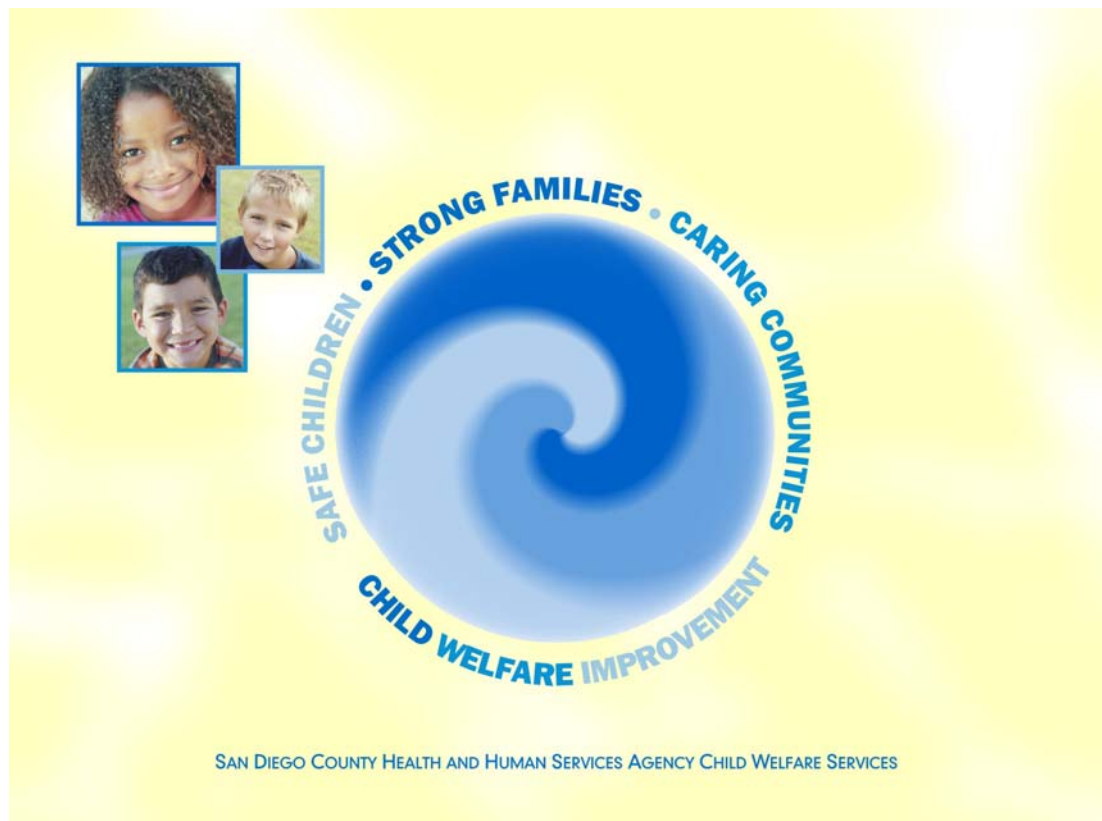


# California Outcomes and Accountability System Child and Family Services Review 2008 County Self Assessment Report County of San Diego



Mary C. Harris, Director, Child Welfare Services  
Mack Jenkins, Chief Probation Officer, Juvenile Probation



## California's Child and Family Services Review (C-CFSR) County Self-Assessment

<b>County:</b>	San Diego
<b>Responsible County Child Welfare Agency:</b>	Health and Human Services Agency (HHSA) Child Welfare Services (CWS)
<b>Period of Assessment:</b>	July 2005 to December 2008
<b>Period of Outcomes Data:</b>	July 1998 through December 2008 via UC Berkley Child Welfare Research Center
<b>Date Submitted:</b>	January 2, 2009


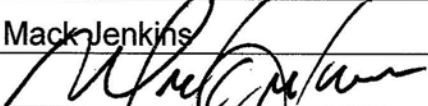
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## **II. INTRODUCTION**

The purpose of the County Self Assessment (CSA) is for each county, in collaboration with their community and prevention partners, to examine their strengths and needs from prevention through the continuum of care, including reviews of the current levels of performance, procedural and systemic practices, and available resources. To that end, the County Self-Assessment process is integrated with the triennial needs assessment for the Child Abuse Prevention, Intervention and Treatment (CAPIT), Community Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) programs. Integrating these two assessments streamlines duplicative processes, maximizes resources, increases partnerships and improves communication.

### **Guiding Principles of the CSA**

The guiding principles of the CSA process are the following:

- The goal of the child welfare system is to improve outcomes for children and families in the areas of safety, permanence and well-being.
- The entire community is responsible for child, youth and family welfare, not just the child welfare agency. The child welfare agency has the primary responsibility to intervene when children's safety is endangered.
- To be effective, the child welfare system must embrace the entire continuum of prevention services and after care prevention.
- Engagement with consumers and the community is vital to promoting safety, permanence and well-being.
- Fiscal strategies must be arranged to meet the needs identified in the CSA.
- Transforming the child welfare system is a process that involves removing traditional barriers within programs, our system, and other systems.

### **About the County Self Assessment Team Process**

The County of San Diego, CWS and Juvenile Probation Department would like to thank over 200 representatives from private, public and community that assisted the 2008 County Self-Assessment (CSA) process and especially the CSA Team members (Appendix A) for their hard work, commitment and contributions to this effort. This report would not have been possible without their expertise and dedication.

In September 2008, the CSA Team met for three productive meetings. The Team gathered and analyzed a wide variety of data to identify the County's strengths and areas needing improvements. Team members evaluated trend analysis data fact sheets on the child welfare performance measures. Each team member received a CSA Team Member Information Packet that included presentation hand-out on child welfare outcome data and 2006-2009 System Improvement Plan (SIP) accomplishments.

In addition to the three Team meetings, the County held six Stakeholder Forums with parents, youth, kinship caregivers, adoptive parents and child abuse detectives. The County hired a consultant group to facilitate all CSA meetings and stakeholder forums. Child Welfare Services (CWS) management gathered additional information at the County's Commission on Children, Youth and Families Child Abuse Prevention Consortium Meeting and the Child Welfare Services (CWS) Program Integrity Meeting. Information from the County's 2008 Peer Quality Case Review (PQCR) was also incorporated into this report.

The County used a CSA Survey (Appendix B) to gather additional information from stakeholders. The survey was distributed to external and internal stakeholders via Survey Monkey and paper copies were distributed. Survey results were collected and compiled by CWS Data Unit and the findings were incorporated into this report and are included in Appendix C.

### **A. County Self Assessment Team Composition**

The County of San Diego Team composition was based on the CDSS-CSA Guide (Version 2.0) list of required core and consulted member representatives. Required representatives included parents, youth, foster parents and Indian Child Welfare experts representing local Native American tribes. Community-based partners from more than twenty-five social services agencies were also represented. The Team included multi-disciplinary subject matter experts in education, criminal justice, military, domestic violence, Regional Center and mental health.

County staff Team members represented staff from CWS and Probation. Centralized CWS program staff from Adoptions, Residential and Adolescent Services, Foster Home Licensing, Indian Specialty Unit, Policy and Program Support and Polinsky Children’s Center (PCC) were all represented. Other Health and Human Services Agency (HHSA) departments included staff from the Commission on Children Youth and Families, Public Health, Alcohol and Drug Services, Mental Health and the Office of Violence Prevention. The County’s Juvenile Court representatives included staff from the Juvenile Court, Public Defenders, Alternate Public Defenders and Court Appointed Special Advocates (CASA) Office.

## **III. DEMOGRAPHIC PROFILE**

### **A. Demographics of the General Population**

San Diego County is a diverse region in both topography and population. The county consists of 4,261 square miles and is bordered by Mexico to the South, Camp Pendleton Marine Base to the north, mountains and deserts to the east, and the Pacific Ocean to the west. The total estimated county population is 3,146,274 from the San Diego Association of Governments (SANDAG) for 2008. The under age 18 population is estimated at 780,977.<sup>i</sup> According to SANDAG estimates, Hispanic children are now the majority population among San Diego’s County’s children.

Race/Ethnic breakdowns are provided below:

<b>2008 Population Under Age 18 by Ethnicity, San Diego County</b>		
<b>Race/Ethnicity</b>	<b>Number</b>	<b>Percent</b>
Hispanic	309,417	39.6%
White	305,234	39.1%
Asian/Pacific Islander	72,154	9.2%
Black	45,679	5.8%
Native American	3,596	.5%
Other	44,897	5.7%
Total	780,977	100%

The following table provides additional County information and demographics:

Description	Data
<i>Native American Tribes</i>	18 Native American reservations represented by 17 Tribal Governments, more than any other county in the United States. <sup>ii</sup>
<i>Education:</i>	According to 2007-08 enrollment data there were 495,689 children enrolled in public schools in grades K-12. This was an increase of about 2,000 from the previous school year but has decreased from a high of 499,750 in 2002-03. These children were spread across 42 school districts and County Office of Education administered schools, such as the school at Juvenile Hall. Of the 495,689 children enrolled in 2007-08, 58,818 (11.9%) were enrolled in Special Education. <sup>iii</sup>
<i>School Drop-Out Rate</i>	The most current dropout rate for grades 9-12 was 3.8%. The 4-year derived dropout rate was 14.9%. The 4-year derived dropout rate is an estimate of the percent of students who would drop out in a four year period based on data collected for a single year. <sup>iv</sup>
<i>Teen Births</i>	In 2006, there were 3,789 live births to teen mothers which accounted for 8.1% percent of all live births. This number has remained stable over the last few years and is quite a bit lower than in 1999 when there were 4,284 teen births representing 9.9% of all live births. <sup>v</sup>
<i>Number of Children on Child Care Waiting Lists</i>	According to the Needs Assessment produced by the San Diego County Child Care Planning Council, there are approximately 11,670 children on Child Care Subsidized Waiting lists. <sup>vi</sup>
<i>Number of Children Participating in Subsidized School Lunch Programs</i>	The number of Free or Reduced School Lunches was reported as 213,741 in 2006. <sup>vii</sup>
<i>Number of Children Receiving Age Appropriate Immunizations</i>	In the fall of 2007, 92.3% of children in reporting kindergartens had all required immunizations. <sup>viii</sup>
<i>Number of Low Birth Weight Babies:</i>	The number of low birth weight babies (under 2,500 grams) in 2006 was 3,079, or 6.6%. This number has been increasing. <sup>ix</sup>
<i>Number/Rate of Families Receiving Public Assistance</i>	<i>Cal WORKs:</i> The current number of families receiving Cal Works support was 25,060 as of June 2008. <sup>x</sup>
<i>Number/Rate of Families With No Health Insurance</i>	According to the 2005 California Health Interview Survey, the number of uninsured children was 54,000, or 6.9% of the 0-17 population. <sup>xi</sup>
<i>Number of Families Living Below Poverty Level</i>	According to the U.S. Census Bureau, the percent of persons living below the poverty level was 10.9 percent in 2004. <sup>xii</sup> The percent of children (under the age of 18) living below the poverty level in 2006 was estimated at 14.9% (109,507 children). <sup>xiii</sup>
<i>County Unemployment Rate:</i>	The unemployment rate was 6.4% in August 2008 compared to 4.8% in August of 2007. <sup>xiv</sup>



### Child Welfare Services Participation Rates

The following table shows child welfare participation rates for 2002 and 2007. These data come from the California Department of Social Services quarterly reports available from the UC Berkeley Center for Social Services Research, <http://cssr.berkeley.edu/cwscmsreports>.

Participation Measures	San Diego County				California
	2002 Baseline Number*	2002 Baseline Rate per 1000	2007 Number*	2007 Rate per 1000	2007 Rate per 1000
Child Population	773,661		807,039		
# Children in referrals	51,832	67.0	49,626	61.5	49.2
# Children in Substantiated Referrals	11,084	14.3	10,645	13.2	10.7
Children Entering Out-of-Home Care	3,228	4.2	2,614	3.2	3.9
Children Entering Out-of-Home Care for First Time	1,920	2.5	1,542	1.9	2.5
Children in Out-of-Home Care	6,155	7.8	5,254	6.5	7.3

\* Numbers are based on calendar year data, except for the "children in out-of-home care" numbers which are point in time for 7/1/03 & 7/1/07.

### Child Welfare Services Caseload Demographics

The following tables provide demographic information on children in referrals and in out-of-home care. These data come from the California Department of Social Services quarterly reports available from the UC Berkeley Center for Social Services Research, <http://cssr.berkeley.edu/cwscmsreports>.

Children with Maltreatment Referrals by Age San Diego County, 2007			
Age Group	Children with Referrals	Total Child Population	Rate per 1,000 Children
Under 1	3,653	42,987	85.0
1-2	5,528	88,917	62.2
3-5	8,270	134,382	61.5
6-10	13,753	213,402	64.4
11-15	13,735	232,292	59.1
16-17	4,687	95,059	49.3
Total	49,626	807,039	61.5

<b>Children with Maltreatment Referrals by Ethnicity San Diego County, 2007</b>			
<b>Ethnic Group</b>	<b>Children with Referrals</b>	<b>Total Child Population</b>	<b>Rate per 1,000 Children</b>
Black	6,255	35,709	175.2
White	14,701	345,866	42.5
Hispanic	22,100	316,296	69.9
Asian/P.I.	2,016	65,045	31.0
Native American	338	5,672	59.6
Missing	4,216	38,451	109.6
<b>Total</b>	<b>49,626</b>	<b>807,039</b>	<b>61.5</b>

<b>Children In Out-of-Home Care by Age San Diego County, As of July 1, 2007</b>			
<b>Age Group</b>	<b>Caseload</b>	<b>Total Child Population</b>	<b>Rate per 1,000 Children</b>
Under 1	323	42,987	7.5
1-2	783	88,917	8.8
3-5	811	134,382	6.0
6-10	1,075	213,402	5.0
11-15	1,504	232,292	6.5
16-17	758	95,059	8.0
<b>Total</b>	<b>5,254</b>	<b>807,039</b>	<b>6.5</b>

<b>Children In Out-of-Home Care by Ethnicity San Diego County, As of July 1, 2007</b>			
<b>Ethnic Group</b>	<b>Caseload</b>	<b>Total Child Population</b>	<b>Rate per 1,000 Children</b>
Black	1,142	35,709	32.0
White	1,387	345,866	4.0
Hispanic	2,439	316,296	7.7
Asian/P.I.	176	65,045	2.7
Native American	109	5,672	19.2
Missing	1	38,451	0
<b>Total</b>	<b>5,254</b>	<b>807,039</b>	<b>6.5</b>

**Explanatory Notes for Participation and Caseload Demographic Tables:**

- UC Berkeley counts unduplicated numbers of children, so if a child is on multiple referrals during the year, they are only counted once during the year.
- UC Berkeley uses population *projections* from the California Dept. of Finance to calculate rates. These numbers are somewhat different than the population *estimates* from SANDAG used in Section C1 which is updated more frequently. The child population UC Berkeley used to calculate the participation rates for children in out of home care, as of July 1, 2003, was 788,393.

### **Probation Participation Rate**

- There are approximately 5,300 wards under Probation supervision.
- Within the total population, 178 wards fall into the category of those receiving CWS, which include residential treatment facilities, foster homes and relative/non-relative placements.
- 92% of Probation wards in foster care fall within the ages of 15–18.
- Reasons for placement include sex offenses, substance abuse and behavioral/mental health issues.

## **IV. PUBLIC AGENCY CHARACTERISTICS**

### **A. Size and Structure**

#### ***County Operated Shelter***

CWS operates the A.B. and Jessie Polinsky Children's Center (PCC), a 24-hour facility and Assessment Center for the temporary emergency shelter of abused and neglected children, birth to 18 years that need to be removed from their home for their safety. PCC is licensed by the State Department of Social Services Community Care Licensing (CCL) division to serve up to 204 children.

The PCC campus includes six residential cottages, an infant nursery, medical clinic, school, library, cafeteria, gymnasium, two swimming pools, two playgrounds and an athletic field. PCC also includes a 23-hour Assessment Center, and a Prevention Pavilion that provides space for the Child Abuse Prevention Center and other community child abuse prevention activities.

PCC also offers the following on-site specialized services:

- *Physical Health Clinic*: A contracted service with Rady Children's Hospital that provides a comprehensive health screening for new arrivals and arranges for specialized services and provides on-going health care for all children detained in PCC.
- *Mental Health Services*: A County program that provides on-site assessments, medication evaluations and crisis intervention.
- *Developmental Screening and Evaluation Program*: A contracted service with Rady Children's Hospital and Health Center that provides screening, evaluation and referral services for children, ages 6 months to 5 years and 11 months.
- *Critical Assessment for Release Early (CARE)*: A County program, where social work staff complete assessments and home evaluations to expedite reunification or arrange for relative placements.

Thousands of children served at the Polinsky Children's Center continue to benefit from the successfully unique public-private partnership. As a result of public support and private contributions, the Polinsky Children's Center has been able to offer abused, neglected and abandoned children an environment that is safe, secure and as homelike as possible.

In addition to PCC 23-hour Assessment Center, the County operates/contracts for the following:

- Child Assessment Center North (CANN), a 23-hour assessment center in the North Region operated by a non-profit agency
- Way Station foster homes, short-term foster homes in the East, Central, North Central and South Regions

### **County Foster Home Licensing**

The County of San Diego has a contract with the State of California to license foster homes. All licensed homes receive a State Foster Home License. Potential caregivers attend an orientation, receive First Aid certification and CPR, are TB tested, and submit to a background check. The family home is visited and approved by a Licensing Program Analyst. Caregivers are required to attend 27 hours of pre-service training. After licensing, they are required to attend at least 8 hours of training per year and maintain their First Aid and CPR certification. Their licensing worker meets with the family a minimum of once a year.

### **County Adoptions**

San Diego County Adoptions (SDCA) is licensed by the California Department of Social Services as a full service Adoption agency. The Adoption program is also governed by the County of San Diego, Health and Human Services Agency that provides permanency planning for dependent children of the Juvenile Court who do not reunify with their birth parents. This program is a full service adoption agency, which assumes care, custody and control of a child through relinquishment of the child to the Adoption agency or involuntary termination of parental rights. The program also counsels birth parents who are considering voluntary relinquishment, assesses prospective adoptive parents, assesses children for adoption, places children for adoption and supervises adoptive placements. SDCA is regionalized with 6 offices throughout the County.

The CWS Adoption program also includes several specialized units: *Support Services; Guardianship; Independent Adoptions; Step Parent Adoptions and Permanency Placement Assessment Unit (PPAU)*.

- *Support Services*: This Unit handles the recruitment of adoptive families and helps social workers search for adoptive homes nationwide for hard to place children. This unit also coordinates training for all adoptive parents and adoption staff.
- *Guardianship*: This Unit assesses families and children for a permanent plan of legal guardianship.
- *Independent Adoptions*: This Unit investigates petitions for adoption filed by independent parties, such as adoptive parents or adoption attorneys. The children being adopted through this program are not dependents of the court.
- *Step Parent Adoptions*: The Agency also investigates step parent adoption petitions filed within the County of San Diego.
- *Permanency Placement Assessment Unit*: This Unit screens concurrent planning placement referrals and pre-assesses children for permanency prior to the termination of parental rights hearing. This Unit also handles all of the noticing for termination of parental rights hearings on cases active to Adoptions.

### **Adoption and Inter-Jurisdictional Issues**

The SDCA collaborates with other Counties, States and Countries to place children with permanent families. For example, SDCA works closely with Adopt America Network which is a clearinghouse for adoptive families throughout the United States with approved adoption home studies, waiting to adopt children with special needs.

SDCA believes that all children are adoptable and strives to place all children eligible for adoption in a permanent home, including older children, children with special needs and

large sibling groups. The Agency partners with the San Diego Chargers and KFMB Channel 8 to raise adoption awareness in the community by featuring waiting children on Channel 8 and in the annual Leap of Faith Calendar.

### ***Probation***

San Diego County Juvenile Probation provides child welfare services through its Placement Unit. The Placement Unit is a specialized unit within Juvenile Field Services whose primary responsibility is to secure and monitor appropriate placements in Residential Treatment facilities, foster home and Relative/Non-Relative Extended Family Member homes.

## **B. County Government Structure**

The County of San Diego government organizational chart is included in Appendix D. CWS falls under the HHSA umbrella. In order to better provide services to its customers, the HHSA divides the County into six geographic service regions: Central, North Central, South, East, North Inland and North Coastal. HHSA's Regional Map is included in Appendix E. Each region examines the needs in their communities and strives to provide services to meet those needs.

### ***Political Jurisdictions***

The County of San Diego is governed by County Board of Supervisors and a Chief Administrative Officer (See Attachment D). Each Supervisor is responsible for their assigned regional designated area. The County works with a large number of city jurisdictions and tribal governments. Eighteen federally recognized Native American tribes and work collaboratively with County departments to address jurisdictional issues.

### ***Impact of County Structure***

The regional structure allows for Regional General Managers to know their individual communities and develop partnerships to meet the needs of each community. Staff provides services in an integrated fashion, close to families and in communities, often alongside other public and private sector providers. The regional framework promotes an integrated network of providers. One example of integration is that the County's Public Health Services, Public Health Nurses align with CWS social workers to conduct joint home visits with foster children and their caregivers to ensure access to needed health services.

### ***Staffing***

The current staffing for CWS includes 558 Protective Services Workers, 159 Senior Protective Services Workers, 121 Protective Services Supervisors, 9 Protective Services Aids, 82 Social Worker I, II's, III's, 2 Social Work Supervisors and 201 Support Staff. Currently, there is a soft hiring freeze and many positions are being held vacant due to attrition.

The Probation Department Placement Unit is comprised of one Supervising Probation Officer, three Senior Probation Officers, ten Deputy Probation Officers and two Probation Aides. There has been minimal turnover in the Placement Unit over the past five years. All staff has been in the unit a minimum of two years.

### ***Bargaining Units***

The local bargaining unit for CWS social workers is the Local Service Employees International Union (SEIU 2021). CWS management has monthly meetings with SEIU

Union Representatives. During the past twelve months, union issues have involved equitable caseload assignments and information technology needs of social workers.

Probation Officers are represented by the Probation Officers Association, which is affiliated with SEIU Local 221. There are no collective bargaining issues that impact the provision of child welfare services for Probation.

### ***Financial/ Material Resources***

The County's CWS budget is funded by both federal and state allocations. Limited County General funds are used to supplement existing funding sources. CAPIT/CBCAP/PSSF funding and the County's Children's Trust Fund support CWS contracted services. Due to current cost of doing business and no increased funding, the County is exploring cost saving strategies across all regions and programs.

### ***Fiscal Tracking of CAPIT/CBCAP/PSSF and Children's Trust Funds***

The CWS Contract Unit and fiscal department oversee and track all CAPIT/CBCAP/PSSF funding. To ensure that contractors remain in compliance and receive the support necessary to meet the CAPIT/CBCAP/PSSF funding requirements, each contractor monitoring includes:

- Review of monthly progress reports
- Site visits and desk file audits
- Fiscal audits including evaluation of all fiscal claims and invoices

This process permits the County to track progress toward achieving desired outcomes, including measurable indicators that demonstrate the impact of services are having on families and communities. In addition to the contract monitoring mentioned above, the County tracks CAPIT/CBCAP/PSSF funds by reviewing utilization reports. The County's Commission on Children Youth and Family (CCYF) oversees the Children's Trust Fund.

## **V. PEER QUALITY CASE REVIEW SUMMARY**

The Peer Quality Case Review (PQCR) is a qualitative examination of the County's Child Welfare Services and Probation practices. The PQCR is driven by the idea that social workers and probation officers have valuable insights on how the system works and how to affect change in the outcomes for children, youth and families.

The San Diego 2008 PQCR was held from April 21<sup>st</sup> through April 25<sup>th</sup> and was a collaborative effort between the County's Child Welfare Services and Probation's Juvenile Field Services department. Peer reviewers represented six counties: Inyo, Sacramento, Santa Clara, Contra Costa, Imperial, and Riverside. In addition to out-of-county reviewers, in-county reviewers included CWS staff and community partners from the County Office of Education-Foster Youth Services and Indian Child Welfare experts.

To augment the information gathered from the PQCR interview process, the County held ten focus groups with parents, Probation youth, social service providers (including those serving military and Native American families), Independent Living Skills providers, CWS social workers and supervisors. In the Probation Focus group with youth, the youth described strong relationships with their Probation Officers. The CWS PQCR Review Teams noted that social workers were able to clearly identify engagement strategies used when meeting with the family.

## **Focus Areas**

### **Child Welfare-Recurrence of Maltreatment of Children Under Six Years of Age**

Child Welfare Services selected the Recurrence of Maltreatment (1A) as the focus area for the PQCR. When analyzing the data, families with children under 6 years old had the highest recurrence rate, and felt the children under 6-years of age are the most vulnerable.

In the process of identifying referrals for review, two concerns were discovered and were noted to be addressed in the future:

- How the child and parent's ethnicity was identified and coded in the Child Welfare System/Case Management System (CWS/CMS), particularly in reference to Native American families.
- The assignment of duplicate referrals.

Both of these concerns were discovered early in the PQCR and are an indication of how the PQCR is a continuum of learning, from the planning to the formal review process.

The overall findings from the focus groups and interviews for which impact the Recurrence of Maltreatment are:

- *Domestic Violence Protocol*- Inconsistent investigation of emotional abuse allegations in cases of domestic violence and coordination of services, especially in cases involving military families. Social Workers indicated the current domestic violence policy presents challenges and obstacles to serving these families. Recommendations include a review of current domestic violence policy and its impact on practice and improve dialogue with domestic violence treatment providers including military social services on how to best protect children in this situation.
- *Limited time*- Time allotted to complete an investigation and close a referral: 30 days is challenging to engage the family, link to services and ensure the services are in place. Recommendations include consulting with CDSS regarding the pros/cons for utilizing expanded timeframe of 60 days to complete investigations.
- *Training*- Workers and supervisors stated in general the trainings offered through the County are excellent and offer a great opportunity to enhance skills to work better with children, youth and families. Recommendations include providing training within regions to provide better access for all to attend and to review ICWA training to include not only law requirements and compliance but also available resources for Native American families.

### **Probation- Transition to Adulthood**

Throughout the Probation planning process, there was an openness and acceptance of the challenges Probation Officers face in providing services to this vulnerable population. While many of the challenges were known, there was not a firm concept of how to approach addressing the challenging areas. Clear themes from the focus groups and interviews were identified for Probation to review and to begin to set out concrete and tangible plans to adopt:

- The identification of a general lack of knowledge among the Probation Officers of the roles and responsibility of CWS social workers, Independent Living Skills (ILS)

workers and resources. Recommendations include cross-training between CWS, ILS and Probation to increase knowledge and communication between disciplines.

- While different constituent groups identified distinctive points of transfer and the difficulties within their own identified process, an overall theme of improving the transfer and referral process within Probation was identified to include the provision of full documentation. Additionally, explore the idea of holding Independent Readiness conferences as currently done in CWS.
- The final significant point identified involves the Transitional Independent Living Plan (TILP) document. During the PQCR process, it was identified that the Placement Unit Probation Officer does not complete the TILP or any other assessment documents to assist in preparing youth for exiting the system. Recommendations include the regular use of the TILP among Probation Officers as well as introducing another form of assessment of the youth to target specific needs and identify strengths.

## VI. OUTCOMES

### County Data Reports

The following measures serve as the basis for the County's Self-Assessment and are used to track the County's performance over time. The source of the data in this report is the UC Berkeley Center for Social Services Research and is extracted from the Child Welfare Services/Case Management System (CWS/CMS). Counties are responsible for entering data into CWS/CMS as part of the process to manage the caseloads of children and families who receive child welfare services. The data are grouped into four general categories:

- Safety
- Permanency and Stability, including the process measure of Adult Transitioning
- Community-Based Child Abuse Prevention and Intervention
- Well Being
- Systemic Factors

The following section provides analysis of the latest available data (2007) that includes a race/ethnicity and age comparison. Trend tables for available outcome data for years 1997 thru 2007 are included in Appendix E. In addition, stakeholder input was included at the end of sections when applicable.

#### A. **SAFETY 1**- Children are, first and foremost, protected from abuse and neglect

##### ***No Recurrence of Maltreatment (S1.1)***

###### Trend Comparison

In 2007, San Diego County's performance (92.3%) was below the Federal Standard (94.6%) and slightly below the statewide performance (92.9%). Since 1998, San Diego County increased the percentage of children for whom there was no additional substantiated maltreatment allegations during the subsequent 6 month period by 4.5%.

###### Race/Ethnicity

No Recurrence of Maltreatment has improved among all race/ethnicity groups over time. In 2007, Native Americans had the highest percentage of no recurrence at 97.4 % (although data should be interpreted with caution due to small numbers); followed by Asians at 94.9%;



Whites at 93.0%; and Hispanics at 91.5%. Blacks had the lowest percentage of no additional substantiated maltreatment allegations during the subsequent 6 months at 90.8%.

#### Age

No Recurrence of Maltreatment has improved among all age groups. However, there is little difference between the age groups. In 2007, rates ranged from 91.8% for 0-4 year olds to 92.8% for 10-14 year olds.

### ***No Maltreatment in Foster Care (S2.1)***

#### Trend Comparison

Overall, in San Diego County, the percentage of children who were not victims of substantiated maltreatment by a foster parent or facility staff decreased slightly from 1998 (100%) to 2007 (99.6%). In 2007, San Diego County's performance was very close to the Federal Standard (99.68%) and the statewide performance (99.66%).

#### Race/Ethnicity

For Native Americans, there was no difference in the percentage of children who were not victims of substantiated maltreatment by foster parent or facility staff maintaining 100% over time (numbers are small thus data should be interpreted with caution). In 2007, Blacks were at 99.7% followed by Whites at 99.6%, Hispanics at 99.5% and Asians at 99.3%.

#### Age

All age groups except the 10 to 14 group were at 99.7% in 2007. The 10 to 14 age group was at 99.4%.

#### Stakeholder Input on Safety Measure (1A) No Recurrence of Maltreatment

##### *Areas of Strength*

- In the 2003 System Improvement Plan, engaging clients was identified as an area needing improvement. This time it is seen as an area of strength.
- The use of Structured Decision Making (SDM) tools has helped to provide a common language which can be helpful in the decision making process.

##### *Areas Needing Improvement*

- The agency needs to provide clearer policy on how to investigate and establish risk in domestic violence cases.
- Service and coordination with military family resources needs improvement
- Communication and access to other service providers needs improvement

There were two youth Stakeholder forums held. Although some ex-foster children felt there were people who should not be foster parents, incidents of abuse in foster care were not mentioned

## **B. SAFETY 2 (State Measures)- Timely investigations and contacts**

### **Process Measure:**

#### ***1. Percent of Child Abuse/Neglect Referrals with a Timely Response (2B)***

##### Trend Comparison

Overall, in San Diego County, the percentage of child abuse/neglect referrals requiring an immediate response that had a timely response decreased by 2.5% from Q2 2003 (97.0%) to Q4 2007 (94.5%). In Q4 2007, San Diego County's performance was below the statewide percentage of 96.5%; however San Diego is consistently above the 90% compliance rate.

Overall, in San Diego County, the percentage of child abuse/neglect referrals requiring a 10-day response that had a timely response decreased by 3.4% from Q2 2003 (93.4%) to Q4 2007 (90.0%). In Q4 2007, San Diego County's performance was very close to the statewide percentage of 90.6%. Analysis of the data based on race/ethnicity and gender could not be completed, as no demographic breakdown data are available at this time.

Note: San Diego County has an additional mandated first contact date between the immediate and 10-day. Some of the 10-day cases are mandated to be seen in 5 days if there is a child under the age of 5 years of age.

## **2. Timely Social Worker Visits with Child (2C)**

Overall, in San Diego County, the percentage of children that received a timely social worker visit increased by 2.9% from Q2 2003 (82.1%) to Q4 2007 (85.0%). In Q4 2007, San Diego County's performance was below the statewide percentage of 89.7%, although we expect performance will increase due to recent countywide performance improvement efforts. Analysis of the data based on race/ethnicity and gender could not be completed, as no demographic breakdown data are available at this time.

## **C. PERMANENCY 1-Children have permanency and stability in their living situations without increasing reentry to foster care**

### **Permanency Composite 1**

#### ***Measure 1-Reunification within 12 Months (exit cohort) (C1.1)***

##### Trend Comparison

Over the last 10 years, the percentage of CWS children who reunified within 12 months has decreased by 9.6% from 60.8% in 1998 to 51.2% in 2007. This is below the Federal Standard (75.2%) as well as statewide performance (64.2%).

##### Race and Ethnicity

In 2007, Native American children had the highest rate of reunification at 75.0% (although numbers are small and should be interpreted with caution). Black children (54.1%) and White children (54.0%) had the next highest rates.

##### Age

As the age group increased the percentage of reunifications within 12 months decreased. In 2007, 55.6% of children ages 0 to 4 reunified within 12 months of removal; while reunification within 12 months was at 30.8% for children 15 and older and 46.0% for children ages 10 to 14. According to CWS/CMS 4<sup>th</sup> quarter extract, 7.7% of probation youth ages of 16-17 reunified within 12-months and 33.3% of the 11-15 year olds reunified within 12-months.

#### ***Measure 2- Median Time to Reunification (exit cohort) (C1.2)***

##### Trend Comparison

Over the last 10 years, the median time to reunification steadily increased from 7.8 to 11.6 months, a difference of nearly 4 months. In 2007, San Diego County had a higher median time to reunification (11.6 months) than the Federal Standard (5.4 months) and the statewide average (7.9 months).

##### Race /Ethnicity

The time to reunification increased for all race/ethnic groups except for Native Americans, where there was a decrease of 6.5 months (however data should be interpreted with caution

due to small numbers). In 2007, Hispanic children had the highest median time to reunification at 12.6 months, followed by Asian (12.3), White (11.2), Black (9.9) and Native American (7.9).

#### Age

Children under 1 year of age have the lowest time to reunification. In 2007, the median was 2.3 months. The 15+ age group had the highest median time to reunification at 18.3 months in 2007.

### **Measure 3- Reunification within 12 Months (entry cohort) (C1.3)**

#### Trend Comparison

Overall, in San Diego County, the percentage of reunifications within 12 months of removal for children first entering foster care has decreased by 2.8% from 1998 (37.8%) to 2006 (35.0%). For children entering care in 2006, San Diego County's performance was below the Federal Standard (48.4%) and statewide performance (40.8%).

#### Race/ Ethnicity

In 2006, reunification rates for first entries ranged from 18.5% for Asian children to 35.8% for Hispanic children. There were wide fluctuations in rates from year to year for Asian and Native American children. This may be due to small numbers. In 2005, the rate for Asian children was 42.1%.

#### Age

In 2006, reunification rates for first entries were highest for 5 to 9 year olds at 43.2% followed by 10 to 14 year olds at 35.1%, 0 to 4 year olds at 33.1% and 15+ at 26.0%.

### **Measure 4- Reentry Following Reunification (C1.4)**

#### Trend Comparison

Overall, in San Diego County, the percentage of children reentering foster care within 12 months of reunification has decreased by 3.4% from 1998 (12.6%) to 2006 (9.2%). In 2006, San Diego County exceeded the Federal Standard (9.9%) and statewide performance (11.3%).

#### Race /Ethnicity

There was an increase among Hispanics and Native Americans in the percentage of reentries over time, 2.5% and 1.5% respectively. In 2006, Hispanic and Native Americans had higher reentry rates than other race/ethnic groups. Black and White children experienced a decrease in the percentage of reentries, 9.2% and 5.6%, respectively. There is quite a bit of year to year variation among all groups.

#### Age

Children in all age groups except the 15 to 19 years age group experienced a decrease in the percentage of reentries within 12 months of reunification over time. The 2006 re-entry rate of 8.2% among the 0 to 4 age group was better than the State performance and Federal Standard.

#### Stakeholder Input on Permanency Composite-Reunification within 12-Months (C1.3)

*Strengths* – The CSA Team reviewed this outcome closely. Additionally, there were parent Stakeholder forums where reunification was also discussed.

- Families are usually asked to participate in the development of case plans.
- Parent search efforts are improving and finding fathers
- Intensive efforts such as Family Finding are helping to find relatives
- Engaging extended relatives is also helping

- More children are being placed together or with relatives
- CWS is trying new strategies to assist in having the resources to increase visitation such as group visitation that would allow more visits to take place without an increase in staffing/resource levels.
- There is a program called “friends outside” for incarcerated parents that facilitate child and incarcerated parent contact and visitation
- An agency focus to provide Parent Child Interactive Therapy (PCIT) brings parents and children together

#### *Areas Needing Improvement*

- Visitation: Start visits sooner in the process, evaluate why non-custodial parents are required to have supervised visits, provide more visitation assistance to foster parents, increase the length and frequency of visits to maintain parental relationship, more sibling visits need to occur, have visitation at the parents home or during dinner so things are more natural, fathers in substance abuse treatment often don't have the same visitation rights as mothers in treatment
- Placement – Local relative placements and Interstate Compact for the Placement of Children (ICPC) placements take too long
- Services – Provide expanded family engagement training for social workers on how to deal with uncooperative parents, eliminate waiting lists for services, individualize case plans, there are too many mandated services to complete in the amount of time allotted, continue to provide services once a family reunites

### **Permanency Composite 2**

#### ***Measure 1- Adoption within 24 Months (exit cohort) (C2.1)***

##### Trend Comparison

Overall, in the last 10 years, the percentage of adoptions within 24 months increased slightly from 16.3% in 1998 to 17.4% in 2007. However, since 2005, the percentage has declined from 21.4% to 17.4%. In 2007, San Diego County is performing below the Federal Standard (36.6%) and below the statewide performance (29.8%).

##### Race/ Ethnicity

In 2007, White children had the highest percentage of adoptions within 24 months at 23.2% followed by Black and Hispanic children both at 15.6%.

##### Age

Over the last 10 years, children ages 0 to 4 consistently had the highest rates of adoption within 24 months. In 2007, the rate for the 0 to 4 age group was 29.5%. In 2007, the 5 to 9 age group had the lowest percentage (2.9%) of adoptions within 24 months. The rate for children ages 10 to 14 was 5.4% and for 15+ was 8.3%.

#### ***Measure 2- Median Time to Adoption (exit cohort) (C2.2)***

##### Trend Comparison

Overall, in the last 10 years, the median time to adoption decreased slightly from 37.7 to 36.1 months. In 2001 and 2005, there were downward trends where the median months to adoption reached 34.5 months. In 2007, San Diego County had a higher median time to adoption than the Federal Standard (27.3 months) and the statewide average (29.8 months).

#### Race/ Ethnicity

In last 10 years, there were significant fluctuations for Asians (increase) and Native Americans (decrease). These results may be impacted by small numbers. Time to adoption decreased for Blacks and Whites and increased slightly for Hispanics. In 2007, Whites had the lowest median months to adoption at 33.1 months. The highest rate was 37.9 months for Hispanics.

#### Age

In the last 10 years, all age groups except 10-14 and 15+ experienced decreases. In 2007, children under age 1 had the lowest median time to adoption (8.9 months), followed by ages 1-2 (24.1 months), ages 3-4 (37.6 months), ages 5-9 (45.2 months), ages 10-14 (47.1 months) and age 15+ (60.7 months).

### ***Measure 3- Adoption within 12 Months (17 months in care) (C2.3)***

#### Trend Comparison

#### Trend Comparison

Overall, in San Diego County, the percentage of adoptions of children in continuous care for at least 17 months and subsequently adopted within 12 months has increased by 12.1% from 1998 (11.0%) to 2007 (23.1%). In 2007, San Diego County's performance (23.1%) exceeds the Federal Standard (22.7%) and the statewide performance (16.5%).

#### Race/ Ethnicity

In 2007, adoptions of Hispanic and White children, in care 17 months or more exceeded the Federal Standard (22.7%) at 26.4% and 23.8% respectively. Rates for all ethnic groups exceeded the State performance, except Native Americans whereby the number of adoptions may be too small for interpretation.

#### Age

In 2007, the 0 to 4 age group had the highest percentage of adoptions for children in continuous care for 17 months or more and subsequently adopted within 12 months with 52.3%, followed by the 5 to 9 age group with 34.1%, the 10 to 14 age group with 11.3% and the 15 and older age group with 3.3%. Over the last 10 years, the increase in the percentage of adoptions follows the same pattern: 0 to 4 age group had the largest increase of 23.8%, followed by 5 to 9 age group with 21.7%, 10 to 14 age group with 8.3% and 15 years and older age group with 2.9%.

### ***Measure 4- Legally Free within six Months (17 months in care) (C2.4)***

#### Trend Comparison

In San Diego County, the percentage of children who were in foster care for 17 months or more at the beginning of the year, and then became legally free for adoption within 6 months increased by 1.4% from 1998 (6.8%) to 2007 (8.2%). In 2007 San Diego County's performance (8.2%) is below the Federal Standard (10.9%) and exceeds statewide performance (6.2%).

#### Race/ Ethnicity

In 2007, Hispanics had the highest percentage of children who became legally free for adoption at 11%, followed by White children at 8.4%, and Black children at 5.5%.

#### Age

In 2007, the 0 to 4 age group had the highest percentage of children in care 17 months or more who became legally free for adoption at 43.1%. This represents a 13.8% increase from 1998. The 5 to 9 age group had the next highest rate in 2007 at 24.2%.

### ***Measure 5- Adoption within 12 Months (legally free) (C2.5)***

#### Trend Comparison

San Diego County had an increase of 2.3% in the percentage of children discharged from foster care to adoption within 12 months of being legally free from 1998 (28.8%) to 2006 (31.1%). In 2006, San Diego County's performance (31.1%) was below the Federal Standard (53.7%) and the statewide performance (55.3%).

#### Race/ Ethnicity

In 2006, Whites represented the group with highest percentage of children discharged from foster care to adoption within 12 months of becoming legally free. The rate for Hispanic children was 28.7%, followed by Black at 26.5%, Asian at 25.0% and Native American at 7.7%. Rates for Asians and Native Americans show wide fluctuations from year to year, probably due to small numbers.

#### Age

In 2006, the 0 to 4 age group had the highest percentage of children discharged to adoption at 35.3% which also represents the largest increase over time of 3.1%.

### Stakeholder Input on Permanency Composite 2-Adoption within 24-months (C2.1)

#### *Strengths*

The strengths of the adoption program include:

- Bi-lingual and bi-cultural adoption services to the border communities. For example, the County is negotiating an agreement with Mexico's social services agency in Baja California, Norte, to finalize the adoption of over 50 dependent children eligible for adoption and placed with relatives in Mexico;
- Regional and specialty program units that provide tailored adoption services depending on client needs;
- Practice that all adoption social workers have a Master's Degree in Social Work; *and*;
- Policy that requires adoptive parents participate in an intensive training prior to an adoptive placement.
- New laws allowing guardianship as a first choice in lieu of adoption may help speed the process as relatives were reluctantly pursuing adoption in the past
- San Diego County works to place all eligible children in adoptive homes but the hard to place population often takes longer to find an appropriate home
- San Diego County Adoption published an annual calendar that highlights children available for adoption. In addition, adoption works with a local news channel to promote adoption and foster parenting.

#### *Areas Needing Improvement*

- Evaluating the adoption applicant process to identify delays that occur in the process (e.g., the time it takes a social worker to complete an adoption home study or how long between the assignment of the case and contact with the family is initiated); *and*;
- Improve the education provided to relative caregivers and/or foster parents about the adoption process.

- Review adoption procedures to help shorten the time frame to adoption
- Issues are sometimes unresolved earlier in the case process and the adoption workers have to take time to complete actions such as ICWA issues, paternity, verifying birth, or immigration issues
  - The case handling of adoption cases needs to be streamlined
  - The telling process is a time consuming and lengthy process
  - Calendaring the finalization hearing can take months
  - Obtaining County required psychological evaluations and developmental assessments can take time and if there are other delays these assessments may become outdated

### **Permanency Composite 3**

#### ***Measure 1- Exits to Permanency (24 months in care) (C3.1)***

Overall, San Diego County has increased the percentage of children in foster care 24 months or longer at the beginning of the year who were then discharged to permanent homes by the end of the year. The percentage increased by 8.0% from 1998 (18.8%) to 2007 (26.8%). In 2007, San Diego County's performance (26.8%) is slightly below the Federal Standard (29.1%) and exceeds the statewide performance (20.4%).

##### Race/ Ethnicity

In 2007, Hispanics exceeded the State and Federal Standard with 30.4%, which represented a 10.2% increase since 1998. The 2007 rate for Asian children was 28.6%, followed by White at 27.1%, and Native American at 17.3%. All ethnic groups exceeded the State performance except Native Americans (results should be interpreted with caution due to small numbers).

##### Age

Over the last 10 years, all age groups experienced increases in the percentage of exits to permanency. The younger age groups had the highest percentages of exits to permanency. In 2007, the 0 to 4 age group had 61.1% of children in care 24 months or more discharged to permanent homes, followed by 5 to 9 year olds at 39.2%, 10 to 14 year olds at 19.2% and 15+ at 9.5%.

#### ***Measure 2- Exits to Permanency (legally free at exit) (C3.2)***

##### Trend Comparison

Overall, San Diego County has experienced a slight decrease in the percentage of legally free children who were discharged to a permanent home prior to turning 18. The rate decreased by 1.9% from 1998 (98.8%) to 2007 (96.9%). In 2007, San Diego County's performance (96.9%) was slightly below the Federal Standard (98.0%) and the statewide performance (97.4%).

##### Race/ Ethnicity

All ethnic groups decreased over time, except Native Americans who had rates of 100% over 9 of the last 10 years. In 2007, the rate for White children was 97.9%, Hispanic was 97.5%, and Black and Asian were at 94.4%.

##### Age

From 1998 to 2007 there was very little difference in the percentage of exits to permanency of legally free children by age group, except in the 15 and older age group. For the 15 and

older age group, there was an 18.7% decrease, from 75.0% to 56.3%, over the last 10 years, although there was wide variation from year to year.

**Measure 3- In Care Three Years or Longer (emancipation/age 18) (C3.3)**

Trend Comparison

Overall, San Diego County has decreased the percentage of children who emancipated or turned 18 and had been in foster care 3 years or longer by 5.6%, from 75.4% in 1998 to 69.8% in 2007. In 2007, San Diego County's performance (69.8%) was below the Federal Standard (37.5%) and the statewide performance (59.4%).

Race/ Ethnicity

From 1998 to 2007, the percentage of children who emancipated or turned 18 and had been in care 3 years or longer decreased by 17.6% for Black children and by 4.4% for Hispanic children. In 2007, the rate for Native American children was 100%, for Asian 80.0%, for Black 71.4%, for White 69.3% and for Hispanic 66.7%.

Age

Most children represented in the data for this performance measure are in the 15 and older age group. The 15 and older age group experienced a decrease of 5.9% over time.

**Permanency Composite 4**

**Measure 1- Placement Stability (8 days to 12 months in care) (C4.1)**

Trend Comparison

Overall, San Diego County has increased the percentage of children who were in care less than 12 months with two or fewer placements by 4.6% from 1998 (71.2%) to 2007 (75.8%). In 2007, San Diego County's performance (75.8%) was below the Federal Standard (86.0%) and the statewide performance (81.7%).

Race/ Ethnicity

Asians, Hispanics and Whites experienced improvement over time. In 2007, Asians had the highest percentage of children with two or fewer placements at 78.0%, a 12.1% increase over time. Hispanics were at 77.5%, an increase of 6.9%. Whites were at 77.2%, an increase of 5.7%. Blacks and Native Americans had the lowest percentages of placement stability in 2007, 69.7% and 68.3% respectively.

Age

The percentage of children with two or fewer placements increased among 0-4 and 5-9 age groups. In 2007, the 0 to 4 age group had the highest rate of placement stability at 79.6%, followed by the 5 to 9 age group at 75.6% and the 10 to 14 age group at 70.4%. In 2007, the 15 and older age group had the lowest percentage at 60.3%.

**Measure 2- Placement Stability (12 to 24 months in care) (C4.2)**

Trend Comparison

Overall, San Diego County has increased the percentage of children with two or fewer placements who have been in care for at least 12 months but less than 24 months by 6.4% from 1998 (45.9%) to 2007 (52.3%). In 2007, San Diego County's performance (52.3%) was below the Federal Standard (65.4%) and the statewide performance (61.3%).



### Race/ Ethnicity

All race/ethnic groups increased the percentage of children with two or fewer placements between 12 and 24 months. Native Americans had the highest percentage at 75.0% which represented the largest increase of 23.0% (although data should be interpreted with caution due to small numbers). Asians had the lowest rate of placement stability for children who had been in care for 12 to 24 months at 48.4%, yet represented the second largest increase over time at 10.6%. In 2007, Hispanics were at 52.6%, Whites were at 52.5% and Blacks were at 50.6%.

### Age

Over last 10 years, placement stability increased for all age groups except the 15 and older age group. In 2007, the 15 and older age group had the lowest percentage at 35.6% representing a decrease of 2.5% over time. The 0 to 4 age group had the highest percentage of children who had two or fewer placements at 59.7%, followed by the 5 to 9 age group at 50.0% and the 10 to 14 age group at 41.3%.

### **Measure 3- Placement Stability (at least 24 months in care) (C4.3)**

#### Trend Comparison

San Diego County experienced a decrease in placement stability for children in care for 24 months or more by 4.0% from 1998 (31.2%) to 2007 (27.2%). In 2007, San Diego County's performance (27.2%) was below the Federal Standard (41.8%) and the statewide performance (33.3%).

### Race/ Ethnicity

In 2007, Native Americans and Whites had the lowest percentage of children in care 24 months or more with two or fewer placements, 23.8% and 22.2% respectively. Asians had the highest rate of placement stability at 33.7%, followed by Hispanic at 30.1%, and Blacks at 26.5%.

### Age

The 0 to 4 age group saw an increase in the percentage of children with two or fewer placements over time by 9.7%. The 10 to 14 and 15+ age groups had the lowest percentages in 2007 and experienced a decrease over time of 10.4% and 10.9%, respectively.

### Stakeholder Input on Permanency Composite 4-Placement Stability (C4.1)

#### *Strengths*

- Keeping and placing children within their communities and schools
  - Regionally based Assessment Centers or Way Stations
  - Neighborhood for Kids- East Region strategy that assigns social workers in designated community locations and schools
- Array of support services
  - Voices for Children-Court Appointed Special Advocates (CASA)
  - Placement unit specialists
  - Parent partnering or mentoring
  - Caregiver support – Community Services for Families Project KEEP Kinship support services and support groups
  - Options Program-assist with the placement of special needs children (ages 0-5 and medically fragile)

- Comprehensive Assessment and Stabilization Services (CASS)- A program that assist families stabilize placement and meet the needs of foster children
- Family/Caregiver engagement
  - Team Decision Meetings (over 3000 since May 2006)
  - Family Finding, relative searches
  - Meetings with group homes and foster family agency (FFA) providers to address children's needs
- Training (specialized) for foster parents
  - Pride Training for foster parents

*Areas Needing Improvement*

- Case carrying Social Worker are not trained on placement issues and placement assessments
- Placement matching -assessment of children needs vs. foster placement ability to met those needs (need an "E-Harmony" type matching service)
- Include developmental stages of children in assessing for placement
- Provide training to enhance social worker's ability to work with placement rather than moving the children
- Train staff to prepare children for placement disruption and the trauma it causes.
- Referrals on foster homes, parents may make claims on foster placement, against a foster parent.
- Trauma caused by placement disruptions and as a system we need to recognize that the agency can attribute to the trauma

**Process Measures:**

**1. Timely Probation Officer Visits with Child (2C)**

Data is not yet available for this measure.

**2. Children Transitioning to Self-sufficient Adulthood (8A)**

Data is not yet available for this measure.

Stakeholder Input on Permanency Process Measure-Children Transitioning to Self-Sufficient Adulthood (8A)

Probation selected this area as one of their focus areas for the CSA Process. Further investigation and information gathered from community stakeholders including youth included the following:

*Strengths*

- Transitional housing opportunities; Transitional Housing Plan and Transitional Living Plan
- Education-Tracking students re: credits, SP. Ed. High School exit exams
- Foster grandparents' programs-non threatening approach
- Communication-collaboration

*Areas Needing Improvement*

- Not all foster youth receive adult transitioning services. Explore policy changes to require all foster youth participate in an adult transitioning program
- Minors placed out-of- county- Education issues-ILS issues, accessibility to services (Medical, reapply for services); consistency in services

- Resources are available, but youth do not know about the resources or how take advantage
- Lack of collaboration and communication between providers

**D. PERMANENCY 2- The continuity of family relationships and connections is preserved for children (PSSF)**

**Process Measures:**

**1. *Siblings Placed Together in Foster Care (4A)***

Trend Analysis

San Diego County had a 1.8% increase in the percentage of children placed with all or some of their siblings between 1999(63.3%) to 2008 (65.1%). In 2008, San Diego County's performance (65.1%) was below the overall statewide percentage (70.5%) of children in care and placed with all or some of their siblings.

Race/ Ethnicity

In 2008, Asians had the highest percentage of children place with all or some of their siblings at 73.5%, followed by Hispanic children at 69.1%. The percentage of White children placed with all or some of their siblings was 62.0% in 2008, for Blacks it was 57.8% and for Native American children, 54.9%.

**2. *Foster Care Placement in Least Restrictive Settings Least Restrictive Entries (First Placement) and (Point in Time Placement) (4B)***

Primary Placements

Overall, shelter placements as primary placements showed the sharpest decreasing trends from 1998 to 2007 (decreasing 32.6%). Relative placements also decreased, though not as much (3.1%). Foster home primary placements experienced an increase from 1998 to 2007 (29.3%). FFA and group home placements increased slightly (4.4% and 3.7% respectively).

Point-In-Time (PIT) Placements

Over time, PIT (point-in-time) relative placements, FFA placements, and group/shelter placements for all children in out-of-home care have shown a slight increasing trend from July 2003 to January 2008 (1.8%, 1.1% and 1.1% respectively). Foster home placements have shown a decreasing trend over the same time period (3.6%).

Race/Ethnicity

On January 1, 2008 Asian/Pacific Islander (PI) and Indian American children had a higher level of relative placements (40.3% and 43.1% respectively) than the other ethnic groups, however numbers are small and data should be interpreted with caution. Children in the Hispanic category experienced the highest rate of foster home placements (26.7%). Hispanic children experienced the lowest rate of FFA placement (4.9%). White children had the highest rate of group/shelter home placements on January 1, 2008 (16.7%). White and Native American children were the only ethnic groups to experience a decrease in relative placement rates from 2002 to 2007 (2.0% and 2.5% respectively). All ethnic groups experienced an increase in foster home placement rates from 2002 to 2007, with Native American and White children having the highest increase (38.5% and 17.5% respectively). For FFA placements, all ethnic groups had an increased rate over time. All ethnic groups

and especially Hispanic and White children (20.3% and 17.7% respectively) had a decrease in group/shelter home placements over time.

#### Age

On January 1, 2008, 1-2 year olds and 3-5 year olds had the highest relative placement rate (46.6% and 51.9%, respectively). Children under 1 had the highest foster home placement rate (59.2%). 3-5 year olds had the lowest FFA placement rate (3.9%). Children under 1 had the lowest group/shelter home placement (0.3%). Lastly, children under 1 had the lowest placement rate in the remaining placement types (1.3%).

### **3. Rate of ICWA Placement Preferences (4E)**

Relative home placements for ICWA-eligible children have fluctuated over time. For the quarter ending 6/30/03, the percentage of children placed with a relative was 47.1%. Between 6/30/04 and 12/31/06 the percentage ranged from 30-38%, and then began increasing again so that as of 12/31/07, 40.0% of ICWA-eligible children were placed with a relative. Internal data reports using Native American primary ethnicity rather than ICWA-eligibility show relative placement rates as high as 46.6%.

The percentage of ICWA-eligible children placed with a non-relative, non-Indian substitute care provider (SCP) has also fluctuated. The rate was 11.0% for the quarter ending 6/30/03, reached as high as 21% in quarters during 2004 and 2005, and was at 16.5% as of 12/31/07. Non-relative, Indian SCP placements have remained fairly steady and were at 2.6% of placements as of 12/31/07, while group home placements have decreased and now constitute 4.3% of placements.

## **E. WELL BEING 1**

**Families have enhanced capacity to provide for their children's needs (PSSF)**

## **F. WELL BEING 2**

**Children receive services appropriate to their educational needs**

**Process Measures:**

**1. Percent of children in care more than 30 days with a Health and Education Passport (5A-In development)**

This measure is still in development and data is not yet available.

## **G. WELL BEING 3**

**Children receive services adequate to their physical, emotional and mental needs**

**Process Measures:**

**1. Percent of children in care more than 30 days with a Health and Education Passport (5A)**

This measure is still in development and data is not yet available.

**2. Receipt of Health Screenings: Percent children in care with CHDP, dental exams, psychotropic medications, and immunizations that comply with periodicity table (5B)**

This measure is still in development and data is not yet available.

### **3. Psychotropic Medications (5F)**

This measure is still in development and data is not yet available.

#### Stakeholder Input on Well-being Measures

##### *Strengths*

- Coordinated health screenings and developmental assessments with public health and community/contracted partners.
- Partnerships established with educational providers, regional centers, health and mental health providers
- Health Care Program for Children in Foster Care (HCPCFC), a state and federally funded program, which provides administrative case management to social workers and probation officers. The program provides 17 full-time public health nurses (PHN) located in the CWS regional offices and in Juvenile Probation offices

##### *Areas Needing Improvement*

- Enhance coordination of health records for social workers and child welfare records for public health nurses;
- Improve the timeliness in which social workers' and substitute care providers', providers forward information to Public Health Nurses;
- Ensure the inclusion of accurate and updated health information in the Health and Education Passport HEP
- Enhance the ability of social workers and probation officers to collect and keep current all educational and health information.
- Expand the coordination of services when a child is discharged from mental health services;
- Evaluate whether at-risk children are discharged too soon from psychiatric hospitals;
- Assess how to better access mental health services before a child's mental health issues become severe.

## **VIII. SYSTEMIC FACTORS**

### **A. Relevant Management Information System (MIS)**

#### ***Child Welfare Services Technology Level***

Below is a list of equipment available for field staff. The hardware listed below facilitates the provision of services to staff by simplifying access to resources and data entry. The list of hardware is as follows:

- 720 Desktop computers;
- 535 Laptops that have the capability for remote connectivity to the County's network and the CWS/CMS Application. The laptops are also used by CWS court officers to document court related activities that are then recorded into the CWS/CMS Application;
- 200 Quick pads that are used by field staff to document contacts and visits with clients. The information is then uploaded into the CWS/CMS Application; *and*,
- 340 Palm Pilots

The County's capacity to use the above-mentioned hardware is detailed below using the software listed below.

- *Business Objects CAD*: (9 licenses) Business Objects is an Administrative tool that allows queries to be run on data that is originated in the CWS/CMS Application. The data output can be used to generate trends, problem areas, areas needing improvement, and measures what the users are excelling in.
- *SafeMeasures [CRC]*: has 983 users. This program allows social work line staff, supervisors and managers to see compliance measures countywide within their Region and for their individual units of workers and caseloads. The program is also used to run ad hoc reports against San Diego County CWS/CMS data for statistical reporting.
- CWS use of a Geographic Information System (GIS) consists of various GIS applications, hardware, software and personnel. HHS GIS personnel have been using ESRI ArcGIS software to map child welfare services data including the locations of referrals, removals and foster homes. CWS also uses GIS to identify areas with high rates of child abuse and gaps in services.

Other software/applications used in the County are as follows:

*Computer Based Training*: Statewide, online training is available in the STAR application at the State CWS/CMS website.

*Training Region*: A State supported, CWS/CMS computer system that is identical to the at work application that allows social workers to practice using the system before they are assigned actual cases.

*Scenario Manager*: This is a practice training program that contains fictional names, referrals and cases and provides a realistic CWS/CMS training scenario.

#### CWS Intranet:

- *Program Guide*: An intranet based site that lists CWS policies and procedures for every aspect of Child Welfare Services.
- *Desk Guide*: An intranet based site that lists specific procedures for the use of the CWS/CMS application.
- *Resource Guide*: An intranet based site that provides information to assist staff with service delivery to clients.

#### Microsoft Office Outlook

- Outlook email, calendar, reminders, and contacts all assist users to streamline investigations, court responsibilities and service delivery.

#### Palm Pilot

- The Palm Pilot allows staff to move information between a hand-held device and their primary computer. This allows certain useful information to be brought to the field, updated, and then reloaded on the primary computer. This is especially useful for contact lists and calendars. Narrative information can be entered on the Palm and uploaded to the primary computer.

#### ***Probation Management Information System (MIS)***

The Probation Department utilizes the Probation Case Management System (PCMS). The system was developed specifically for Probation and has no interface with other systems that track information for Child Welfare Services. Information regarding Probation wards receiving Child Welfare Services is tracked through the PCMS system and is reported to the

California Department of Social Services monthly. This information is then gathered along with that of other county Probation Departments throughout the state and submitted to UC Berkley. UC Berkley provides outcomes information regarding Probation wards that receive Child Welfare Services.

***PSSF/CAPIT/CBCAP Funded Providers Management Information System (MIS)***

All County contractors are required to use a database. The CWS Community Services for Families (CSF) program uses a web-based database, Service Point that was mutually agreed upon by the CSF contractors with one agency receiving funding and assuming responsibility for purchasing the database and providing the system administrator support. This database system captures client information ranging from basic demographic information to services received. The aggregation of all this information is readily available for analysis and program evaluation. This centralized database is used to generate the CSF Monthly Progress Report, and the Annual State CAPIT Report. The system comes with a robust reporting tool that facilitates ad-hoc report creation on demand. The contractors have this client management tool to keep track of services provided, referrals issued and goals identified. Service Point enables agencies to track the progress of clients from initial contact through program completion. This ability to manage their own information greatly improves each agency’s efficacy in helping their target populations.

**B. Case Review System**

***Court Structure***

The County's Juvenile Court handles both dependency (CWS) and delinquency (Probation) cases to determine what is in the best interests of the child within the child's family and community. Below are descriptions of the Juvenile Court’s process for dependency and delinquency cases.

***Child Welfare Services Dependency Court System***

The dependency court system focuses on the protection of children and providing children with permanency through family reunification, adoption and guardianship, wherever possible. The following step table explains the Juvenile Court dependency system:

<b>Step</b>	<b>Action</b>
<b>1</b>	CWS receives a report of suspected abuse or neglect.
<b>2</b>	CWS conducts an investigation to determine the risk of harm to the child, for example: 1) whether child abuse or neglect exists; 2) whether there is immediate danger to the child; and, 3) whether the child can remain at home or with a relative.
<b>3</b>	If CWS decides to remove the child from his/her home, CWS has 48 hours to release the child back to the parents or file a petition for dependency.
<b>4</b>	If CWS files a petition, the Juvenile Court holds a Detention Hearing the next judicial day. At this hearing the Juvenile Court determines if the child must be detained and the child and parents are each appointed an attorney to represent their individual legal interests.
<b>5</b>	Within 21 days after the Detention Hearing, the Juvenile Court holds a Jurisdiction Hearing to determine if there is enough evidence for the child to come under the

	jurisdiction of the Juvenile Court.
<b>6</b>	<p>If the Disposition Hearing is not held immediately after the Jurisdiction Hearing, it must be held within 60 days of the Detention Hearing. At the Disposition Hearing the Juvenile Court:</p> <p>a. Decides whether to declare the child a dependent:</p> <ul style="list-style-type: none"> <li>• If the child is adjudicated a dependent, the family will receive a Family Maintenance or Reunification plan.</li> <li>• If the child is not adjudicated a dependent, the Juvenile Court may dismiss the case or order Voluntary Services for the child and family.</li> </ul> <p>b. Addresses placement of the child, protective orders, visitation and services for the child and family.</p>
<b>7</b>	After the Disposition Hearing, the social worker is responsible for assisting the family with the case plan ordered by the Juvenile Court.
<b>8</b>	Review Hearings are held at six-month intervals to evaluate the progress of the child and family and to facilitate permanency.

### ***Probation's Delinquency Court System***

The delinquency system focuses on the rehabilitation of the child and protection of the community. The Juvenile Court delinquency system proceeds, in general, as follows:

<b>Step</b>	<b>Action</b>
<b>1</b>	When law enforcement takes a child into custody, law enforcement decides whether to: 1) detain the child in Juvenile Hall; 2) release the child to his/her parents, or 3) release and refer the child to a diversion program. Note: If the child is not detained, the case proceeds to Step 5.
<b>2</b>	Probation Department's Intake Unit assesses each case to determine whether to request the filing of a petition for wardship.
<b>3</b>	If a petition is requested, the District Attorney files a petition and the Probation Department conducts an investigation to ascertain the facts of the allegations for the detention report.
<b>4</b>	If the child is detained, the Juvenile Court holds a Detention Hearing. At this hearing the child is appointed an attorney to represent the child's legal interests. During this hearing, the Juvenile Court reviews the petition and determines whether the child should be either returned home (with or without restrictions) or detained in Juvenile Hall.
<b>5</b>	<p>The next hearing is a Readiness Hearing. At the Readiness Hearing, the Juvenile Court accepts the child's admission or denial to the charges presented in the petition:</p> <ul style="list-style-type: none"> <li>• If the child admits the charges, the case is then set for disposition.</li> <li>• If the child denies the charges, the case will be set for an Adjudication Hearing, which is similar to a trial. At the Adjudication Hearing, if the Juvenile Court finds the allegations in the petition true, the Court sets a Disposition Hearing. If the Juvenile Court finds the allegations false, the petition is dismissed.</li> </ul>



<b>6</b>	At the Disposition Hearing, the Juvenile Court decides whether or not to declare the child a ward of the Court. If declared a ward, the Court sets probation conditions for the child and determines the child's placement while on probation.
<b>7</b>	After the Disposition Hearing, Review Hearings are scheduled at 12-month intervals to monitor the child's progress while on probation.

***Relationship with the Juvenile Court***

The Juvenile Court Policy group meets monthly to discuss issues pertaining to the Juvenile Court and child welfare services. The policy group includes the following: the CWS Director, Presiding Juvenile Court Judge, Chief Deputy County Counsel, minors' and parents' attorneys, CWS Policy and Program Support staff, and Court Appointment Special Advocates (CASA). Policy sub-committees are sometimes formed out of this meeting.

***Court Continuances***

The use of court hearing continuances can influence the effectiveness of the dependency and delinquency court systems. Court continuances occur for a variety of reasons and circumstances and can vary case to case. The following are common reasons for continuances:

- late or unavailable court report at the time of a hearing
- pending parent searches and/or paternity test
- conflict or disagreement between parties (department, parents or attorneys)
- incarcerated parents not produced

The Juvenile Court has implemented the following to reduce the number of continuances:

- identify and agree upon circumstances that warrant the use of continuances (e.g., recent assignment);
- increase efforts to establish paternity at the beginning of a dependency case, the Detention or Jurisdiction Hearing; and
- implemented procedures for incarcerated parents to teleconference into the hearing.

***Timely Notification of Hearings***

The County provides timely notice to all parties involved in a dependency and delinquency cases (e.g., foster parents, Tribes, pre-adoptive parents; relative caregivers; and, non-relative extended family members.) County Counsel and CWS work together to insure proper ICWA noticing by providing social work staff with clear instructions on procedures. The Administrative Office of Children developed an ICWA inquiry form regarding possible Native American background for use by social workers at the first hearing parents attend. The parents' attorneys are responsible for reviewing the questionnaire with the parents to ensure accuracy of information provided. The Court asks parents to swear to the accuracy of the information they provide on the questionnaire. Under current policies and procedures, all caregivers may address the Juvenile Court at hearings in person or in writing.

***Parent-Child Participation in Case Planning***

***Child Welfare Services Case Planning***

CWS policy requires social workers complete the SDM® Family Strengths and Needs Assessment (FSNA), a tool intended to be completed with significant input from the family,

prior to developing the initial and subsequent case plans. Each case plan is discussed and reviewed with the child and his/her parents. The social worker must obtain the parents' signatures on the case plan after the parent has consulted with their attorney;

In addition, CWS policy requires social workers to update a case plan at least once every six months. The update includes specific information about the current progress of the child and family, as well as any changes regarding the information in the case plan. The social worker is expected to complete another FSNA and to work with the parents, and all children over the age of ten in updating the case plan. CWS policies and procedures require that case plans be individualized to each family's situation utilizing FSNA. The case plan must address the following elements:

- Relevant social, cultural and physical factors for the child, parent and any other significant person(s) who reside in the home;
- Areas of improvement for the family that require intervention to alleviate the protective issue;
- Family strengths that help facilitate positive resolution of the protective issue;
- Special needs of any child who is a parent;
- Previous social services offered and/or delivered to the child or the family, and the results of same;
- Health/medical care information;
- Schedule of planned SW contacts with the child/parent/caregiver; *and*,
- Visitation schedule between the parent(s) and the child (ren).

### ***Juvenile Probation Case Plans***

Juvenile Probation develops case plans, pursuant to Division 31 Regulations, on all cases that come into their system. These case plans cover permanency issues and the services to be provided. The case plan must be signed by the parent, child, and probation officer; and must be updated every six months.

### **C. Foster/Adoptive Parent Licensing**

The County has a contract with the State of California to license foster homes. All licensed homes receive a State Foster Home License. Licensing applicants must attend an orientation, receive First Aid certification and CPR and must have a TB test. Licensees are required to complete a background clearance that includes a Livescan and a Child Abuse Record clearance. The family home is visited and approved by a Licensing Program Analyst. Clients are required to attend 27 hours of pre-service training. After licensing, they are required to attend at least 8 hours of training per year and maintain their First Aid certification and CPR. Their licensing worker meets with them once a year unless requested to meet more often.

### ***Recruitment***

Recruitment for Foster Home Licensing (FHL) is done through media, newspapers and bulletins at various community presentations. FHL offers 11 orientations each month throughout the county. On a quarterly basis, FHL offers a Taking Care of Business Day which allows applicants to complete the orientation, Livescan, TB tests, First Aid and CPR all in one day. There is a "kid's line" which enables interested people to call and ask questions about being licensed.

### ***Retention***

The CWS Manager of FHL keeps a very “open door” so that foster parents feel comfortable in approaching her with questions. There is a monthly Foster Care Services Meeting where foster parents, community groups and CWS staff meet to discuss concerns, new information etc. FHL has a contract with Grossmont Cuyamaca Community College (GCCC) to provide ongoing training and support to foster parents and kinship caregivers. FHL has a social worker assigned to serve as a training liaison with that program. There are monthly meetings with the two coordinators of the support program, FHL Manager, training coordinator and Supervisor of the Recruitment/Retention Unit.

FHL maintains a “kid’s line” which allows foster parents to call for assistance on issues to include:

- Payment,
- Access to medical care or Medi-Cal card issuance/replacement
- Troubleshooting behavior or placement issues of children
- Problems with a CWS social worker

FHL hosts a banquet to honor foster parents and offers a picnic once a year for all foster parents and children. Retention workers who staff the “kid’s line” also make telephone calls to foster parents to ask how things are going and to see if there are any problems they can assist with. Each foster parent has a licensing worker who is also available to assist with difficulties. There are five Foster Parent Associations in San Diego County who offer support and assistance to foster parents. FHL works closely with the Foster Parent Associations.

### ***Foster Licensing Reform Efforts***

FHL has undergone the following reform efforts:

1. *Self-Evaluation*: FHL maintains monthly statistics which are reviewed to assess how the agency is doing. There is ongoing dialogue between the CWS Manager and the recruitment/retention staff on how to improve techniques and methods. The recruitment/training staff attends workshops and community presentations to learn more effective means of gaining and retaining foster parents.
2. *Building Community Partnerships*: FHL is very active in increasing involvement with community agencies, other licensing agencies, adoptions and education programs.
3. *Support of Resource Families*: FHL is of course limited in what it can do based on financial resources. The efforts to support and retain foster parents are ongoing. More and more dialogue is occurring with other agencies in an attempt to do better in this area with our limited resources.

*Team Decision Making Meetings (TDMs)*: FHL do not facilitate TDMs, however, the Licensing Program Analysts are invited to meetings when there are placement issues involving foster home licensing.

*Placement Resources*: FHL collaborates with the Grossmont Cuyamaca Community College (GCCC) to assess specific topics for training. Examples of trainings which have been developed include sibling placement issues, AB458, sexualized children and special care rates. FHL has also worked with GCCC to update the foster parent handbook and offer mentors to new foster parents. FHL has invited a specialized foster parent agency to attend

our orientations to recruit foster parents for specific target populations of children. In terms of sibling placements, FHL does all that it can to insure that siblings can be placed together. That is done by carefully reviewing any request for an alternate sleeping plan. Any time a licensing worker cannot approve a request, the FHL Manager reviews the request to verify that the denial was made due to safety concerns of the children.

#### **D. Quality Assurance Systems**

##### **1. Oversight and Monitoring of Service Providers**

CWS Policy and Program Support (PPS) administers the Community Services for Families (CSF) contracts, the largest CAPIT/CBCAP/PSSF funded program. PPS uses a formal contract monitoring system that includes assigning a Contract Administrator that serves as the contractor's primary contact and provides technical assistance to help ensure contracted goals/objectives are achieved. The Contract Administrator conducts site visits to monitor contract activities, monthly fiscal desk reviews of the contractor's claiming/invoicing processes, file/desk reviews, and fiscal site visits to audit invoices. Contractors are required to submit monthly progress reports on program progress and contractual deliverables. Contract monitors audit program case files for contract compliance, routinely validate samplings of the information reported by contractors and randomly review client satisfaction surveys. CWS ensures service delivery for special needs children and high risk families through the following:

- County CWS staff from the Medically Fragile Unit and other staff who work with special needs children/families make referrals to the contractors and referrals are prioritized based on the level of needs of the children/family as determined by the CWS risk assessment tools and social worker information.
- CAPIT/CBCAP/PSSF funded services for children at high risk of abuse and neglect are referred by CWS social workers to the CSF program. Referrals are prioritized and are based on the level of risk as determined by the CWS SDM risk assessment tool. Families that are found to have the highest risk level and an open CWS case are assigned first, second are those families referred by social workers, but do not have an open CWS case, and third, are community referred families.

##### **2. County Accountability of CAPIT/CBCAP/PSSF Funded Providers**

All CAPIT/CBCAP/PSSF providers receive onsite file and fiscal audits completed on a regular basis. Providers meet with a County Contract Administrator to review service provisions for all services provided to families. In addition, Regular Fiscal Audits are completed by CWS and County Agency Contract Support.

Fiscal reviews are conducted at least twice a year, reviewing a minimum of four months of invoices. CAPIT/CBCAP/PSSF invoices are reviewed and approved on a monthly basis by Contract Administrators and tracked by the Fiscal Analysts of the CWS Contracts Unit. The PSSF allocation is also tracked by each of the four categories of services. CSF provides Family Preservation and Family Support services, Adoption Support is provided by the Adoption Support Services Contract and Time-Limited Reunification services are provided through Family Visitation Centers. All invoices are also reviewed by the CWS Principal Administrative Analyst prior to being forwarded for further review/approval/payment by the HHS Fiscal Department.

Identified problems with lack of contract compliance are addressed through the use of Corrective Actions Notices that are specific to the problem to be addressed and provide timelines for compliance. The Contract Administrators provide technical assistance in resolving identified problems, either through direct provision of assistance or assessing what entity can provide the technical assistance, and then assisting in securing the necessary services.

### **3. Child Welfare Services Quality Assurance**

CWS has made significant strides in expanding the quality assurance system in the last three years. There has been a focused and comprehensive effort to improve the quality of data, to expand reporting of compliance and outcome measures, and to improve the quality of child welfare practice. Major milestones include:

- Establishment and staffing of the Data and Quality Assurance Unit
- Development and implementation of a “Back to Basics: Child Welfare Services Practice Strategy” framework, which included:
  - Establishment of a Quality Assurance (QA) Workgroup to support implementation of the plan, and
  - Designation of 10 Protective Services Supervisors as Quality Assurance Supervisors whose primary focus is to implement quality assurance activities in their regions and programs
- Increased communication regarding quality assurance through regular meetings, data reports, newsletters, quick guides, presentations, training and technical assistance.

Monthly QA Workgroup meetings address a variety of data and practice issues, including, but not limited to:

- Support of policy development and implementation
- Compliance issues and trends
- Understanding, developing and disseminating data reports
- Accuracy of data entry into the statewide CWS/CMS database
- Use of the Safe Measures online reporting tool
- Technical assistance for supervisors and social workers
- Case reviews and auditing
- Practice issues, including quality of case plans and court reports

The Data and Quality Assurance Unit was established in 2004 and was fully staffed as of January 2008. The staff members reflect a mix of child welfare, statistical and social science expertise. The unit distributes approximately 30 monthly reports, several quarterly and annual report and produces an average of 10 ad hoc reports each month. Data reports produced serve a variety of needs including:

- Monitoring of C-CFSR outcomes
- Identification of practice issues
- Tracking of caseload trends
- Identification of appropriate clients for specialized services
- Monitoring of compliance and data quality issues

In addition, CWS contracts with the National Council on Crime and Delinquency, Children’s Research Center, for additional ad hoc reporting services and for system-wide use of Safe

Measures, the online reporting tool. The Data Unit also provides support in development of program evaluations and coordination of university research projects.

#### ***Probation Quality Assurance***

San Diego County Probation has one officer assigned to monitor Quality Assurance issues. The Quality Assurance Officer within the Placement Unit is a relatively new position, and is responsible for several functions. The QA Officer is responsible for ensuring that funding streams are maintained, completing random audits to monitor compliance with state and federal mandates and gathering and disseminating data related to foster care functions.

The Quality Assurance System has not been utilized for evaluating measures of Child Welfare Services provided for Probation wards. Probation will work with our service partners to develop the methodology for evaluating the adequacy and quality of service provided.

#### ***4. Evaluation Methodology of Prevention Programs***

The County has contracted with a research group to conduct an evaluation of the CSF Program. The CSF evaluation is based on the following evaluation methodology:

- Evaluation of the outcomes as entered into the CSF database
- Focus groups
- Telephone surveys with CWS/CSF staff and former CSF clients.
- Case studies and a longitudinal study with former CSF clients

In addition, CAPIT/CBCAP/PSSF funded contractors are contractually required to offer each family the opportunity to anonymously complete a client satisfaction survey. The surveys are reviewed during site visits and results are included in an annual report to CWS. Surveys include suggestions for improvement to the existing services.

#### ***5. Evaluating Achievement of Positive Outcomes***

CSF services were based on three outcomes areas in our System Improvement Plan (SIP). The County developed objectives for each outcome to support several efforts currently in place for children and families. The outcomes include child safety, child well-being, permanency, stable living environments, and development of community involvement. These outcomes and objectives were established to coincide with the priorities of the C-CFSR and CWS Redesign.

#### ***6. Policies for Monitoring ICWA and MEPA Compliance***

##### **Indian Child Welfare Act**

CWS policies to meet the Indian Child Welfare Act (ICWA) mandates are available to all social workers in the CWS intranet Program Guide. In addition, CWS has implemented the following to insure ICWA compliance:

- Quarterly ICWA noticing issue meetings
- ICWA appeal cases are discussed and reasons for the appeal are reviewed
- Designated ICWA specialists are regionally located and are assigned to track trends, issues or training concerns.
- Child Welfare Policy Analyst attends State ICWA meetings and brings State issues to our quarterly ICWA group
- Permanent Placement Assessment Unit (PPAU) coordinates with Regional staff to ensure ICWA noticing forms are completed correctly.

### **Multiethnic Placement Act**

CWS have the following internal processes in place to assure compliance with the Multiethnic Placement Act (MEPA) when making adoptive placements:

- The Adoption Placement Committee screens all children for placement and sends out names of potential adoptive families to SW's, regardless of child and family's race (unless the family is not willing to adopt a child of a certain race, which is allowable under MEPA)
- Social Workers are required to review all potential matches and to provide in writing feedback on the potential match (i.e. why the family was not selected for the family or why they were matched with the child. These feedback forms are reviewed by the Supervisors.
- The Placement Committee reviews the feedback forms and returns them to the family's applicant worker and they then remain in the family's file
- The feedback forms are used to provide feedback to the families as to why they were not matched; they are also used to pinpoint patterns and biases in practice, which are immediately addressed by the Supervisors and CWS Managers.

### **7. Policies for Monitoring Effectiveness to Meet Mental Health Needs**

CWS has a Staff Psychologist that works with the County's Treatment and Evaluation Resources Management (TERM) program to monitor the delivery and quality of the mental health services of CWS clients. In addition, HHS has contracted for regionally co-located clinicians that assist CWS staff with mental health issues and provide additional support services to foster parent by providing placement stabilization services through the Comprehensive Assessment and Stabilization Services (CASS) program.

CWS and Juvenile Probation collaborate with the County's Behavioral Health Services (BHS) programs. BHS contracts a variety of mental health services to community-based partners and providers. The County's *Children's Initiative*, mental health network and comprehensive system of care, has improved communication among treatment professionals and has resulted in shorter stays in out-of-home residential treatment centers and more children and youth in family settings. The County's mental health services include:

- *Wraparound services*: Mental health, case management and support services for children involved in CWS.
- *Mental Health Outpatient*: Provides services to foster family agency programs and outpatient and school-based clinics that are used by CWS children in relative or foster care settings.
- *Transitional and Step-down*: Provides assistance in transitioning children from a residential treatment facility to a family setting by providing mental health case management and therapeutic services.
- *Therapeutic Behavioral Services*: Provides specific behavioral modification intervention to assist youth from CWS to maintain placement.
- *Emergency Screening Unit*: Assesses CWS and Juvenile Probation children's need for psychiatric hospitalization and assists in finding hospital beds.

- *Treatment and Evaluation Resources Management:* Credentials and monitors fee-for-service mental health providers specifically for CWS and Juvenile Probation.
- *Multidimensional Treatment Foster Care:* Provides evidence-based intensive treatment foster care to avoid placement in a residential treatment facility and transition children to a familial placement sooner.
- *Vista Hill Juvenile Court Clinic:* provides transitional stabilization and linkage services to youth referred by the Juvenile Courts, Probation, and CWS.

## **8. Policies and Procedures for Documenting and Monitoring Child and Family involvement in Case Planning Process**

CWS' social workers are required to provide the Juvenile Court the initial case plan either within 30 days after the initial removal of the child, or the first face-to-face contact before the Disposition Hearing, whichever comes first. Social workers are required to develop case plans for all voluntary cases within 30 days of the initial face-to-face contact. Parents are required to sign and date the family case plan for CWS and Probation Cases. The date the client signed the case plan is documented in the service provider database.

### **a) Concurrent Planning**

The CWS policy is to provide concurrent planning for all children when: 1) a petition for dependency is filed; 2) the child is placed in out-of-home care; and/or, 3) the court has ordered reunification services. The CWS Pre-Planning Assessment Unit (PPAU) is responsible for assessing referrals of children for concurrent planning placements.

The CWS policy for social workers to address concurrent planning activities in the case plan and Court reports is as follows:

- *Case Plan:* The Initial Case Plan and the Case Plan Updates for reunification case must contain plans for two tracks: 1) the family reunification track, which describes the services to be provided to assist reunification; and, 2) the permanency planning track, which identifies the child's permanency alternative and the services to be provided concurrently to achieve legal permanency, if reunification efforts fail.
- *Court Report:* A court report for a family reunification case with concurrent planning must meet the following requirements, depending on the type of court report:
  - *Jurisdiction/Disposition Hearing Report:* This court report must include both the reunification plan and the permanency alternative plan. The report must also include:
    1. The parent's prognosis for reunification;
    2. Documentation of the social worker's discussion with the parent(s) about the requirement to plan for permanency and reunification concurrently, and the parent's option to voluntarily relinquish the child for adoption and participate in adoption planning; *and*,
    3. A statement of the reason(s) (e.g., parent unavailable/unwilling) and the steps made toward legal permanence for the child (e.g., child placed with a relative willing to provide legal permanence or referred to PPAU for placement in a concurrent planning home), if there was no such discussion.



- *Review Report:* This court report must include an update on the services provided to achieve a permanent placement for the child if efforts to reunify fail.

### ***b) Termination of Parental Rights***

The Permanency Planning Assessment Unit (PPAU) is assigned to assess children for concurrent planning placements including adoptions. The PPAU unit completes the following:

- Pre-assessments required prior to the Termination of Parental Rights (TPR) Hearing.
- Notices all parties including parents of the TPR Hearing.
- Update all parent searches and prepare a Declaration of Due Diligence, in a case involving an absent parent.

The court will not terminate parental rights unless an adoptive home is identified for the child. The court will continue to set 6-month Review Hearings until the adoption is finalized. Some of the reasons for delaying the TPR Hearing are for unresolved paternity, ICWA issues, and contested hearing by the child's parent(s). Parents have the legal right to contest the TPR Hearing or any other Permanent Plan Hearing.

### ***c) Development of a Transitional Independent Living Plan (TILP)***

CWS has an Independent Living Skills (ILS) unit and services are provided by social workers under Adolescent Services. The ILS program is designed to help eligible youth in foster care transition to self-sufficiency when they age out of the system through training in independent living skills and supportive case management. State regulations require the development of a Transitional Independent Living Plan (TILP) for eligible youth. All youth in out-of-home care must be referred to the ILS program no later than the youth's 16<sup>th</sup> birthday. The CWS referral policy for ILS services requires that social workers refer youth by age 15 year and 6-month. ILS services are available to teens who meet the following requirements:

- 16 years of age minimum.
- Living in a foster home, group home or relative's home receiving AFDC-FC, which is federally funded under Title IV-E or state funded (non-IV-E).
- Residing in kinship care and are in receipt of family reunification and/or permanent placement services.
- All KINGAP youth residing in non-relative guardianship care receiving state funds.
- Ward of San Diego County under the supervision of the Probation Department who meet the age and AFDC-FC requirements.
- All dependents of California including those from counties or states referred by a county or state with jurisdiction.

As of September 2007, 1489 children received ILS services. Of those, 277 graduated from High School, 113 enrolled in higher education, 3 completed vocational training and 180 were employed or had another means of support.

## **E. Service Array**

This section describes the County's prevention activities and includes an overview of the scope and adequacy of CAPIT/CBCAP/PSSF funded programs as they apply to C-CFSR outcomes.

### **1. Current Community-Based and Prevention-Focused Programs**

#### ***Community Services for Families***

The largest countywide primary prevention efforts funded by the County are included in the continuum of services provided through the CSF program. The CSF program provides a continuum of support services for families from primary prevention, to secondary prevention, and through intervention with families who have documented child abuse or neglect and are receiving child welfare services. Family Preservation and Family Support services are provided, including services for children identified as having developmental delays. The following is a list of prevention programs and services provided:

- *Family Preservation Services* are designed for families, whose current level of child abuse falls below the threshold for mandatory intervention, but in which there is a risk of increased abuse in the absence of help or if a current crisis is not mitigated. Participation in services is voluntary and the services provided include home visiting services, parent education, budgeting and money management, and education on health related issues.
- *Family Support Services* augment the assessment and mandated case management activities performed by CWS. The services are primarily home-based and the goal is to ensure that home environments are free from child abuse and neglect. Developmental support services target children ages six and younger who have been identified as developmentally delayed for their age group. The goal of all services is to strengthen families and ensure that children are in safe, permanent families.
- *Kinship Support Services Program (KSSP)* provides support services to relative caregiver families to ensure safe and stable homes for children who can not currently live with their parents.
- *KEEP* is an evidence-based parent-education program to assist foster parents and relative caregivers who care for children with problem behaviors.

The CSF program is available countywide with one lead contractor in each of the six Health and Human Services Agency Regions and a continuum of subcontractors and community partners that provide supportive services.

County social workers completed the SDM risk assessment and FSNA prior to making a referral to CSF or other services. The FSNA assists in prioritizing the services included in the family's CWS case plan, which is translated in to the appropriate referrals to CSF and other services.

## **2. Outreach with Special Population**

### ***Services to Native American Children***

Services to Native American children are centralized through the County's Indian Specialty Unit (ISU). They either directly case manage the Native American children or provide consultation to other County staff responsible for the child's case plan. The ISU works closely with the ICWA workers for the Northern and Southern Indian Consortiums to provide Native American children with culturally sensitive and relevant services and to ensure that the children that are not placed in their native communities stay connected to their communities and traditions. Even though the County has built some strong collaborative relationships with the local tribes, the tribal communities continue to have a lack of resources and access to services which is a challenge due to the remote areas of the reservations and limited transportation.

### ***Diversity Schoolhouse***

The County's Child Abuse Prevention Consortium (CAPC) plans a training series called Diversity Schoolhouse which is offered six times per year. Diversity Schoolhouse is designed to help frontline workers within the social services, law enforcement and education fields improve their communication with and understanding of various ethnic, cultural, religious, and other diverse groups in our community. Diversity Schoolhouse attendance ranges from 50-100 participants.

## **3. Presence and Effectiveness of Prevention Services**

### ***Availability of Child Abuse Prevention Education (Commission)***

The Commission on Children, Youth and Families has been designated by the Board of Supervisors as the local child abuse prevention council, as described by California Welfare and Institutions Code Section 18982. The Commission established the Child Abuse Prevention Consortium (CAPC) to carry out the duties of the council. The CAPC is comprised of members interested in child abuse prevention in San Diego County and include but is not limited to:

- County staff
- Community providers
- Foster parents
- School personnel
- Community Members
- Former Foster Youth

### ***Established Networks of Community Services and Resources***

The CAPC is led by a Steering Committee which meets monthly to develop, support and coordinate community efforts and awareness to prevent child abuse and heal its effects. The Steering Committee has several areas of focus including; support to children exposed to violence, cultural competence, primary prevention activities, support to children and families involved with CWS, and planning the CAPC monthly trainings. All conferences and trainings sponsored by the CAPC are marketed to foster parents and community-based collaboratives, County staff and community members.

### ***Child Abuse Prevention Strategies***

The CAPC Steering Committee plans campaigns throughout the year to promote public awareness of prevention, intervention and treatment of child abuse and neglect. To support community prevention efforts, materials and informational brochures are distributed to schools and community groups throughout the year. The CAPC also collaborated with CWS to develop materials for the Safe4Baby campaign. During 2007/08, approximately 25,000 pieces of prevention and educational materials were distributed in English and Spanish to over 3,300 attendees at CAPC sponsored and co-sponsored conferences, meetings and trainings.

### ***Child and Family Health and Well-Being***

The CSF outcomes include requirements to assess each member of the families served for health insurance eligibility and to assist eligible individuals with completing the application process through Certified Application Assistants. CSF outcomes also include ensuring that children have a family medical home and immunizations are either started or are brought current for the child's age.

### ***Networks of Community Services and Resources***

Each of the six Health and Human Services Agency Regions provides a network of services unique to the needs of the residents and the geography of the region. In South, Central and North Central Regions there is a network of school-based Family Resource Centers (FRC) where a wide range of agencies, including CSF, provide comprehensive services. In East Region the County and community-based agencies, including CSF, provide services through school-based collaborative that are known as the East Region Collaborative Network. The vast geographic areas that comprise North Inland and North Coastal Regions result in services that are provided uniquely to each community. Some communities have school-based services and others rely on sites at a variety of community-based non-profit agencies.

## **4. Description and Scope CAPIT/CBCAP/PSSF Funded Programs**

### ***Community Services for Families***

CAPIT/CBCAP/PSSF fund the CSF continuum of services for families that need prevention and intervention services both within the child welfare system and at the community level. Approximately two thousand families receive a variety of case management and parent education services annually, with many more families referred to other services. Additional funding would allow more families with lower level needs to receive shorter term services.

All services funded by CAPIT/CBCAP/PSSF are offered countywide through a combination of CWS, community and self referrals. Families either receive services directly from the contracted agencies or they are referred to more appropriate services that are funded through a collaborative network of community-based service providers.

CSF provides a continuum of services that include services to families at risk of foster placement. Families are referred by CWS for services based on the SDM risk assessment – Family Services Needs Assessment (FSNA). Services may include parent education, in-home case management information/education on child development and parenting issues, referrals to mental health and other needed services, and funds to meet emergency needs.

The CSF continuum of services is also provided to families in the process of reunifying with their children. CSF also provides specialized Kinship Support Services Program services to families where children have been removed from their parents' custody. Services focus on ensuring placement stability for the child(ren) through support to the entire family system.

CSF services are provided, in most of the county, through school-based FRC where multiple agencies collaborate to provide services. Children and their families from special populations and/or with special needs can be identified either through referrals from school personnel or by self-referral by the family. CWS also utilizes referral patterns to identify special populations that are new to the county's population or that need assistance from public and private agencies. Many agencies and FRC have parent advisory groups or are affiliated with school-based groups such as the PTA.

### ***Legal Advocacy Services to Children and Families***

The County funds a Special Education Advocacy program through the San Diego Volunteer Lawyers Program (SDVLP) that provides training to social workers and caregivers and legal advocacy for child(ren) with special education needs. The County also funds a Guardianship Legal Advocacy program through the SDVLP that provides training and

assistance for relatives seeking guardianship of children that did not enter the foster care system.

### ***Adoption Support Services***

PSSF funds are allocated for the Adoption Support Services program for families at all stages of the adoption process. Highly trained staff provides a range of services for all members of adoptive families, including support groups, training, referrals, mental health services, respite and recreational activities.

### ***Family Visitation***

PSSF Time-limited Reunification Services are provided through the Family Visitation Services for families in the child welfare services system that are court-ordered to have supervised visitation as part of the family reunification plan. 3,081 families receive these services annually. There are periodic waitlists for these services and additional services could be utilized to provide additional visitations.

## **5. Development and Implementation of Evidence-based and Evidence-informed Prevention Programs and Practices**

The County has implemented the following evidence based programs and practices through its community partners and contractors:

***Safe Care*** is an in-home parenting model program that provides direct skill training to parents in child behavior management and planned activities training, home safety training, and child health care skills to prevent child maltreatment. CSF staff are currently being trained in the Safe Care model and then will be certified as Safe Care Trainers. Over time they will train other CSF staff in the Safe Care model.

***Project KEEP's*** main objective is to give foster and relative parents effective tools for dealing with their child's externalizing and other behavioral and emotional problems and to support them in the implementation of those tools. Curriculum topics include framing the foster/relative parents' role as that of key agents of change with opportunities to alter the life course trajectories of the children placed with them. Foster/relative parents are taught methods for encouraging child cooperation, using behavioral contingencies and effective limit setting, and balancing encouragement and limits. There are also sessions on dealing with difficult problem behaviors, including covert behaviors, promoting school success, encouraging positive peer relationships and strategies for managing stress brought on by providing foster care. There is an emphasis on active learning methods; illustrations of primary concepts are presented via role-plays and videotapes.

***Incredible Years*** is a series of three separate, multifaceted, and developmentally based curricula for parents, teachers and children. This series is designed to promote emotional and social competence; and to prevent, reduce, and treat behavior and emotional problems in young children. The parent, teacher and child programs can be used separately or in combination. There are treatment versions of the parent and child programs as well as prevention versions for high-risk populations.

***Parent-Child Interaction Therapy (PCIT)*** was developed for families with young children experiencing behavioral and emotional problems. Therapists coach parents during interactions with their child to teach new parenting skills. These skills are designed to

strengthen the parent-child bond; decrease harsh and ineffective discipline control tactics; improve child social skills and cooperation; and reduce child negative or maladaptive behaviors. PCIT is an empirically supported treatment for child disruptive behavior and is a recommended treatment for physically abusive parents.

**Multi Systemic Therapy (MST)** is an evidenced-based, intensive family and community-based treatment that addresses the multiple determinants of serious antisocial and other problem behaviors in juveniles ages 12 – 17. MST addresses factors across the systems within which youths are embedded (i.e., family, peers, school, and neighborhood). MST addresses family and neighborhood situations that lead to problematic behavior. MST strives to promote behavior change in the youth's natural environment, using strengths of each system to facilitate change, and helps youth to develop better relationships within their family and extended support system. Results from the family-based intervention extend beyond the identified adolescent generalizing to all children in the family. MST improves psychosocial functioning for youth and their families.

**Family Finding** is a promising practice based on the Kevin Campbell model aimed at connecting foster youth with extended family members. The model is designed to implement search strategies such as file mining and internet search tools to locate individuals that may have had or may offer a connection to a child who has been in the system and is preparing to exit. The focus on the County model is to connect foster children who have been in the system for a number of years and whose parent's were unable to reunify with them, with extended family. The program goal is not to reunify the child with his or her extended family member, but rather establish a connection to the child.

## **F. Training**

### **1. Social Worker Training**

CWS staff training is provided primarily through the State funded, Public Child Welfare Training Academy (PCWTA). New CWS staff receive the mandated Core trainings prior to being assigned a caseload and continue to receive advanced training throughout their County employment. PCWTA trainings address best practices and new mandates from the federal and State government. CWS Policy and Program Support also provide training to staff at all levels regarding new mandates, required services and the CWS/CMS database. CWS staff can request specialized training topics and advanced training on a range of emerging best practice and evidence-based practice.

All new social workers attend an eight week Social Worker Initial Training (SWIT). PCWTA provides twenty days of mandated CORE trainings to County staff and the County provides an additional eleven days of county-specific training. They receive eight to nine days of job-shadowing in the region where they will be assigned. After they are permanently assigned to a region they receive a reduced caseload and supervision to determine their needs for additional training and skill development. Their caseload is increased as an assessment is made that their competencies are sufficient to manage additional cases.

### **2. Probation Officer Training**

The Probation Department has a comprehensive training program for all sworn staff. All sworn staff must meet statutory and departmental training requirements. Standards and

Training for corrections (STC) refers to the training requirements imposed by Sections 832, 6035-37 and 6040-44 of the California Penal Code.

It is the policy of the Probation Department to develop and maintain a well-qualified, well-trained and competent staff. In pursuance of that policy, the Department will meet all statutory requirements for staff training including, but not limited to, those imposed by the Standards and Training for Corrections Act (STC). Deputy Probation Officers are required to complete 40 hours of STC training each fiscal year.

Upon assignment to the Deputy Probation Officer position, each officer must attend and complete the CORE Training Academy within one year of assignment. This includes training in all areas of Juvenile and Adult casework, legal requirements and Probation policies and procedures. The Academy provides 200 hours of instruction. In addition, Officers assigned to Juvenile Field Services attend an 80 hour training program covering specific aspects of Juvenile casework.

Juvenile Probation Officers assigned to the Placement Unit attend a 72 hour training course through the Resource Center for Family Focused Practice at UC Davis. The training is designed for new Probation Officers assigned to units where minors are in out-of-home placement. The three training modules cover the areas of Community and Youth Safety, Supervision, and Services and Permanency. This is a mandated program for all new Probation Officers within their first two years in the assignment.

### ***3. Provider Training***

The County's CAPIT/CBCAP/PSSF funded CSF providers are required to provide an annual training to all countywide CSF staff. Training topics include child welfare topics child abuse prevention and intervention, substance abuse, mental health issues, parenting, child development and mandated child abuse reporting. The contractors agree on training topics and each take responsibility for one topic area. The Contract Administrator provides technical assistance, as needed, and participates in the decision making process regarding training topics. Technical assistance is also provided, as needed, based on site visits and file reviews. MIS training is also offered quarterly for all newly hired CSF staff.

## **G. Agency Collaborations**

### ***1. Engagement Strategies and Prevention Partnerships***

The County has a long history of community-based prevention partners who share knowledge, resources and responsibility to protect the safety of children and preserve the viability of individual families. These include a broad range of traditional and non-traditional partners that span across multiple public and private agencies and disciplines (e.g., grass root organizations, parents, faith-based organizations, civic leaders and business) but share a common vision for the protection and well-being of children and are willing to work in a collaborative manner. These partnerships include broad community input and participation in decision-making.

CWS and Juvenile Probation have many agreements with child welfare, education, domestic violence, law enforcement, faith-based, military, mental and physical health entities. One such partnership is the Interagency Educational Agreement between CWS, Juvenile

Probation, Juvenile Court, County Office of Education, and all school districts in the county, to insure the protection of the educational rights of foster children and youth.

These partnerships can be viewed on two distinct levels: Countywide and Neighborhood. The Countywide Partnership is broader and inclusive of multiple neighborhood perspectives, while the community partnership is reflective of a specific locale perspective.

Each of the County's six Health and Human Services Agency Regions has developed or is in the process of developing community partnerships such as:

*North Central Region*

- Located social workers at the police department, in a military housing development and at two different community centers
- Developed close working relationships with the military community and with the Bayside Community Center, which provide self-improvement, educational and health-related programs to individuals in the community

*Central Region*

- Developed a sub-committee of Family to Family focus group was established to address retention, recruitment and support of foster parents and kinship providers
- Offers continuum of services and programs designed to reduce the rate of homeless episodes experienced by families
- Health Link Central, a partnership between school districts and County staff designed to identify and resolve barriers to service
- Established a linkage with Mid City Action Network (CAN), Inner City Action Network (ICAN) and Southeast Coalition to enhance staff knowledge of resources in the community
- Series of kinship provider meetings to address Fairness and Equity and disproportionality of children of color in the child welfare system
- Establishment of relationships with Rotary Club and Lions Club to provide support services to foster/kinship providers
- Holiday toy drive for Central Region families by reaching out to local businesses, private organizations

*East Region*

- Utilizes a Speakers Bureau to educate community partners and schools about child abuse and neglect, HHSA, services that can be provided to families as well as Neighborhoods for Kids. East Region has trained over 3000 people in the community to date.
- Strengthens relationships by working with collaborative partners and schools, East Region has been able to recruit more homes to care for foster youth and enable us to keep more children in their home school. At the start of FY 07-08 only 15% of school age foster youth were maintaining enrollment in their home school. By the end of the FY, 57% of school age youth were remaining in their home school.
- Partnered with Alpine Kiwanis to keep children placed with relatives. The Alpine Kiwanis provides immense support, donations, and fun activities to provide relatives with the physical and emotional support they need when they begin to care for family members.



- Utilized community partners to implement Incredible Years, an evidence-based parenting program. This parenting program has been effective in many voluntary cases to assist parents with their parenting skills in order to prevent the removal of their children.
- East region has been a key partner in implementing the Family Integrated Treatment (FIT) Program. FIT is designed to provide services and support to families who are separated by substance abuse and increase the well-being of children affected. FIT services include:
  - Evidence-based parenting development
  - Developmental and trauma assessments for children
  - Evidence-based trauma treatment for children
  - Bonding and attachment development classes
  - Enhanced visitation for families with children in out of home placement.

#### *North Coastal/Inland Regions*

- Developed the Child Assessment Network North (CANN) in partnership with CWS, New Alternatives, Green Oak Ranch, Casa de Amparo, North County Collaborative and other community partners with the goal of keeping North County children in their community. CANN is designed to provide prevention, assessment and intervention services for North County children age 0-17 who are in need of protective custody.
- Health Link partnership
- Partnership with Cal State San Marcos to develop undergraduate internship program in Child Welfare Services
- Outstation of emergency response social workers in community based Family Resource Centers, Sheriff's offices, and in reservation located Indian Health clinic
- Safer Living Environments Initiative Coalition with community-based organizations, schools, faith-based Organizations, Law Enforcement Agencies; establishing 3 priorities:
  - Reduce substantiated child abuse referrals
  - Keep children placed in their own communities
  - Reduce Domestic Violence

#### *South Region*

- Co-located staff at a high school to provide services to at-risk children and families
- Developed partnerships with school-based collaboratives by attending Student Attendance Review Board (SARB) meetings, acting as a liaison to discuss children and families possibly at-risk and working to recruit foster homes
- Developed the School Cluster Model to create additional linkages to area schools and to assist in foster parent recruitment
- Established a partnership with CSF-YMCA Kinship services to serve kinship families and keep children out of the Juvenile Court dependency system
- Developed partnership with Chula Vista and Bonita libraries to promote and increase literacy amongst foster youth by providing foster youth with library cards and library resources and tutoring including preparation classes for the GED/CHSPE
- Partnering with law enforcement by social workers out stationed at the South San Diego Police Department to serve families related to the Drug Endangered Children (DEC) Project and to strengthen relationships with law enforcement

- Out stationed an ER unit at an Family Resource Center (FRC) to provide families in the FRC with resources and services

### ***Annual Reports***

An annual report on CAPIT/CBCAP/PSSF funded programs is presented to the Commission. The presentation provides information on the services provided and the total number of families served.

### ***Developing Services***

CAPIT/CBCAP/PSSF services are developed collaboratively with input from the community stakeholders and CWS staff. Once input has been provided the County staff develop a Statement of Work for services that are competitively procured through the County's Purchasing and Contracting Department. Once contracts have been awarded the contractor and regional representatives meet to ensure that the services are provided in a manner specific to the needs of the individual communities within the county. Developing the services together supports the collaboration and partnership between the CWS region and contractor and ensures that the services developed will reflect the needs of the community.

### ***Coordination of PSSF/CBCAP/CAPIT Funded Programs***

There is on-going dialogue between County staff and PSSF/CBCAP/CAPIT funded programs and community stakeholders. These entities work collaboratively to improve service delivery and work together to streamline services. Currently, there are limited services for relative caregivers who care for children informally within their family systems, thus keeping the children from needing CWS services. Additional case management, mental health, wrap funds and childcare resources are needed.

### ***Interaction with Local Tribes***

In the child welfare system improvement efforts, the CWS and Juvenile Probation have interacted with tribes and their Indian child welfare representatives. The strengths of the relationship between CWS and Native American Communities include:

- CWS procedures place a high priority on adherence to the Indian Child Welfare Act (ICWA) laws and all social workers receive training on ICWA related issues
- CWS program guide addresses the policies that pertain to Native American communities and ICWA related issues.
- CWS has an Indian Specialty Unit (ISU), which provides services to Native American families and collaborates with Native American tribes to find placements.
- Outstation of CWS staff in Indian Health clinics and attendance at monthly Tribal Child Abuse Prevention Team meetings.
- System Improvement meetings such as the Tribal SIP meetings that address service provisions and policy issues. Meetings are held at local reservations and data fact sheets are analyzed collaboratively.
- Fairness and Equity Committee partners tribal, community and CWS staff to address disproportionality of children of color, including Native American children, in the child welfare system.
- CWS and Probation has partnered along with local tribes and community members to support the Academy of Professional Excellence, Tribal Star Project, an interdisciplinary training for providers who work with rural Native foster youth.

- The inclusion of a Native American experts to serve on the County's PQCR Review Team
- CWS has partnered with local tribes, CDSS, and Casey Family Programs to participate in the California Disproportionality 3-Year Project. The project goal is to address disproportionate number of Native American children in the foster care system.

## H. Local Systemic Factors

### Fairness and Equity Committee

The County included fairness and equity in the County's 2005-2008 SIP as a Local Systemic Factor. The County's Commission on Child Youth and Families established a sub-committee, Fairness and Equity Committee, to examine the issue of overrepresentation of persons of color in child serving systems. One of the Committee achievements include developing the *Fairness and Equity Five-Year Operational Plan* whose components include:

- Resource development and oversight
- Improve practice through training
- Social marketing
- Innovative program strategies
- Developing and promoting a culturally competent workforce

The Committee plan is aligned with the County's SIP under its Local Systemic Issues that address the overrepresentation of Native American and African Americans in the child welfare system. Other accomplishments of the Committee include the following:

1. Published "A Fact Sheet on Disproportionality" that was distributed countywide to agency staff and community partners to raise the issue and begin discussion around the subject
2. Assisted the formation of a parent focus group that has now developed into a kinship caregiver's network
3. Developed and distributed a white paper to CWS Manager meetings and staff throughout the six regions and two programs. This paper presented the issue of disproportionality in San Diego County CWS in a clear one-page document.
4. Provided training opportunities CWS management and line staff. The Committee provided training to line social workers in order to begin the dialogue about disproportionality. Experts were brought to San Diego and provided training on a variety of topics addressing disproportionality. Some of the training provided included:
  - "Undoing Racism Training for Key Leadership in the County"
  - "Addressing Inequality in the Child Welfare System"
  - "Peer-to-Peer Learning with Ramsey County, Minnesota"
  - King County, Washington Training and Mentoring

Most recently, CWS partnered with the Fairness and Equity Committee, community stakeholders, California Department of Social Services (CDSS), and Casey Family Programs, to participate in the California Disproportionality Project. The County is one of ten counties selected to participate in the two year project. The focus of the project will be to address the disproportionate number of African American and Native American children in the child welfare system. Project teams will be composed of CWS staff and community

stakeholders that will work together to develop strategies to address fairness and equity issues in CWS. Learning sessions will be held throughout the year with the ten counties and will provide an opportunity to share project outcomes, successes and challenges.

## **VIII. Summary Assessment**

### **A. Discussion of System Strengths and Areas Needing Improvements**

The following is a summary of the County's performance on each of the C-CFSR Outcomes considering the analysis of its performance on the related outcome indicators as well as the impact of any systemic factors as discussed in previous sections of this report.

#### **SAFETY OUTCOMES**

The strengths identified during the CSA included:

- Social worker family
- Engagement skills
- Training
- Risk Assessment Tool provides a universal understanding and language

Through careful review of the trend data and qualitative information gathered during the PQCR process, we identified the following areas needing improvement:

- Handling of duplicate referrals
- Review of domestic violence protocols
- Improved service coordination with military and child welfare providers
- Earlier identification and accurate recording of Native American children in CWS/CMS
- Limited resources and time to link families to resources

#### **PERMANENCY AND STABILITY OUTCOMES**

##### **Placement Stability**

The strengths identified included the following:

- Placing children within their communities and schools by:
  - Regionally based Assessment Centers and Way Station Homes
  - Neighborhood for Kids-regional model that places social workers in designated schools and neighborhoods
- Engagement of families
  - Team Decision Meetings (over 3000 since May 2006)
  - Family Finding and relative searches
  - Meetings with group home/ FFA providers to address child needs
- Array of Support Services:
  - CASA, Placement Unit specialists, parent mentoring, caregiver support, CSF-KEEP, foster/kin parent education, kinship support,
  - Options Program- placement assistance for special need children (age 0-5 and medically fragile)
  - CASS-regionally co-located clinicians who assist foster families with placement stabilization support
- Training (specialized) for foster parents
  - Pride Training for foster parents

The areas needing improvement include:

- Improve partnering of social workers, parents, out-of-home care providers, and Juvenile Court in all placement decisions.
- Need better matching of child to placement, including developmental stages of children in matching process
- Limited or difficulties connecting with resources
- Cultural considerations in placement decisions
- Additional training for social workers on placement issues

### **Reunification**

Areas of strength include:

- Family engagement
- Parent search
- Family finding
- Engagement of extended family
- More children are being placed with their siblings and relatives

The areas needing improvement are:

- Visitation
- Services for incarcerated parents
- Family engagement

Systemic factors affecting timely reunification may include court delays or lack of resources. Reviewing outcome data, it was discovered that even though we are not performing well in timely reunification our re-entry rate is low. When a family is not receiving required services in a timely manner, this may delay the reunification process. If the County moves families too quickly into reunification, we may see an increase in the CWS re-entry rate.

### **Adoptions**

Overall, the County of San Diego adoption rate is high, but outcome measures indicate that adoptions are not finalized timely. Reasons for delay in the adoption process may be due to the following:

- Cultural Considerations
- Court time frames
- Concurrent Planning
- Philosophical considerations

Local systemic factors influencing adoption delays may include court continuances or unresolved paternity issues or ICWA status. Adoptions takes time insuring the family and child are prepared and are ready for adoption. Other systemic issues lack of or late start of concurrent planning. Additional training around concurrence and exploration of alternative permanent plans, such as guardianship or the Native American use of customary adoption needs further exploration and research.

### **PROBATION ADULT TRANSITIONING**

Juvenile Probation will be partnering with CWS, stakeholders and Independent Living Skills providers to develop Transitional Living Plans for youth to build on the following strengths:

- Transitional housing opportunities; Transitional Housing Program and Transitional Living Plan
- Education-tracking of students educational credits, special education and high school exit exams
- Foster grandparent programs- non-area threatening approach to mentoring youth

The areas of needing improvement to prepare youth for adult transitioning include:

- Make ILS programming mandatory for all youth transitioning out of foster care
- Address barriers to minors placed out-of- county, including accessibility to services (E.g. MediCal reapplication); consistency in services.
- Resources are not known to youth; improve ability to keep youth interested
- Improve collaboration and communication between the Juvenile Probation and service providers

### **COMMUNITY BASED PREVENTION AND INTERVENTION SERVICES**

The following areas were identified as strengths for community based prevention and intervention services:

- Team Decision meetings
- Peer support
- Home visiting

The areas needing improvement were the following:

- Use of community-based service providers and schools as points of engagement
- Provide a positive parenting message versus a child abuse prevention message
- Interventions need to be culturally appropriate
- Valuing the work of substitute care providers and highlighting the positive outcomes
- Strategies to minimize the negative perception or stigma attached to a child that has had multiple placements and what is shared from one placement to another (caregiver to caregiver, social worker to caregiver)

### **B. Strategies for the Future**

The following strategies and/or opportunities were collected during the CSA process.

Further planning and development of initial strategies will take place in the development of the SIP.

#### ***Reunification***

- Create strength based case plan assessments
- Promote relative engagement and mentoring to assist parents with support, instruction and parenting tips
- “Hello Neighbor” – get out and get to know your neighbors/communities campaign
- Co-locate services- FRC model
- CWS is trying new strategies to assist in having the resources to increase visitation, such as group visitation that would allow more visits to take place without an increase in staffing/resource levels
- Review monthly contact policy and social worker visits in the home

#### ***Adoptions***

- Conduct case reviews of the delayed adoption cases with special attention to:
  - Social worker assessment process
  - Review factors that may delay the adoption
- Explore the use of customary adoptions in Native communities
- Streamline the Telling process, specifically relative adoption that may already be aware of the child's family history and life story
- Meet with other county's Adoption staff to see what they are doing to lessen time to adoption
- Start home studies earlier in the process
- Research best strategies on how to complete timely adoptions and how to best prepare and support adoptive families and children.

### ***Adult Transitioning***

- Extend foster care services up to 21 years old
- Expanding housing programs for emancipating youth
- Mentors to help youth to remain engaged and look at long term relationship with youth
- Youth advocates as part of a team approach
- Using Independent Readiness Conference (IRC) with probation youth
- Develop programming to keep youth engaged after transition
  - Develop strong plan and services to assist in being successful
  - Individualized growth and success plans
- Orientation to introduce youth to services available
- Involving a family member or person the youth is most connected to in the process
- Expanding job opportunities through trade programs and skills training
- Create permanent connections

### ***Placement Stability***

- Mentorship and positive role model involvement
- Research a program called "friends outside" for incarcerated parents to facilitate child and incarcerated parent contact and visitation
- Expand supportive housing- ex: services are provided on site
- Consult a Youth Advisory Group of ex-foster youth when developing policies

### ***Child Abuse Prevention and Intervention***

- Child Abuse Prevention should be positive messages to engage the community
- Utilize schools to distribute information to families and other community-based consumer run organizations
- Positive messaging or parenting well, rather than child abuse

### ***Systemic Factors***

The new SIP will include strategies that address the following systemic factors:

- Quality Assurance/Information Cross Threading
- Local systemic factors: fairness and equity issues

### ***Back to Basics Strategy and Quality Assurance Workgroup***

In 2007, a *Back to Basics: CWS Practice Strategy* document was developed to increase the focus on child welfare practice and data quality. San Diego is a large, diverse county and

child welfare services are decentralized among six HHSA regions. The CWS Managers, Supervisors and social workers in the regions report to the HHSA General Manager within their region and not to the CWS Director. The CWS Director does directly oversee Centralized Child Welfare Services (CCWS) programs including Adoptions, Adolescent Services, the Hotline, Foster Care Licensing and Policy and Program Support. The decentralization helps to customize services to community needs but also creates coordination and communication challenges. The Back to Basics Strategy was developed to ensure that all child welfare staff members in regions and centralized programs are addressing core issues and services that are critical to child safety, permanency and well-being.

The Quality Assurance Workgroup is responsible for monitoring the implementation of most of the Back to Basics Strategy. The Workgroup began monthly meetings in April 2007 and representation includes the QA Supervisors, regional and program analysts, Ombudsman, CCWS Executive Assistant and staff from CCWS Policy & Program Support, including representatives from the Data Unit, the CWS/CMS Support Team and Policy Analysts.

Core focus areas of the *Back to Basics Strategy* and the subsequent *Quality Assurance Workgroup Action Plan*, developed to implement the Strategy, include:

- Child safety - activities to address social worker contacts, SDM standardized assessments and recurrence of maltreatment
- Quality assurance – quality of court reports
- Permanency - activities to address reunification, ICWA processes and Team Decision Making
- Fiscal accountability –reporting on timely referral closures and worker caseloads
- Expertise of Protective Services Supervisors – training, quick guides and technical assistance
- Child well-being – activities to address accurate reporting of child education and school information
- Cross-threading and communication – activities to disseminate important data, policies, procedures, tips and tools to workers

### ***Communication and Cross-Threading Strategies***

Child Welfare Services has implemented a variety of strategies for communicating and evaluating data trends and quality assurance issues. Some of major strategies include:

1. Wide dissemination of data reports: Outcome and compliance reports are posted on the Intranet and e-mailed to Executives, Managers and QA Supervisors. Printed copies of selected reports are shared and discussed at monthly Program Integrity meetings (with Executives and Managers) and monthly QA Workgroup meetings (with QA Supervisors and Analysts) to monitor and address trends. A data fact sheet is also produced annually and shared with community stakeholders and the public.
2. Regular progress reporting on the implementation of the Back to Basics Strategy: Quarterly presentations on the activities of the Quality Assurance Workgroup, including successes and challenges, are provided at the HHSA General Managers meeting (for HHSA Executives) and the Program Integrity meeting.
3. Weekly Data Unit meetings: Meetings are held each week to address quality assurance issues, ad hoc reports and special projects. Program and regional staff are invited as needed to provide input into special projects and reports.



4. Dissemination of publications to support quality assurance: In addition to data reports, a variety of reader-friendly publications have been developed to communicate quality assurance issues, including: Data Entry Quick Guides, flyers, and articles in the bi-monthly CWS newsletter.
5. Posting of quality assurance tools on the Intranet: As tools are developed by regions or centralized staff to support quality assurance they are being posted on a new web page for QA Supervisors on the County Intranet. Recent postings include a new court report checklist and tips for discussing parental visitations during supervisor/worker meetings.

### ***Future Interagency Cross Threading***

Working with the Administrative Office of the Courts, Judicial Council of California, specific training will be developed after assessing the specifics of our county and will be delivered to Dependency Court Judges and Attorneys and CWS staff. This training will be developed with consideration to our local culture, the scope of our case plans, client services and visitation. The overall goal of this training will be to increase the number of children who are reunified within twelve months.

### **C. Proposed CAPIT/CBCAP/PSSF County Wide Community and Prevention Strategies**

The current community-based and prevention focused programs and activities provided by public and private nonprofit organizations, including faith-based programs and tribal organizations, work together to provide an overall continuum of family-centered, holistic care. A Request for Proposals for the CSF contracts will be issued by June 2009 with an implementation date of January 2010. The appropriate SIP goals will be incorporated in the new CSF Statement of Work.

The largest countywide primary prevention effort funded by the County will be included in the continuum of services provided through the CSF program. Several evidence-based models will be evaluated for inclusion in CSF, including:

- Safe Care - home visitation for families who neglect their children
- KEEP - foster/relative caregiver training for children with problem behaviors
- Incredible Years - parent education
- Triple P - parent education

Expanding services for relative caregivers and providing services through school-based FRC will also be evaluated during the CSF planning process. Children and families from special populations and/or with special needs can be identified either through referrals from school personnel or by self-referral by the family. Specialized programs such as Family Visitation Centers and adoption support services will continue to be funded by PSSF.

The Commission's plan is to continue to provide training to community members and services providers through the Diversity Schoolhouse trainings. At each training a different ethnic or racial group is identified and members of that community provide insights and information on the most culturally competent manner of providing services and engaging the consumers. Cross collaboration between CWS, the Commission, Juvenile Probation and community stakeholders will continue to promote and address child abuse awareness through education and outreach efforts.

### **2009 System Improvement Plan Development**

The County's SIP process will begin in January 2009. A SIP Workgroup will be formed that will include agency staff, parents, youth, substitute care providers and community agencies. This report, along with information gathered during the Peer Quality Case Review (PQCR) process, will be used by the SIP Workgroup to develop the new SIP goals and strategies. The new SIP is due to the State by May 2, 2009 and will require Board of Supervisor approval. The SIP effective date will be July 1, 2009 through June 30, 2012. Quarterly data on all outcome measures will continue to be collected and reviewed and SIP Report Updates will be submitted to the State annually.

**APPENDIX A**  
**2008 CSA TEAM COMPOSITION LIST**

<b>Community Partners</b>																			
Casey Family Programs	Jorge Cabrera																		
Chadwick Center for Children and Families	Linda Wong Kerberg																		
Child & Adolescent Services Research Center	Danielle Fettes																		
East Region Collaborative	Debbie Comstock																		
Family and Youth Round Table	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Donna Marto</td> <td style="width: 50%;">Holly Jones</td> </tr> <tr> <td>Adam Gettinger-Brizule</td> <td>Patricia Fulgencio</td> </tr> <tr> <td>Michael Sommer</td> <td>Patricia Moreno</td> </tr> <tr> <td>Maria Davila</td> <td>Celeste Hunter</td> </tr> <tr> <td>Mireya Rojas</td> <td>Laura Estrada</td> </tr> <tr> <td>Diane Barnes</td> <td>Stacy Racine</td> </tr> <tr> <td>Kim Williams</td> <td>Gwen Palmer</td> </tr> <tr> <td>Gabriela Rios</td> <td>Ernest Estey</td> </tr> <tr> <td>Maria Mejia</td> <td></td> </tr> </table>	Donna Marto	Holly Jones	Adam Gettinger-Brizule	Patricia Fulgencio	Michael Sommer	Patricia Moreno	Maria Davila	Celeste Hunter	Mireya Rojas	Laura Estrada	Diane Barnes	Stacy Racine	Kim Williams	Gwen Palmer	Gabriela Rios	Ernest Estey	Maria Mejia	
Donna Marto	Holly Jones																		
Adam Gettinger-Brizule	Patricia Fulgencio																		
Michael Sommer	Patricia Moreno																		
Maria Davila	Celeste Hunter																		
Mireya Rojas	Laura Estrada																		
Diane Barnes	Stacy Racine																		
Kim Williams	Gwen Palmer																		
Gabriela Rios	Ernest Estey																		
Maria Mejia																			
Foster Parent Associations	Patty Boles																		
Health Start Military Cluster	Debbie Bilka																		
Homestart, Inc.	Laura Mustari      Joyce Dickau																		
Indian Health Council, Inc.	Karan Kolb																		
J&B Consulting	JoAnne Bushby																		
Law Enforcement (Retired)	Mark Forman																		
Mental Health Systems, Inc. Building Bridges Together	Eleanor Slaughter																		
Mi Casa Group Homes & Daybreak FFA	JoAnn Leone																		
North County Lifeline, Inc.	Donald Stump																		
Office of Violence Prevention	Chess Blevins																		
Pala Band of Mission Indians	Maria Garcia																		
Public Child Welfare Training Academy	Debra Fitch																		
San Diego County Domestic Violence Council	Dawn Griffin																		
San Diego Foster Youth Initiative	Karim Bouris Roshawn Brady Wesley Davenport																		
San Diego Regional Center	Judy Borchert																		
SANDAPP	Laurie Campbell																		

San Diego County Office of Education	Michelle Lustig Jenee Peevy Tracy Thompson Eloy Rosas
Shared Vision Consultants	Lisa Molinar Stacie Buchanan
Social Advocates for Youth (SAY)	Laurie Rennie
Tribal Star	Margaret Orrantia Tom Lidot
Voices for Children	Paul Kerstetter
San Diego Youth and Community Services	Ilene Tibbits
South Bay Community Services	Pam Wright
YES Transition Network	Mateya Seary

**Local Bargaining Unit**

Service Employees International Union (SEIU 2021)	Omar Lopes Sophia Sanchez
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**County of San Diego  
Health and Human Services Agency Child Welfare Services (CWS)**

Administration	Mary C. Harris	
Adoptions	Heidi Quiroz Walfredo Don Nicole Reed	Valesha Bullock Kim McAlister
Adolescent Services, ILS	Rhonda Sarmiento	
Foster Home Licensing	Barbara Burgamy	Pamela Hunter
Indian Specialist Unit	Robert White	
Policy and Program Support	Roseanne Myers Diane Ferreira Leesa Rosenberg Antonia Torres Becky Kennedy Mary Bonner Mathew Williams	Gil Fierro Kim Frink Luis Fernandez Richele Swagler Kimberly Brahms Marigold Santos Sandra Martinez
Polinsky Children's Center	Kathryn Wieand	
Residential Services	Debbie Powell	
<u>Regional Offices</u>		
Central	Andrea Jackson Gigi Burns	
East	Joseph West	
North Central	Becky DeBont	
North Coastal	Mathew Ray	
North Inland	Ron Dailey	
South	Pilar Velasco	

<b>Other Health and Human Services Agency Offices</b>	
Alcohol and Drug Services	Susan Bower Joseph Garcia
Commission on Children, Youth and Families	Tonya Torosian Harold Randolph
Public Health Services	Judith Quinn
<b>Other County Departments</b>	
Probation Department	Mack Jenkins Pablo Carrillo Denise Gentle
Public Defender's Office	Lorenza Craig
Superior Court	Lyn Angene
<b>CSA Stakeholder Forums</b>	
South Bay Community Services	All parents that participated in the Community Services for Families Parent Education Groups (September 17th, 2008)
Mi Casa Group Homes LEAP Committee	All youth that participated in the Stakeholder Forums (September 20 <sup>th</sup> )
San Diego County Sheriffs Department-Child Abuse Unit	All law enforcement staff that participated in the September 25 <sup>th</sup> Stakeholder Forum

**Appendix B**  
**2008 COUNTY SELF ASSESSMENT**  
**CHILD WELFARE SURVEY**

1. Please select a box below that best describes you?
- |   |   |
|---|---|
| <input type="checkbox"/> Community Based Agency           | <input type="checkbox"/> Foster Youth (current or former) |
| <input type="checkbox"/> CWS Social Worker/Supervisor/Mgr | <input type="checkbox"/> Law Enforcement                  |
| <input type="checkbox"/> Other Public Agency              | <input type="checkbox"/> Substitute Caregiver             |
| <input type="checkbox"/> Parent                           | <input type="checkbox"/> County Counsel                   |
| <input type="checkbox"/> Superior Court Personnel         | <input type="checkbox"/> Other: _____                     |
| <input type="checkbox"/> Attorney (Parent or Child)       |   |
2. What are the **3 most effective services** you believe (or feel) prevents children from entering the Child Welfare System (CWS)? (SELECT ONLY 3)
- |   |  |
|---|--|
| <input type="checkbox"/> In-home support, home visits         | <input type="checkbox"/> Recreational programs         |
| <input type="checkbox"/> Parental education, support group    | <input type="checkbox"/> School based programs         |
| <input type="checkbox"/> Wraparound services                  | <input type="checkbox"/> Job training & assistance     |
| <input type="checkbox"/> Substance abuse programs/ drug court | <input type="checkbox"/> Assistance for stable housing |
| <input type="checkbox"/> Individual/family therapy/counseling | <input type="checkbox"/> Family Meetings (E.g. TDM)    |
| <input type="checkbox"/> Other _____                          |  |
3. What are the **3 most effective services** that you believe (or feel) help families reunify? (SELECT ONLY 3)
- |  |  |
|--|--|
| <input type="checkbox"/> In-home support, home visits          | <input type="checkbox"/> Domestic Violence Programs    |
| <input type="checkbox"/> Parental education or support group   | <input type="checkbox"/> School based programs         |
| <input type="checkbox"/> Wraparound services                   | <input type="checkbox"/> Job training & assistance     |
| <input type="checkbox"/> Substance abuse programs/drug court   | <input type="checkbox"/> Assistance for stable housing |
| <input type="checkbox"/> Individual/family therapy/ counseling | <input type="checkbox"/> Family Meetings (E.g. TDM)    |
| <input type="checkbox"/> Parent child visitation               | <input type="checkbox"/> Other _____                   |
4. Which of the following do you believe may hinder or delay reunification for families? (SELECT UP TO 3)
- |  |   |
|--|---|
| <input type="checkbox"/> Excessive (Ineffective) case plan goals | <input type="checkbox"/> Wait list for services           |
| <input type="checkbox"/> Lack of parent engagement               | <input type="checkbox"/> Lack of Financial resources      |
| <input type="checkbox"/> Court Process                           | <input type="checkbox"/> Lack of social/family support    |
| <input type="checkbox"/> Social Worker practice                  | <input type="checkbox"/> Lack of understanding the system |
| <input type="checkbox"/> Parent's limitations                    | <input type="checkbox"/> Lack of transportation           |
| <input type="checkbox"/> Insufficient housing                    | <input type="checkbox"/> other: _____                     |

5. Which do you believe are the **3 most effect services** increase placement stability for children in out of home care? (SELECT UP TO 3)

- |   |  |
|---|--|
| <input type="checkbox"/> Foster Parent Training and Support | <input type="checkbox"/> Kinship training and support      |
| <input type="checkbox"/> In-home support                    | <input type="checkbox"/> Recreational activities           |
| <input type="checkbox"/> Wraparound services                | <input type="checkbox"/> Relative search/family finding    |
| <input type="checkbox"/> Parent Child Visitation            | <input type="checkbox"/> Sibling contact/visitation        |
| <input type="checkbox"/> Family Meetings (E.g. TDM)         | <input type="checkbox"/> Respite                           |
| <input type="checkbox"/> Child Care                         | <input type="checkbox"/> Behavioral/mental health services |
| <input type="checkbox"/> Special Care Rate                  | <input type="checkbox"/> Supportive educational setting    |
| <input type="checkbox"/> Other _____                        |  |

6. What training do you believe social workers and/or probation officers need to better serve children and families? (SELECT UP TO 3)

- |  |  |
|--|--|
| <input type="checkbox"/> Family Engagement   | <input type="checkbox"/> Mental Health                           |
| <input type="checkbox"/> Child Development   | <input type="checkbox"/> Substance Abuse                         |
| <input type="checkbox"/> Domestic Violence   | <input type="checkbox"/> Family Assessment Tools                 |
| <input type="checkbox"/> Concurrent Planning | <input type="checkbox"/> Indian Child Welfare Laws and Resources |
| <input type="checkbox"/> Time management     | <input type="checkbox"/> Cultural Competence                     |
| <input type="checkbox"/> Sexual Abuse        | <input type="checkbox"/> Serving Military Families               |
| <input type="checkbox"/> Other: _____        |  |

7. The State and counties carry out activities to make sure quality services are available to children and families in the child welfare system. Which of the following activities are you aware of? (CHECK ALL THAT APPLY)

- |   |  |
|---|--|
| <input type="checkbox"/> System Improvement Plan          | <input type="checkbox"/> Licensing of foster providers |
| <input type="checkbox"/> Peer Quality Case Review         | <input type="checkbox"/> Foster Care Ombudsman         |
| <input type="checkbox"/> Fairness and Equity              | <input type="checkbox"/> Child Death Review Committee  |
| <input type="checkbox"/> Child Abuse Prevention Committee | <input type="checkbox"/> Judicial Council reviews      |
| <input type="checkbox"/> Foster Care Eligibility Audits   | <input type="checkbox"/> Department of Justice Reviews |

8. Do you feel that your input (opinions/ideas/concerns) regarding the child welfare system is solicited by the County of San Diego?

- Always     Most of the time     Sometimes     Never

9. Do you feel that your inputs (opinions/ideas/concerns) regarding the child welfare system are heard by the County of San Diego?

- Always     Most of the time     Sometimes     Never

10. If you have opinions, ideas or concerns regarding your local child welfare services or juvenile probation department do you know who to contact?

- Yes                       No

11. Do you have any other comments that you would like to share?

### Appendix C Survey Results

2008 County Self Assessment Child Welfare Survey		
Please select a box below that best describes you:		
Answer Options	Response Percent	Response Count
Community Based Agency	26.4%	14
CWS Social Worker/Supervisor/Mgr	24.5%	13
Other Public Agency	13.2%	7
Parent	11.3%	6
Superior Court Personnel	1.9%	1
Attorney (Parent or Child)	3.8%	2
Foster Youth (current or former)	1.9%	1
Law Enforcement	17.0%	9
Substitute Caregiver	0.0%	0
County Counsel	0.0%	0
Other (please specify)		9
<i>answered question</i>		<b>53</b>
<i>skipped question</i>		<b>7</b>
What are the 3 most effective services you believe prevent children from entering the Child Welfare System (CWS)? (SELECT ONLY 3)		
Answer Options	Response Percent	Response Count
In-home support, home visits	66.7%	40
Parental education, support group	40.0%	24
Wraparound services	46.7%	28
Substance abuse programs/ drug court	30.0%	18
Individual/family therapy/counseling	25.0%	15
Recreational programs	5.0%	3
School based programs	16.7%	10
Job training & assistance	13.3%	8
Assistance for stable housing	21.7%	13
Family Meetings (E.g. TDM)	25.0%	15
Other (please specify)		2
<i>answered question</i>		<b>60</b>
<i>skipped question</i>		<b>0</b>



2008 County Self Assessment Child Welfare Survey		
What are the 3 most effective services that you believe help families reunify? (SELECT ONLY 3)		
Answer Options	Response Percent	Response Count
In-home support, home visits	44.1%	26
Parental education or support group	37.3%	22
Wraparound services	35.6%	21
Substance abuse programs/ drug court	28.8%	17
Individual/family therapy/ counseling	35.6%	21
Parent child visitation	44.1%	26
Domestic Violence Programs	3.4%	2
School based programs	1.7%	1
Job training & assistance	11.9%	7
Assistance for stable housing	22.0%	13
Family Meetings (E.g. TDM)	28.8%	17
Other (please specify)		3
<i>answered question</i>		<b>59</b>
<i>skipped question</i>		<b>1</b>
Which of the following do you believe most frequently hinder or delay reunification for families? (SELECT UP TO 3)		
Answer Options	Response Percent	Response Count
Excessive (Ineffective) case plan goals	41.7%	25
Lack of parent engagement	38.3%	23
Court Process	28.3%	17
Social Worker practice	26.7%	16
Parent's limitations	28.3%	17
Insufficient housing	5.0%	3
Wait list for services	31.7%	19
Lack of Financial resources	25.0%	15
Lack of social/family support	40.0%	24
Lack of understanding the system	21.7%	13
Lack of transportation	3.3%	2
Other (please specify)		6
<i>answered question</i>		<b>60</b>
<i>skipped question</i>		<b>0</b>

2008 County Self Assessment Child Welfare Survey		
Which do you believe are the 3 most effective services to increase placement stability for children in out of home care? (SELECT UP TO 3)		
Answer Options	Response Percent	Response Count
Foster Parent Training and Support	40.0%	24
In-home support	25.0%	15
Wraparound services	28.3%	17
Parent Child Visitation	18.3%	11
Family Meetings (E.g. TDM)	28.3%	17
Child Care	8.3%	5
Special Care Rate	3.3%	2
Kinship training and support	33.3%	20
Recreational activities	6.7%	4
Relative search/family finding	16.7%	10
Sibling contact/visitation	26.7%	16
Respite	11.7%	7
Behavioral/mental health services	31.7%	19
Supportive educational setting	13.3%	8
Other (please specify)		6
<i>answered question</i>		60
<i>skipped question</i>		0
What training do you believe social workers and/or probation officers need to better serve children and families? (SELECT UP TO 3)		
Answer Options	Response Percent	Response Count
Family Engagement	63.3%	38
Child Development	18.3%	11
Domestic Violence	13.3%	8
Concurrent Planning	25.0%	15
Time management	16.7%	10
Sexual Abuse	11.7%	7
Mental Health	31.7%	19
Substance Abuse	20.0%	12
Family Assessment Tools	31.7%	19
Indian Child Welfare Laws and Resources	8.3%	5
Cultural Competence	35.0%	21
Serving Military Families	8.3%	5
Other (please specify)		5
<i>answered question</i>		60
<i>skipped question</i>		0

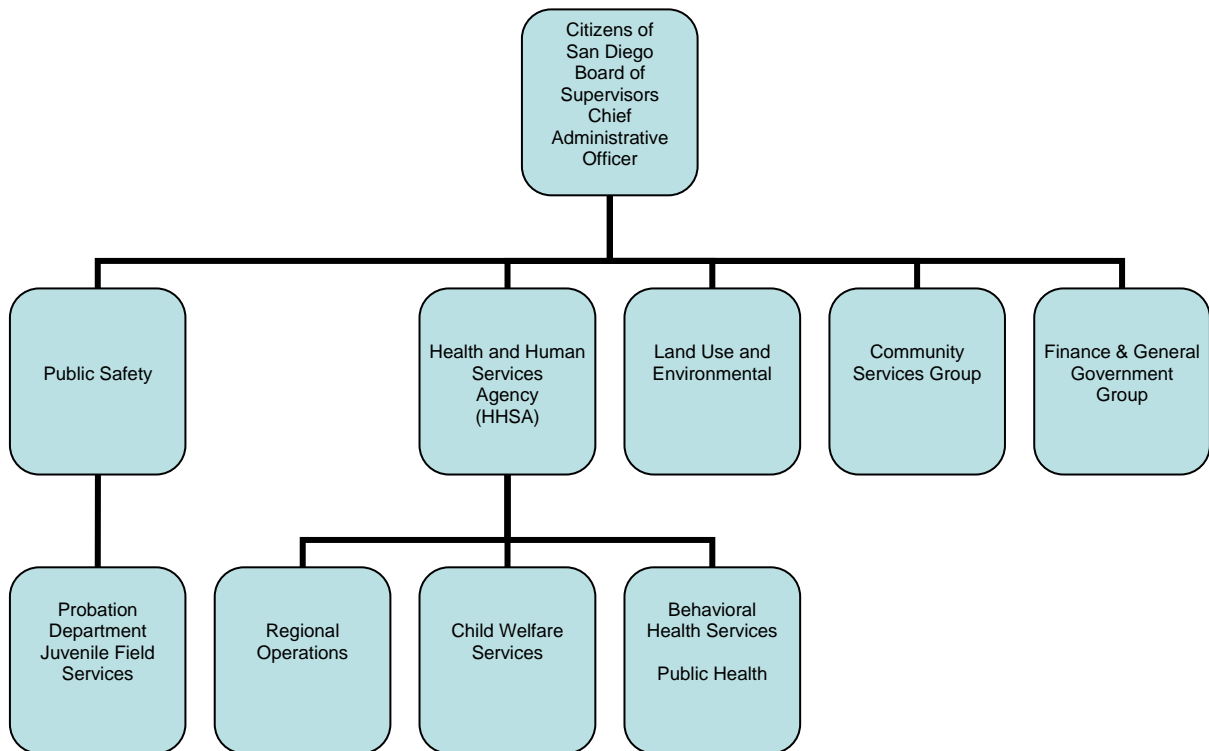
2008 County Self Assessment Child Welfare Survey		
The State and counties carry out activities to make sure quality services are available to children and families in the child welfare system. Which of the following activities are you aware of? (CHECK ALL THAT APPLY)		
Answer Options	Response Percent	Response Count
System Improvement Plan	66.7%	38
Peer Quality Case Review	68.4%	39
Fairness and Equity	45.6%	26
Child Abuse Prevention Committee	80.7%	46
Foster Care Eligibility Audits	22.8%	13
Licensing of foster providers	82.5%	47
Foster Care Ombudsman	52.6%	30
Child Death Review Committee	64.9%	37
Judicial Council reviews	31.6%	18
Department of Justice Reviews	31.6%	18
<i>answered question</i>		57
<i>skipped question</i>		3
Do you feel that your input (opinions/ideas/concerns) regarding the child welfare system is solicited by the County of San Diego?		
Answer Options	Response Percent	Response Count
Always	1.7%	1
Most of the time	31.0%	18
Sometimes	63.8%	37
Never	3.4%	2
<i>answered question</i>		58
<i>skipped question</i>		2

2008 County Self Assessment Child Welfare Survey		
<b>Do you feel that your input (opinions/ideas/concerns) regarding the child welfare system is heard by the County of San Diego?</b>		
Answer Options	Response Percent	Response Count
Always	1.7%	1
Most of the time	25.4%	15
Sometimes	67.8%	40
Never	5.1%	3
<i>answered question</i>		59
<i>skipped question</i>		1
<b>If you have opinions, ideas or concerns regarding your local child welfare services or juvenile probation department do you know who to contact?</b>		
Answer Options	Response Percent	Response Count
Yes	83.1%	49
No	16.9%	10
<i>answered question</i>		59
<i>skipped question</i>		1
<i>skipped question</i>		47

## Appendix D



### County of San Diego Organizational Chart



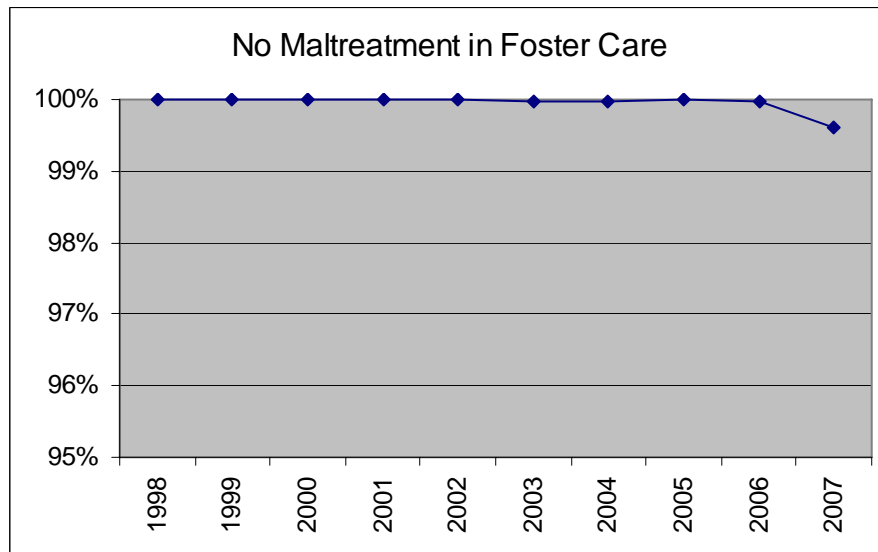
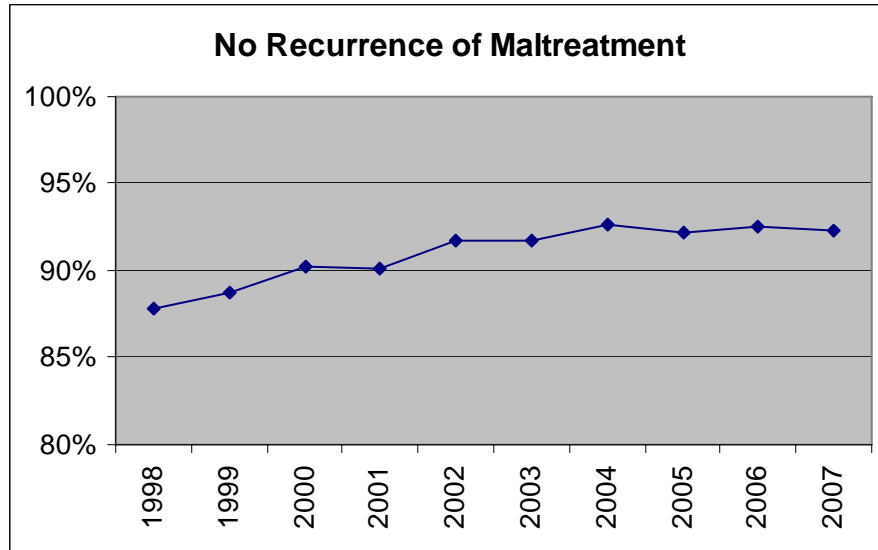
## APPENDIX E

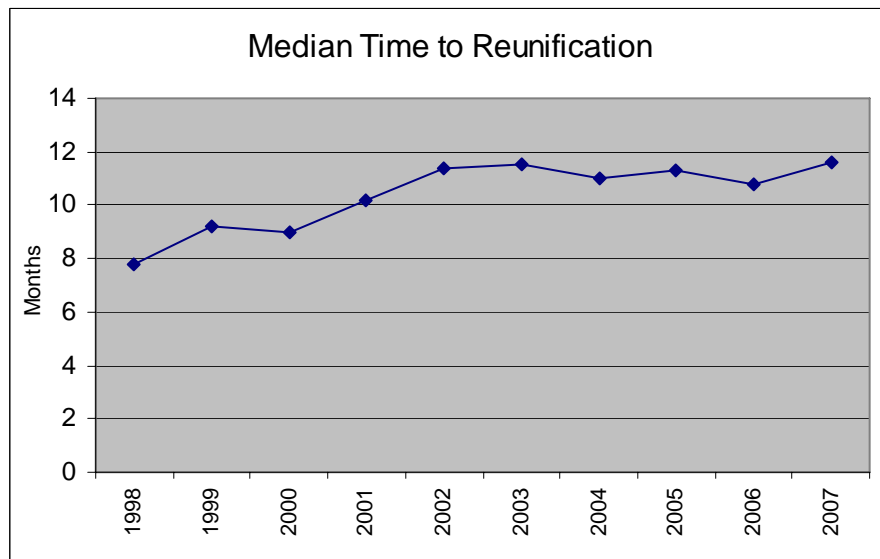
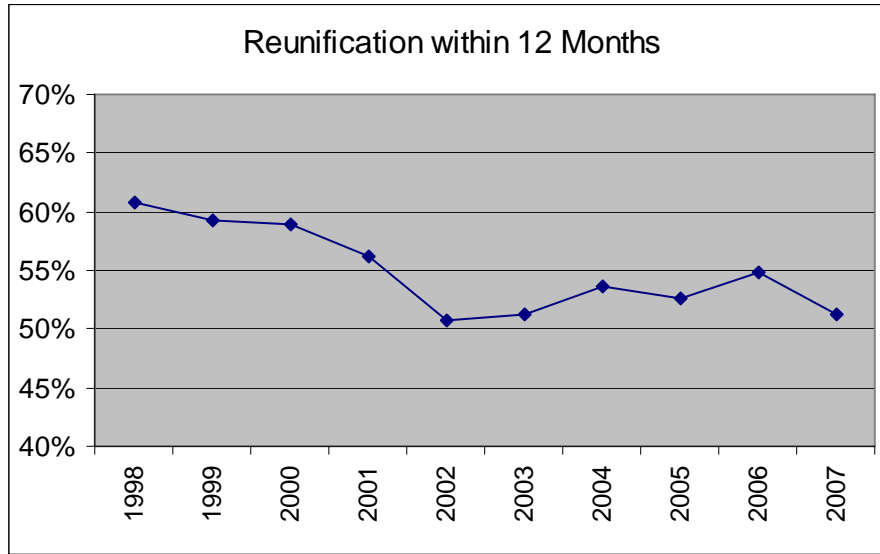
### San Diego County Regional Map

#### County of San Diego HHS Service Regions

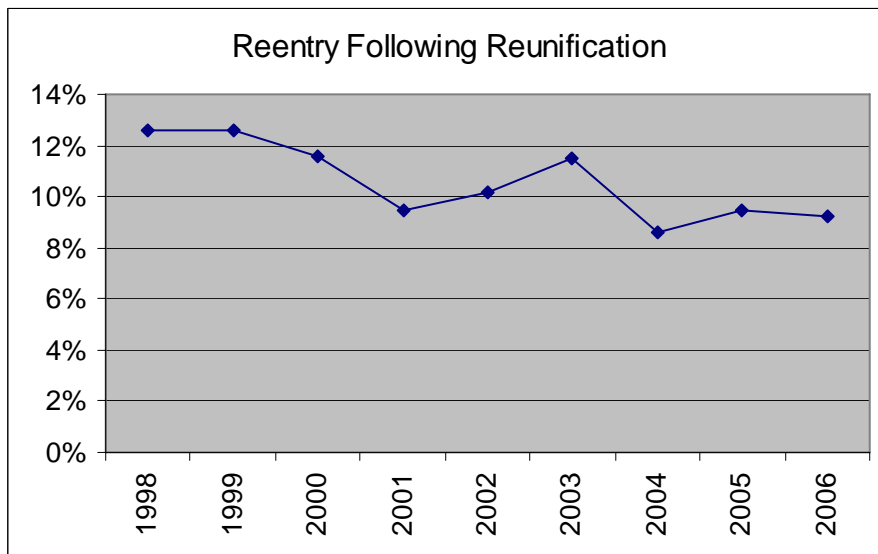
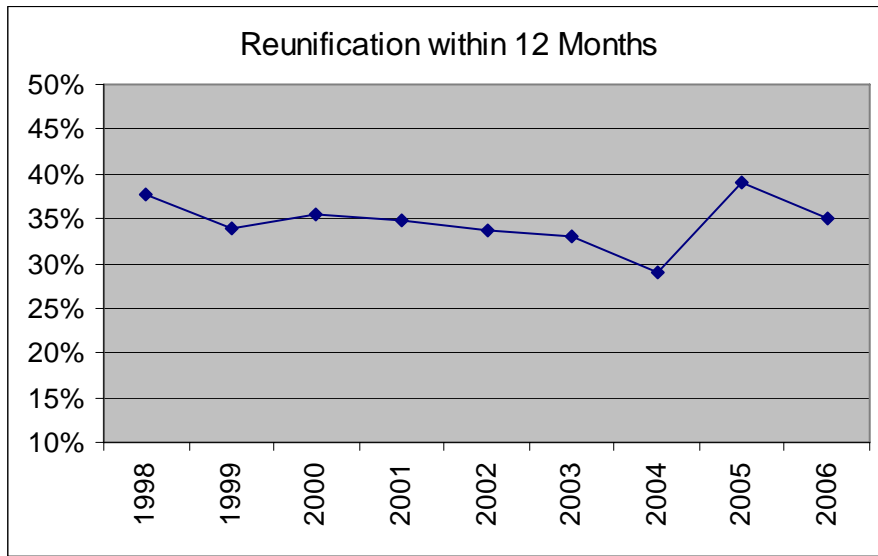


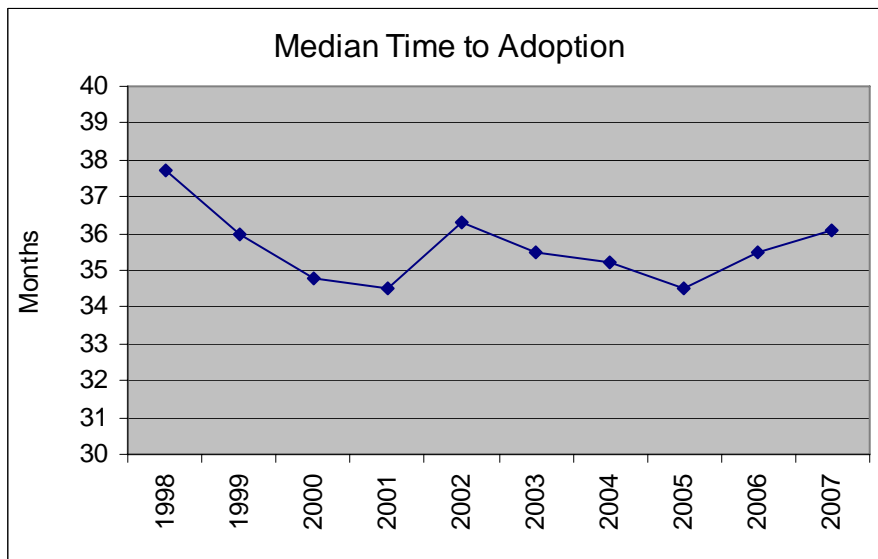
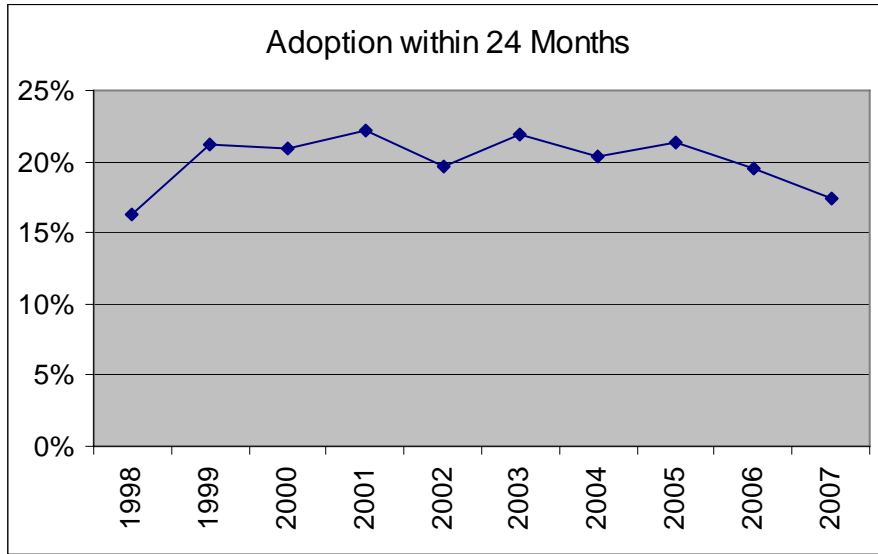
### APPENDIX F DATA TREND TABLES

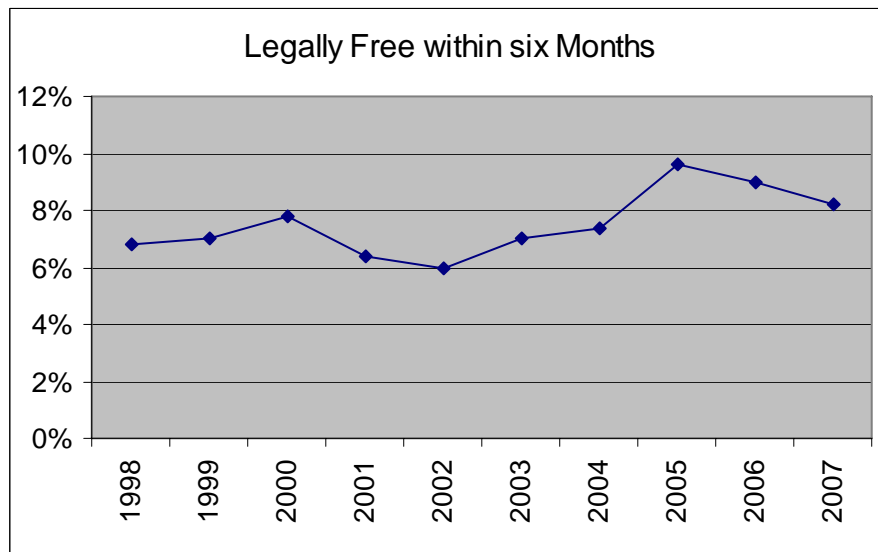
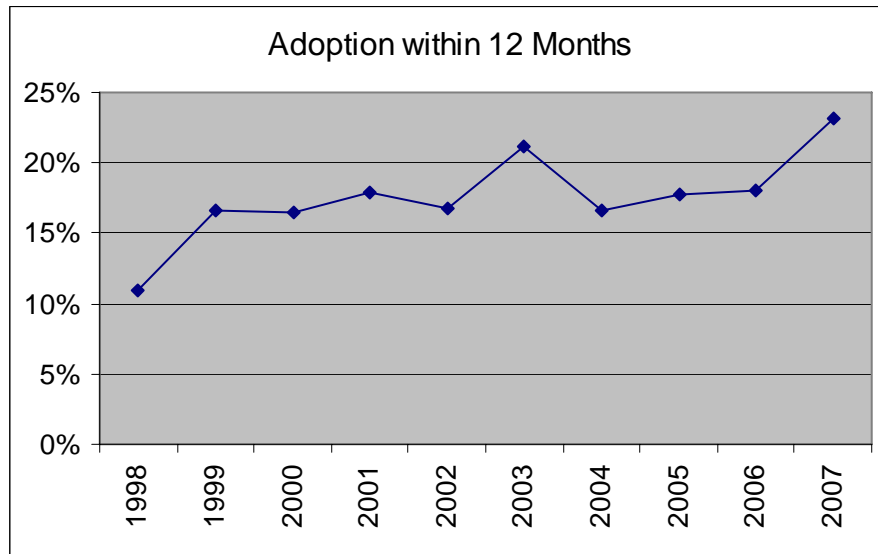


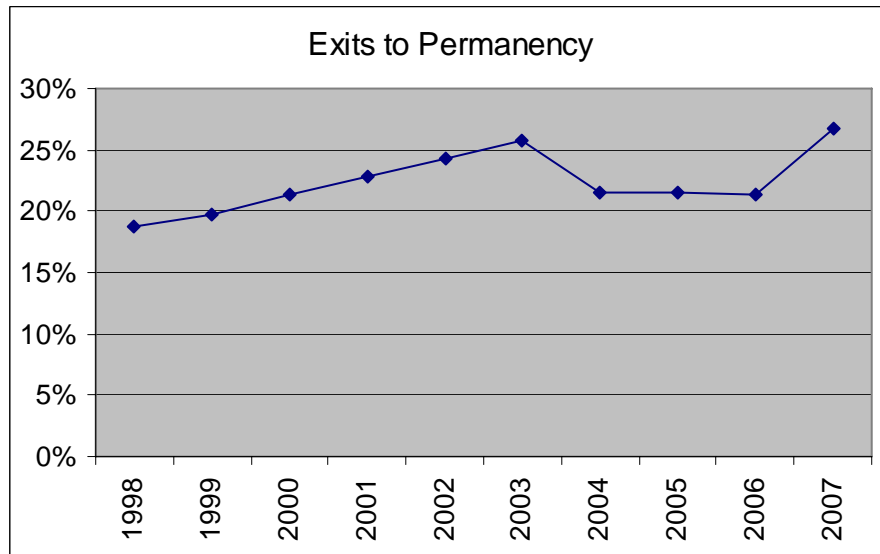
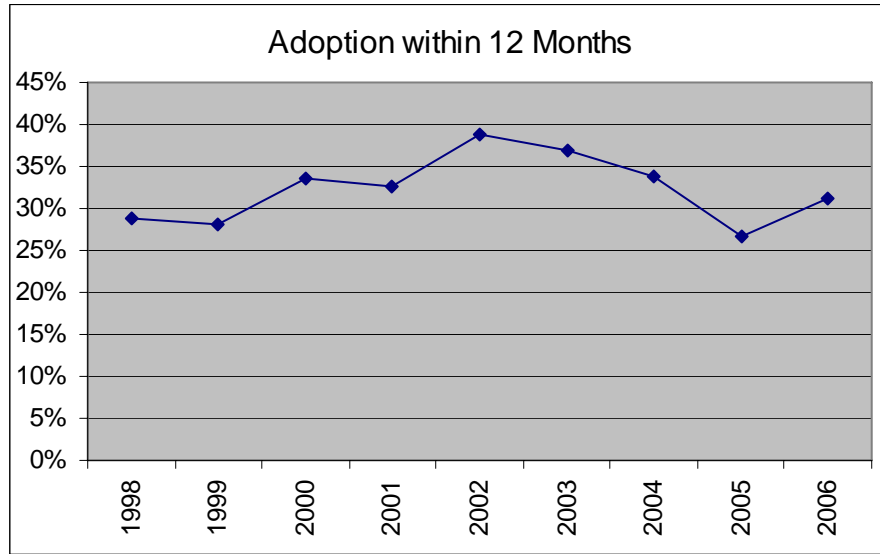


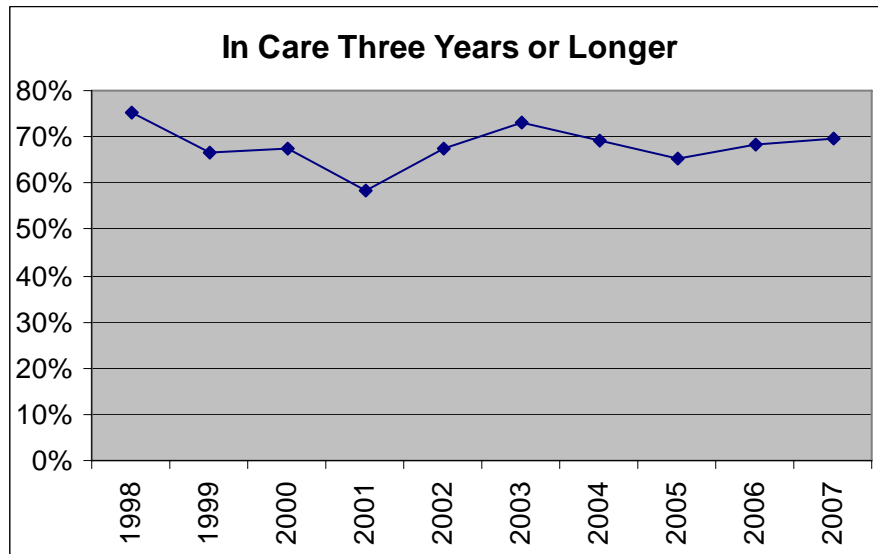
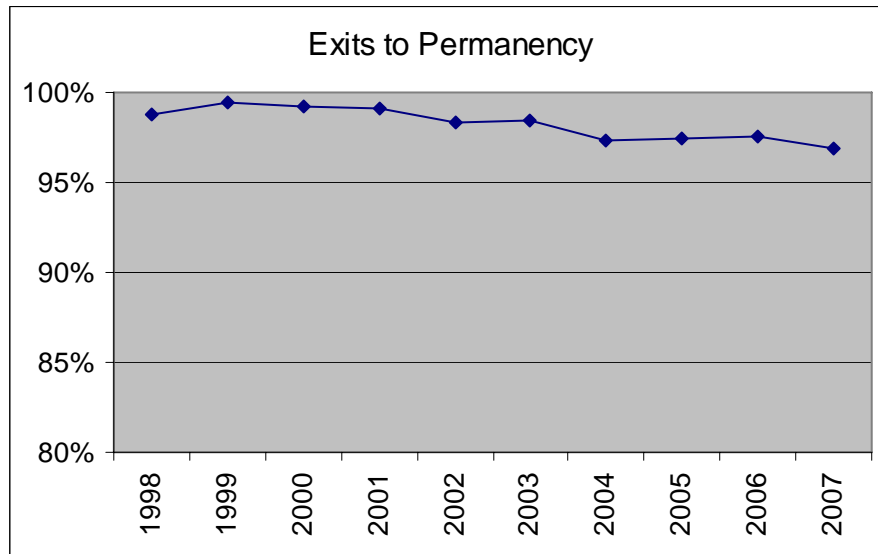


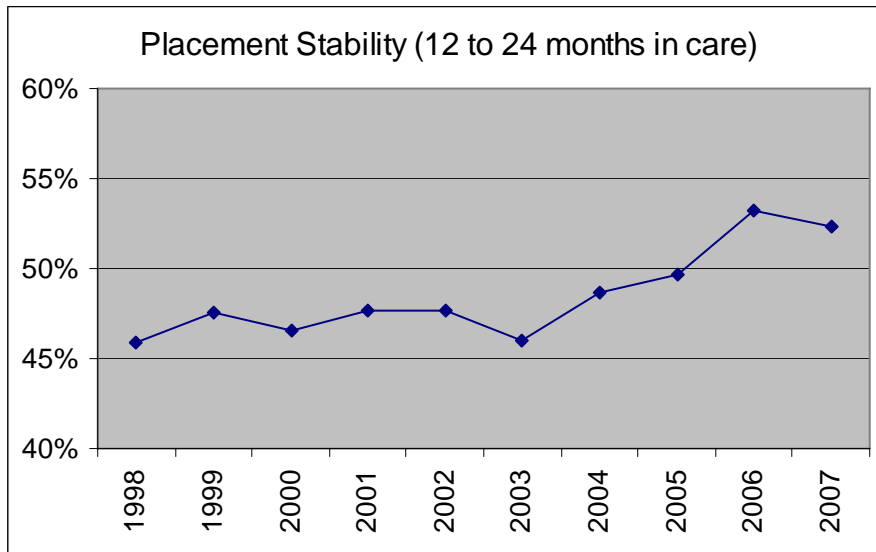
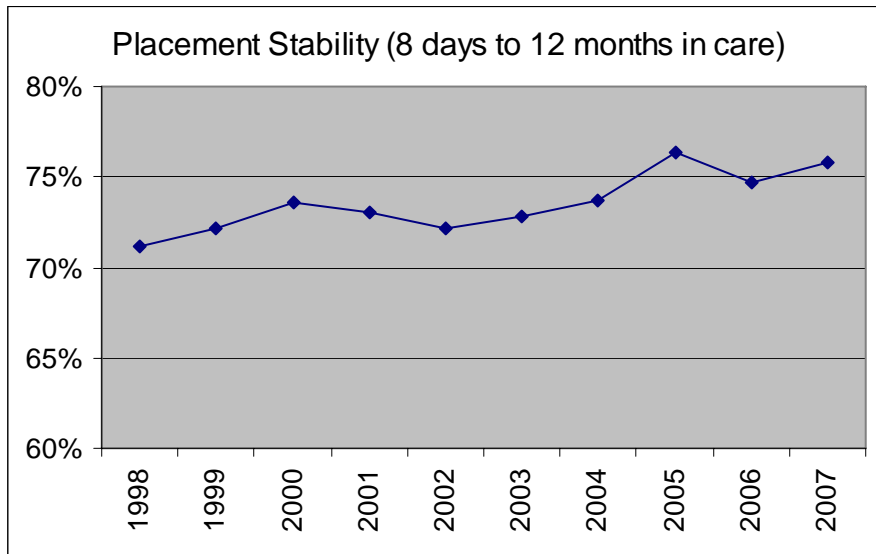


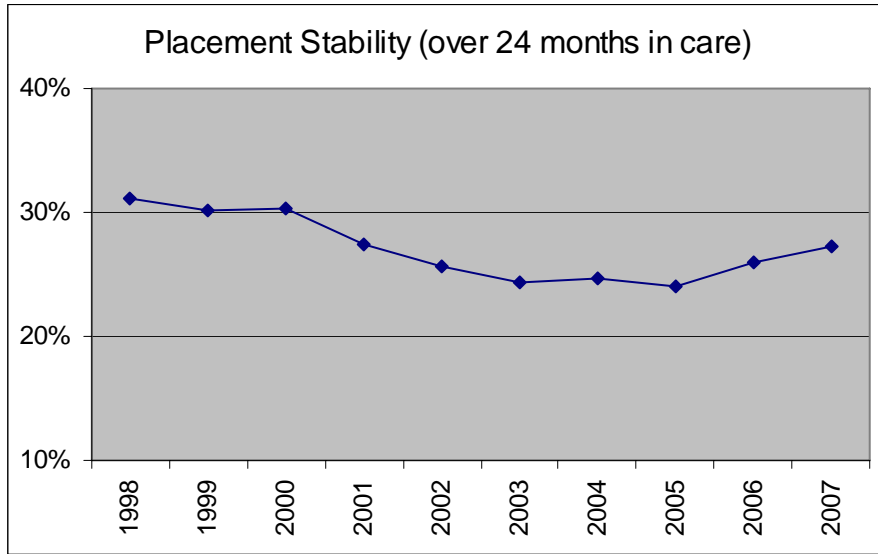












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