman. While restraining orders have increased, some of the fathers stated that the consequence of this is limiting the father's ability to co-parent and maintain relationships with the children.

POSITIVE COMMUNITY SERVICES

Participants were asked which community services offered to families work particularly well or help most directly with reunification. Every focus group, particularly, youth, parents, and service providers commended the CASA program, the Parents Center and the PAPÁS program. Other specific services singled out for positive mention included:

- Parent-Child Interaction Therapy (provided by the Parents Center);
- County Drug and Alcohol Counselors;
- Child Care by various providers;
- Cabrillo College resource parent training, support groups and mentor program mentoring program;
- Children of trauma program;
- Family Preservation Court;
- Leaps & Bounds program (provided by Parents Center in collaboration with FCS)
- Tyler House;

- Janus of Santa Cruz substance abuse services;
- FosterEd Program;
- FIT housing program;
- Triple P parent education provided by Parents Center and Children’s Mental Health;
- County Mental Health, particularly for trauma informed services; and
- Families Together, the differential response program operated by Encompass Community Services

Other Services that were also cited for their importance and helpfulness were:

- Monarch domestic violence services;
- Salud Para la Gente medical clinic;
- Dientes Community Dental Clinic services;
- Camp Opportunity and other recreational opportunities for children
- Independent Living Program, THP+, and other transition-age youth services provided by Encompass.

GAPS IN SERVICES

In focus groups, participants advocated strongly for a greater array of substance abuse treatment services to assist families in the recovery process, reduce child maltreatment, increase timely reunification, and reduce re-entry. Stakeholders shared their experiences of witnessing parents attend treatment, but then return to the family system with little to no aftercare services to maintain sobriety. A universal recommendation was for more substance abuse treatment, including inpatient for adults and youth, outpatient treatment, and enhanced aftercare services and support for both parents and youth. Aftercare support would help ensure that parents remain on track in their sobriety, and that relapse issues can be addressed more quickly.

Caregiving grandparents stated that they had concerns about their children’s parenting of their grandchildren, and expressed the view that social workers do not necessarily listen to them when they express concerns about their children’s sobriety. Often they felt that they knew when their children were using but when they talked to the social worker about it, the social worker response was, “well, they are testing negative.” They expressed frustration in these situations.

Many stakeholders expressed approval of recent changes at the Tyler House drug treatment program for youth. Apparently Tyler House has increased its efforts to helping patients address issues that might have earned them a discharge in the past. In addition, it was noted that Tyler House appears to be working effectively even when there are patients with differing gang backgrounds. Focus group participants recommended that the County addressing lists for parents and youth for inpatient beds.

Focus group and survey respondents also felt that there were gaps in prevention and early intervention services for families. Parents stated that families do not generally know about these types of services until they have problems, sometimes until they are referred to CWS. Increased educational outreach to families could encourage families to seek earlier support.

In the area of mental health services for children, different stakeholder groups appeared to hold different perceptions. Mental health providers indicated that virtually 100% of CWS children receive mental health services, while caregivers and clients repeatedly mentioned that mental health services came too late in the process. One caregiver said: “They didn’t get my child into therapy right away, it took a long time. She didn’t want to go so I went with her at first. Then they let her quit when she said she didn’t want to go anymore. This is a child with lots of trauma and issues and they just said Ok if you don’t want to go!?” A caregiver stated in a survey response: “My grandchild was terminated from therapy too early--need at least a group they can attend after.” Service providers noted that it is particularly difficult to get children established in therapy when they are placed out of county.

RELATIONSHIPS WITH SOCIAL WORKERS

Caregivers and others reported feeling that services to support provided by family resource centers, community assistance with social activities for youth, shared decision making opportunities such as TDM, participation in case planning and providing input to the court, and increased communication with agency staff. At the same time, caregivers suggested that while these improvements were helpful, additional increases in communication with agency staff are necessary to continue to improve outcomes. Caregivers specifically requested: more in-depth explanation of things that are required or desired from them (checklists) and why those things are important; keeping them updated after court hearings; and earlier information on children placed with them.

Focus group participants expressed a strong opinion that the relationship between the social worker and the parent, child and/or family has a significant impact on reunification. Caregivers, parents, and youth wanted to discuss their experiences, both positive and negative, that they felt affected reunification. Positive experiences included social workers that went “above and beyond” in their assistance, availability, and perseverance in supporting them.

COMMENTS INCLUDED:

- “I was surprised at how well the social workers do and how much they understood families.”
- “Good, my grandchild was just diagnosed with ADHD. The social worker said, “we shouldn’t wait till school starts to get her evaluated,” and so the social worker made a referral to a psychiatrist and with Stanford.”
- “I had a social worker who was always on the lookout for opportunities for my grandchild and myself. Like clothing, coats, shoes.”
- “I got a call from the social worker asking for my input for the court hearing. I was happy she asked me.”
- “Some social workers will go the extra mile for youth, including those who seem really damaged – this has a ripple effect on effort others put in.”
- “Social worker was most amazing, helpful – so on it in such a caring way, answered my calls no matter when, would pick me up from school so we could talk.”
- “She (social worker) had my back.”

During the same discussions however, many participants related having frustrating experiences with their social workers. As these different experiences were shared, the consensus was that the quality of the relationship varied by the individual social worker. Stakeholders strongly believed that their success depends in part on what social worker they were assigned.

COMMENTS INCLUDED:

- “When I email or call my social worker, I get no response and have to call the supervisor.”
- “There was not one mention that the parents would come to my house and create disturbances. When I talked to the social worker, she had no help to offer, she just said I still had to have them come.”
- FFA caregivers talked about not having much communication with the county social worker and they reported not being invited to TDMs.
- Some of the fathers stated that they did not feel they were listened to or valued by social workers. They felt that everyone believed everything bad that was said about them and did not hear their perspective.
- “Our input is not valued; we have to be careful with speaking up because we might not get kids placed with us anymore.”
- “The social worker never calls back, or calls back 3 weeks or 3 months later.”
- “The social worker doesn’t seem to care that this is my life.”
- “Parents may despair when they don’t hear back from the social worker, don’t know what’s happening – this can be trigger for drug use.”
- “Social workers ask questions and listen, but some seem to have their minds made up already.”

Relative caretakers stated that they would like to feel that their input is solicited, heard, and valued. Some comments were; “I am never asked about my input, I guess because I’m just a part-time grandparent caretaker. I would love to be asked,” and “When I offer input, I feel like it’s just brushed aside.”

REUNIFICATION / RE-ENTRY ISSUES

When participants were asked what most affected reunification, visitation was the first response both in focus groups and in survey results. Every focus group discussion strongly advocated increased visitation as well as longer visitation periods. It was suggested that parents need more time to practice parenting skills they may be learning before the child is returned to make for a successful reunification and to reduce re-entry. Several service providers have witnessed failed reunifications. Some of their comments express these same values for example “Many parents we see at the Center are not ready”, “The standard is a 30 day extended visit before reunification, we need more extended visits not just one, to get parents ready,” and “Family Maintenance should include intensive services—families need hands on in the home—need help in problem solving in real life situations. Relapse is likely at this stage.”

A number of different stakeholders called for more after hours programming for key services. Parents pointed out that many programs close at 5 pm and are not available for later evening

hours. Some parents and caregivers reported that they often work long hours, 7 days a week, and that later evening hours would help them to attend mandated or referred programs.

PLACEMENT STABILITY

In the area of placement stability, placement with relatives, increased visitation and closer communication with siblings and family were all cited as important factors. Education providers identified the following concerns, which echoed other participants' input:

- Too many school changes create instability in a child's life. With fewer attachments at school, children have less reason to attend and do their best;
- After a case closes, there is a lack of aftercare educational follow up and assistance for the child and parent;
- There is a perceived lack of assistance to caregivers for educational support;
- Providers perceive that there is a huge difference between the support provided to foster parents and the lack of support provided to kinship providers;
- There is an overall need for more training and support for caregivers. Providers stated that they knew of many caregivers that are "hanging on to the children by a thread." Many are on the verge of 7 day notices, due to lack of knowledge and skill of the caregivers to deal with the trauma induced behaviors of the children;
- All caregivers need training in how to provide therapeutic, trauma informed care;
- Stakeholders advocate keeping children in county and using in-county group homes when possible; and
- Consistent completion of placement change forms by social workers would greatly increase timely and appropriate school enrollment and increase stability in placement.
- High caseloads make it difficult for social workers to provide the level of support that is needed by resource parents.

ADDITIONAL RECOMMENDATIONS

The largest attendance of all the focus groups was Early Childhood Education Providers and Childcare representatives. Fully 17 people attended and the discussion primarily revolved around their desire to be included in case planning for young children. They appealed to CWS administration for greater inclusion any time a young child is identified in the CWS system. They presented several ways that they could assist the children, families and agency in services to this population, through;

1. Assistance with attachment issues. Attachment is such a critical issue for young children and broken attachments can result in developmental problems. The providers said that they have been the main caretakers for many of the children, and the children have strong attachments to their providers. They believe that these relationships should be honored, and not abruptly broken off without communication and possibly visitation.
2. Continuity of Care. At times of placement disruption ,the providers strongly felt that they should be consulted because they know the child and family better than

- anyone. Their in-depth knowledge of the child’s developmental progress and needs, as well as the information they have about families, is rarely utilized since child care providers are not often consulted by agency social workers.
3. Case Planning. Child care providers appeared to feel that they could help in many ways with a child’s care, transition out of the home and back into the home, and other needs, if they were more frequently included in TDMs and other types of family team meetings.
 4. Knowledge about families. Child care providers stated: “Social workers don’t understand how much we know about the child and family. We have partly raised the children. Even if the child can’t remain in our program, we can help the child and the family with the transitions.”

Probation

STRENGTHS/IMPROVEMENTS

Parents and youth were asked how Probation staff has helped them. They were generally positive in their responses. Parents reported feeling that Probation Officers have a common interest with them in helping their child and they seem to really care about them. The majority of parents felt that Probation Officers were responsive to phone calls, were supportive, and provided suggestions to assist them. They felt that the PO’s helped motivate youth and offered them options. Parents understood the need to sometimes place their children out of county. While it made contact and visitation more difficult, they felt that sometimes the child needed to be away from a negative environment. One parent said “My child is far away but is doing really well, recovering, has renewed interest in sport.” Another said their child had to be far away for several years but is now graduating, is connected with a sports program and church. The groups were very helpful; he now gives good counsel to his sister.”

Probation staff presented positive comments about the judge and administrations view of holding parents more accountable and in how they will support youth once they return home, i.e., parenting classes.

Other positive comments included:

- “Probation department allowed us to advocate for our child and what we wanted”;
- Helped us a lot: youth recovered from addiction, isn’t going out so much; placement out of state really worked; our child is thankful;
- Home passes motivating for youth in placement
- “Son had a drug and alcohol problem, parents advocated for him to go to a group home to prevent him from going in another direction, probation agreed”;
- “Judge and Probation let youth chose which placement they wanted to go, that was really helpful to get his buy in.”
- Successful program of transitioning older youth with diploma or GED to Cabrillo, with support from PVPSA;
- Increased funding support for parents to visit when kids placed outside of area;

- Evidence-based Practices Reentry grant was available for a time for youth not eligible for Wraparound: Conflict Resolution Center, PVPSA provided services

BILINGUAL / BICULTURAL ISSUES

Most focus group members, youth, probation staff, and service providers felt that there has been an increase in the number of bi-lingual and bi-cultural staff. Parents and youth described how this is helpful to their communication with the agency, and understanding the court process.

Probation staff mentioned that they have an intake person who is bi-lingual that is particularly helpful. They reported that while totally monolingual Spanish-speaking youth are rare, sometimes youth can hide that English comprehension is low. They mentioned that there are differences in acculturation, fluency and immigration status between youth and parents that can affect power dynamics in the home. While youth are learning about themselves and how to handle their problems parents may not be working on relevant family issues, it was seen as crucial for the family to be able to participate in programs.

Service providers discussed that many programs have Spanish-speaking staff, such as WRAP, Family Partners, Parenting classes and Mental Health, however it was noted that there are no Spanish-speaking psychologists or psychiatrists.

Santa Cruz County has a Foster Youth services Program, with Educational Liaisons, that provides bi-lingual educational tracking and provides a communication bridge between probation officers and school personnel re: youth school enrollment and placement. The Educational Liaisons noted that Probation Officers work extremely well with them particularly in notification of change of placements. They described how the change of placement notifications are crucial to their role in getting youth enrolled in new schools without delay.

Additional issues in bi-lingual services are:

- “Some parents not sure what their role is when youth goes into placement. Hopelessness, lack of awareness of how they can help, what court process is, unsure what is OK for them to do”;
- “Youth may struggle to stay out of gangs when parents work long hours in fields”;
- Employers or county or collaboration effort needed to offer after school structure for youth before get to Probation involvement, including study habits, exercise;
- “Clerical staff, intern may translate for PO but clarity sometimes lost”;
- “One PO who is not bilingual feels they can’t provide the same quality of services to Spanish-speaking families”;
- Programs may not be available in Spanish, or if they are, the staff are not culturally-competent so parents may not understand;
- “Don’t have staff who speak other languages, i.e. officers who speak Filipino languages – may have to rely on family members as translators”;
- “No staff who speak Mizteco”.

REUNIFICATION / RE-ENTRY

In focus groups, participants advocated for a greater array of drug treatment services to assist families in treatment and recovery as a way to increase timely reunification and reduce re-entry. Stakeholders shared their experiences of witnessing parents attend treatment, but then return to the family system with little to no aftercare services to maintain sobriety. A universal recommendation was for more substance abuse treatment both in-patient for adults and youth, outpatient treatment, and enhanced aftercare services and support for both parents and youth. Participants in all focus groups talked about aftercare support for youth and families. It would help insure parents remain on track in their sobriety, and relapse issues can be addressed more quickly. It was believed that this would help immensely in successful reunification and reducing re-entry. Other comments included:

- Programs consider addiction as component, but rarely main focus;
- Most youth with repeated involvement with Probation smoke dope;
- Parental drug use can be serious factor in success; sometimes addressed more effectively than other times;
- Maybe consider ordering drug intervention, (could be called psycho-education about youth's addiction) as part of parent's tasks, as we do when therapy for both youth and family ordered;
- New funding under Affordable Care Act for substance abuse services doesn't include treatment for youth;
- Mental Health will be starting co-occurring disorders group (mental health and substance use/abuse)

Many specifically recognized Tyler House as having recent changes in its programming by helping patients address issues that might have earned them a discharge before. In addition, it was noted that Tyler House appears to be working effectively even when there are patients with differing gang backgrounds. Recommendations from focus groups include addressing wait lists for parents and youth for inpatient beds. Service providers noted better outcomes for families in drug court in the past 2 years.

Parents, youth, and staff all talked at length about the value of WRAP services and PVPSA in assisting families to resolve issues and have successful transitions. They commented that WRAP providers make them feel supported and helps them understand what is happening. They talked about getting help with employment, MediCal cards, and financial assistance for visitation. One youth commented, "PVPSA was cool, the counselor helped a lot for me and my mother. They come out all the time and talk to us and help us. I don't remember all the stuff they helped with cause it was about 2 years ago".

Members from several focus groups were supportive of Mental Health Services for the children and families, and suggested that earlier treatment would help decrease re-entry by the families having more treatment prior to re-unification.

Another hopeful suggestion was for the agency to assist the youth in directing them to more social supports in the community that they believe will "keep them out of trouble." Youth,

parents and PO's all mentioned this need. PO's talked about the need for employment internships for youth.

PLACEMENT STABILITY

In the Probation setting, often times youth escalate to higher levels of placement due to probation violations that include running, acting out, drug and alcohol relapse, etc. It is difficult for lower levels of placement to have the knowledge and skills to deal with and treat these behaviors. Often times state licensing regulations, prohibit facilities from maintaining youth that exhibit these behaviors, in their facility.

Youth believe that group home placements themselves are a cause of instability as they suggested in focus groups, "don't put us in group homes. They think it's gonna help, but all we do is meet more tough kids, start to act like them to survive and we get worse and it keeps us away from our families". Youth related that much of the responsibility for placement instability rests with themselves. Most of the youth reported that running away, probation violations, and the use of drugs and alcohol contributed heavily to placement disruptions and instability.

In focus groups, Educational Liaisons noted the connection between school and placement stability and the prevention of re-entry. They applaud the Probation staff's excellent compliance with change of placement notifications that they feel are critical in helping youth get enrolled in school programs in a timely manner, thereby assisting youth in work toward educational goals.

Stakeholders spoke of several factors that help stability of placement such as WRAP services. They mentioned that youth placed at Tyler House keep their Wraparound PO and therapist from the previous team through placement and then into aftercare. They reported that leadership seems more open to appropriate level of placement from the outset, even if it's a higher-level placement, and/or youth have to wait in the Hall a little longer until there's an opening.

HELPFUL SERVICES

Probation youth that participated in focus groups were familiar with ILP services, but described how placement disruptions adversely affected their ability to participate. They talked about how ILP might help them in obtaining a job, and made recommendations about how the program might provide job assistance. Services mentioned included:

- Parenting classes
- NA/AA
- Yes School – drug-free/sober program
- Seven Challenges curriculum – best for youth who are not severely addicted
- Tyler House
- The Camp if family has financial resources (only 30 days)
- Wraparound: contract with county Mental Health
- Probation funds once a month visits for parents, including gas, food, lodging

- Wraparound being offered to youth over 18
- 10-week anger management groups 2-3 times/year
- Youth Services staff volunteers to run some groups

GAPS IN SERVICES

Should have individual/family counseling at the beginning instead of waiting until the end.

No support for siblings of probation youth.

Would like a parent support group – where they can meet and share with one another.

Juvenile Hall doesn't have Al-Anon, alcohol and other drug programs need those.

Lack of support in schools which could provide the earliest prevention possible. Schools appear to condemn the parents.

Don't offer supports, for mental health needs.

Refreshers that remind people to be sympathetic, empathetic, cultural issues. Believe that the kids can get better.

Believe what the parents say about their kids – they know when they are using.

- Seems like there isn't a protocol for who is in charge at County Office of Ed of planning meetings re: youth having challenges with school,
- Need greater support for youth who want to work
- Family counseling for youth not involved with Wraparound; can mean level of risk/need escalates
- Long waitlists for therapy in South County
- Judge may order gang intervention but not available
- Drug treatment for youth
- Need higher-quality services, including Wraparound: providers with relevant education and license/certification; providers who spend more time with youth; providers who can do comprehensive services, including drug intervention
- Youth don't always connect well with NA/AA – not age-appropriate
- More effective curriculum for youth who are "hard core" drug users
- Since Wraparound contract is with county agency, no incentive for improvement
- Positive pro-social activities (i.e., sports) for youth who are doing independent studies, at alternative schools
- In-state placements
- Support for youth who don't qualify for Wraparound when return home, since Evidence-Based Practices grant ran out
- Wraparound sometimes won't work with families because parents seen as difficult
- More anger management groups for youth; could be helpful to have Mental Health facilitate – have had trained staff in past
- Conflict resolution/mediation

INVOLVEMENT IN CASE PLANNING

Parents and youth had a mix of views as to whether they felt included in case planning. There were parents who were able to advocate for their child and felt good about the outcomes and there were parents who felt that they were not asked and even when they were, they were not heard. Youth also had differing views as to their input. Families that had an intervention team or program like WRAP seemed to have more positive experiences and feel that they were more involved in the solutions for their families.

Probation staff cited areas where input was requested, such as youth being coached to develop their own goals, families being present at placement screening committee when their potential placement under discussion, interviewing both youth and parents and court reports detailing more input from youth and parents. Some PO's saw the interview template as helpful in getting input from families.

Some providers felt that the probation officers used the information from the Multi-Disciplinary Team Meeting panel against the parents. They mentioned that some staff on the panel had their own opinion and their mind was made up before the meeting. This was thought to inhibit parents from speaking up.

ADDITIONAL RECOMMENDATIONS

Stakeholders provided many recommendations; some have already been delineated in this summary. Listed below are comments that help add more form to some of those recommendations, and highlight others:

- Youth need more support to identify steps and take them towards their life goals;
- Reports need to be more consistent when 1-2 court report writers. Now that each defendant's report written by different PO, information on same charges can be inconsistent from one report to the other. Outcomes can be different for each youth because of different cases;
- Helpful for FCS SW, when there is one, to attend Probation hearing to give updates and coordinate services so no duplication which can overwhelm for youth/family;
- Helpful for SW to talk with PO before court when difference of approach or opinion can be discussed, dual jurisdiction protocol needs to be completed, signed, and implemented;
- Need community-based vocational training;
- Internships when youth return from placement;
- Training priorities: trauma-informed care, DV
- Need follow-up support, practice to help PO transfer of learning;
- Cross-training between units;
- Report-writing for increased clarity of information;
- Need someone working on prevention approach: improve kindergarten retention, which improves chances of reading at grade level, high school graduation, less incarceration;

- Youth learning about themselves and how to handle their problems; when parents not working on relevant family issues increases youth recidivism – crucial for family to be able to participate in programs;
- Difference in acculturation, fluency, immigration status between youth and parent affects power dynamic;
- Some parents not sure what their role is when youth goes into placement: hopelessness, lack of awareness of how they can help, what court process is, unsure what is OK for them to do;
- Youth may struggle to stay out of gangs when parents work long hours in fields;
- Training on how to work with youth, parents with mental health issues, Behaviors to look for, help distinguishing from drug-induced behaviors, how to initially assess whether self-medicating with drugs;
- One PO able to access through connection to Mental Health team, but others need to also;
- Family-finding training;
- Would be helpful to have service providers come in and present, answer questions, help PO's understand process to access;
- Involving youth, parents more in case planning;
- Push towards more family engagement in case planning coming from child welfare – good to have to put more of social work hat on, it takes more time up-front but saves time in long-term;
- Case planning tool that follows from JAIS assessments; and
- Pre-placement case plans when youth is reasonable candidate for Title IV-E funding; incorporate all elements from reasonable candidacy form; talking over much more with families

Summary of Findings

The County Self-Assessment is one of the three major components required by the California Child and Family Services Review (C-CFSR). The C-CFSR emerged as a result of California's Child Welfare System Improvement and Accountability Act (AB 636). In 2014, as required by AB 636, Santa Cruz County Family and Children's Services and Santa Cruz County Juvenile Probation analyzed, in collaboration with key community stakeholders, its performance on critical child welfare and probation outcomes, as well as key systemic factors. In addition since June 2008, the state has integrated into this process an analysis of the expenditure of federal and state funds for the Promoting Safe and Stable Families (PSSF), Child Abuse Prevention, Intervention and Treatment (CAPIT) and Community Based Child Abuse Prevention (CBCAP) funding streams. This county Self-Assessment will form the basis of the five-year System Improvement Plan for Santa Cruz County.

In 2014, Santa Cruz County has conducted a very thorough and robust County Self-Assessment process, including extensive stakeholder feedback. The county conducted 19 focus groups, three individual interviews, and surveys in both Spanish and English for parents and care providers.

Service Gaps

In 2014, FCS asked a variety of stakeholders, including parents, resource parents, youth, and service providers, for their opinions about the availability of services. One key finding was that parents are challenged in obtaining services to assist in housing, jobs and/or income. Thirty-four percent of the parents responding to the survey reported that one of their top two needs was income. However, only 24% of these parents reported receiving any help for this need, reflecting the fact that many CWS parents are not eligible for income assistance programs due to criminal history or immigration status, and that others choose not to enroll in these programs for whatever reasons. In addition, slightly more than 66% of parents responding to the survey reported that housing was one of their top two needs when they entered FCS. However, under half (43%) of these parents reported receiving any help for this need, which suggests that expanded housing assistance is needed. Due to the economic downturn of recent years, these needs have most likely increased for parents.

Responses also pointed to a need to expand substance abuse treatment funding to ensure access to all FCS parents in need of this service. Stakeholders cited needs for increased availability of intensive residential services for parents and their children, after care services, and Sober Living Environments (SLE) that accommodate parents with their children. HSD has already taken action to address these needs by nearly tripling the amount of funding dedicated to substance abuse treatment for parents. In terms of services for children and youth, the 2014 self-assessment pointed to a need for services addressing social/emotional issues of very young children, educational support for school age children and substance abuse services specifically targeted to youth.

In addition, across the various surveys conducted, a few themes emerged regarding barriers to accessing services: childcare and other logistical issues such as transportation, documentation issues for immigrants, and services that can accommodate parents who have difficulties complying with program rules (e.g., due to drug use, mental health issues, or attendance issues).

PROGRESS MADE IN RECENT YEARS TO ADDRESS GAPS

Many of these issues continue to be of concern for Santa Cruz County families; however, some of these needs have been significantly mitigated in the last five years. Expanded services include:

Educational support for foster youth has been positively impacted by the implementation of the FosterEd program in collaboration with the National Center for Youth Law, the Santa Cruz County Office of Education, local school districts, and other stakeholders. In addition, tutoring resources have been increased through the County Office of Education, funded by McKinney-Vento, and the Independent Living Program, which offers tutoring for older youth. Educational advocacy has been enhanced through the intensive training and support of CASA volunteers to provide this type of advocacy to the children whom they serve.

Santa Cruz County's Dependency Drug Court (known locally as "Family Preservation Court") has increased the availability of funding for treatment and implemented evidence-based treatment (Matrix Model) with treatment providers.

The Stanford Neuro-Developmental Clinic provides comprehensive developmental assessments and service planning for children under age five.

The Leaps & Bounds program provides specialized developmental assessments and services to substance-involved families with young children.

FCS provides resource parent recruitment and support services through the Roots & Wings program.

County Performance on Outcome Measures

What is evident is that the county is doing very well in meeting the needs of the population of Santa Cruz as evidenced by the following outcomes.

CHILD WELFARE

For the comparison period, Santa Cruz County Human Services performance met or exceeded 18 national performance standards:

- S1.1 No recurrence of maltreatment within a specific 6 month period
- S2.1 No maltreatment in foster care
- C1.4 Reentry following reunification (exit cohort)
- C2.1 Adoption within 24 months
- C2.2 Median time to adoption
- C2.3 Adoption within 12 months (17 months in care)
- C2.4 Legally Free within 6 months (17 months in care)
- C2.5 Adoption within 12 months (legally free)

- C3.1 Exits to permanency (24 months in care)
- C3.2 Exits to permanency (Legally Free at Exit)
- C3.3 In care 3 years or longer and either emancipated or turned 18 prior to exit
- C4.1 Placement stability (8 days to 12 months in care)
- C4.2 Placement stability (12 to 24 months in care)
- C4.3 Placement stability (At least 24 months in care)
- 2B Immediate Response Referrals with a timely response
- 2B 10-Day referrals with a timely response
- 2F Monthly visits (out of home)
- 2F Monthly visits in residence (out of home)

The County performance was below the national standard on the remaining three outcomes:

- C1.1 Reunification with 12 months (exit cohort)
- C1.2 Median time to reunification (exit cohort)
- C1.3 Reunification within 12 months (entry cohort)

JUVENILE PROBATION

For the comparison period, Santa Cruz Probation Juvenile Division, met or exceeded two (2) national standards applicable to youth in placement through Probation:

- S2.1 No maltreatment in foster care
- 2F Monthly visits in residence (out of home)

For the same comparison period, the County was below the national standards for youth in juvenile probation placement on the following measures:

- C1.1 – C1.4 Reunification Outcomes
- C3.3 -C4.3 Placement Stability

It is important to note that the majority of the youth in these cohorts were high risk youth with numerous criminogenic risk factors as well as low protective factors which in and of itself presents a challenge to meet the re-entry measures. In addition, these youth are returning to the same high risk environments which include but are not limited to minimal parental supervision, high gang activity and safety issues in their communities. There were many attempts to address responsivity issues as they arose which resulted in many youth being placed in different placements better equipped to meet their needs. Encompassed in this were efforts to address non-compliant behaviors, community safety, accountability and family and community engagement.

As with every complex system, there are areas to improve which will be further explored and addressed in the SIP. In terms of timely reunification for CWS families, participants in the Peer Review and various other stakeholder groups suggested that Santa Cruz County's longer time to reunification may not be a bad thing, in spite of the national standard. The longer period of reunification services may be an appropriate level of intervention, given the severity of many families' issues, especially regarding substance abuse. While this makes sense to us, at the

same time the County is committed to continuing our efforts to facilitate timely reunifications that will become stable and permanent. We believe that it may take longer to reach this goal than the national standard of 5.4 months. Our experience in Santa Cruz County certainly suggests that this is so.

Strategies to Consider for Possible Inclusion in the SIP - CWS

Information gathered in the 2014 Self-Assessment suggests a variety of improvement strategies to consider for possible inclusion in the 2015 SIP. These include, but are not limited to, the following:

1. Implementation of the Core Practice Model – We have noted that the CPM currently being developed by the State has a great deal in common with the Foundational Assumptions document that the CSA/SIP committee developed in the 2007/08 CSA. As part of the CSA process a presentation was made to the SIP steering committee by California Social Work Education Center and the Bay Area Academy regarding the work being done across the state to develop and refine a statewide CPM. There was significant interest by the committee to align with the CPM, and work on implementation.
2. Continue to work on the availability and effectiveness of substance abuse treatment and clean and sober living environments.
3. Continue to work on the availability and effectiveness of mental health treatment.
4. Develop a parent partner program, with special emphasis on the engagement of fathers.
5. Expand and fully implement Safety Organized Practice.
6. Develop and implement an effective aftercare service model for families whose child welfare case has closed.

Strategies to Consider for Possible Inclusion in the SIP - PROBATION

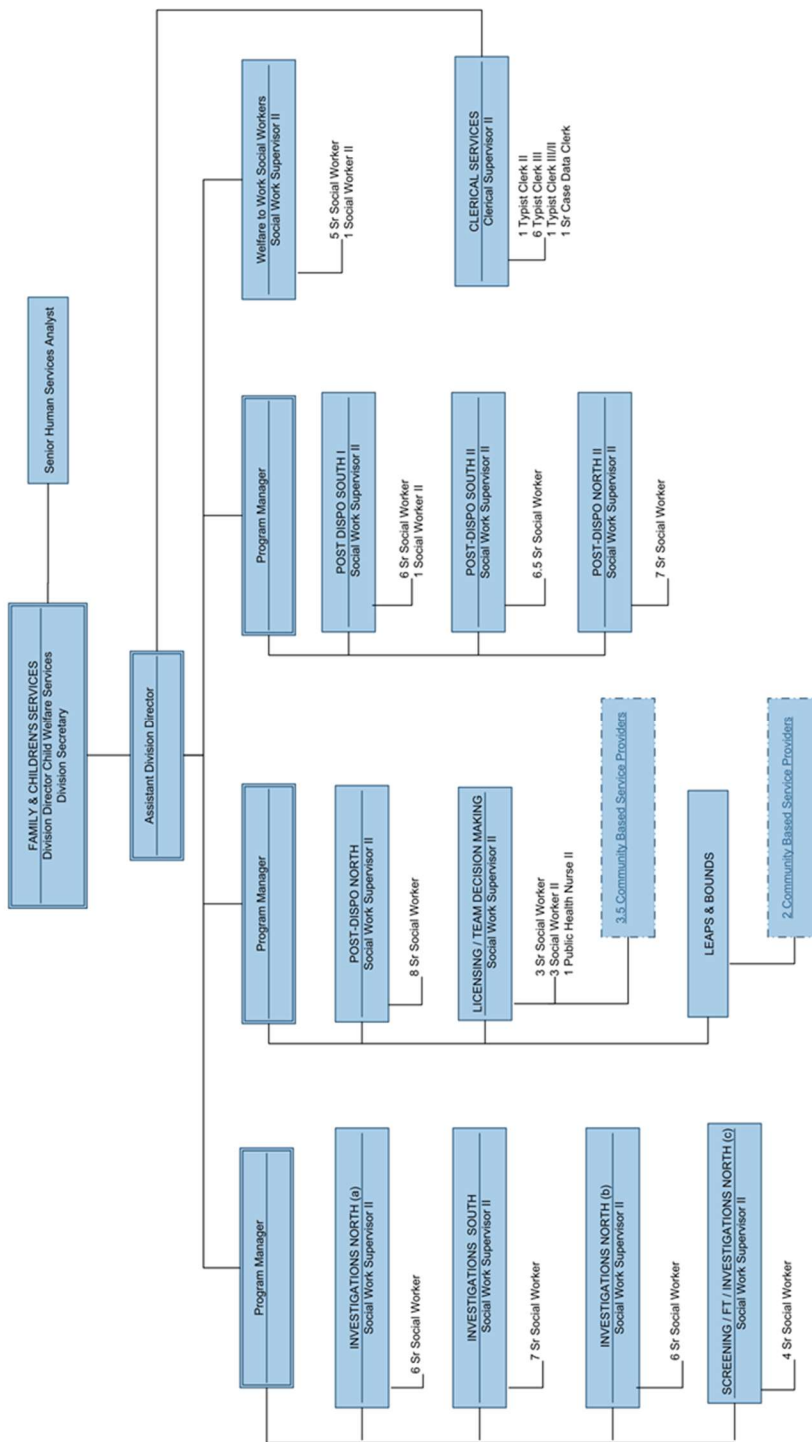
1. Improve transition of the youth from placement to home by developing a process where services are streamlined at a set time frame prior to their transition. This would involve engagement of the providers (placement and community), youth and family.
2. Improve supportive services for parents to prepare them for reunification with the youth.
3. Continue to work with community partners to develop services needed in the community to address the availability of crisis response services and intensive out-patient mental health services.
4. Develop a formal process to monitor Risk Need and Responsivity relative to holding placement providers accountable for successful outcomes.

Conclusion

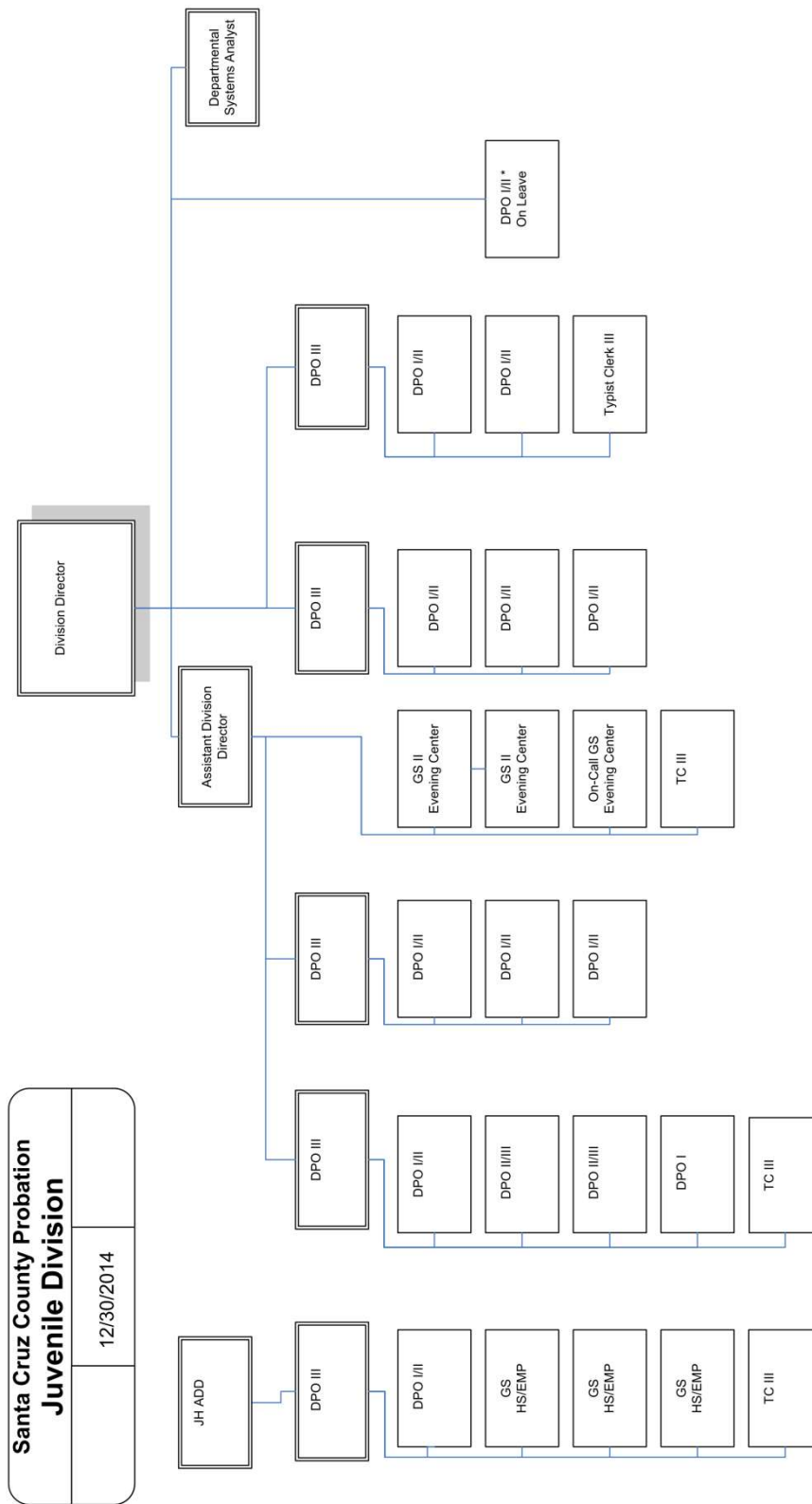
Over the next several months, FCS, Juvenile Probation and the SIP Steering Committee will review and consider the results of this Self-Assessment, and develop a five-year System Improvement Plan that is due to the State in early July. We look forward to doing this important collaborative work, and we especially look forward to continuing to improve safety, permanency, and well-being outcomes for children and families in Santa Cruz County.

Appendices

HUMAN SERVICES DEPARTMENT FAMILY & CHILDREN'S SERVICES FY 2014-15



Total FTEs - 91.5



Santa Cruz CSA Acronym Glossary

AA	Alcoholics Anonymous
AAP	Adoption Assistance Program
AB 12	Assembly Bill 12
ADP	Alcohol and Drug Program
AOD	Alcohol and Drug
ARRA	American Recovery and Reinvestment Act
ASI	Addiction Severity Inventory
ASQ	Ages and Stages Questionnaire
BASA	By Area Supervisors of Adoptions
CALPADS	California Longitudinal Pupil Achievement Data System
CalWORKS	California Work Opportunity and Responsibility to Kids
CAM	Child Affected by Methamphetamine
CAPC	Child Abuse Prevention Council
CAPIT	Child Abuse Prevention Intervention and Treatment
CASA	Court Appointed Special Advocates
CBCAP	Community Based Child Abuse Prevention
CBCL	Child Behavioral Checklist
CBEDS	California Basic Educational Data System
CBT	Cognitive Behavior Therapy
C-CFSR	California Child and Family Service Review
CCTF	County Children's Trust Fund
CDCR	California Department of Corrections and Rehabilitation
CDSS	California Department of Social Services
CET	Cognitive Enhancement Therapy
CHDP	Children's Health and Disability Prevention
CLETS	California Law Enforcement Telecommunication System
CMH	Children's Mental Health
CMS	Case Management System
COE	County Office of Education
CSA	County Self-Assessment
CWS	Child Welfare System
DCS	Dependency Court System
DHCS	Department of Health Care Services
DSS	Department of Social Services

DV	Domestic Violence
EBSD	Employment and Benefits Services Division
EPSDT	Early Periodic Screening Diagnosis and Treatment
ETS	Employment Training Specialist
FCS	Family and Child Services
FFA	Foster Family Agency
FIT	Families in Transition
FKCE	Foster and Kinship Care Education
FQHC	Federally Qualified Health Centers
FP	Family Preservation
FR	Family Reunification
FRC	Family Resource Centers
FT	Families Together
HAS	Health Services Agency
HCPCFC	Health Care Program for Children in Foster Care
HPHP	Homeless Persons Health Project
HPRP	Homeless Prevention and Rapid Rehousing Program
HSD	Human Services Department
ICPC	Interstate Compact for the Placement of Children
ICSSC	Interagency Children's Coordinating Council
ICWA	Indian Child Welfare Act
IDEA	Individuals with Disabilities Education Act
IDP	Individualized Development Plan
IEP	Individual Education Plan
ILP	Independent Living Program
IRCA	Immigration Reform and Control Act
JAIS	Juvenile Assessment and Intervention System
LCSW	Licensed Clinical Social Worker
MEPA	Multi Ethnic Placement Act
MH	Mental Health
MHSA	Mental Health Services Act
MOU	Memorandum of Understanding
NA	Narcotics Anonymous
NMD	Non minor dependent

NREFM	Non-Relative Extended Family member
OCAP	Office of Child Abuse Prevention
OFR	Options for Recovery
PAW	Post-Acute Withdrawals
PCIT	Parent-Child Interaction Therapy
PHN	Public Health Nurses
PO	Probation Officer?
PP	Permanency Planning
PQCR	Peer Quality Case Review
PRIDE	Parents Resource for Information, Development, and Education
PSSF	Promoting Safe and Stable Families
PVPSA	Pajaro Valley Prevention and Student Assistance
PVUSD	Pajaro Valley Unified School District
RAI	Risk Assessment Instrument
RPT	Relapse Prevention
SAMHSA	Substance Abuse and Mental Health Services Administration
SCORE	Santa Cruz Outpatient Recovery Experience
SDM	Structured Decision Making
SEIU	Service Employees International Union
SEO	Search Engine Optimization
SFI	Supporting Father Involvement
SILP	Supported Independent Living Placement
SIP	System Improvement Plan
SLE	Sober Living Environments
SPARK	Successfully Parenting At-Risk Kids
SPIN	Special Parents Information Network
SSI	Supplemental Security Income
STAP	Specialized Training for Adoptive Parents
STC	Standards and Training in Corrections
SW	Social Worker
TANF	Temporary Assistance for Needy Families
TDM	Team Decision Making
THP Plus	Transitional Housing Program Plus
THP+FC	Transitional Housing Plus - Foster Care
TILCP	Transitional Independent Living Case Plan

TILP	Transitional Independent Living Plan
TPR	Termination of parental Rights
TVP	Transitional Voucher Program
UCSC	University of California – Santa Cruz
WAWC	Walnut Avenue Women's Center
WRAP	Wellness Recovery Action Plan