

# California - Child and Family Services Review

## Santa Cruz County Child Welfare/Juvenile Probation System Improvement Plan

JULY 3, 2015 – JULY 3, 2020



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## Introduction

The County System Improvement Plan 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). 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.

In 2014, as required by AB 636, Santa Cruz County Family and Children's Services and Santa Cruz County Juvenile Probation assessed, in collaboration with key community stakeholders, its performance on critical child welfare and probation outcomes, as well as key systemic factors. This robust self-assessment included a peer review, 19 focus groups, three individual interviews, and surveys in both Spanish and English for parents and care providers.

After completion of the county Self-Assessment, Santa Cruz County's child welfare and juvenile probation agencies continued to work with key stakeholders to develop a five-year System Improvement Plan for Santa Cruz County. The County's System Improvement Plan Steering Committee spent two planning meetings reviewing the findings from the County Self-Assessment, as well as current outcomes data, and discussing what strategies to include in the System Improvement Plan. A draft of the System Improvement Plan strategies was submitted to the Steering Committee for review in early June, prior to submission to the California Department of Social Services (CDSS) and the Board of Supervisors. The Committee approved this draft with a few minor changes. This process has resulted in the new 2015-2020 System Improvement Plan, which Santa Cruz County is pleased to submit to CDSS.

At this time the county does not anticipate requiring technical assistance from the National Resource Center, Western Pacific Implementation Center, or Quality Improvement Centers.

# SIP Narrative

## **C-CFSR TEAM AND CORE REPRESENTATIVES**

### **C-CFSR Team**

Judy Yokel, Director of Family and Children’s Services

Valerie Thompson, Director of Juvenile Probation

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

Yolanda Perez-Logan, Assistant Director, Juvenile Probation

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

Angelica Glass, Program Manager, Family and Children’s Services

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 and Probation Department wish to thank the numerous individuals and organizations that participated in the development of the System Improvement Plan for our local Child Welfare System (CWS). First, we acknowledge the leadership of the Chair of the System Improvement Steering Committee, Supervisor Bruce McPherson. His commitment to the welfare of children in Santa Cruz County is demonstrated by his engagement and oversight of this process.

Human Services and Juvenile probation also extend a sincere thanks to the various 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:

Bruce McPherson, Board of Supervisors

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
Kristine Adams, Foster and Adoptive Parent Representative	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	Michael Watkins, Santa Cruz County Office of Education Participation of Core Representatives
Bill Manov, Health Services Agency, Alcohol and Drug Programs	Michael Groves, Foster Parent Association President
Dana McRae, County Counsel	

Core representatives who comprised the SIP Steering Committee participated in the full self-assessment and SIP 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.

## **PRIORITIZATION OF OUTCOME DATA MEASURES/SYSTEMIC FACTORS AND STRATEGY RATIONALE**

### **County Performance on Outcome Measures**

As indicated in our 2015 Self-Assessment, Santa Cruz County is performing very well in meeting the needs of children and families in the child welfare system, 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 Re-entry 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 which will be targeted in the SIP:

- C1.1 Reunification within 12 months (exit cohort)
- C1.2 Median time to reunification (exit cohort)
- C1.3 Reunification within 12 months (entry cohort)

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.

Additionally S1.1, No recurrence of maltreatment within a specific 6 month period, will be targeted. Although Santa Cruz County is currently exceeding the national standard for this outcome, our performance in the past was not as good. Therefore, it is an area that the county would like to continue to monitor closely and make efforts to ensure that our strong performance continues.

### **JUVENILE PROBATION**

For the comparison period, Santa Cruz Probation's 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 and will include these in the SIP:

- 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.

### **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 when a family's child welfare case closes and/or substance abuse treatment ends, parents often find it difficult to lose the support of their social worker, their substance abuse treatment provider, and the child welfare agency. Parents have asked for supportive aftercare services to assist them in maintaining their sobriety, and making the transition out of the child welfare system and into their regular communities with their natural support systems. (Page 167 and 181 of the County Self-Assessment)

#### *Suggested strategies:*

Aftercare - Partner with community based providers to develop aftercare support services for children & families exiting the CWS system.

Parent Partner Program- Develop a parent partner program to assist families in navigating the child welfare system and being aware of and accessing services where appropriate.

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 more than doubling 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. (Page 178-179 of the County Self - Assessment)

*Suggested strategy:* Work with Health Services Agency to ensure availability and effectiveness of substance abuse treatment.

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).

*Suggested strategies:*

Mental Health Services: Work with Health Services Agency and community partners to address gaps in services for parents with major mental health diagnoses.

Substance Use Disorders: Work with Health Services Agency to ensure availability and effectiveness of treatment.

Early Intervention/Prevention: Expand the Leaps and Bounds program to all CWS families.

### **Selection of Outcomes to be Included in the SIP**

As indicated above, Santa Cruz County will address all of the outcomes that do not meet the National Standard, with the addition of Recurrence of Maltreatment where we do exceed the National Standard, but would like to continue to develop strategies so that no child that is a victim of child abuse and neglect experiences a subsequent incident of maltreatment.

### **Selection of Strategies to be Included in the SIP**

The stakeholders and SIP Steering Committee have identified twelve overarching areas to improve outcomes for the children and families in Santa Cruz County, and 16 corresponding strategies.

The California Department of Social Services partnered with the Northern Training Academy Human Services Agency at U.C. Davis to conduct literature reviews regarding specific outcomes, to inform the work of child welfare and Juvenile Probation. These literature reviews have been helpful in developing some of the strategies that Santa Cruz has developed for the SIP.

### **CHILD WELFARE:**

1. Family Engagement – including the development of a parent partner program, strengthening services to incarcerated parents, improving engagement of fathers and expanding and fully implementing the Safety Organized Practice Model.
2. Caregiver Recruitment, retention and support – including updating the resource parent handbook and educating caregivers regarding mental health treatment and psychotropic medication for youth.
3. Mental Health Services – Work with Health Services Agency and community partners to improve access to psychiatry services for parents with mild to moderate diagnoses, and address gaps in services for parents with severe mental health diagnoses.
4. Treatment for Substance Use Disorders – Work with Health Services Agency to ensure availability and effectiveness of treatment.
5. Aftercare – Partner with community based providers to develop aftercare support services for children and families exiting the CWS system.
6. Education – Sustain the FosterEd program.
7. Early Intervention/Prevention – Expand Leaps & Bounds services to all CWS families.

8. Permanency – Partner with Encompass Community Services to provide permanency transition meetings for transition-age youth.
9. Best Practice – Continue to develop as a trauma-informed agency.

### **PROBATION:**

#### Family Engagement

1. Transitioning Youth home – Improve transition of the youth from placement to home by developing a process where services are streamlined.
2. Improve supportive services for parents to prepare them for reunification with the youth.

### **Technical Assistance Required:**

Santa Cruz County has a very collaborative relationship with the California Department of Social Services and meets with their consultant on a quarterly basis to review every outcome and develop any needed course correction strategies. Additionally the County conducts an annual review of the System Improvement plan and reports progress and updates to CDSS.

The County also collaborates extensively with the Bay Area Academy to provide all necessary training to social workers.

## **STRATEGIES**

### **Child Welfare**

#### **Strategy 1 – Develop and implement a parent partner program.**

#### **Justification/Rationale**

In the Family Engagement Literature Review from the Northern Training Academy the number one recommendation is “the use of peer family mentors to serve as co-advocates” (pg 23). In Santa Cruz County, there is currently only one parent partner who works with FCS parents; she is employed by one of our substance abuse treatment providers, and works specifically with parents participating in Family Preservation Court (dependency drug court). We are aware of other successful parent partner programs, both within our county (in Children’s Mental Health and Probation), and in other counties. With this strategy, our goal is to develop additional parent partner services that will be available to all FCS parents, not just those in Family Preservation Court.

#### **Action Steps**

The Department has successfully secured funding for a partner program in the FY 15-16 HSD budget. The Division Director and a Program Manager will research best practices and visit existing parent partner programs to decide on a program design for Santa Cruz County’s new program. Once the program has been designed, FCS will conduct a procurement process to select a service provider for the program. After Board of Supervisors approval, the program will be implemented. An evaluation component will be developed, based on periodic surveys of parents who have received the new parent partner services.

#### **Systemic Changes Identified**

A new Parent Partner program will be created as a partnership between child welfare and a contracted service provider.

### **Training Identified**

Training will be needed for the former CWS parents who will be hired to serve as parent partners.

### **Technical Assistance Needed**

It would be helpful to have technical assistance in identifying any best practice information regarding parent partner programs.

## **Strategy 2 – Strengthen services for incarcerated parents.**

### **Justification/Rationale**

Stakeholders identified a need for stronger engagement of, and services for, incarcerated parents. In addition, this came up as an issue in our Peer Review, when cases involving incarcerated parents were reviewed. Peer counties mentioned several promising practices used in their child welfare programs, and these piqued our interest. As a result, this strategy is included in order to strengthen Santa Cruz county's approach to serving families in which a parent is incarcerated.

### **Action Steps**

The FCS Division will reach out to jail personnel and local organizations serving incarcerated parents to form a workgroup to identify the needs of incarcerated parents involved in the CWS system and develop a plan to respond to these needs. The workgroup will solicit information from formerly incarcerated parents, jail staff, social workers, and supervisors regarding the needs of incarcerated parents and what services might best address these needs. A literature review of the subject will also be conducted, and additional information will be gathered from the peer counties that participated in Santa Cruz County's Peer Review. Based on this information gathering, the workgroup will identify new programs and activities to be implemented for incarcerated parents. We anticipate that these will include specialized service packets that social workers can customize for parents, a "read to me" program in which parents can be recorded on video while reading books to their children, and potentially, if funding can be obtained, the use of video conferencing technology to enhance visitation. To assess the effectiveness of these new services, feedback will be gathered from participating families. Based on this feedback, the workgroup will monitor and adjust services as needed.

### **Systemic Changes Identified**

New resources and activities for incarcerated parents will be added to the local CWS system.

### **Training Identified**

Staff will need to be trained to the new resources and activities.

### **Technical Assistance Needed**

It would be helpful to have technical assistance in identifying any best practice information regarding incarcerated parent programs.

### **Strategy 3 – Improve engagement of fathers.**

#### **Justification/Rationale**

A report by the Quality Improvement Center on Non-Resident Fathers and The Child Welfare System “showed that there has been little meaningful engagement between the child welfare system and fathers” (Literature Review on Non-Resident Fathers and the Child Welfare System). Based on all of its findings, the report recommends, among other things, that child welfare agencies: (1) search for non-resident fathers early in cases (2) train caseworkers on identifying, locating, and involving fathers, and (3) develop models for engaging them constructively (Malm, Murray & Geen, 2006). In Santa Cruz County, 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. In addition to these efforts, more work can be done to improve the engagement of fathers in their child welfare cases. This strategy is intended to pursue that goal.

#### **Action Steps**

The FCS division will convene a Father Engagement Workgroup to evaluate how to continue to incorporate best practices for father engagement into internal business processes. FCS staff will participate in a Father Engagement agency self-assessment, conducted by the PAPÀS father involvement program, every other year to identify progress and areas in need of improvement. PAPÀS will also provide yearly training to FCS staff to improve their father engagement skills and techniques. Finally, Papàs and FCS will provide training to Dependency Court Systems participants regarding legal and social work practice issues specific to fathers. Evaluation of these efforts will be conducted through the bi-annual agency self-assessment.

#### **Systemic Changes Identified**

Additional father engagement techniques and strategies will be incorporated into the local CWS system.

#### **Training Identified**

Staff will be trained to any father engagement strategies that are newly adopted.

#### **Technical Assistance Needed**

It would be helpful to have technical assistance in identifying any best practice information regarding father engagement strategies.

### **Strategy 4 - Expand and fully implement the Safety Organized Practice model.**

#### **Justification/Rationale**

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 practice *Signs of Safety* methodology, a strength and solution focused child welfare approach that includes Structured Decision Making. Two groups of social workers have completed an initial 3-day training module, followed by monthly 1/2-day training modules for 12 months. Training for a third cohort will begin in Fall 2015. 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.

### **Action Steps**

The Department will complete SOP training for all Child Welfare managers, supervisors and case carrying social workers. In addition, we will provide training on the SOP approach to the Court, attorneys and pertinent CBOs. The use of the SOP tools and principles will be supported throughout the system. The success of this approach will be assessed over time by soliciting feedback from social workers, parents and by monitoring the County's C-CFSR outcomes.

### **Systemic Changes Identified**

All CWS staff will be fully trained on Safety Organized Practice and will incorporate it into their practice. In addition, key Court and community partners will also be trained so that they are familiar with the Department's practice.

### **Training Identified**

The Department will complete staff training on the SOP model, as well as training for Court and community partners.

### **Technical Assistance Needed**

We are receiving the needed technical assistance from the Bay Area Academy.

### **Strategy 5 – Update resource parent handbook.**

#### **Justification/Rationale**

The recruitment, retention and support of caregivers are critical to providing stability and permanency for our children and youth. Stakeholders discussed (CSA page 121) that when children and youth need to move placements it can be disruptive to the reunification process and causes significant trauma. Caregivers are supported by having a comprehensive handbook available to them to help them understand and navigate the dependency system. We developed the current handbook as part of our 2007 SIP. It needs to be updated at this time.

**Action Steps**

The FCS Licensing Supervisor will take the lead on this project, under the supervision of the Licensing Program Manager. The supervisor will review the current Resource Parent Handbook to identify which aspects of the handbook need to be updated, added, or deleted. Through our two foster home liaisons, FCS will solicit input from resource families as to ideas for additional information to be included in the handbook. Based on this input, the handbook will be revised and distributed to all Santa Cruz County resource parents. To evaluate the effectiveness of the handbook, FCS will solicit feedback from resource parents regarding the handbook's helpfulness. This will be done as part of periodic resource parent satisfaction surveys.

**Systemic Changes Identified**

None identified.

**Training Identified**

The Cabrillo College Foster and Kinship Care Education program will provide training to caregivers regarding the handbook and how to use it.

**Technical Assistance Needed**

None identified.

**Strategy 6 - Educate caregivers regarding mental health treatment and psychotropic medications for youth.****Justification/Rationale**

Resource parents who gave input in SIP focus groups identified a need for caregivers to have a better understanding of children's mental health services and psychotropic medications prescribed for the children in their care.

**Action Steps**

The Department will collaborate with Children's Mental Health to ensure a shared understanding of current practices in the provision of children's mental health services and decision making regarding prescribing psychotropic medication for foster youth. Through this process, FCS and Children's Mental Health will develop a summary of messages and information that the department desires to have included in training for caregivers. FCS will work with Cabrillo College's Foster and Kinship Care Education (FKCE) program to identify trainers with the required program content knowledge, and will work with the trainer to ensure that the training curriculum includes the desired content. FCS will then work with FKCE to plan and hold the training for caregivers. The effectiveness of the training will be measured by training evaluations completed by the caregivers who attend the training.

**Systemic Changes Identified**

None identified.

### **Training Identified**

The Cabrillo College FKCE program will provide training to caregivers.

### **Technical Assistance Needed**

None identified.

## **Strategy 7 – Work with Health Services Agency and community partners to address lack of psychiatric services for parents with mild to moderate diagnoses.**

### **Justification/Rationale**

The stakeholders noted that there is a lack of psychiatric services in Santa Cruz County for parents with mild to moderate mental health diagnoses. These parents' diagnoses, such as depression and/or anxiety, are not severe enough to qualify for services offered by the Health Services Agency's Adult Mental Health program. These parents often do not have access to a psychiatrist and must work with their primary care physician to manage their mental illness, including medication management. This is not ideal mental health treatment, and it can negatively impact reunification. Stakeholders recommended that FCS work with the Health Services Agency and community partners to address this gap.

### **Action Steps**

In order to address service gaps, the Department will convene a collaborative workgroup including the Health Services Agency, Beacon Health Strategies (provider for the County's expanded MediCal behavioral health services) and relevant community partners. It will also assess the current system through surveys of staff and community, and explore opportunities for accessing additional services through the ACA. The group will reach out to child welfare and mental health agencies from other counties to gather information about programs that successfully service this population. Based on the information gathered, the workgroup will decide what strategies are both feasible and likely to expand access to mental health. This will include the identification of potential funding streams to augment mental health services for parents. The success of this strategy will be evaluated by assessing the ongoing availability of mental health services for parents in CWS.

### **Systemic Changes Identified**

Possible system changes related to providing mental health services to parents involved in the child welfare system.

### **Training Identified**

Training may be needed for Child Welfare staff, Mental Health providers and community partners.

### **Technical Assistance Needed**

Technical assistance may be needed regarding mechanisms for utilizing the ACA and/or other funding streams to access mental health services for FCS parents.

**Strategy 8– Work with Health Services Agency and community partners to address gaps in service for parents with major mental health diagnoses.**

**Justification/Rationale**

The stakeholders also expressed concern that there are gaps in mental health services even for FCS parents who have major mental health diagnoses. Although one would think that these parents should be highly qualified for services under the Health Services Agency’s Adult Mental Health program, it is the perception of stakeholders that they do not always get the services they need because they are not viewed as an immediate risk to themselves or others. However, these parents’ mental illness may be a major obstacle to parenting their children, and this can negatively impact reunification. Stakeholders recommended that FCS work with the Health Services Agency and community partners to address gaps in services to this population.

**Action Steps**

The action steps for Strategy 8 are parallel to those for Strategy 7. In order to address service gaps, the Department will convene a collaborative workgroup including the Health Services Agency, Beacon Health Strategies (provider for the County’s expanded MediCal behavioral health services) and relevant community partners. It will also assess the current system through surveys of staff and community, and explore opportunities for accessing additional services through the ACA. The group will reach out to child welfare and mental health agencies from other counties to gather information about programs that successfully service this population. Based on the information gathered, the workgroup will decide what strategies are both feasible and likely to expand access to mental health. This will include the identification of potential funding streams to augment mental health services for parents. The success of this strategy will be evaluated by assessing the ongoing availability of mental health services for parents in CWS.

**Systemic Changes Identified**

Possible system changes related to providing mental health services to parents involved in the child welfare system.

**Training Identified**

Training may be needed for Child Welfare staff, Mental Health providers and community partners.

**Technical Assistance Needed**

Technical assistance may be needed regarding mechanisms for utilizing the ACA and/or other funding streams to access mental health services for FCS parents.

## **Strategy 9 – Work with Health Services Agency to ensure availability and effectiveness of substance abuse treatment for FCS parents.**

### **Justification/Rationale**

Parental substance abuse is a common contributor to child abuse and neglect. Children of parents with substance abuse issues tend to enter foster care at younger ages (Frame, 2002), remain in foster care longer (Walker, Zangrillo, & Smith, 1991), are less likely to be reunified with their parents (Lewis, Giovanni, & Leake, 1997) and are more likely to re-enter the child welfare system (Wolock & Magura, 1996). One intervention that has been linked to reduced probability of re-abuse is substance abuse treatment. (Honomichl and Brooks, UC Davis Human Services Northern California. - <http://www.humanservices.ucdavis.edu/Academy/index.aspx?unit=ACADEMY>)

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 reunification. Data from the California Healthy Kids Survey suggest 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% 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.

The CSA clearly revealed a need for additional resources for drug and alcohol 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 including 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 ensure that 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.

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.)

The Human Services Department has already taken a critical first step to address the need for more substance abuse services: We have more than doubled the funding we provide to purchase substance abuse services through the Health Services Agency. HSD is now providing nearly \$1.2 million annually for this purpose.

### **Action Steps**

The increased funding for AOD treatment will be spread across a number of different types of treatment including but not limited to general residential treatment, residential treatment for women with young children, outpatient treatment, and clean and sober living environments. The Department will receive

quarterly reports from the Alcohol & Drug Program (ADP) regarding assessment-based recommended levels of treatment and treatment actually received by FCS parents, service utilization, and expenditure of the funds. The FCS director and managers will conduct regular meetings with HSA's ADP chief and managers to develop further understanding of current practices in the provision of AOD treatment in Santa Cruz County. The two departments will work to identify and/or develop indicators of treatment effectiveness in order to evaluate the success of this strategy. Treatment utilization and types of treatment will be monitored, and adjustments will be made to the array of services in order to best meet the needs of the child welfare population.

### **Systemic Changes Identified**

Funding for substance abuse treatment for CWS parents has already been significantly increased.

### **Training Identified**

Staff and impacted AOD agencies may need to be trained relative to any changes in the service delivery system.

### **Technical Assistance Needed**

None identified.

**Strategy 10 – Partner with community based providers to develop aftercare support services for children and families exiting the CWS system.**

### **Justification/Rationale**

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 when a family's child welfare case closes and/or substance abuse treatment ends, parents often find it difficult to lose the support of their social worker, their substance abuse treatment provider, and the child welfare agency. Parents have asked for supportive aftercare services to assist them in maintaining their sobriety, and making the transition out of the child welfare system and into their regular communities with their natural support systems. Aftercare services are expected to improve the county's performance on re-entry to foster care and recurrence of maltreatment as families will be more supported and less stressed by the challenges they may face.

### **Action Steps**

The Department will research aftercare services provided in other counties and will review evidence to identify promising and evidence-based practices in this area. We will also gather further input from local stakeholders regarding the types of services needed after case closure. HSD will seek funds for an aftercare program and will work with community partners to develop and implement such a program. Success of the aftercare program will be measured by tracking re-entry and recurrence indicators to determine whether they improve.

### **Systemic Changes Identified**

A new service program will be created that will impact how families are served and will need to be incorporated into the current service delivery system provided by Child Welfare.

### **Training Identified**

Staff will need to be trained to the new aftercare program.

### **Technical Assistance Needed**

Assistance would be helpful to identify child welfare jurisdictions which provide successful aftercare services.

## **Strategy 11 – Sustain the FosterEd program.**

### **Justification/Rationale**

*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. 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. (CSA pages 80-81). Thus far, FosterEd's evaluation findings are highly encouraging, showing improvement in both grades and school attendance for participating children. Because the program's budget includes significant grant funding that will expire on June 30 2015, the stakeholders are including this as a SIP strategy to ensure that the program is sustained in the County.

### **Action Steps**

The County Office of Education, in collaboration with HSD, will take the lead on this strategy. The Department has committed \$85,000 per year to help sustain the FosterEd program beginning July 1, 2015. In addition, COE and the Department will engage with the FosterEd Steering Committee and local school districts to strategize sustainability. Funding streams and sources such as the Local Control Funding and Title IVE funding will be explored, and a multi-year sustainability plan will be developed in order to sustain this extremely valuable program. Success of the FosterEd program will continue to be measured by tracking changes in children's school attendance and grades.

### **Systemic Changes Identified**

None identified.

### **Training Identified**

None identified

### **Technical Assistance Needed**

Technical assistance would be helpful regarding leveraging and maximizing IV-E funding support for this strategy.

## **Strategy 12 – Expand and enhance Leaps & Bounds services to additional CWS families with children ages 0-5.**

### **Justification/Rationale**

The CSA revealed a strong desire from stakeholders to increase and enhance services for young children. Family & Children’s Services, in collaboration with the Parents Center, operates the Leaps & Bounds program, which provides home visiting, developmental assessments, and other specialized services to families with young children who are participating in Family Preservation Court (Drug Dependency Court). Strategy 12 focuses on expanding this program to serve all families with young children.

### **Action Steps**

The Department will identify funding options to determine feasibility of expanding the Leaps & Bounds program. Additionally the community partners involved in service delivery to children birth through age five, and their families (Head Start/Early Head Start; First 5 Santa Cruz County; Early Childhood Educators, Early Start, etc.) will be engaged in the process. It is anticipated that the County will increase its contract with the Parents Center to implement the expanded program. Currently, the program is staffed by two Children’s Services Coordinators (CSCs). The focus of the expansion will be to hire one or more additional CSCs, each of whom can serve 20 children at a time. The success of this strategy will be measured by tracking the number of children who receive specialized services through Leaps & Bounds, and by qualitative and quantitative findings regarding the well-being of participating children and families.

### **Systemic Changes Identified**

None identified as this is an expansion of a current program.

### **Training Identified**

None identified.

### **Technical Assistance Needed**

None identified.

## **Strategy 13 – Collaborate with Encompass Community Services’ Transition Age Youth program to provide a full-time coordinator for Permanency Transition Meetings (PTMs).**

### **Justification/Rationale**

Permanency transition meetings (PTMs) are an important component of Santa Cruz County’s services to older youth. These meetings are attended by the youth, social worker, key adults in the youth’s life, and other service providers and/or support people invited by the youth. The goal of these meetings is to identify goals for the youth in key areas such as school, career, housing, self-sufficiency, and lifelong connections. Ideally, these meetings should be held every six months beginning when a youth reaches age 15 and a half. However, with current staffing and caseloads, we have found that these meetings are not

always held as regularly as they should be. This strategy seeks to add a full-time coordinator who will be responsible for organizing and facilitating these meetings.

### **Action Steps**

HSD will work in collaboration with the Encompass/TAY program to seek available funding to add a full-time PTM coordinator to the TAY program. If funding is identified, HSD will increase its contract with Encompass/TAY to provide support for this position. A plan and procedures will be developed for how PTM's will be coordinated and facilitated by the new PTM coordinator, and the responsibility for PTM's will be shifted to this new TAY staff member. The success of this strategy will be measured by the number of PTMs that are held for youth beginning at age 15 and a half.

### **Systemic Changes Identified**

The responsibility for coordinating permanency transition meetings will be shifted to a community service provider that focuses on transition-age youth. This will be handled through a contract between HSD and the Encompass/TAY program.

### **Training Identified**

Staff and partners will need to be trained to the change in how permanency transition meetings will be coordinated.

### **Technical Assistance Needed**

None identified.

### **Strategy 14 – Continue to develop as a trauma-informed agency.**

#### **Justification/Rationale**

According to the 2012 Report of the Attorney General's National Task Force on Children Exposed to Violence, 46 million children living in the United States will have their lives affected by violence, crime, abuse, or psychological trauma this year. Children in care are more likely to have been exposed to multiple forms of traumatic experiences, such as physical or sexual abuse, neglect, family and/or community violence, trafficking or commercial sexual exploitation, bullying, or loss of loved ones. In addition to the circumstances of abuse or neglect that led to their removal, children may be subject to further stresses after entering the system, including separation from family, friends, and community, as well as the uncertainty of their future. Repetitive and significant encounters with trauma and stress have real consequences for the physical, social, and emotional well-being of children. The trauma experienced by children in foster care is often complex and, if left untreated, can permanently affect the growth and development of a child and invite lasting repercussions felt decades later. Symptoms of trauma may include behavioral problems, attention/concentration issues, separation anxiety, and extreme impulsivity. Given the significant impact of trauma exposure on child well-being and growth, child welfare systems must serve children from a

trauma-informed perspective. (Implementing Trauma-Informed Practices in Child Welfare .Eva J. Klain, Amanda R. White. ABA Center on Children and the Law. November 2013)

### **Action Steps**

Together with Children’s Mental Health and other Santa Cruz County partners, HSD will participate in the grant-funded Bay Area Trauma Informed System of Care (BATISC) project. Through the BATISC project, we will conduct research on best practices in trauma informed service delivery. Through this collaborative regional project, HSD will incorporate additional trauma-informed practices into the work of the FCS Division. It is anticipated that evaluation measures will be identified and utilized in collaboration with BATISC.

### **Systemic Changes Identified**

Creating a more fully trauma informed system of care may require some significant system changes, but these have not yet been identified.

### **Training Identified**

Staff and partners will continue to receive training on trauma-informed practice, and will be trained to any new practices that are put into place.

### **Technical Assistance Needed**

Technical Assistance from the BATISC will be utilized.

### **Probation**

**Strategy 1 – Provide a Transition Team to facilitate community transitions and improve reunification outcomes.**

### **Justification/Rationale**

The CSA recommended that to improve transition of the youth from placement to home, a process where services are streamlined at a set time frame prior to their transition should be developed. This process would involve engagement of the providers (placement and community), youth and family. It would improve supportive services for parents to prepare them for reunification with the youth.

In order to improve re-entry and reunification outcomes, the Probation department has been successful in receiving a Mentally Ill Offender Crime Reduction (MIOCR) grant from the Board of State and Community Corrections (BSCC) to improve services to families and youth. The FUERTE program which will consist of a Probation Officer, In Home Clinician and a Transitional Specialist will work in concert together to provide transitional services and treatment to youth with mental health diagnoses who will transition to the community from placements.

### **Action Steps**

In order to improve community transitions and reunification outcomes, the Department will, through the newly developed FUERTE program, hire new staff: a Transitional Specialist position, In-home clinician, and Probation position which handles a specialized caseload of youth with mental health diagnoses including youth in placement. The Department will engage community partners to develop services needed in the community to address the availability of crisis response services and intensive out-patient mental health services which will be primarily provided in the home and community. Services and treatment will include In Home therapy provided to all family members and to the youth to facilitate understanding of the youth's diagnosis and needs, structure within the home needed to support the youth; Transitional services to connect the youth and family with community based programs to meet the needs of family members and the youth to support the community transition and a specialized Probation Officer with a caseload dedicated to youth with mental health diagnoses. The FUERTE program and team will convene treatment team meetings and work in tandem to ensure the family is fully engaged and able to support the youth transitioning to the community. FUERTE services will begin approximately 90 days prior to a youths anticipated date to transition to the community with capacity to increase this time frame if needed.

### **Systemic Changes Identified**

This strategy will enhance current systems.

### **Training Identified**

Probation staff will need to be trained on the FUERTE program Evidence Based Program specifications and the importance of supporting families in reunification.

### **Technical Assistance Needed**

TA will be provided through the grant.

### **Strategy 2 - Increased focus on risk, need and responsivity.**

#### **Justification/Rationale**

Probation 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. According to the CSA, 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. By addressing a youth's criminogenic risk factors, treatment/criminogenic needs and the most appropriate treatment/intervention (placement facility/program) we aim to increase successful transitions to the community. The area of risk, need and responsivity will be addressed.

#### **Action Steps**

The Department will develop a formal process to monitor Risk Need and Responsivity relative to holding placement providers accountable for successful outcomes. Primarily, Placement Providers will be held to the responsivity principle essentially for providing the right treatment at the right level. Providers will need to

demonstrate they can maximize an offender's ability to learn from a rehabilitative intervention by providing cognitive behavioral treatment and support and matching intervention to an offender's learning style, what will motivate an offender to change, abilities and strengths. Probation will be responsible for making the most appropriate placement utilizing knowledge of a child's Risk and Need and the receiving programs ability to meet treatment needs. After thorough research, the Department will implement use of Risk Need and Responsivity tool.

### **Systemic Changes Identified**

This process will be integrated into the current system.

### **Training Identified**

Probation staff will need to be trained on the Risk Need and Responsivity tool selected.

### **Technical Assistance Needed**

TA will be identified as needed.

### **Strategy 3 - Greater inclusion of parents/guardians in case planning.**

### **Justification/Rationale**

As reported in the CSA, 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. Involving youth and parents more in case planning was recommended by stakeholders.

### **Action Steps**

The Department will develop a Parent/Youth driven Case Plan template and utilize the Case Plan template to complete the Placement Case Plan with parents and youth.

### **Systemic Changes Identified**

None identified.

### **Training Identified**

Probation staff will need to be trained to the new process and template.

### **Technical Assistance Needed**

None identified.

## PRIORITIZATION OF DIRECT SERVICE NEEDS

The Child Abuse Prevention, Intervention and Treatment (CAPIT)/ Community Based Child Abuse Prevention (CBCAP)/Promoting Safe and Stable Families (PSSF) Plan is designed to maintain community services for families in crisis and to ultimately improve child and family well being. In 2014-15 the Children's Network Cabinet developed a process for the planning and criteria development for the expenditure of CAPIT/CBCAP and PSSF revenue sources for fiscal years 2015-16, 2016-17, 2017-18, 2018-19 and 2019-2020. The Children's Network Cabinet completed an analysis of child abuse and neglect prevention, intervention and treatment efforts and gaps in service delivery with significant consideration to the existing services that have been funded with CAPIT/CBCAP/PSSF over the past 10 years as well as information gathered during the CSA process. Special attention was given to the fact that data from Santa Cruz's CAPIT Survey FY 2013-14 and CSA 2015 indicate the highest substantiated type of abuse is neglect, and the most frequent risk factor driving children into the CWS system is substance abuse. The Network supports implementation of evidence-based or evidence-informed practices. In order to maintain a seamless continuum of needed services and avoid creating any new gaps in the service continuum, the Network ultimately decided to continue to fund service strategies that are currently provided to the community. An RFP process is currently underway to fund the following service strategies:

***Countywide Differential Response:*** Families Together is a comprehensive child abuse early intervention and prevention program serving the entire 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 evidence-based program that utilizes home-based, individualized services with an emphasis on the parent-child relationship and child development and parent education. Goals of the program include:

- Improved parent-child relationship
- Improved family support
- Improved community engagement
- Improved child safety
- Improved child health and development
- Improved child well-being

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 either assessed out or investigated and the case has been closed with a substantiated or inconclusive allegation.

Once a referral is identified, a FCS social worker contacts the family to engage them in voluntary community-based services. The following services are provided:

- Assessment using SDM assessment tools, Ages and Stages Questionnaire (ASQ) and the Nursing Child Satellite Training (NCAST)

- Provision of basic needs – food, housing, diapers, transportation, clothing, job search
- Advocacy – for medical care, legal issues, education
- Housing assistance – rental assistance, housing resources, budgeting skills
- Parent education and skill building – early childhood education, Triple P Parenting education
- Mental health services – counseling, psychological assessment, support groups, development of life skills
- Referral to other community resources including substance abuse assessment and treatment

**CWS Flexible Fund:** A flexible fund provides tangible support to families receiving Child Welfare Services, to facilitate reunification and family preservation by providing flexible, family-based, intensive time-limited, and culturally competent intervention and treatment services to families in crisis. This program is supported through PSSF Family Preservation funds.

**Adoption Promotion and Support:** This program, supported through PSSF Adoption Promotion and Support funds, provides culturally competent, bilingual counseling and support services that promote, support and encourage the adoption process for parents who are considering adoption, going through the adoption process, or have already adopted children from FCS.

**Therapeutic Supervised Visitation:** Therapeutic supervised visitation promotes and encourages healthy parent-child relationships, and assists children and natural parents in the work of family reunification. A trained bilingual visit supervisor who is culturally competent supervises Court-ordered visits for families referred by FCS. The visit supervisor is supervised by a licensed or license-eligible clinician. This program incorporates Triple P, and evidence-based parenting education curriculum. It is supported through PSSF Time Limited Family Reunification funds.

**Coordination and Integration of Children’s Services:** CBCAP funds are designated to provide services and perform activities to enhance the coordination and capacity-building functions of the Children’s Network. The Children’s Network is the countywide child abuse prevention coordinating council whose primary purpose is to coordinate the community’s efforts to prevent and respond to child abuse and to reduce fragmentation of programs for at-risk children and families in Santa Cruz County. It serves as a vehicle for planning, coordination, collaboration, networking and information sharing. The intent of the Children’s Network is to encourage the development of a comprehensive and collaborative delivery system of services to the children and youth of Santa Cruz County.

## Child Welfare/Probation Placement Initiatives

Santa Cruz County Family & Children’s Services is participating in a number of federal and state initiatives. We will be implementing these initiatives during the same time frame that is covered by the SIP. These initiatives are briefly summarized below.

### Commercially Sexually Exploited Children (CSEC) Initiative

Santa Cruz County is currently engaged in a tri-county effort with Monterey and San Benito Counties to develop a regional protocol for identifying and serving children who are commercially sexually exploited. We anticipate completing the tri-county Memorandum of Understanding by October 1, 2015, followed by implementation of services the tri-county protocol.

### **Safety Organized Practice**

Family & Children's Services has trained a portion of our social work and supervisor staff in Safety Organized Practice. SIP strategy #4 reflects our plan to expand this initiative, training 100% of our social work and supervisor staff and fully implementing the SOP approach.

### **Katie A. and Continuum of Care Reform**

Family & Children's Services, in collaboration with Children's Mental Health, has implemented Katie A services, primarily through the use of Child and Family Teams. In addition, like all counties in the State, we will be implementing Continuum of Care Reform. A key component of both these initiatives is the need for additional foster homes, particularly homes that are able to provide therapeutic foster care services. Therapeutic foster care is not yet approved by the State for implementation and mental health billing under Katie A, but we want to be prepared when that occurs, as we will clearly need these homes as an alternative to long-term stays in group homes.

### **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. The After 18 program is not the focus of any strategies in the 2015 SIP, as this program is already fully implemented.

## 5 Year Strategy Chart

### CHILD WELFARE

**Priority Outcome Measure or Systemic Factor:** S1.1 No Recurrence of Maltreatment

**National Standard:** 94.6%

**Current Performance:** 93.8%

**Target Improvement Goal:** Although the current performance is very close to the national standard, the county's performance in 2010 was 97.5%. The target improvement goal will be to increase the county's performance to 97.5%.

**Priority Outcome Measure or Systemic Factor:** C1.1 Reunification within 12 months (exit cohort)

**National Standard:** 75.2%

**Current Performance:** 64.1%

**Target Improvement Goal:** Since the previous baseline, this outcome decreased from 69.2% to 64.1%. This SIP's goal is to improve C1.1 from 64.1% to 75%.

**Priority Outcome Measure or Systemic Factor:** C1.2 Median time to reunification (exit cohort)

**National Standard:** 5.4 months

**Current Performance:** 7.8 months

**Target Improvement Goal:** Since the previous baseline, this outcome has increased from 7.4 months to 7.8 months. The SIP's goal is to decrease the median length of time to reunification from 7.8 months to 5.4 months.

**Priority Outcome Measure or Systemic Factor:** C1.3 Reunification within 12 months (entry cohort)

**National Standard:** 48.4%

**Current Performance:** 28.6%

**Target Improvement Goal:** Since the previous baseline, this outcome has decreased from 41.9% to 28.6%. The SIP's goal is to increase this measure to 48.4%.

**Priority Systemic Factors:** Family Engagement, Caregiver Recruitment and Support, Service Array

**National Standard:** N/A

**Current Performance:** Not measurable

**Target Improvement Goal:** The county intends to improve the abovementioned systemic factors through a variety of strategies (see SIP matrix). It is anticipated that these areas will improve the county's overall performance.

## PROBATION

**Priority Outcome Measure or Systemic Factor:** C1.1 – C1.4 Reunification Outcomes

C1.1 Reunification within 12 months (exit cohort)

**National Standard:** 75.2%

**Current Performance:** 50%

**Target Improvement Goal:** The SIP's goal is to improve this outcome to 75%.of children reaching reunification within 12 months.

C1.2 Median time to reunification (exit cohort)

**National Standard:** 5.4 months

**Current Performance:** 11.2 months

**Target Improvement Goal:** The SIP's goal is to improve this outcome by decreasing the median time to reunification to 5 months.

C1.3 Reunification within 12 months (entry cohort)

**National Standard:** 48.4%

**Current Performance:** 0%

**Target Improvement Goal:** The SIP's goal is to improve this outcome to increase this outcome to 50% of children reunifying within 12 months.

C1.4 Re-entry following Reunification (Exit Cohort)

**National Standard:** 9.9%

**Current Performance:** 42.9%

**Target Improvement Goal:** The SIP's goal is to improve this outcome to decreasing this outcome to 10% of children reentering foster care.

**Priority Outcome Measure or Systemic Factor:** C4.1- C4.3 Placement Stability

C4.1 Placement Stability Outcome (8 days to 12 months in care)

**National Standard:** 86%

**Current Performance:** 76.9%

**Target Improvement Goal:** The SIP's goal is to improve this outcome to increase this outcome to 86% children who are in placement between 8 days and 12 months remaining in a stable placement.

C4.2 Placement Stability Outcome (12 to 24 months in care)

**National Standard:** 65.4%

**Current Performance:** 0%

**Target Improvement Goal:** The SIP's goal is to improve this outcome to increase this outcome to 65% of children who are in placement between 12 to 24 months remaining in a stable placement.

C4.3 Placement Stability Outcome (at least 24 months in care)

**National Standard:** 41.8%

**Current Performance:** 60%

**Target Improvement Goal:** This outcome is performing well. The SIP's goal is to continue performing above the National Standard.

<b>CHILD WELFARE</b>			
<b>Strategy 1:</b> Develop and implement a parent partner program.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Median time to reunification, recurrence of maltreatment, re-entries to foster care	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A		
<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project			
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
<b>A.</b> Include funding for a parent partner program in the FY 15-16 HSD budget	April 2015	June 2015	FCS Division Director
<b>B.</b> Research best practices and visit existing parent partner programs including Santa Cruz County’s mental health family partner program, Contra Costa County’s program, and others as identified.	September 2015	October 2015	FCS Division Director (Lead) FCS Program Manager
<b>C.</b> Develop a program design for a parent partner program for child welfare parents.	October 2015	November 2015	FCS Program Manager

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<p><b>D.</b> Carry out procurement process to select a service provider for the program.</p>	<p>November 2015</p>	<p>December 2015</p>	<p>Centralized Contracting Unit</p>
<p><b>E.</b> Negotiate contract and secure Board of Supervisors approval of the contract.</p>	<p>December 2015</p>	<p>January 2016</p>	<p>Centralized Contracting Unit</p>
<p><b>F.</b> Implement parent partner program.</p>	<p>January 2016</p>	<p>Ongoing</p>	<p>Service provider</p>
<p><b>G.</b> Monitor, evaluate, and adjust the program as needed.</p>	<p>February 2016</p>	<p>Ongoing</p>	<p>Centralized Contracting Unit (Lead) FCS Analyst and Program Manager</p>
<p><b>Strategy 2:</b> Strengthen Services For Incarcerated Parents</p>	<p><input type="checkbox"/> CAPIT</p>	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): Service Array</p>	
	<p><input type="checkbox"/> CBCAP</p>		
	<p><input type="checkbox"/> PSSF</p>	<p><input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project</p>	
	<p><input checked="" type="checkbox"/> N/A</p>		
<p>Action Steps:</p>	<p>Implementation Date:</p>	<p>Completion Date:</p>	<p>Person Responsible:</p>

5 YEAR SIP STRATEGY MATRIX – SANTA CRUZ COUNTY

<p><b>A.</b> Reach out to jail personnel and various local organizations serving incarcerated parents such as Gemma and HSA to collaborate on improving services to incarcerated parents in the CWS system.</p>	<p>September 2016</p>	<p>October 2016</p>	<p>FCS Division Director (Lead) FCS Analyst</p>
<p><b>B.</b> Convene a workgroup including FCS staff, jail personnel, and community providers, to identify the needs of incarcerated parents involved in the CWS system and develop a plan to respond to the identified needs.</p>	<p>October 2016</p>	<p>October 2017</p>	<p>FCS Division Director (Lead) FCS Analyst</p>
<p><b>C.</b> Solicit information from parents who were formerly incarcerated, jail staff, social workers, and supervisors regarding the needs of incarcerated parents and input regarding services to address these needs.</p>	<p>October 2016</p>	<p>December 2016</p>	<p>Selected members of workgroup</p>
<p><b>D.</b> Conduct a literature review of current best practices in the delivery of Child Welfare Services to incarcerated parents.</p>	<p>October 2016</p>	<p>December 2016</p>	<p>FCS Analyst</p>
<p><b>E.</b> Compile and analyze information gathered in previous steps and present to workgroup for discussion and/or inclusion in plan.</p>	<p>December 2016</p>	<p>February 2017</p>	<p>FCS Division Director (Lead) FCS Analyst</p>

5 YEAR SIP STRATEGY MATRIX – SANTA CRUZ COUNTY

<p><b>F.</b> Create “service packets for incarcerated parents,” that are easily accessible to FCS social workers. This will allow social workers to print out and customize packets to the needs of their particular client.</p>	<p>February 2017</p>	<p>June 2017</p>	<p>FCS Analyst</p>
<p><b>G.</b> Identify funding to purchase technology necessary to develop a “read to me” program in local jail facilities, and the requisite staff time. This would potentially include recording parents reading children’s books on video to later be watched by their children in out-of-home placement.</p>	<p>December 2016</p>	<p>June 2017</p>	<p>FCS Division Director (Lead) Selected Workgroup members</p>
<p><b>H.</b> Identify funding to create a program for visitation between incarcerated parents and their children using video conferencing technology.</p>	<p>December 2016</p>	<p>June 2017</p>	<p>FCS Division Director</p>
<p><b>I.</b> Design “read to me” and video-conferencing-based visitation programs.</p>	<p>April 2017</p>	<p>June 2017</p>	<p>FCS Program Manager (Lead) FCS Analyst Jail Personnel</p>
<p><b>J.</b> Expand visitation contract to cover video-conferencing-based visitation program.</p>	<p>May 2017</p>	<p>July 2017</p>	<p>Centralized Contracting Unit (Lead) Service Provider</p>

5 YEAR SIP STRATEGY MATRIX – SANTA CRUZ COUNTY

<p><b>K.</b> Implement new programs</p>	<p>July 2017</p>	<p>Ongoing</p>	<p>FCS Program Manager (Lead) Service Provider</p>
<p><b>L.</b> Reconvene workgroup at 6-month intervals over the first two years of the plan to assess progress and adjust programs as needed.</p>	<p>July 2017</p>	<p>June 2019</p>	<p>FCS Division Director (Lead) Service Provider</p>
<p><b>Strategy 3:</b> Improve Engagement of Fathers</p>	<p><input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A</p>	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): Family engagement</p>	<p><input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project</p>
<p>Action Steps:</p>	<p>Implementation Date:</p>	<p>Completion Date:</p>	<p>Person Responsible:</p>
<p><b>A.</b> Convene FCS Father Engagement Workgroup to evaluate how to incorporate best practices for father engagement in Child Welfare into internal business processes.</p>	<p>November 2015</p>	<p>Ongoing</p>	<p>FCS Assistant Division Director</p>
<p><b>B.</b> FCS staff will participate in a Father Engagement Assessment, conducted by PAPÀS every other year to identify areas in need of improvement.</p>	<p>January 2017</p>	<p>Ongoing</p>	<p>Assistant Division Director (Lead) PAPÀS Director</p>

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C. PAPÀS will provide yearly training to FCS staff to improve father engagement techniques in Child Welfare practice.	Spring 2016	Ongoing	PAPÀS Director
D. PAPÀS and FCS will offer training to Dependency Court Systems participants regarding legal and social work practice issues specific to fathers.	Spring 2016	Spring 2016	FCS Assistant Division Director (Lead) PAPÀS Director
<b>Strategy 4:</b> Expand and fully implement the Safety Organized Practice Model	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Median time to reunification, recurrence of maltreatment, re-entries to foster care, family engagement	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A		
<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project			
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Complete Safety Organized Practice (SOP) training for all Child Welfare managers, supervisors and case carrying social workers.	In Process	Summer 2016	FCS Assistant Division Director (Lead) HSD Staff Development
B. Provide SOP training for the Court, attorneys and pertinent CBOs.	Fall 2015	Fall 2015	FCS Assistant Division Director (Lead) HSD Staff Development

5 YEAR SIP STRATEGY MATRIX – SANTA CRUZ COUNTY

C. Managers and supervisors will continue to support consistent use of SOP tools and practice principles.	In Process	Ongoing	FCS Management team (Lead)  FCS Supervisor team
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<b>Strategy 5:</b> Update Resource Parent Handbook	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Caregiver training and support	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
<b>Action Steps:</b>	<b>Implementation Date:</b>	<b>Completion Date:</b>	<b>Person Responsible:</b>
<b>A.</b> Identify which aspects of the handbook need to be updated.	January 2017	February 2017	FCS Licensing Supervisor (Lead)  FCS Licensing Program Manager
<b>B.</b> Indicate needed corrections/updates on hard copies of those documents requiring changes.	February 2017	March, 2017	FCS Licensing Supervisor (Lead)  FCS Licensing Program Manager
<b>C.</b> Solicit input from Resource Families as to ideas for additional documents to be included in handbook.	February 2017	March 2017	Roots & Wings Liaisons (Lead)  Placement Coordinator

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<p><b>D.</b> Add/adjust documents as needed.</p>	<p>March 2017</p>	<p>July 2017</p>	<p>FCS Licensing Supervisor (Lead)  FCS Analyst  Student Intern if available</p>
<p><b>E.</b> Develop a plan to distribute updated handbooks to Resource parents.</p>	<p>July 2017</p>	<p>August 2017</p>	<p>FCS Licensing Supervisor</p>
<p><b>F.</b> Distribute updated handbooks.</p>	<p>August 2017</p>	<p>Ongoing</p>	<p>FCS Licensing Supervisor</p>
<p><b>Strategy 6:</b> Educate Caregivers Regarding Mental Health Treatment And Psychotropic Medications For Youth</p>	<p><input type="checkbox"/> CAPIT</p>	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): Caregiver training, retention and support</p>	
	<p><input type="checkbox"/> CBCAP</p>		
	<p><input type="checkbox"/> PSSF</p>		
	<p><input checked="" type="checkbox"/> N/A</p>	<p><input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project</p>	
<p>Action Steps:</p>	<p>Implementation Date:</p>	<p>Completion Date:</p>	<p>Person Responsible:</p>
<p><b>A.</b> Meet with relevant stakeholders in Children’s Mental Health to ensure a shared understanding of current practices in the provision of children’s mental health services and decision making regarding prescribing psychotropic medication for foster youth.</p>	<p>September 2015</p>	<p>November 2015</p>	<p>FCS Assistant Division Director (Lead)  FCS Licensing Program Manager</p>

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<p><b>B.</b> Develop a summary of messages and information the department desires to have included in training for caregivers.</p>	<p>September 2015</p>	<p>November 2015</p>	<p>FCS Licensing Program Manager (Lead) CMH Program Manager</p>
<p><b>C.</b> Work with Cabrillo College’s Foster and Kinship Care Education (FKCE) program to identify trainers with the required content knowledge.</p>	<p>December 2015</p>	<p>January 2016</p>	<p>FCS Licensing Program Manager (Lead) FCS Licensing Supervisor</p>
<p><b>D.</b> Meet with identified trainer(s) to convey the desired messages and information to ensure trainer is prepared to deliver the desired training to caregivers.</p>	<p>January 2016</p>	<p>February 2016</p>	<p>FCS Licensing Program Manager (Lead) FCS Licensing Supervisor Cabrillo FKCE program</p>
<p><b>E.</b> Work with FKCE to plan and hold training for caregivers.</p>	<p>February 2016</p>	<p>June 2016</p>	<p>Cabrillo FKCE program (Lead) FCS Licensing Supervisor Licensing Program Manager</p>

<b>Strategy 7:</b> Work with Health Services Agency and community partners to address lack of psychiatric services for parents with mild to moderate diagnoses.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Median time to reunification, recurrence of maltreatment, re-entries to foster care  <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A		
<b>Action Steps:</b>	<b>Implementation Date:</b>	<b>Completion Date:</b>	<b>Person Responsible:</b>
<b>A.</b> Convene Workgroup. In addition to HSA, identify internal and community partners with necessary knowledge and resources. Invite Beacon Services staff.	January 2017	Ongoing	FCS Division Director (Lead) HSA workgroup representatives
<b>B.</b> Engage HSA’s Beacon Services and review existing psychiatric service array for clients with mild to moderate mental health issues. Determine feasibility to cover need for FCS clients, and what actions might be necessary to support program in this effort.	February 2017	March 2017	FCS Division Director (Lead) Workgroup
<b>C.</b> Survey FCS SW staff and AMH Clinicians identifying a) existing services, b) barriers and gaps in mental health services for clients and c) successful strategies in accessing services.	February 2017	March 2017	FCS Analyst (Lead) Workgroup
<b>D.</b> Survey local psychiatric services and determine accessibility to FCS clients. Determine barriers and identify strategies needed to increase accessibility.	February 2017	April 2017	FCS Analyst (Lead) Workgroup

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<p><b>E.</b> Explore opportunities available through the ACA.</p>	<p>February 2017</p>	<p>April 2017</p>	<p>FCS Analyst (Lead) Workgroup</p>
<p><b>F.</b> Reach out to child welfare and mental health agencies from other counties to gather information about programs that successfully serve this population.</p>	<p>February 2017</p>	<p>April 2017</p>	<p>FCS Analyst (Lead) Workgroup</p>
<p><b>G.</b> Review possible strategies and decide upon recommended strategies.</p>	<p>April 2017</p>	<p>May 2017</p>	<p>FCS Division Director Workgroup</p>
<p><b>H.</b> Develop implementation plan and set target dates for each step.</p>	<p>May 2017</p>	<p>June 2017</p>	<p>FCS Division Director (Lead) FCS Analyst Workgroup</p>
<p><b>I.</b> Begin implementation</p>	<p>July 2017</p>	<p>Ongoing</p>	<p>FCS Division Director (Lead) FCS Analyst Workgroup</p>
<p><b>Strategy 8:</b> Work with Health Services Agency and community partners to address gaps in service for parents with major mental health diagnoses</p>	<p><input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A</p>	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): Service Array <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project</p>	

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Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
<b>A.</b> Convene Workgroup. In addition to HSA, identify internal and community partners with necessary knowledge and resources.	January 2018	Ongoing	FCS Division Director (Lead) HSA Workgroup Representatives
<b>B.</b> Survey FCS SW staff, identifying: a) existing services, b) barriers and gaps in mental health services for clients and c) successful strategies in accessing services.	February 2018	March 2018	FCS Analyst (Lead) Workgroup
<b>C.</b> Survey existing community resources, determine accessibility for FCS population, and identify barriers to services and gaps in the existing service array.	February 2018	April 2018	FCS Analyst (Lead) Workgroup
<b>D.</b> Reach out to child welfare and mental health agencies from other counties to gather information about programs that successfully serve this population.	February 2018	April 2018	FCS Analyst (Lead) Workgroup
<b>E.</b> Identify possible funding streams, including MediCal and the ACA.	February 2018	April 2018	FCS Division Director (Lead) FCS Analyst Workgroup

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<p><b>F.</b> Review possible strategies to fill service gaps and decide upon recommended strategies.</p>	<p>April 2018</p>	<p>May 2018</p>	<p>FCS Division Director (Lead) FCS Analyst Workgroup</p>
<p><b>G.</b> Develop implementation plan and set target dates for each step.</p>	<p>May 2018</p>	<p>June 2018</p>	<p>FCS Division Director (Lead) FCS Analyst Workgroup</p>
<p><b>H.</b> Begin implementation of activities to fill service gaps.</p>	<p>July 2018</p>	<p>Ongoing</p>	<p>FCS Division Director FCS Analyst Workgroup</p>
<p><b>Strategy 9:</b> Work With Health Services Agency (HSA) To Ensure Availability And Effectiveness of Substance Abuse Treatment for FCS parents.</p>	<p><input type="checkbox"/> CAPIT</p>	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): Median time to reunification, recurrence of maltreatment, re-entries to foster care, service array</p>	
	<p><input type="checkbox"/> CBCAP</p>		
	<p><input type="checkbox"/> PSSF</p>	<p><input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project</p>	
	<p><input checked="" type="checkbox"/> N/A</p>		
<p>Action Steps:</p>	<p>Implementation Date:</p>	<p>Completion Date:</p>	<p>Person Responsible:</p>
<p><b>A.</b> Increase HSD funding to nearly \$1.2 million per year to purchase substance abuse assessment and treatment services in order to ensure “treatment on demand” for FCS parents.</p>	<p>January 2015</p>	<p>Ongoing</p>	<p>HSD Director (Lead) FCS Division Director</p>

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<p><b>B.</b> Receive quarterly reports from Health Services Agency Alcohol and Drug Program regarding assessment-based recommended levels of treatment and treatment actually received by FCS parents, service utilization, and expenditures.</p>	<p>July 2015</p>	<p>Ongoing</p>	<p>FCS Division Director (Lead) FCS Program Manager HSA Alcohol &amp; Drug Program Chief</p>
<p><b>C.</b> Hold quarterly meetings with HSA Alcohol &amp; Drug Program leaders to review and discuss quarterly data described in Step B.</p>	<p>July 2015</p>	<p>Ongoing</p>	<p>FCS Division Director (Lead) FCS Program Manager ADP Chief ADP Program Manager</p>
<p><b>D.</b> Work with ADP leaders and HSD Planning and Evaluation Unit to develop valid and available indicators of treatment effectiveness within the existing data.</p>	<p>October 2015</p>	<p>January 2016</p>	<p>FCS Division Director (Lead) FCS Program Manager ADP Chief ADP Program Manager</p>
<p><b>E.</b> Monitor any available effectiveness data at quarterly meetings.</p>	<p>January 2016</p>	<p>Ongoing</p>	<p>FCS Division Director (Lead) FCS Program Manager ADP Chief ADP Program Manager</p>

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<p><b>F.</b> Make program adjustments as needed based on data monitoring and review.</p>	<p>January 2016</p>	<p>Ongoing</p>	<p>FCS Division Director (Lead)                  FCS Program Manager                  ADP Chief                  ADP Program Manager</p>
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<p><b>Strategy 10:</b> Partner with community based providers to develop aftercare support services for children &amp; families exiting the CWS system.</p>	<input type="checkbox"/> CAPIT	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):                  Recurrence of maltreatment, median time to reunification, re-entries to foster care</p>	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
<p>Action Steps:</p>	<p>Implementation Date:</p>	<p>Completion Date:</p>	<p>Person Responsible:</p>
<p><b>A.</b> Contact other child welfare agencies to gather information about existing aftercare services for CWS clients in other jurisdictions and their effectiveness.</p>	<p>September 2015</p>	<p>November 2015</p>	<p>FCS Assistant Division Director (Lead)                  FCS Program Manager</p>
<p><b>B.</b> Gather input from CWS clients, SWs, and service providers regarding types of services needed after case closure.</p>	<p>September 2015</p>	<p>November 2015</p>	<p>FCS Assistant Division Director (Lead)                  FCS Program Manager</p>

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<b>C.</b> Identify funding sources to support the development of aftercare resources within the community.	December 2015	June 2016	FCS Division Director
<b>D.</b> Conduct needed procurement and contract development activities in order to begin offering aftercare services in FY 16-17.	March 2016	June 2016	HSD Centralized Contracting Unit Service Provider(s)
<b>E.</b> Implement new aftercare services.	7/1/2016	Ongoing	FCS Assistant Division Director Service Provider(s)

<b>Strategy 11:</b> Sustain FosterEd program.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Youth completing high school equivalency, Service Array	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
<b>A.</b> Engage FosterEd Steering Committee to strategize for program sustainability after grant funding expires June 30, 2015. Identify any additional partners that need to be engaged in this effort.	Ongoing	December 2015	County Office of Education (Lead) FCS Program Manager FosterEd Steering Committee

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<p><b>B.</b> Identify possible funding streams and means of accessing them.</p>	<p>Ongoing</p>	<p>December 2015</p>	<p>FosterEd Steering Committee (Lead) FCS Program Manager</p>
<p><b>C.</b> Include \$85,000 for FosterEd sustainability in the HSD budget for FY 2015-16.</p>	<p>June 2015</p>	<p>June 2015</p>	<p>FCS Division Director (Lead) HSD Director Board of Supervisors</p>
<p><b>D.</b> Engage School Districts to discuss the use of the Local Control Funding Formula as a possible funding stream.</p>	<p>Ongoing</p>	<p>December 2015</p>	<p>County Office of Education (Lead) FosterEd Steering Committee</p>
<p><b>E.</b> Evaluate existing funds and resources as leverage to maximize IV-E funding support.</p>	<p>Ongoing</p>	<p>December 2015</p>	<p>County Office of Education (Lead) FosterEd Steering Committee FCS Program Manager</p>
<p><b>F.</b> Develop sustainability plan based on secured funding commitments.</p>	<p>Ongoing</p>	<p>December 2015</p>	<p>County Office of Education (Lead) FosterEd Steering Committee FCS Program Manager</p>
<p><b>G.</b> Develop strategies to secure future funding to replace sun-setting funding streams and additional funds to allow expansion of the existing FosterEd program.</p>	<p>December 2015</p>	<p>Ongoing</p>	<p>County Office of Education (Lead) FosterEd Steering Committee FCS Program Manager</p>

<b>Strategy 12:</b> Expand and enhance Leaps & Bounds Services to additional CWS Families with Children Ages 0-5.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Median time to reunification, recurrence of maltreatment, re-entries to foster care  <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A		
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
<b>A.</b> Identify funding options to determine feasibility of expanding and enhancing the Leaps & Bounds program.	December 2015	June 2016	FCS Division Director (Lead) Leaps & Bounds Program Manager
<b>B.</b> Develop a connection between FCS and the Child Care Planning Council. If feasible, arrange for a presentation or discussion with the Planning Council regarding Leaps & Bounds program and potential program enhancements.	December 2015	June 2016	FCS Division Director (Lead) Leaps & Bounds Program Manager
<b>C.</b> If funding is identified, increase the contract with Parents Center for Leaps & Bounds services to provide for expansion/enhancements.	March 2016	June 2016	Centralized Contracting Unit (Lead) FCS Analyst
<b>D.</b> Hire and train additional Children’s Services Coordinators (CSCs). Number of new staff to be determined based on agreed upon level of expansion (20 children can be served by each CSC at a time).	July 2016	August 2016	Leaps & Bounds Program Manager (Lead) Parents Center

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<b>E.</b> Implement expanded/enhanced Leaps & Bounds services.	September, 2016	Ongoing	Leaps & Bounds Program Manager (Lead) Parents Center
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<b>Strategy 13:</b> Collaborate with Encompass Community Services' Transition Age Youth program to provide a full-time coordinator for Permanency Transition Meetings (PTM's).	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Service Array	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input checked="" type="checkbox"/> N/A		
<b>Action Steps:</b>	<b>Implementation Date:</b>	<b>Completion Date:</b>	<b>Person Responsible:</b>
<b>A.</b> Identify funding options to add a full-time PTM Coordinator to the Transition Age Youth (TAY) program.	December 2016	June 2017	FCS Division Director (Lead) Encompass TAY Program Manager
<b>B.</b> If funding is identified, increase the contract with Encompass/TAY to provide a full-time PTM coordinator.	March 2017	June 2017	Centralized Contracting Unit (Lead) FCS Analyst
<b>C.</b> Develop a plan and procedures for how PTM's will be coordinated and facilitated by the new PTM coordinator.	March 2017	June 2017	FCS Program Manager (Lead) Encompass TAY Program Manager
<b>D.</b> Implement enhanced PTM's in collaboration with Encompass TAY services.	June 2017	Ongoing	FCS Program Manager (Lead) Encompass TAY Program Manager

<b>Strategy 14:</b> Continue to develop as a trauma-	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s):
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	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
<b>Action Steps:</b>	<b>Implementation Date:</b>	<b>Completion Date:</b>	<b>Person Responsible:</b>
<b>A.</b> Together with Children’s Mental Health and other Santa Cruz County partners, participate in the grant-funded Bay Area Trauma Informed System of Care (BATISC) project.	July 2015	Ongoing	FCS Division Director (Lead) FCS Program Manager
<b>B.</b> Through the BATISC project, conduct research on best practices in trauma informed service delivery.	July 2015	December 2015	FCS Division Director (Lead) FCS Program Manager
<b>C.</b> Through the BATISC project, identify needed steps and create a plan to incorporate additional trauma informed practices into Family & Children’s Services practices and procedures.	December 2015	June 2016	FCS Division Director (Lead) FCS Program Manager
<b>D.</b> Implement the plan.	June 2016	Ongoing	FCS Division Director (Lead) FCS Program Manager
<b>PROBATION</b>			
<b>Strategy 1:</b> Provide Transition Program to facilitate community transitions and improve	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <i>Placement Stability and , Family Reunification</i>	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		

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reunification outcomes.	<input type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
<b>A.</b> With the assistance of the FUERTE program, develop Transition services, procedures and programming to ensure successful return to the community.	July 15, 2015	September 30, 2015	Probation Department: Division Director, Assistant Division Director; Encompass Youth Services, Program Director, Clinician(s), Transitional Specialist, Applied Survey Research Analysts.
<b>B.</b> Advertise and Hire new Transition Specialist position,	July 15, 2015	September 15, 2015	Encompass Youth Services; Probation Division Director and Assistant Division Director
<b>C.</b> Hire In-home clinician to work with the family in their home while the youth is in placement.	July 15, 2015	September 15, 2015	Encompass Youth Services; Probation Division Director and Assistant Division Director
<b>D.</b> Develop and hire a Probation position which handles a specialized caseload of youth with mental health diagnoses including youth in placement.	July 15, 2015	September 15, 2015	Probation Division Director and Assistant Division Director; Encompass Youth Services
<b>E.</b> Commence with referrals and services	October 1, 2015	July 2020	Probation staff and Encompass staff

F. Monitor and adjust program as needed.	October 1, 2016	Quarterly through July 2020	Probation Division Director, Assistant Division Director and Systems Analyst; Encompass Program Director
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<b>Strategy 2:</b> Implement a Responsivity Tool.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <i>Placement Stability and Family Reunification</i>	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
<b>A.</b> Research Risk Need and Responsivity tools and resources to apply to Placement Screening to ensure placements with program that have the best success outcomes and stability of youth in programs.	July 1, 2015	October 1, 2015	Placement Supervisor, Assistant Division Director and Division Director
<b>B.</b> The Department will develop a formal process to monitor Risk Need and Responsivity relative to holding placement providers accountable for successful outcomes and to identify the most appropriate placements.	October 1, 2015	December 1, 2015	Placement Supervisor, Assistant Division Director and Division Director
<b>C.</b> Monitor Placement Stability and Outcomes; (adjust process as needed) by reviewing placement stability rates, treatment goal completion rates, successful community(return to home) transition rates.	December 1, 2015	Quarterly through July 2020	Placement Supervisor, Assistant Division Director and Division Director

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<p><b>D.</b> Monitor one (1) year post placement stability and outcomes; adjust process as needed.</p>	<p>December 2016</p>	<p>Yearly (based on placement release dates) through July 2020</p>	<p>Placement Supervisor, Assistant Division Director and Division Director</p>
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<p><b>Strategy 3:</b> In depth communication with parents to identify expectations of parents, probation and placement providers and greater inclusion of parents/guardians in case planning.</p>	<input type="checkbox"/> CAPIT	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): <i>Family Engagement, Family Reunification and Transitioning youth</i></p>	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
<p>Action Steps:</p>	<p>Implementation Date:</p>	<p>Completion Date:</p>	<p>Person Responsible:</p>
<p><b>A.</b> The Department will develop a Parent/Youth driven Case Plan template to be completed by the youth and parent to identify their desired goals and outcomes relative to placement</p>	<p>July 1, 2015</p>	<p>October 1, 2015</p>	<p>Placement Supervisor, Assistant Division Director and Division Director</p>
<p><b>B.</b> The Department will develop a “Placement Orientation” meeting design and document to inform parents of: Placement guidelines, Court requirements, Visitation and Therapy requirements, and define the role of the parent, youth, probation officer, placement provider and Transitional Services Team (if funded).</p>	<p>July 1, 2015</p>	<p>October 1, 2015</p>	<p>Placement Supervisor, Assistant Division Director and Division Director</p>

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<p><b>C.</b> Utilize the Case Plan template to complete the required Placement Case Plan with parents and youth.</p>	<p>October 15, 2015</p>	<p>July 2020</p>	<p>Placement Supervisor, Placement Officers</p>
<p><b>D.</b> Monitor and adjust communication and inclusion materials and goals with feedback from parents, youth, probation staff and placement providers</p>	<p>April 1, 2016</p>	<p>Every 6 months through July 2020</p>	<p>Placement Supervisor, Placement Officers, Assistant Division Director and Division Director</p>

ATTACHMENT B  
CAPIT/CBCAP/PSSF  
PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION TEMPLATE

**PROGRAM NAME**

Adoption Promotion and Support

**SERVICE PROVIDER**

Meridian Psychotherapy Group

**PROGRAM DESCRIPTION**

Provide culturally competent bilingual counseling and support services that promote, support and encourage the adoption process for parents who are considering adoption, going through the adoption process, or have already adopted children from FCS.

**FUNDING SOURCES**

SOURCE	LIST FUNDED ACTIVITIES
<b>CAPIT</b>	
<b>CBCAP</b>	
<b>PSSF Family Preservation</b>	
<b>PSSF Family Support</b>	
<b>PSSF Time-Limited Family Reunification</b>	
<b>PSSF Adoption Promotion and Support</b>	Behavior health, mental health services
<b>OTHER Source(s): (Specify)</b>	

**IDENTIFY PRIORITY NEED OUTLINED IN CSA**

- 39% of children in CWS system are currently in permanent placement (CSA, page 24)
- 96% of children in permanent placement are in court-ordered services (CSA, page 24)
- 56% of children in permanent placement are Latino (CSA, page 24)
- Re-Design of case management services to focus on permanency for children in foster care (CSA, page 99)

COUNTY:

DATE APPROVED BY OCAP:

- Need to continue and expand adoption support identified by agency staff, and by youth focus group (CSA, page 128-129)

**TARGET POPULATION**

Current dependents in the foster care system with a case plan goal of adoption, families exploring adoption, families with children who have had a finalized adoption.

**TARGET GEOGRAPHIC AREA**

Countywide

**TIMELINE**

SIP CYCLE: JULY 3, 2015 – JULY 3, 2020

EVALUATION

**PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING  
(EXAMPLE\* PROVIDED BELOW)**

Desired Outcome	Indicator	Source of Measure	Frequency
Pre/Post Adoptive families will improve in their ability to deal with the stress/crisis	85% of families will show improvement in their ability to deal with the stress/crisis	Pre- and post- adoptive assessment instruments (Parental Stress Inventory)	Completed by participants at program entry & exit

**CLIENT SATISFACTION  
(EXAMPLE\* PROVIDED BELOW)**

Method or Tool	Frequency	Utilization	Action
Satisfaction Survey	Completed by participants upon exit from the program	Surveys reviewed annually	Problem areas addressed by staff, as appropriate to resolve issues and ensure continuous quality improvement

COUNTY:

DATE APPROVED BY OCAP:

**PROGRAM NAME**

Children’s Network Coordination and Capacity Building

**SERVICE PROVIDER**

United Way of Santa Cruz County (Child Abuse Prevention Council)

**PROGRAM DESCRIPTION**

Provide services and perform activities to enhance the coordination and capacity-building functions of the Children’s Network. The Children’s Network is the countywide child abuse prevention coordinating council whose primary purpose is to coordinate the community’s efforts to prevent and respond to child abuse and to reduce fragmentation of programs for at-risk children and families in Santa Cruz County. It serves as a vehicle for planning, coordination, collaboration, networking and information sharing. The intent of the Children’s Network is to encourage the development of a comprehensive and collaborative delivery system of services to the children and youth of Santa Cruz County.

**FUNDING SOURCES**

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	Network Development
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): (Specify)	

**IDENTIFY PRIORITY NEED OUTLINED IN CSA**

- Gaps in prevention and early intervention services identified in focus groups (CSA, page 167)
- Need to address social/emotional issues of very young children, educational support for school age children, and substance abuse services targeted to youth (CSA, page 178)
- 11.6% of families with children under 18 years fall below poverty level (CSA, page 13)
- 57% of substantiated allegations are for neglect (CSA, page 25)
- 56% of children in permanent placement are Latino (CSA, page 24)

**TARGET POPULATION**

COUNTY:

DATE APPROVED BY OCAP:

Vulnerable families at risk of abuse or neglect, with emphasis on Latino families

**TARGET GEOGRAPHIC AREA**

Countywide

**TIMELINE**

SIP CYCLE: JULY 3, 2015 – JULY 3, 2020

**EVALUATION**

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

<b>Desired Outcome</b>	<b>Indicator</b>	<b>Source of Measure</b>	<b>Frequency</b>
Reduce the likelihood of child abuse and neglect by coordinating and supporting community-based efforts to develop and expand services and programs that strengthen and support families	The Children’s Network will meet bimonthly to share information, announce grant opportunities, present on significant issues affecting children and their families, and provide legislative updates that impact children’s services  Number of continued participants who attended more than 2 meetings, number of new participants	Children’s Network Annual Report	Annually

**CLIENT SATISFACTION**

<b>Method or Tool</b>	<b>Frequency</b>	<b>Utilization</b>	<b>Action</b>
Satisfaction Survey	Completed by participants upon network development meetings	Surveys reviewed annually	Problem areas addressed by staff, as appropriate to resolve issues and ensure continuous

**COUNTY:**

**DATE APPROVED BY OCAP:**

			quality improvement
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COUNTY:

DATE APPROVED BY OCAP:

**PROGRAM NAME**

CWS Flex Fund

**SERVICE PROVIDER**

Youth Resource Bank

**PROGRAM DESCRIPTION**

A flexible fund provides tangible concrete support to families receiving Child Welfare Services, to facilitate reunification and family preservation by providing flexible, family-based, intensive time-limited and culturally competent intervention and treatment services to families in crisis.

**FUNDING SOURCES**

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	
PSSF Family Preservation	Basic needs, concrete supports, respite care, youth programs
PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): (Specify)	

**IDENTIFY PRIORITY NEED OUTLINED IN CSA**

- Ten percent of households have income below \$15,000 (CSA, page 10)
- Children made up 12% of homeless people counted (CSA, page 11)
- Median rent is \$1,474 (CSA, page 14)
- Stakeholder feedback identifies assistance with jobs, housing and/or income as top needs for families (CSA, page 99)

**TARGET POPULATION**

Families that have already demonstrated the need for intervention and have an open child welfare case.

**TARGET GEOGRAPHIC AREA**

Countywide

COUNTY:

DATE APPROVED BY OCAP:

**TIMELINE**

SIP CYCLE: JULY 3, 2015 – JULY 3, 2020

**EVALUATION**

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

<b>Desired Outcome</b>	<b>Indicator</b>	<b>Source of Measure</b>	<b>Frequency</b>
Families with reunification and/or preservation plans have access to concrete support in time of crisis need	75% of the families with reunification and/or preservation plans who request them have access to services through the flex fund	Internal tracking system conducted by FCS	As requested

**CLIENT SATISFACTION**

<b>Method or Tool</b>	<b>Frequency</b>	<b>Utilization</b>	<b>Action</b>
Verbal feedback provided to CWS social worker	After request has been processed	Feedback will be used to target needs and services.	Problem areas addressed by staff, as appropriate to resolve issues and ensure continuous quality improvement

COUNTY:

DATE APPROVED BY OCAP:

**PROGRAM NAME**

Supervised Visitation

**SERVICE PROVIDER**

Parents Center, Inc.

**PROGRAM DESCRIPTION**

Therapeutic supervised visitation promotes and encourages healthy parent-child relationships, and assists children and natural parents in the work of family reunification. A trained bilingual visit supervisor who is culturally competent supervises Court-ordered visits for families referred by FCS. The visit supervisor is supervised by a licensed or license-eligible clinician. Services are available in Spanish for monolingual Spanish-speaking families.

**FUNDING SOURCES**

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	Parent/sibling visitation
PSSF Adoption Promotion and Support	
OTHER Source(s): (Specify)	

**IDENTIFY PRIORITY NEED OUTLINED IN CSA**

- Visitation identified by parents as the factor that most affected reunification (CSA, page 168)
- Stakeholders advocated for increased visitation and longer visitation periods (CSA, page 168)
- 56% of children in permanent placement are Latino (CSA, page 24)

**TARGET POPULATION**

Children that are removed from their home and placed in a foster family home or a child care institution; parents or primary caregiver of such a child, in order to facilitate the reunification of the child safely, appropriately and in a timely fashion, but only during the 15 month period that begins on the date the child is considered to have entered foster care.

COUNTY:

DATE APPROVED BY OCAP:

**TARGET GEOGRAPHIC AREA**

Countywide

**TIMELINE**

SIP CYCLE: JULY 3, 2015 – JULY 3, 2020

**EVALUATION**

**PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING  
(EXAMPLE\* PROVIDED BELOW)**

<b>Desired Outcome</b>	<b>Indicator</b>	<b>Source of Measure</b>	<b>Frequency</b>
Parents increase knowledge of parenting skills	75% of parents will report increase knowledge of parenting skills	Exit interview Parent report	Completed by parent at program exit

**CLIENT SATISFACTION**

**(EXAMPLE\* PROVIDED BELOW)**

<b>Method or Tool</b>	<b>Frequency</b>	<b>Utilization</b>	<b>Action</b>
Satisfaction Survey	Completed by participants semi-annually	Surveys reviewed semi annually	Problem areas addressed by staff, as appropriate to resolve issues and ensure continuous quality improvement

**COUNTY:**

**DATE APPROVED BY OCAP:**

**PROGRAM NAME**

Families Together (Differential Response Services)

**SERVICE PROVIDER**

Encompass Community Services

**PROGRAM DESCRIPTION**

Families Together is a comprehensive child abuse early intervention and prevention program serving the entire county. This initiative, using a differential response model (Path 1 and Path 2), 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 CCTE, 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. Goals of the program include:

- Improved parent-child relationship
- Improved family support
- Improved community engagement
- Improved child safety
- Improved child health and development
- Improved child well-being

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 either assessed out or investigated and the case has been closed with a substantiated or inconclusive allegation.

Once a referral is identified, a FCS social worker contacts the family to engage them in voluntary community-based services. The following services are provided:

- Differential Response – Path 1 and Path 2.
- Case management including intake, assessment, service plan development, linkage to resources and monitoring of progress in achieving service plan objectives.
- Parent education and skill building – early childhood education, Triple P Parenting education

**FUNDING SOURCES**

SOURCE	LIST FUNDED ACTIVITIES
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COUNTY:

DATE APPROVED BY OCAP:

<b>CAPIT</b>	Differential Response, case management, parent education
<b>CBCAP</b>	
<b>PSSF Family Preservation</b>	
<b>PSSF Family Support</b>	Differential Response, case management, parent education
<b>PSSF Time-Limited Family Reunification</b>	
<b>PSSF Adoption Promotion and Support</b>	
<b>OTHER Source(s):</b> County Children's Trust Fund First 5	

**IDENTIFY PRIORITY NEED OUTLINED IN CSA**

- High rate of substantiated allegations in the 0-5 age range (CSA, page 19)
- High rate of first entries in the 0-5 age range (CSA, page 20)
- The majority (29.2%) of entries into child welfare were Hispanic (CSA, page 25)
- Allegations of abuse and neglect accounted for 46.8% of total allegations CSA, page 25)

**TARGET POPULATION**

Families with children at risk of abuse or neglect; families with one or more risk factors; families that have already demonstrated a need for intervention; minority populations; children under 14 years of age with primary focus on 0-5

**TARGET GEOGRAPHIC AREA**

Countywide

**TIMELINE**

SIP Cycle: July 3, 2015 – July 3, 2020

**EVALUATION**

**PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING  
(EXAMPLE\* PROVIDED BELOW)**

<b>Desired Outcome</b>	<b>Indicator</b>	<b>Source of Measure</b>	<b>Frequency</b>
Participants will demonstrate reduced risk	70% of primary caregivers who participate in Differential Response will demonstrate	SDM	Completed with participants at exit

COUNTY:

DATE APPROVED BY OCAP:

	reduced risk based on a final assessment		
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**CLIENT SATISFACTION  
(EXAMPLE\* PROVIDED BELOW)**

<b>Method or Tool</b>	<b>Frequency</b>	<b>Utilization</b>	<b>Action</b>
Satisfaction Survey	Completed by participants at exit from program	Surveys reviewed after each exit from program	Problem areas addressed by staff, as appropriate to resolve issues and ensure continuous quality improvement