

THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS
ACTION AGENDA SUMMARY

DEPT: Community Services Agency

BOARD AGENDA # *B-4

Urgent

Routine

AGENDA DATE May 25, 2010

CEO Concurs with Recommendation YES NO

4/5 Vote Required YES NO

(Information Attached)

SUBJECT:

Approval to Accept the Community Services Agency and Probation Department County Self Assessment for the California Child and Family Services Program

STAFF RECOMMENDATIONS:

1. Approve the acceptance of a County Self-Assessment for the Community Services Agency and the Probation Department.
2. Authorize the Chairman of the Board of Supervisors to sign the County Self-Assessment for the Community Services Agency and the Probation Department.

FISCAL IMPACT:

There is no fiscal impact to the County of Stanislaus associated with the County Self-Assessment. The Community Services Agency has budgeted \$16,996,153 to support Child Welfare Services in Fiscal Year 2010-2011.

BOARD ACTION AS FOLLOWS:

No. 2010-318

On motion of Supervisor O'Brien, Seconded by Supervisor Chiesa

and approved by the following vote,

Ayes: Supervisors: O'Brien, Chiesa, Monteith, DeMartini, and Chairman Grover

Noes: Supervisors: None

Excused or Absent: Supervisors: None

Abstaining: Supervisor: None

1) X Approved as recommended

2) _____ Denied

3) _____ Approved as amended

4) _____ Other:

MOTION:



ATTEST: CHRISTINE FERRARO TALLMAN, Clerk

File No.

DISCUSSION:

The Self-Assessment is a required component of the California Child and Family Services Review (C-CFSR), which is the result of Assembly Bill 636 (Steinberg). The purpose of the C-CFSR is to strengthen the accountability system used in California to monitor and assess the quality of services provided on behalf of maltreated children. It established core outcomes that are central to maintaining an effective system of child welfare services. The outcomes focus on the areas of child safety, permanency and well-being.

The Self-Assessment is a comprehensive assessment of child welfare outcomes and systemic factors in Stanislaus County. Child and Family Services and Probation Staff, public and private partners and other stakeholders were involved in a series of focus groups about our County's performance. The assessment details Child and Family Services and Probation strengths, current system improvement efforts, opportunities for growth and contributing factors to the various outcomes.

The Self-Assessment will be used in conjunction with the Peer Quality Case Review process to identify areas and strategies for improvement that will be submitted in September 2010 to the California Department of Social Services (CDSS), the Office of Child Abuse Prevention (OCAP) in the System Improvement Plan (SIP) and presented at a future Board of Supervisors meeting.

Overall, the Community Services Agency, Child and Family Services Division is performing well on most of the State and Federal Outcome measures. Findings include strong partnerships and collaboration with community partners with a shared vision and responsibility for vulnerable children in our community. Strengths in the Division included promising and benchmarkable programs and practices such as Families In Partnership, Differential Response, and Team Decision Making. The network of contracted services, including clean and sober living facilities, that contribute to a safety net for children and families and the services for youth transitioning out of foster care are also strengths of the Division. The Agency's participation in System Improvement efforts has created an agency and partner culture of continuous improvement.

Challenges identified in the Self-Assessment include how to better support families after they exit the child welfare system so that their children do not re-enter foster care. The biggest challenge facing the division is the diminishing financial resources which threaten the complex and complementary service delivery systems developed over the years. Programs such as Families In Partnership, Differential Response, Team Decision Making and contracted services such as clean and sober living facilities are facing elimination in fiscal year 2010/2011. Without these safety nets for vulnerable children, the outcomes in the area of safety, permanency and well-being may result in a downward trend.

The Probation Department is also performing well on State and Federal outcome measures. Identified strengths include probation officer case management, rate of monthly contacts with placed minors, and collaboration with mental health and behavioral health specialists. Additionally, it was found that smaller caseloads allowed officers to maintain contact with group homes and acquire updated health and education information for minors in their care. This focus allowed

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officers to consistently provide assistance to parents and guardians choosing to engage in reunification services with their placed children.

Challenges identified by the Probation Department during the Self-Assessment include how to better match minors with group homes and how to encourage more families of placed minors to participate in the reunification plan. To respond to the first challenge, the Probation Department will seek a validated placement assessment tool to better determine the minors' needs and how to best match them to appropriate placements. To respond to the second challenge, the Probation Department will utilize the Court to hold parents and guardians accountable for their participation in reunification services.

POLICY ISSUE:

Approval of the Stanislaus County Self Assessment to support the Board's priorities of A Safe Community, A Healthy Community, Effective Partnerships and Efficient Delivery of Public Services by providing an analysis of the various outcomes, systemic factors and public/private service delivery systems in Stanislaus County that are essential to ensure that every child lives in a safe, stable, permanent home nurtured by healthy families and strong communities.

STAFFING IMPACT:

Stanislaus County has not hired social workers since January 2008 due to the budget reductions at the state and local level. An approximate 25 positions have been eliminated from Child and Family Services during the past two fiscal years. Turnover is lower in the past year due to the economy, but as staff resign or retire they are not replaced.

Further reductions in staffing, would result in a larger gap between the current caseloads carried by staff and that recommended as minimally necessary to meet the mandates of law and practice. Services that are contracted out to private non-profits include parenting, substance abuse services, sober living, mental health assessments, counseling, domestic violence services, and other service oriented case plan components.

CONTACT PERSON:

Christine C. Applegate, Director. Telephone: (209) 558-2500

**California's Child and Family Services Review
County Self-Assessment Cover Sheet**

County:	Stanislaus
Responsible County Child Welfare Agency:	Community Services Agency Child and Family Services
Period of Assessment:	January 2010
Period of Outcome Data:	January 2009 Outcome and Accountability Report
Date Submitted:	

County Contact Person for County Self-Assessment

Name & title:	Janette Mondon, Manager III
Address:	P.O. Box 42 Modesto, CA 95353
Phone:	(209) 558-2344
E-mail:	mondoj@stancounty.com

CAPIT Liaison

Name & title:	Juan Ramirez, Manager II
Address:	P.O. Box 42 Modesto, CA 95353
Phone:	(209) 558-3534
E-mail:	ramirju@stancounty.com

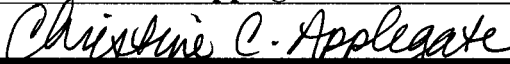
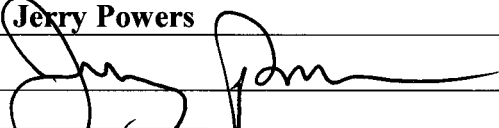
CBCAP Liaison

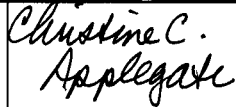


Name & title:	Juan Ramirez, Manager II
Address:	P.O. Box 42 Modesto, CA 95353
Phone:	(209) 558-3534
E-mail:	ramirju@stancounty.com

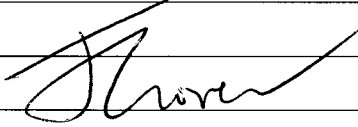
County PSSF Liaison

Name & title:	Juan Ramirez, Manager II
Address:	P.O. Box 42 Modesto, CA 95353
Phone:	(209) 558-3534
E-mail:	ramirju@stancounty.com

Stanislaus County Self Assessment 2010

Submitted by each agency for the children under its care	
Submitted by:	County Child Welfare Agency Director (Lead Agency)
Name:	Christine C. Applegate
Signature:	
Submitted by:	County Chief Probation Officer
Name:	Jerry Powers
Signature:	

In Collaboration with:		
County & Community Partners	Name(s)	Signature
Board of Supervisors Designated Public Agency to Administer CAPIT/CBCAP/PSSF Funds	Christine C. Applegate	
County Child Abuse Prevention Council	Jan Viss	
Parent Representative	John Palombi	
As Applicable ¹	Name(s)	
California Youth Connection	Blanca Tumlinson	
County Adoption Agency (or CDSS Adoptions District Office)	Janette Mondon	
Local Tribes	none	
Local Education Agency	Kathleen Dennis	

Board of Supervisors (BOS) Approval	
BOS Approval Date:	
Name:	
Signature:	

Name and affiliation of additional participants are on a separate page with an indication as to which participants are representing the required core representatives.

¹ As applicable, provide the name of a representative from each of these entities as pertinent to relevant outcomes (the adoption composite would include a representative that was engaged in that portion of the CSA, likewise, IEP measure (5A), IWCA (4E), etc. No signature is required.

A. DEMOGRAPHIC PROFILE

1. General Population

According to Department of Finance population estimates, there were an estimated 527,000 persons residing in Stanislaus County on July 1, 2009, with an estimated 172,000 children under the age of 18 years.¹ Of those children, 55,700 were under the age of six years and thus eligible for prevention services through the California First Five Initiative (Proposition 10).

The race/ethnicity of the general child population in Stanislaus County in 2009 was as follows:

African American/Black	2.4%
Asian/Pacific Islander	3.8%
Caucasian/White	33.3%
Hispanic/Latino	57.9%
Multiracial	2.2%
Native American	0.5%

Stanislaus County's tribal population is very low, in comparison to peer counties, since there are no tribal lands/federally recognized tribes located within the county limits. In 2008, the child population of Native Americans in Stanislaus County was estimated to be 829. There are no services in Stanislaus County specifically targeted to Native American children and families.

According to the California Department of Education, there are 105,600 children enrolled in public schools in Stanislaus County. Of those children, 12,481 were receiving special education services. In 2008, approximately 23% of children dropped out of high school prior to graduation, which exceeds the state average of 20%. Additionally, there were nearly 4,500 children on a wait list for child care in the county during that same year.²

The economic situation for families in Stanislaus County has deteriorated considerably since 2007 due to the recession. The unemployment rate in Stanislaus County in 2008, according to the California Employment Development Department, was 11.1%, which exceeded the state average of 7.2%¹⁷. In December 2009 it was 17.5% but had risen to 18.9% in January 2010, significantly greater than the state average and almost twice the rate of the United States. Over 9,800 families per month receive public assistance (CalWorks).⁵ The median income in 2008 was \$58,962 and 19.4% of the county's children were living in families with incomes below the federal poverty level.³ Fifty-seven percent of school children were enrolled in the free or reduced price meal program.

Housing is one of the biggest areas of challenge for Stanislaus County at this time. In 2010, the fair market rent for a three bedroom residence was \$1,334. With significant reductions in the median home price and escalating home foreclosures, the property tax revenue associated with this has declined as well. For 2009 the national foreclosure rate was 2.21%.⁸ California was ranked 3rd in the nation for foreclosures with a rate of 4.75%. A total of 632,573, or 1 in every 21 homes, in California received a foreclosure filing. In Stanislaus County a total of 14,812, or 1 in every 12 homes, received a foreclosure filing.⁹ The county foreclosure rate is almost twice as high as the state of California and nearly 4 times as high as the nation.

In Stanislaus County in 2008, 64% of families and 77% of children were reported to have health insurance.¹¹ Babies were born with a low birth rate 6.5% of the time.¹⁴ In 2000-2001, 93% of children in Stanislaus County were fully immunized when they entered kindergarten.²

Just fewer than three percent of children in Stanislaus County live in the care of their grandparents. Seventy percent of children live with both parents. Children were born to teen parents 11.8%.¹⁴

The rate of domestic violence calls in Stanislaus County is 7.6 per every 1,000 adults, which is slightly greater than the state rate of 6.6 per 1,000 adults. Substance abuse is prevalent in Stanislaus County. Per the 2005 California Health Interview Survey, 20.1% of Stanislaus County adults reported binge drinking in the preceding month. Twenty-five percent reported drinking five or more drinks during a two hour time period at least once during the preceding month. Between 2002- 2004, Stanislaus County reported 19.1 drug related deaths per 1,000, compared to 12.7 per 1,000 in the San Joaquin Valley and 10.0 per 1,000 for the entire state of California.

2. Child and Family Services (Child Welfare Services) Population Rates

According to the Quarter 2 Outcome and Accountability Report¹⁷ released in January 2010, Stanislaus County has approximately 172,000 children between the ages of 0 and 18 years of age. Of those children, 9,764 children had one or more referrals for child abuse and neglect in 2008. That is a rate of 57.3 children out of 1,000, which exceeds the state average of 46.7 children per 1,000 with referrals.

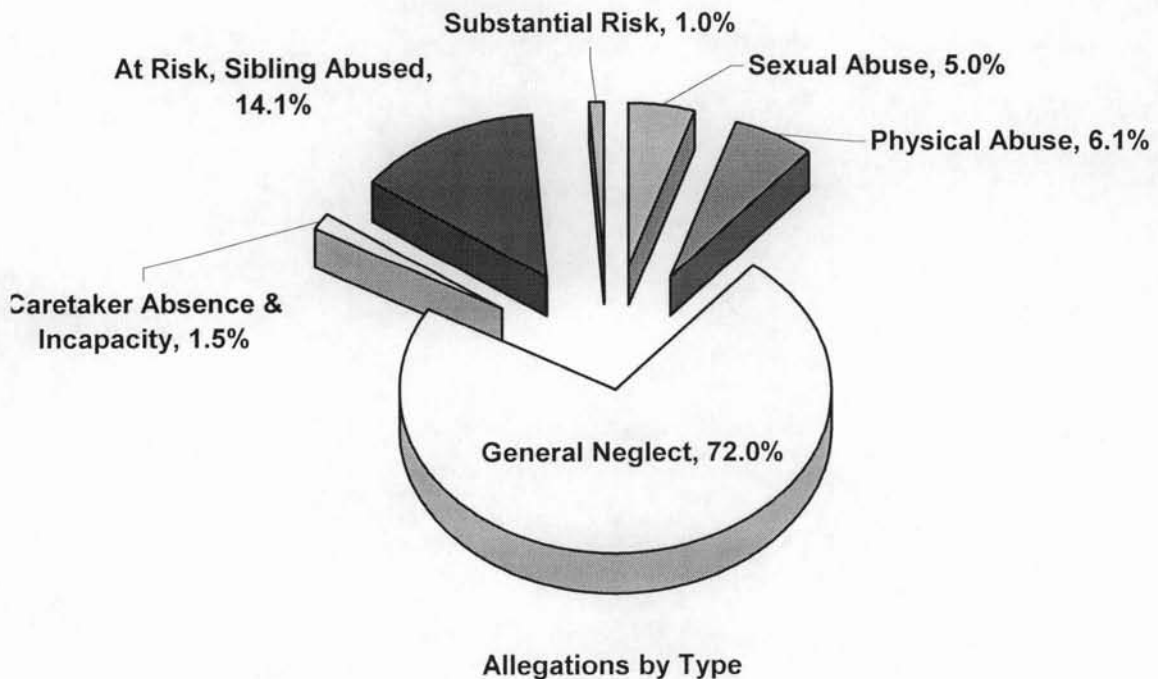
In 2008, the race/ethnicity of the children whom were reported to Child and Family Services in Stanislaus County for abuse and neglect were:

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African American/Black	7.5%
Asian/Pacific Islander	2.7%
Caucasian/White	43.7%
Hispanic/Latino	45.8%
Native American	0.4%

The ethnicities of children for whom allegations of child abuse and neglect are reported do not closely match the race/ethnic representation in the overall population. The percentage of children with allegations versus the percentage of the county child population is greater for African American/Black (7.5% vs. 2.4%) and White (43.7% vs. 34%) children. On the other hand, the percentages of Hispanic/Latino (45.8% vs. 57%) children reported for abuse/neglect are less than the ethnic representation in the entire population.¹⁵ This was discussed in focus groups within the agency and with the community and Child Abuse Prevention Partners, but no insights were offered.

Allegations of abuse and neglect fall into one of six categories, as indicated in the chart below. General Neglect comprises the largest percentage of the allegations received in Stanislaus County, with 72%. The next largest category was the "At Risk, Sibling Abused" which applies to children who were not themselves victims of the reported incident of abuse or neglect but were otherwise at risk because of the abuse/neglect of their sibling.



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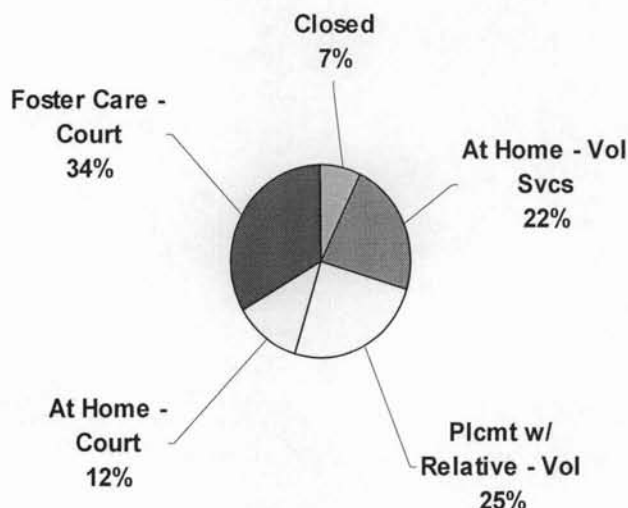
According to the January Outcome and Accountability Report,¹⁷ of those referrals that were investigated, 12.5 children per 1,000 (or 2,126 children) had a substantiated allegation of abuse or neglect. This exceeds the state average of 9.7 children per 1,000. The rate was particularly disproportionate for African American/Black children who had a substantiated allegation at a rate of 48.4 per 1,000 children.

Children enter foster care in Stanislaus County at the rate of 1.7 per 1,000.¹⁷ In 2008, 289 children entered foster care for the first time. That is half of the State's average (3.3 per 1,000) and a fraction of the central valley county average of 4.5 per 1,000. African American/Black children represented 12.5% of the children who entered foster care that year; much greater than their representation in the population. Caucasian/White children also entered foster care at a rate greater than indicated by the population, comprising 44% of the child entering out of home placement. Hispanic/Latino children entered foster care at the rate of 40.5%, significantly less than the population numbers of 58%.

Low placement rates, in comparison to peer counties, is in large part due to Stanislaus County's long standing philosophy about offering pre-placement family maintenance services to safely keep children with their families while services are offered to address risks. Stanislaus offers a rich array of pre-placement preventative services designed to prevent foster care entry. One of these preventative efforts are Team Decision Making (TDM) meetings.

In 2004, Team Decision Making (TDM) meetings, facilitated by a non-case carrying social worker / TDM facilitator, were implemented prior to or immediately following a social workers recommendation to remove children from their parents care. By including the parents in a facilitated discussion about the safety issues, concerns and risks, safety plans were able to be created that resulted in fewer children entering the foster care system.

Removal TDM Child Outcome



As indicated in the chart above³, 34% of the children for whom removal was recommended were still placed in foster care under the supervision of the court following the meeting. Those 104 children could not be assured safety by any less restrictive means. Another 12% were placed informally with a relative while the parent participated in services to stabilize the situation, such as short-term inpatient substance abuse treatment. Because of the relatives and parents willingness to partner, those 77 children were able to stay with a relative and did not enter the formal foster care system. Court-ordered services, with the child at home, were the outcome for 37 children or 12% of the time. Safety plans were successful in keeping 69 children (22%) at home with the agreement that the parents participate voluntarily in Families in Partnership or Family Maintenance services. Some cases were closed without further action because those 23 children were determined to be safe.

Without the TDM process, court intervention would have been necessary to ensure safety of the child(ren), as the additional safety planning and engagement that occurs in the formal meeting would not have taken place. The 206 children that were not placed in foster care would have been placed. At the current average foster care rate of \$1,428 per month, that would have amounted to an additional \$3,530,016 in foster care expenditures per year, including a county general fund share of \$1,412,006 per year. Clearly, the practice of TDM is not only a better practice for working with families to ensure child safety, but it also is more fiscally sound.

On July 1, 2009, Stanislaus County was serving 34% of its children through pre-placement Family Maintenance services, as compared to the California average of 17%.¹⁹ The lower foster care entry rate is a reflection of the many families sufficiently served while children are safely maintained at home. If Stanislaus County did not have the pre-placement preventative services that

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it offers, our foster care entry rates would likely mirror that of our central valley county peers. If one applied the foster care rates of our central valley peers in Stanislaus, the rate change would result in approximately 491 additional children entering foster care each year for the first time. With an average monthly grant of \$1,428, that is an increase of \$701,148 in monthly foster care costs. If children are federally eligible the county general fund share of 40% would amount to \$280,459 per month in County General Fund. The annual result would be an increase of \$8,413,776 per year (\$3,365,508 in County General Fund) in addition to the present foster care budget.

The rate of children in care for Stanislaus County is 3.6 per 1,000 (623 children), as compared to the state rate of 6.0 children per 1,000. Though reunification rates for Stanislaus and the state are comparable, Stanislaus has a lower percentage of children in permanent placement (36 percent versus 44 percent).

Native American Children are a very small percentage of the child welfare population in Stanislaus County, primarily due to the absence of tribal lands and very limited immigration from other counties. In 2008, there were only 33 children with an allegation of child abuse or neglect in Stanislaus, slightly less than the population rate (0.4% versus 0.5%). In that same year, only 4 children entered foster care with Native American ancestry.

3. Probation

According to the Center for Social Service Research, University of California at Berkeley site, during the time period ending June 30, 2009, the Stanislaus County Probation Department had 36 youth placed in out-of-home placement facilities. The total number of youth with out-of-home placement orders during the same timeframe was 65 (Stanislaus County Probation Statistics, 2009).

B. PUBLIC AGENCY CHARACTERISTICS

1. Size and Structure of Agencies:

The Community Services Agency, Child and Family Services Division, and the Probation Department are the primary providers of child welfare services in Stanislaus County. Both Child and Family Services (CFS) and Probation collaborate with other public and private agencies to serve families in the community. Such partnerships include StanWORKS (CalWORKS, Medi-Cal, Food Stamps and TANF), Behavioral Health and Recovery Services (Mental Health), Health Services Agency (Public Health), Stanislaus County District Attorney, local, State and Federal law enforcement and many private agencies.

- a. County operated shelters: Stanislaus County does not operate a shelter, but instead depends upon foster family homes for the emergency placement of children who are removed from the parents due to abuse or neglect. Aspiranet Foster Family Agency is contracted to provide two foster homes that are available 24/7 as a receiving homes. Children are moved to relative or other concurrent planning homes as soon as reasonably possible. Additionally, county licensed homes and other FFA certified foster homes will accept children when receiving home beds are unavailable.
- b. County licensing: Stanislaus County CFS has an MOU with the State to conduct our own licensing of foster family homes.
- c. County adoptions: Stanislaus County CFS is licensed to provide adoptions services, including home studies, placement of children, relinquishments and post-adoption. There are a number of FFA and private agencies that are licensed for adoption. CFS partners with these agencies to identify adoptive families for children and youth.

Probation

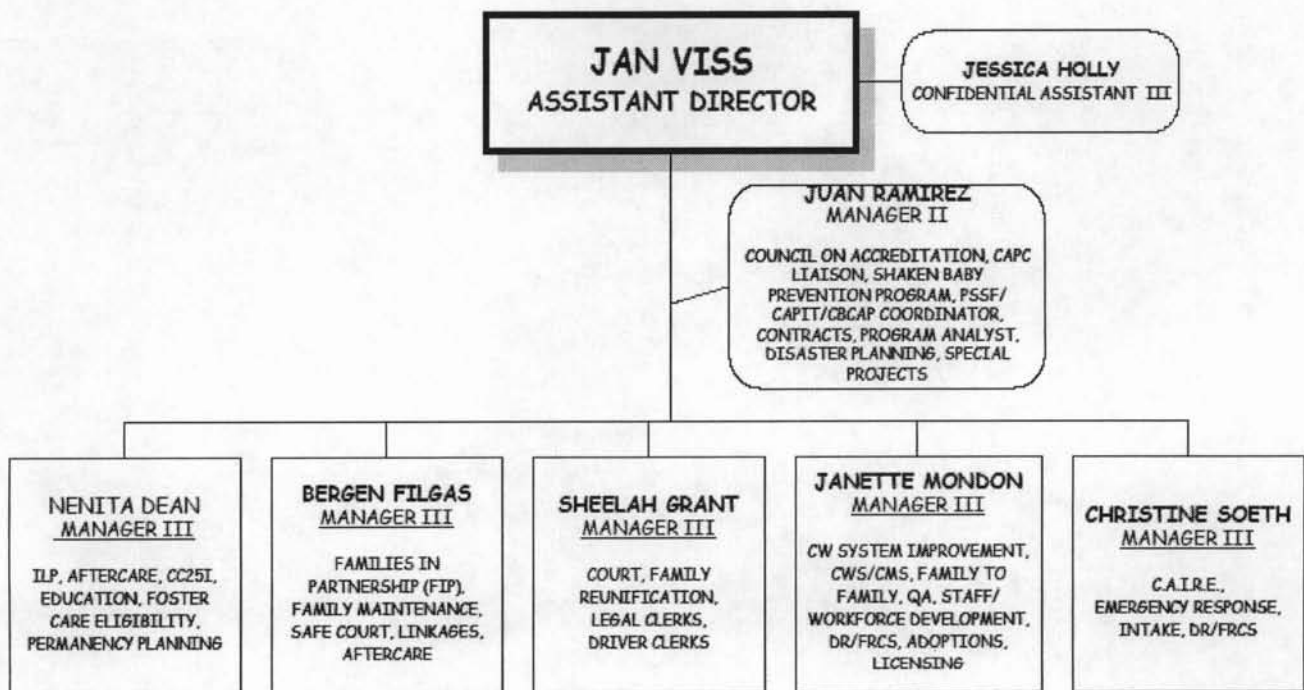
As is the case with the Community Services Agency, the Probation Department collaborates with other public and private agencies to serve families in the community. Such partnerships include StanWORKS, Behavioral Health and Recovery Services, Health Services Agency, Stanislaus County District Attorney, local, State and Federal law enforcement, and many private service providers. For permanency planning, the Probation Department collaborates with both public (County Child Welfare) and private organizations to help identify and meet the concurrent goals of adoption, guardianship, and/or life long connections through mentorship or emancipation for our placement youth.

2. County Government Structure

Child and Family Services

Child and Family Services (CFS) is a division of the Stanislaus County Community Services Agency. StanWORKS and Adult Services are also divisions within the agency.

CHILD AND FAMILY SERVICES 2009



Child and Family Services 2009.vsd

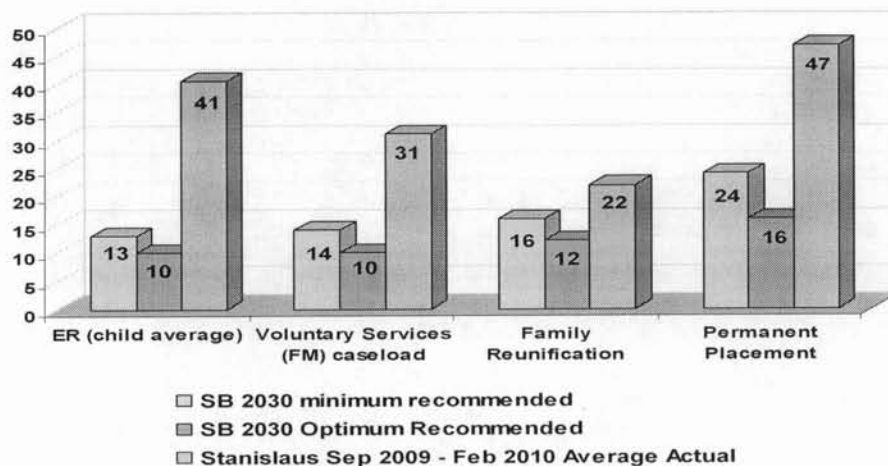
a. Staffing Characteristics/Issues

Child and Family Services have a total of 153.7 positions. Under the supervision of 1 Assistant Director and 6 Managers, there are 14 Social Worker Supervisor II, 86 Social Worker III or IV, one Family Services Specialist Supervisor, 7 Family Services Specialist (Foster Care eligibility), 1 Legal Clerk Supervisor, 4 legal clerks, 1 Confidential Assistant, 22 Administrative Clerk I, II and III, 8 driver clerks, 2 ILP Interviewers and 1 Educational Liaison. Additionally, there are 2 Public Health Nurses, 4.4 Substance Abuse Specialists and 0.5 FTE of Sheriff's Detective. All staff are assigned to units with approximately ten staff per supervisor.

Caseload sizes continue to be greater than that recommended by the SB 2030 workload study. Senate Bill (SB) 2030 required the California Department of Social Services to undertake an evaluation of workload and budgeting methodologies for child welfare. The goals of the study were to study and understand:

1. Routine activities of child welfare staff.
2. Time needed to complete all mandated practice activities.
3. Estimate the time required to engage in best practice.
4. Review budgetary methodology for Child Welfare Services.

The SB 2030 Workload Study was conducted in 1999 and a final report was released in April 2000. When this report was released 10 years ago, there had been numerous changes in laws, policies and court decisions that impacted the requirements for providing child welfare services since the budget methodology had been established in 1984.



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Since the release of the SB 2030 Workload Study 10 years ago, many more regulations, laws and court decisions have impacted workload and thus would further widen the gap between funded caseloads, minimum to meet legal and policy mandates and optimal to achieve best practice standards.

Stanislaus County has not hired social workers since January 2008 due to the budget reductions at the state and local level. An approximate 25 positions have been eliminated from Child and Family Services during the past two fiscal years. Turnover is lower in the past year due to the economy, but as staff resign or retire they are not replaced.

Child and Family Services (CFS) has four emergency response units of which one includes the intake, or hotline staff, and two after hours social workers. The leadership and staffing of the CAIRE Center (Child Abuse Investigations Referrals and Examinations) is provided through one of the emergency response units. At present there are 20 social workers assigned to complete investigations as well as risk and safety assessment during normal business hours. Emergency Response social workers are responsible for in person contact, assessment and intervention for approximately 42 children per month. That equals approximately 14 investigations of child abuse or neglect per month per social worker, which exceeds the National Average in 2008 of 5.7 per month, as reported on the U.S. Department for Health and Human Services, Administration of Children and Families (ACF).²² According to the ACF report, the average number of investigations per year in 2008 was 68.3 per worker. Each investigation can include multiple children. Our 2008 average investigation caseload was 125 per year per social worker. Our present 2009/2010 average is more than 168 investigations per social worker.

There are 5 social workers assigned to the intake/hotline to handle all reports of child abuse and neglect. During the past six months, each intake social workers accepted and managed approximately 75 referrals for child abuse and neglect per month.

CFS has three pre-placement preventative services units; one Family Maintenance unit and two units of Families in Partnership (FIP). The Family Maintenance unit consists of 7 social workers, 1 family services specialist (TANF eligibility staff) and 1 administrative clerk. Social workers average approximately 34 children each. The two FIP units cumulatively consist of 6 to 7 social workers, 2 substance abuse counselors, 2 public health nurses, 2 family service specialists, who provide intensive in-home services to families whose children are at a high risk for entry into the foster care system. Over the past six months, each social worker has been responsible for an average of 27 children.

CFS has one Court unit that manages the case from the point of detention to disposition. Due to the many responsibilities for timely court trials and

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paperwork, concurrent planning, placement, health and dental care of children, visitation with parents, notification of Indian Tribes, and a large array of other items; a team is assigned to each child. A court officer and a placement specialist work together to accomplish the multitude of responsibilities that are required during the initial weeks following foster care entry. There are four teams in court and each has been responsible for an average of 16 children per month.

CFS has two Family Reunification (FR) units with a total of 9 full time social workers and two MSW interns that carry a partial caseload. FR social workers are responsible for all aspects of a case following the dispositional hearing until the return of custody and dismissal of dependency, termination of parental rights or an order of permanent placement. Over the past six months, each FR social worker has been responsible for an average of 26 children each month.

Permanent Placement (PP) of children is divided into two units based upon the needs of the child. The two units have a combined total of 5 social workers responsible for case managing children in foster care and for whom permanency has not been achieved. Each PP social worker is responsible for an average of 47 children. Many are children in a plan of guardianship with non-related persons and not under juvenile court supervision. State regulation requires that all children in a guardianship with a non-relative, and for whom the care giver is receiving a foster care payment, the child welfare agency is responsible for monitoring the placements. Children must be seen every six months, but otherwise the contact is limited to urgent needs only. Approximately 20 children or youth in each caseload are court dependents. These children, who have not achieved permanency, are more likely to experience placement instability, fall behind in their education due to placement moves, and have greater need for Independent Living Skills (ILSP) services to prepare them to live on their own immediately upon turning 18 years old and graduating high school.

Also located in one of the Permanent Placement (PP) units is the 3015 program. Children assigned to this unit are those placed in group homes or at risk of group home placement. Social workers collaborate with mental health clinicians from the Children System of Care, which is collocated with Child and Family Services. During the past six month period, each social worker was responsible for an average of 15 children. Youth within this caseload are primarily teenagers with significant emotional, behavioral, and/or mental health challenges that require a great deal of social worker intervention to stabilize in placement. Many of these youth are chronic runaways which results in repeated placement attempts and court appearances. Additionally, youth in group homes are often placed out of Stanislaus County, sometimes many hours away. That necessitates constant

travel on the part of the social workers who must drive the many hours to see their youth as mandated.

As CFS also has its own licensed Adoption Agency, there is one unit responsible for the completion of adoptive home studies through finalization. There are presently 6 social workers assigned to the adoptions unit, a decrease from 7 this past year. Three adoptions workers take responsibility for the home studies of new prospective adoptive parents, as well as relative caregivers. The remaining three social workers carry cases of children post-termination of parent rights until the finalization of the adoption. Each of these social workers is responsible for an average of 20 children.

Child and Family Services also have seven (7) social workers designated to non-case carrying positions. They include a foster parent recruiter/trainer, licensing worker, Independent Living Skills (ILSP) social worker, aftercare worker, permanency specialist and two (2) Team Decision Making (TDM) facilitators.

Caseload size continues to be a contributing factor to our performance. With increasing demands and expectations of the social workers, it is difficult to spend the quality time necessary with children and families needed to help achieve success. For example, in the past few years, Emergency Response (ER) workers have additional court mandated requirements that are exceedingly time-consuming. Due to *Greene vs. Camreta*, social workers must obtain a protective custody and search warrant prior to removing children from their parents or guardians care. It can take several hours to write the multiple page warrant, contact and obtain authorization from the judge, coordinate with law enforcement and serve the warrant. Additionally, individuals with a substantiated or inconclusive allegation of abuse have the legal right to an administrative hearing with an independent reviewer. As a result, the agency has had to designate two positions to coordinating and facilitating the hearings and social workers have to be present to testify. On July 1, 2010, social workers will be required to seek a temporary seizure warrant to interview children at school without the knowledge and consent of the parents. This is the result of a Federal Appellate Court decision involving the State of Oregon. Expectations and legal requirements of social workers in other areas of Child and Family Services have similarly increased over the years. Social Workers in all programs have to complete mandated safety and risk assessment tools, conduct extensive home evaluations on relatives who are required to meet licensing standards to have a child placed with them, and complete more requirements for documentation on how youth are emancipated from foster care. Social Workers have increased court documentation and notification requirements in order to obtain court authorization for a child to be on psychotropic medication. Increased data entry requirements into the CWS/CMS system have been implemented by the state to improve the outcomes for Child and Family Services. Recently, a

new law was passed that increased the scope of relatives who must be contacted for placement consideration and shortens the timeline for accomplishing this to only 30 days from removal.

Further reductions in staffing would result in a larger gap between the current caseloads carried by staff and that recommended as minimally necessary to meet the mandates of law and practice. Services that are contracted out to private non-profits include parenting, substance abuse services, sober living, mental health assessments, counseling, domestic violence services, and other service oriented case plan components.

b. Bargaining Unit Issues

Child and Family Services staff is represented by two unions. SEIU Local 535 represents the social workers and SCEA AFSCME Local 10 which represents the Social Worker Supervisors, support and clerical staff. Overall, the unions maintain an interest based negotiation style with the County to work collectively to resolve and agree on a multitude of issues that can occur within the workplace. The unions affect staff in a positive manner, as their main purpose is to ensure consistency and fair and equitable treatment among all members.

c. Financial/Material Resources

Stanislaus County has experienced many unique challenges during the present fiscal climate. Child and Family Services (CFS) hired the last new social worker in January 2008 and have subsequently eliminated many services, contracts and supports for children and families in addition to leaving 25 vacant positions unfunded up through the 2009/2010 fiscal year. All Community Services Agency Staff were subjected to 7 mandatory furlough days, resulting in a pay reduction. On top of these reductions, Child and Family Services had insufficient county funds and/or realignment revenues to expend the full basic allocation, which would have resulted in the forfeiting of more than \$2 million in additional federally-funded Augmentation funds that required no local match. The 10% reduction of the State's child welfare budget by the Governor enabled the county to fully expend the basic allocation and thus draw down the augmentation as the 10% reduction subsequently lowered the county match.

Due to significant shortfalls in county tax revenues and diminished realignment revenues, neither Probation nor Child and Family Services were able to contribute the approximately \$17,000 in county general fund to draw down the more than \$93,000 allocated for our September 2009 Peer Quality Case Review (PQCR) process.

The continuing poor economy and on-going housing crisis is projected to result in an approximate \$23 million dollar general fund deficit in the County for the 2010/2011 fiscal year. To address this challenge, the county is involved in negotiations at present with the unions representing employees from all departments countywide, to reduce all staff salaries by 5 percent. Mandatory furlough days and/or reduced work hours are likely to be part of this negotiation. In addition to this, all departments are expected to cut approximately 9% from their county general fund. Child and Family Services is part of a larger agency which includes programs, such as StanWorks and Adult Protective Services, which have a Maintenance of Effort and cannot be cut. A Maintenance of Effort is a minimum amount that a county must pay to operate a program. The aforementioned programs cannot be reduced below the minimum required in County General Fund contribution. Child and Family Services have no such minimum and thus experience the majority of the overall agency general fund reduction. This shifts general fund reductions disproportionately to Child and Family Services and may result in further challenges in matching just our full basic allocation, thereby putting the 100% federally funded augmentation dollars (approximately \$2,000,000) at risk for Child and Family Services. The projected loss in revenue to Child and Family Services for 2010/2011 amounts to more than \$5.9 million dollars, that is, just under 21% of our total division budget (foster care excluded). As of the writing of this report, the financial shortfall is projected to result in a reduction in force for approximately 16 CFS positions, additional contracted positions such as Families in Partnership, elimination of Differential Response for children 6 to 18 years of age, elimination of sober living contracts and many more contract and service reductions. This deficit in funding for Child and Family Services will reduce our ability to meet our legal mandates as well as make adequate progress on outcome improvement.

CAPIT/CBCAP/PSSF funds are used solely for the implementation of Differential Response (refer to pgs 84-85 for discussion). The County Children's Trust funds are targeted for Hutton House, Parents United and the Haven Women's Center. Hutton House operates the teen runaway shelter in Stanislaus County and provides support and Differential Response Services for teens in conflict with their parents. Parent's United provides groups for children who are victims of sexual abuse. Haven Women's Center is the County's only Domestic Violence Center which provides emergency shelter services, counseling and case management to victims of Domestic Violence.

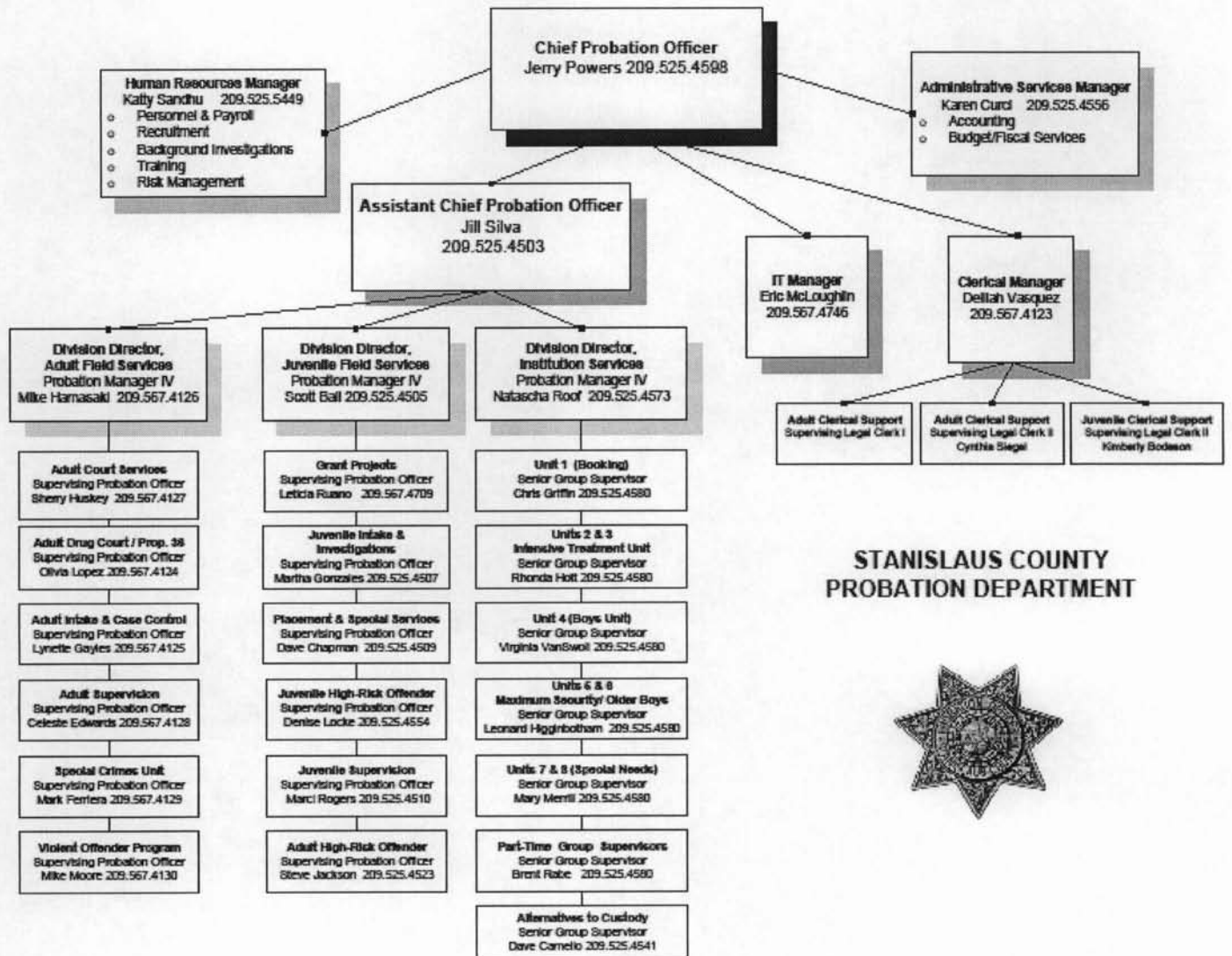
d. Political Jurisdictions

Stanislaus County does not have any tribal lands and thus lacks prominent active tribes within its jurisdiction.

There are twenty-five different school districts in Stanislaus County. Stanislaus County frequently collaborates with most facilitated by the County Office of Education Foster Care Liaison. A few of the school districts are so small that foster homes are rarely located within their attendance district. The County Foster Care Liaison assists with coordinating educational services for foster children when they are placed in these districts. CFS offers an annual Mandated Reporter training to the community that is attended by many educators, as well as school-based presentations.

Child and Family Services have strong partnerships with local law enforcement agencies, including the Sheriff's Office and local city police jurisdictions throughout the county. We collaborate to provide the services at the CAIRE Center as well as a Drug Endangered Children (DEC) program.

Probation



**STANISLAUS COUNTY
PROBATION DEPARTMENT**



The Probation Department is headed by Chief Probation Officer Jerry Powers. Assistant Chief Jill Silva oversees the Department's operations. The Juvenile Field Services Division, which includes the Placement and Special Services unit is directed by Scott Ball and supervised by Dave Chapman.

a. Staffing Characteristics/Issues

i. Turnover Ratio:

The Stanislaus County Probation Department human resource records indicate that during the 2008/2009 FY, staff who resigned, retired, or were terminated resulted in an overall turnover rate of 7%. This is significantly lower than the 18% turnover rate noted in the June 2004 Self Assessment and still lower than the 9% turnover rate noted in the 2007 Self Assessment. Staffing turnover in the placement unit during the past 18 months has included the replacement of Supervisor Steve Jackson with Dave Chapman, who previously supervised the unit. Additionally, one placement officer was replaced by another veteran officer with placement experience.

Staffing reductions could occur during the 2010/2011 fiscal year due to the no back-fill policy implemented by the County. For now, Department staff members have agreed to accept a pay reduction, in exchange for furlough days, to prevent layoffs.

The breakdown is as follows:

Administration:	5 %
Field Services:	7 %
Institutions:	8 %
JJCPA (field)	0 %
Total	7%

ii. Private contractors:

The Department's main source for service delivery continues to be provided through interagency agreements and collaboration with other county departments. Included are services to high risk wards of the Court to prevent out-of-home placement. Until July 2009, the Center for Human Services provided a behavioral intervention program. This service has since been replaced by a Cognitive Behavior Therapy program provided by certified in-house instructors. Collaborations continue with the Modesto Police Department and the Stanislaus County Sheriff's Department to assign law-enforcement officers to pair with probation officers to provide maximum levels of supervision to high-risk offenders. Additionally, Behavioral Health and Recovery Services continue to provide intensive out-patient substance abuse treatment for moderate-high-risk offenders. The Center for Human Services now provides alcohol and other drug treatment for detained juvenile offenders.

iii. Worker caseload size by service program:

The Juvenile Field Services Division caseload size varies depending on the level of supervision and specialty services needed. A review of caseloads and their sizes are as follows:

- General Juvenile Supervision - provides services to wards of the court, informal probationers, and deferred entry of justice probationers in an effort to prevent removal from the home. The average caseload size: 80
- Juvenile High Risk Offender - provides intensive services to high risk offenders at risk of removal from their home. The average caseload size: 35
- Juvenile Placement Facilitator – a full time officer who provides transitional planning for minors who have been court ordered into out-of-home placement. The average caseload size 8. This program was implemented in January 2007
- Juvenile Placement - three officers provide reunification services to wards with court ordered out-of-home placement. The average caseload size: 35
- Juvenile Drug Court - provides services to non-placement wards with substance abuse issues. The average caseload size: 21

b. Bargaining Unit Issues

The Deputy Probation Officers are represented by the Deputy Probation Officers' Association; the Clerical Division is represented by the Stanislaus County Employees' Association, AFSCME – Local 10; and the Probation Corrections Officers are represented by the Probation Corrections Officers' Association.

c. Financial/Material Resources

The Probation Department is funded through a variety of sources including Title IV-E, the Juvenile Justice Crime Prevention Act, Juvenile Camp and Probation Funding, State Realignment, grants/contracts, and general fund dollars. The Juvenile Justice Crime Prevention Act funding makes it possible to provide a variety of programs to high-risk youth to prevent removal from the home. These programs have been proven to reduce juvenile crime throughout the State of California resulting in fewer children being placed in out of home care. It is not expected that there will be any reductions in funding or services during the 10/11 fiscal year.

d. Political Jurisdictions

The Probation Department contracts with the Stanislaus County Office of Education and the Riverbank Unified School District to provide prevention and intervention services to at-risk youth who attend school at alternative education sites. Supervision officers are assigned supervision caseloads based on a geographical area of the county. This allows them to develop a close working relationship with the school districts in their designated area.

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They monitor school progress and assist in linking probationers and their families to resources in the community.

Cities within Stanislaus County and the law enforcement agencies for which they are served are as follows:

Modesto - Modesto Police Department
Ceres - Ceres Police Department
Newman – Newman Police Department
Oakdale – Oakdale Police Department
Turlock - Turlock Police Department
Patterson – Stanislaus Sheriff
Waterford – Stanislaus Sheriff
Salida – Stanislaus Sheriff
Hickman – Stanislaus Sheriff
Grayson – Stanislaus Sheriff
Keyes – Stanislaus Sheriff
Riverbank – Stanislaus Sheriff

The Probation Department works closely with law enforcement agencies throughout the county. Probation officers are co-located with both the Sheriff's Department and Modesto Police Department. This does not include the Department's placement officers. The Probation Department works with law enforcement to provide intervention services including working with first time offenders and school based probation officers.

Although there are no Indian tribes located in Stanislaus County, the Probation Department's procedures are established to identify any youth that may meet the definition of an Indian Child at the referral process. If a child is of Indian heritage then notifications are mailed to the identified tribe or if a tribe has not been identified then the Bureau of Indian Affairs (BIA). The Probation Department has successfully worked with tribes to identify appropriate services and placements for children of Indian heritage.

The Probation Department does not have any formal relationship with cities other than law enforcement agencies to provide child welfare type services.

C. PQCR SUMMARY

Stanislaus County's PQCR was held over the course of three days from September 22 through 24, 2009. Each peer review team was comprised of two child welfare social workers and/or supervisors and one juvenile probation officer. Interview teams conducted a total of four interviews, three child welfare and one probation case. Stanislaus County utilized representatives from the following peer counties: Madera, Merced, San Joaquin and Tuolumne.

Probation chose cases where children had experienced instability in that the minors had been in placement more than 24 months and had more than two placements. The selected minors were still on probation and receiving services from the Department. A total of 4 probation cases were chosen and 4 interviews were conducted.

As it relates to placement stability, and based on a review and analysis of the promising practices, challenges and barriers identified in this report, it appears three major areas need to be addressed by the Probation Department:

- Placement Assessment Tool (In addition to the risk/needs assessment tool already being utilized for this population)
- Placement Matching
- Family Engagement

Child and Family Services

Peer Quality Case Review (PQCR) was conducted in September 2009 at the Community Services Agency. Four teams of three peer reviewers, including social workers, probation officers and supervisors, interviewed Child and Family Services social workers regarding 12 cases.

Child and Family Services selected the area of placement stability for youth ages 13 - 17 in foster care for 24 months or longer. This measure computes the percentage of children with two or fewer placements who have been in foster care for 24 months or more. Our performance in April 2009, when we identified the focus area for our PQCR, was 40.4 percent. That is just shy of the National Standard of 41.8 percent.

This measure computes the percentage of children with two or fewer placements who have been in foster care for 24 months or more. Time in care is based on the latest date of removal from the home. The denominator is the total number of children who have been in care for 24 months or more; the numerator is the count of these children with two or fewer placements. This measure contributes to the fourth permanency composite.

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Although our performance related to the National Standard is not far off the mark, our County selected this area of focus due to our values and the importance we place on the success of adolescent youth while in and upon exiting foster care. The majority of our youth in foster care 24 months or longer who experience more than two placements are the teenagers. While placement disruptions do occur for younger children, 75% of children in placement greater than two years and have more than two placements are 13 to 17 years old.²⁰

As an Accredited Child Welfare program with the Council on Accreditation, Stanislaus County has a long history of striving for and ensuring that our child welfare program meets or exceeds best practice standards for the profession. It has long been insufficient to accept success as achieving the minimum requirements of the law, but rather to participate in continuous process improvement. As a result, Stanislaus County has sought opportunities of learning and technical assistance which include Family to Family Initiative (F2F), California Permanency for Youth Project (CPYP), Pilot 11 / Redesign participants, and most recently the California Connected by 25 Initiative (CC25I).

As part of the Family to Family Initiative, Stanislaus County Child and Family Services (CFS) implemented Self Evaluation in early 2002. Members of our agency at all levels and various partners have participated in monthly or twice monthly self evaluation meetings to analyze outcome and performance data of all types and develop strategies for improvement. As an important goal of Family to Family is to stabilize placements change rates for foster children, we began the analysis of placement disruptions at that time.

Shortly after the implementation of our Team Decision Making (TDM) meeting model, in February 2003, we began quarterly analysis of our TDM practices and placement stability rates. We have learned much from an anecdotal and qualitative perspective, but continued to desire richer case review information that may give us additional insights into our successful and non successful social work practices. In addition, we have made a number of efforts to address outcomes for adolescent youth. These include the California Permanency for Youth Project and the California Connected by 25 Initiative.

Peer Quality Case Review (PQCR) focused on placement disruptions for our most challenging to place population, that is teenagers, granted us the opportunity to conduct a more case specific examination of our most challenging cases with placement disruptions.

Common Themes:

- Youth Drug Addiction was identified as a prevalent and challenging issue that adversely affects placement stability. Substance abuse services that are specific for the adolescent population are not readily available. In discussing

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potential solutions to this area, it was discovered that a community organization is in the process of starting a 13 week treatment group for adolescents. Services are not billed to MediCal so CWSOIP funds will be utilized to contract for these services for the youth in foster care who need them.

- Sharing of pertinent relative, placement, youth and other information when children change social workers is an area that is not consistently addressed. The agency has transfer staffing and much information is documented on the transfer staffing form. In considering the observations and recommendations of the PQCR it is apparent that neither the form nor the case file contains an adequate format for summary information of the type that would better address these issues. Reviewing case files and/or CWS/CMS contact logs is a daunting task for any social worker, regardless of caseload size, so modifications to the existing form and/or summaries of issues relevant to placement disruptions may need to be integrated into practice to assist future workers to accurately capture past events.
- Child and Family Services initiatives to address permanency for youth through CPYP and California Connected by 25 Initiative have focused much of our resources and efforts on emancipation outcomes and developing life long connections for youth with a committed and caring adult. Because of the reality that some youth will emancipate from care without established legal permanency, such as adoption or guardianship, intensive efforts must be made to prepare the youth for successful independent adulthood. That is best accomplished with the commitment of at least one caring adult who will support the youth through at least the early years of adulthood. The goal of the agency is to seek out lifelong connections for youth, with the possibility that legal permanency may develop, while simultaneously preparing the youth for independent adulthood. While family finding efforts are strong when children and youth enter foster care, they diminish to some extent as the focus moves from Family Reunification to Permanent Placement. There are many valid reasons to this attribute, such as challenge of finding placement matches for difficult to place youth, youth's unwillingness to be adopted or under guardianship, youth's efforts to sabotage placements, lack of services after permanency that inhibits exiting foster care, insufficient resources to engage in intensive family finding efforts throughout the youth's stay in foster care, as well as other issues.
- Relatives are thoroughly researched and documented at the point that a youth enters foster care. These are updated annually for all youth without permanency. A lesson learned is that there may be a tendency to assume that all relatives have been ruled out early on in the dependency and reconsideration of relatives for placement would be fruitless.

Probation

The Probation Department selected Placement Stability as the focus area due to the number of placement changes experienced by children placed through the Stanislaus County Probation Department. Based on a review of the UC Berkeley point-in-time data for Stanislaus County Probation, 88% (24 of 27) of minors in the age range from 15-17 who were in care for at least 24 months had more than two placement settings. Only 3 minors (12%) in care for the same time frame were in two or fewer placements.

Based on the data, there is a need to evaluate whether minors in this category are being properly initially and, when applicable, subsequently placed. The Stanislaus County Probation Department has three probation officers assigned to supervise minors with placement orders. A supervising probation officer supervises these officers, as well as three other officers assigned to the unit. The Department has 65 children with placement orders. Probation chose cases where children had experienced instability in that the minors had been in placement more than 24 months and had more than two placements. The selected minors were still on probation and receiving services from the Department. Furthermore, over 89% of the minors with placement orders were either White or Hispanic. Therefore, a cross section of four probation cases were chosen that met the above criteria and four interviews were conducted.

A review of the research literature indicates that placement stability is greatly affected by the type of placement (i.e. matching the minor's needs) and the number of placement settings experienced. Therefore, placement stability was chosen as the preferred focus area.

During the PQCR, it was evident that the probation cases reviewed indicated a theme of utilizing case management and documentation of monthly visits, contact with minors and follow up with mental health and behavioral health professionals. Probation officers regularly reviewed case plans with youth and received their feedback. Additionally, low case loads allowed officers to maintain contact with group homes and provide them with updated health and education information. However, it was also found in the areas of youth assessment and placement matching that a validated assessment tool was not utilized in making initial or subsequent placement decisions. Furthermore, even though case documentation may be up-to-date, the anecdotal information or experiences probation officers have with minors is sometimes lost when cases are transferred between officers unless they are clearly noted in the file.

Three major areas were identified as needing to be addressed by the Probation Department:

- **Assessment**

Even though there are internal processes for determining proper placement of foster youth, these are more informal and based on anecdotal information or, often times, an officer's experience with similar youth. While the Probation Department utilizes a validated tool for assessing each minor's risk and needs, placement officers do not have access to an assessment tool for determining the most appropriate placement option for the minor. It was recommended that the Probation Department pursue the development of a tool or evaluation of an existing tool to aid in the initial and subsequent assessment of placement youth.
- **Placement Matching**

A review of the research literature indicates that placement stability is greatly affected by the type of placement (i.e. matching the minor's needs) and the number of placement settings experienced. Clearly without a validated assessment of a minor's needs, it is almost impossible to expect that a foster youth is being properly placed. Current placement matching is done utilizing prior experience with similar youth and the results a particular foster agency, group home, etc may have had with those types of youth. Youth with specific treatment needs (i.e. sex offenders, arsonist, mental health, etc) continue to be placed accordingly; however, most probation placement youth come with a variety of issues and often do not have singular treatment focus. With introduction of a validated assessment tool, it is recommended that placement decisions be directed, in part, by the assessment. Furthermore, it was recommended that the Probation Department develop a method of measuring success rates for currently utilized foster/group homes and to track the data to create a baseline to compare against for future analysis of specific types or levels of facilities.
- **Family Engagement**

The PQCR process identified that placement stability is being affected, in part, on the success of the Probation Department's ability to engage families throughout the youth's placement episode. Focus on parent reunification services and follow-through on concurrent planning by utilizing relative and non-relative placements needs to be increased. It was recommended that those families/youth still receiving reunification services be directed by the Court and held accountable by Probation to actively participate in the programs/services with focus on transitioning of the youth from group home/foster care back into the home with ancillary services to be provided to assist in making the transition successful (i.e. wraparound services, TBS, etc). Additionally, it was found from the interviews that concurrent planning was not regularly discussed in the context of a documented "plan". Case plan development will ensure the inclusion of the youth and his/her

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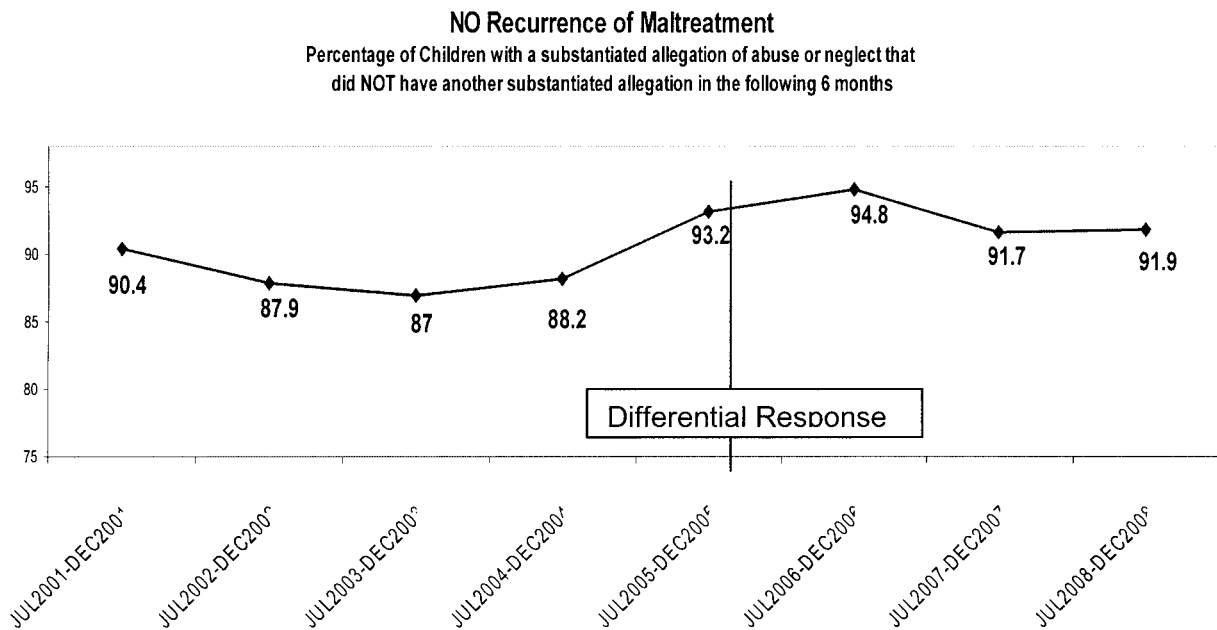
parents/guardians with focus on creating documented concurrent plans should the reunification services fail. Placement findings and orders will always reflect the expected concurrent plan in those permanency cases.

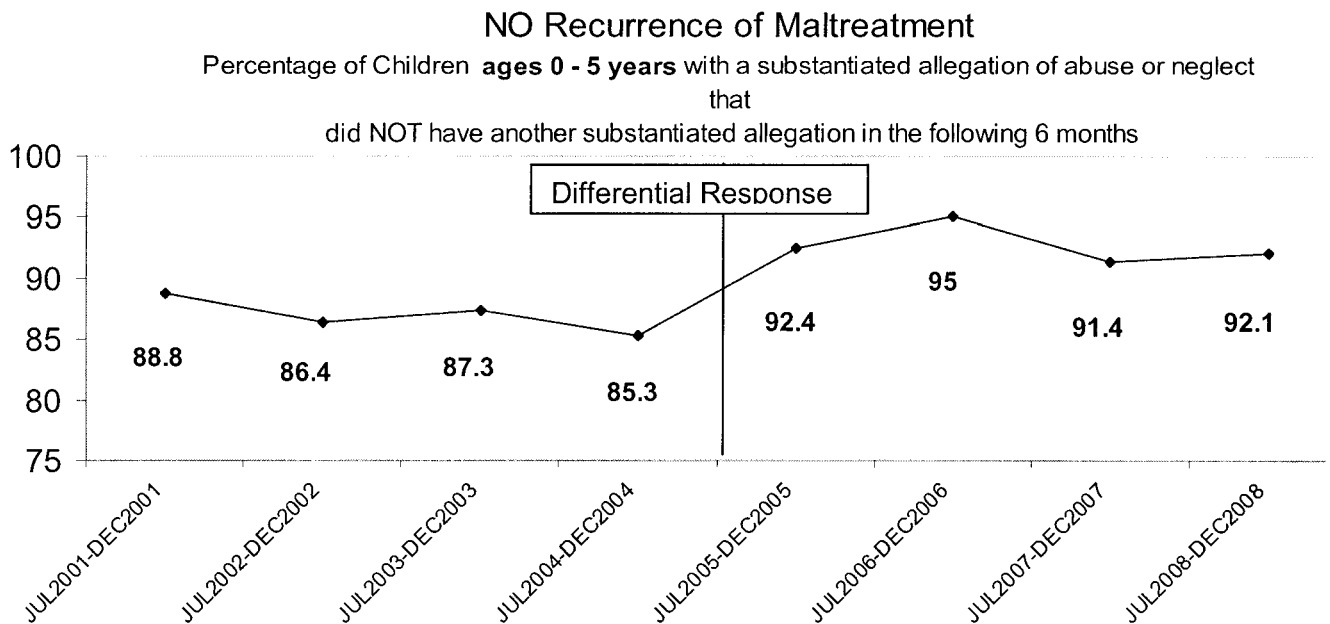
D. OUTCOMES

Child and Family Services

1. No Recurrence of Maltreatment (S1.1):

According to the Quarter 2, 2009 Outcome and Accountability Report (review dates 7/1/08 – 12/31/08), 92.0% of children with a substantiated incident of abuse or neglect did not have a subsequent substantiated allegation within the following six months. That is below the National Standard (94.6%) for this measure.¹⁹





During the 7/1/2008 to 12/31/2008 Study period, per Safe Measures data extract, ethnicities varied within 1.1% of the overall average for all children (91.9%). African American/Black children had the lowest rate of non-recurrence at 90.8% and white the highest with 92.7%. Hispanic children did not have a recurrence of abuse or neglect 91.7% of the time.²¹

When considering differences in non-recurrence between age groups, there was slightly more variability than with race/ethnicity. As compared to the 91.9% average of all children, the non-recurrence rate was best for youth between 16 and 18 years of age, with 95.3%. Children 0 to 5 years of age and children 11 to 15 years of age, were closest to the County average with 92.3% and 92.4% respectively. The children with the lowest likelihood of not being victims of further abuse and/or neglect were those between the ages of 6 and 10 years, with a performance of 89.9%. While the most vulnerable, 0 to 5 years, and the theoretically most challenging, preteen and teen, would presumably be more likely to be victims of reoccurrence of abuse, the data indicates that children between 6 and 10 years are less likely to have better outcomes, and thus more likely to be re-abused.¹⁹

The greatest source of prevention and early intervention services in Stanislaus County are for children between 0 and 5 years of age because of the extensive array of early childhood services funded by the Children and Families Commission (First 5). Children 6 and over are able to benefit from these services only when they have a younger sibling. Services for the older age group are available but the funding sources are less available.

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In order to improve outcomes for children in Stanislaus County, Child and Family Services has been focusing our efforts on improving this measure since the first System Improvement Plan (SIP) was developed in 2004. As indicated in our performance graph, our overall success has demonstrated an upward trend. Because of the number of contributing strategies it is difficult to determine precisely which is the most successful. Stanislaus County has only one social worker dedicated to the role of data analyst/researcher and thus does not have the capacity to conduct the in-depth analysis more commonplace to our peer counties and other county departments.

Differential Response implementation has been a targeted strategy intended to contribute to the overall reduction in recurrence of maltreatment. In September 2005, Stanislaus County implemented Differential Response (DR) in partnership with the Children and Families Commission, community based Family Resource Centers and the Health Services Agency. A braiding of Child Welfare Pilot 11, PSSF, CAPIT and CBCAP funds along with Proposition 10 (Tobacco Tax) funds, executed through joint contracts with the Children and Families Commission (First 5) enabled the development and/or expansion of Family Resource Centers geographically located throughout the county. Child and Family Services partnered with the community to develop the model of DR that is unique to our county.

Initial implementation of DR focused on those reports to the child abuse hotline that did not meet the criteria for abuse or neglect but in which the family might benefit from some assistance from community partners. These were the reports that were evaluated out and thus did not record a substantiation of abuse and neglect, known as Path 1 referrals. Spring of 2006 saw the expansion of Differential Response to Path 2 and 3, in which community partners accompanied social workers on their investigation/assessment to offer services to support and assist the family.

Though Differential Response through FRCs was initially funded in only a portion of the County, it was expanded to Countywide in January 2007. The funding provided by Community Services Agency, Child and Family Services division totaled nearly \$1.8 million at its peak, in part due to the awarding of additional Child Welfare Services Outcome Improvement Program (CWSOIP) funds.

Stanislaus County has not had the funding necessary to conduct a research study of the effectiveness of Differential Response. The data manipulations for analyzing families served with DR versus those who declined is labor and resource intensive, thus has not been an option. To ascertain some measure of the effectiveness of Family Resource Centers, outcome based scorecards have been a requirement of the funding. All community partners who provide DR services have been required to measure the effectiveness of family engagement through the percentage of strength-based assessments completed, the provision

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of resource and referral, and the case management of families. Given that all services provided by FRCs are strictly voluntary and not a condition of Child and Family Services, these measures are strong indicators of successful engagement. In the first half of fiscal year 2009/2010, 61% of families referred to FRCs for DR participated in a strength-based comprehensive family assessment, and 88% of referred families received referrals, resources and/or services from the FRCs.

As system improvement and prevention funding sources have declined, the financial resources that Child and Family Services are able to direct toward DR have declined. Due to the tremendous support of the Children and Families Commission, DR for children 0 – 5 has not decreased. The first reduction in DR contracts, as well as other community prevention contracts occurred in fiscal year 2008/2009, when all contract were reduced by 18.9% due to prevention funds and outcome improvement funds reductions. At the time of contract renewal, Child and Family Services was experiencing significant reductions in child welfare funding, along with planned reductions in CWSOIP and Pilot 11 funding.

New contracts were awarded in FY 2009/2010, primarily funded through the Children and Families Commission who provides more than \$1.5 million to support services in FRCs including Differential Response. Child and Family Services (CFS) committed \$500,000, during the present fiscal year, of PSSF/CAPIT/CBCAP funds to provide DR services to families with children ages 6 to 17 years. Due to the significant shortage of County General Funds anticipated for the 2010/2011 fiscal year, all CFS funds for DR have been eliminated from the budget, essentially terminating DR services for children 6 to 17 years. Though our community partners are committed to sustaining these services to children and families, other private funding sources are not adequate in the community to support this effort.

Social worker caseloads in the Emergency Response (ER) program contribute to the success or lack of thorough safety and risk assessment and engagement of families in services. As indicated by our caseload sizes compared to peers across the nation, ER workers are required to complete a larger number of investigations than our peers, thereby reducing the time they have available to assess and engage families. Even with services are offered to families, an investment of time by the social worker, in partnership with the FRC partners, is the best means of ensuring that the family makes use of the opportunities. When the situation does not have the safety factors and risks necessary to force intervention through the Juvenile Court process, the social worker's skill at engaging families is the only option available. The better the skill the more likely a family will voluntarily avail themselves of services. Higher caseloads results in fewer opportunities to really spend time with families developing the rapport that will lead to their voluntary participation.

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Another significant contributing factor to Stanislaus County's positive performance on recurrence of maltreatment is our emphasis on offering pre-placement preventative services, such as Family Maintenance (FM) and Families in Partnership (FIP). FIP is a model of service delivery that is unique to Stanislaus County. FIP uses a multidisciplinary team model that includes various professional disciplines working collaboratively to serve child welfare families. All members of the team are co-located and dedicated to serving families in Child and Family Services.

The funding strategy for FIP has changed over the years. In the past, the county agencies that provided the public health nurses, substance abuse counselors, and mental health clinicians contributed the county match for their employee on the FIP team thereby enabling the Child and Family Services division to draw down the full allocation. Due to financial challenges and loss of county revenue in these other departments in years past, that has shifted and Child and Family Services supplies the match at no cost to the peer department. With the serious county general fund shortfall anticipated for 2010/2011, these positions cannot be sustained by CFS and have been eliminated, thereby ending this model of service delivery. A more traditional family maintenance model with its corresponding higher caseload sizes will mean that more high risk families, currently served with intensive pre-placement prevention service in lieu of foster care and court action, will require the placement of their children into foster care to ensure safety.

Another significant contributing factor to the non-recurrence of maltreatment are the substance abuse treatment services and sober living services available in Stanislaus County. Somewhat unique to Stanislaus County, the Child and Family Services division contracts with county and community partners to fund the treatment services and sober living services for its' clients, rather than relying on the services offered to all persons in the general population using county mental health recovery dollars. An array of community providers of sober living have developed over the past several years, resulting in choices for families that meet their individual needs. Sober living offers a safe housing environment for children to reside with their parents during treatment. Because this supervised living situation is available, and CFS had the means to support it, children were safely maintained with their parents rather than being placed in foster care.

For the current 2009/2010 fiscal year, the Sober living contracts total \$594,383, a reduction from previous year's budgets. For the 2010/2011 fiscal year, the CFS funds for this service are being completely eliminated because it is not a mandated service. Since CFS is the primary funder of some of these programs, it is likely that these services will cease to exist in the near future. The result will be a likely increase in recurrence of abuse and/or neglect and a corresponding increase in foster care placements.

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Treatment services also contribute to the overall success of Stanislaus County in improving non-recurrence rates. Child and Family Services partnered with Behavioral Health and Recovery Services and private non-profit agencies some years back to improve access to treatment services in the community. Families involved in the child welfare system were given priority. A 13-bed inpatient treatment facility where adults could stay for approximately three months was closed on June 30, 2009 due to budget challenges, in large due to Child and Family Services budget reductions that could not support this service. The current inpatient options are Stanislaus Recovery Center where clients can stay a maximum of 28 days, and Nirvana. Following discharge from this program, social workers coordinate a combination of treatment and sober living environments for clients to ensure a comparable drug free and safe living environment for their children.

Additionally challenging fiscally this past two years has been the challenge of maintaining substance abuse spending within the budget constraints. In order to keep treatment and sober living spending within budget, decisions were made to prioritize court ordered cases for these services, as well as parenting over those in voluntary services. Families without a significant parenting issue, such as indicated by a physical abuse allegation, were referred to less formal community based parenting resources this past year due to budget reductions.

For the past few years, there has been an Aftercare worker assigned to support families exiting the Families in Partnership program. The aftercare worker helps to connect families to community supports, such as the Family Resource Centers, and offers some on-going support for a period following the closure of parents CFS case. As a result, families were less likely to re-enter the CFS system. That position has been eliminated effective July 1, 2010 due to the loss of Prop 10 funds that supported it. The absence of this support could result in an increase in recurrence of maltreatment in those families who would have participated.

Additional strategies over the past few years has been the on-going implementation and training of the Comprehensive Assessment Tool (CAT) which assists in identifying safety and risk issues at initial intake call throughout the investigation. The CAT tool provides guidance to the social worker to ensure a comprehensive assessment of all standard areas of review, but does not dictate the course of action to take. Additional training on safety and risk has been provided to supervisors and social workers to improve the consistency of interpretation of the review areas.

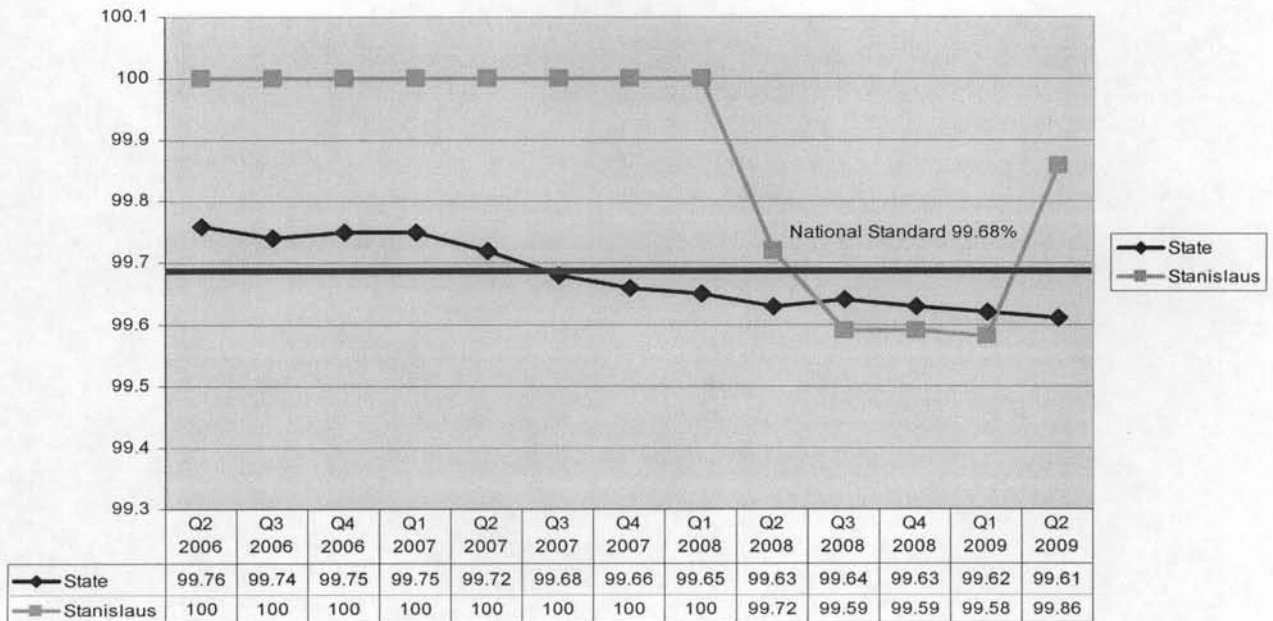
The Child Abuse Prevention Council has implemented several community wide prevention campaigns. While not directly related to the re-occurrence of abuse, some specific areas of child abuse have been reduced in part due to the Councils prevention focus. For example, in November 2007, the Council launched a Shaken Baby Prevention Program that partnered with the four area

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hospitals and other health care providers. The program was developed after 6 diagnosed shaken baby fatalities or near fatalities occurred within a period of 18 months. In 2009, there were no diagnosed shaken baby fatalities or near fatalities.

2. No Maltreatment in Foster Care (S2.1)

Federal Outcome 2.1: Of All Children in Out of Home Care during the Specified Reporting Period, How Many Were Not Victims of Child Abuse or Neglect by a Foster Parent, Care Provider or Group Home Staff



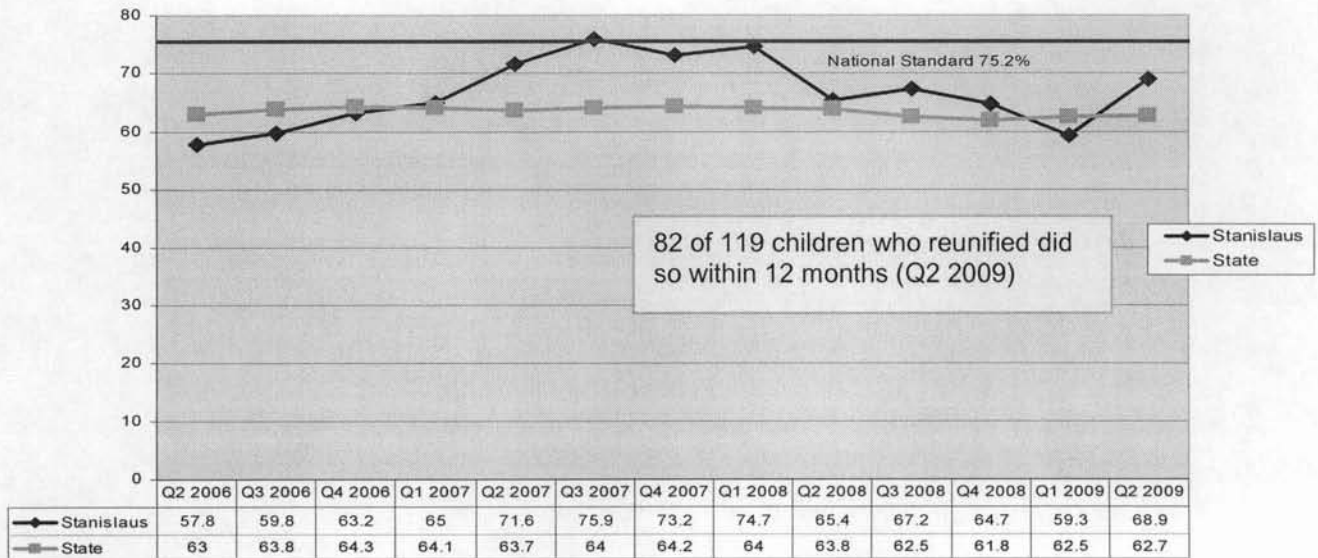
Allegations of abuse or neglect by a substitute caregiver are investigated by Emergency Response (ER). It is county policy that such investigations are always handled by two workers. When the allegation is a county foster home, the licensing worker accompanies the ER worker. Otherwise the on-going social worker or a second ER worker joins the investigation.

Analysis of contributing factors to the abuse and neglect of children in foster care was difficult in our many focus groups due to limited incidents. It proves difficult to effectively sort out issues and needs when evaluating one child (Q2 2009 is one 15 year old male in FFA placement). Hypothetically speaking, the only real concern from social workers was the lack of training of relative caregivers. Though they are invited and welcomed at Foster Pride, they very rarely make use of this additional education. Anecdotally, social workers encounter relative caregivers disciplining dependent children as they would their own. This may include corporal punishment.

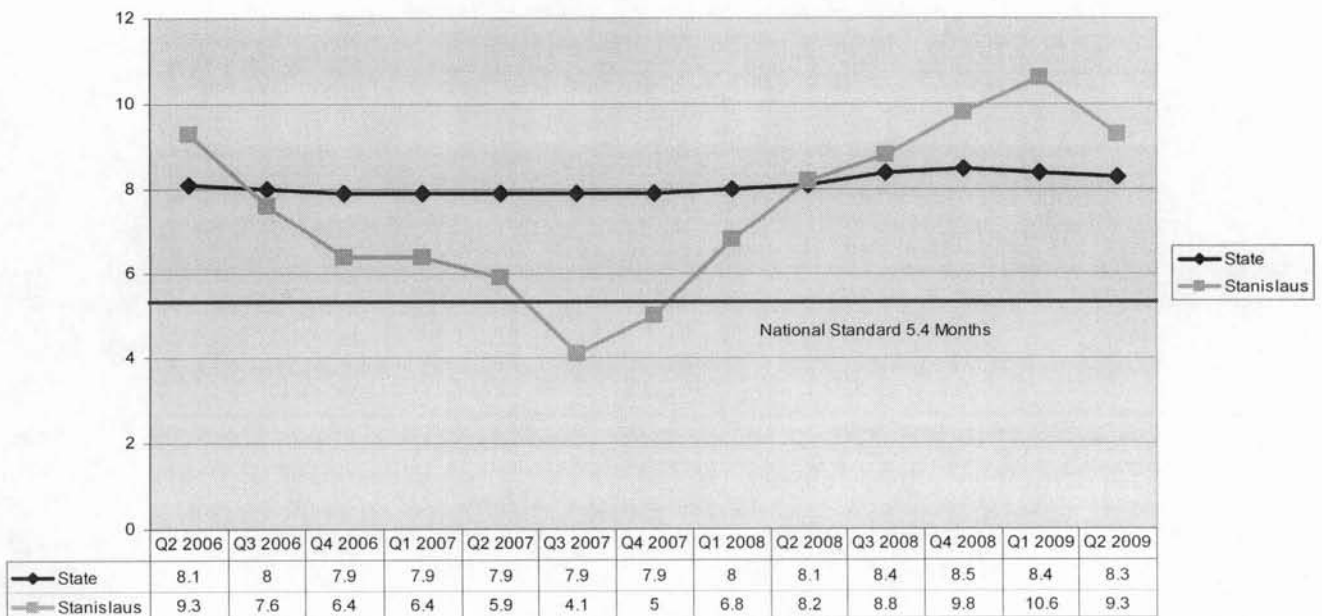
In regards to County licensed foster family homes, Stanislaus has maintained the value of yearly licensing visits despite the state expectation of every five years. This has been particularly important to ensuring safe children in out of home care. Reductions in staffing could result in changes to the frequency of licensing visits as well as the inability of case carrying social workers to visit their foster children in the placement home and ensure safety conditions.

3. Reunification (C1.1, C1.2, C1.3)

Federal Outcome C1.1: Of all children discharged from foster care to reunification during the year who had been in foster care for 8 days or longer, what percent were reunified in less than 12 months from the date of the latest removal from home?

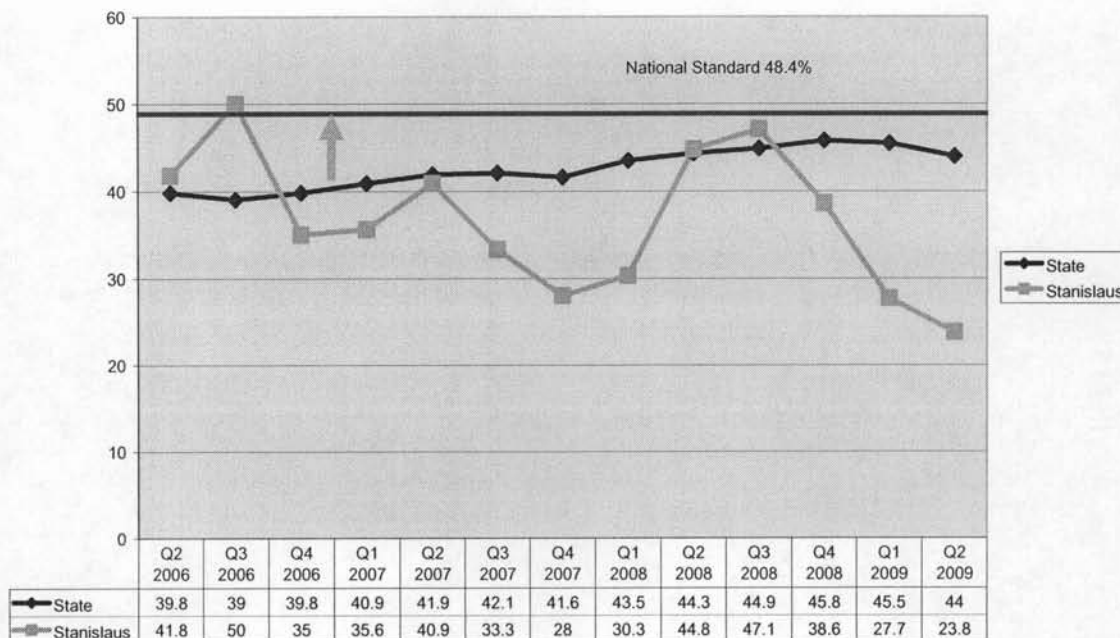


Federal Outcome C1.2: Of all children discharged from foster care to reunification during the year what was the median length of stay (in months) from the date of latest removal from home until the date of discharge to reunification?



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Federal Outcome C1.3: Of all children entering foster care for the first time in the 6-month period what percent were discharged from foster care to reunification in less than 12 months from the date of latest removal from home?



Stanislaus County's performance on reunification measures has been inconsistent over the years. On the Federal Measure, in quarter 2 of 2009, 68.9% of children who reunified did so within 12 months of entering foster care. That is 6.3% lower than the National Standard. White and Hispanic children had the greatest likelihood of returning home within 12 months, at 75% and 74.2% respectively. African American / Black children, of which there were 8 in the review period, only 50% reunified within 12 months. Timeliness of reunification varied greatly by age range. Children who were 0 – 5 years of age had the greatest likelihood of returning home within 12 months. During the 12 month study period from 7/1/2008 to 6/30/2009, 85.1% of children 0 to 5 years of age who reunified did so within 12 months. For children between the ages of 6 and 10 years, 72.4% of those who reunified did so within 12 months, compared to 56.7% of 11 to 15 year olds and 43.8% of 16 – 18 year olds.

For children entering foster care for the first time, only 23.8% were reunified within 12 months. This is far below the National Standard of 48.4% and the State average of 41%. The Median time to reunification in Stanislaus County in the most recent quarter was 9.3 months, which exceeds the National Standard of 5.4 months.

One significant reason that younger children reunify more quickly is the opportunity for children to reside with their parent in a sober living environment. The supervision that this setting affords enables some children to return home

mere weeks after entering foster care. Many trial home visits are started in clean and sober living settings because of the additional supervision it provides. Social workers and the court are provided with a better assurance of child safety. That option has limits for older children, many of whom are too old to reside there and/or their behavior challenges that necessitates that the parent move out before the child can return to them.

PSSF funded Aspira ProFamily offers case management and parent mentor services to families who are in the process of reunifying. These services are intended to expedite reunification. Data analysis of the effectiveness of these services is not available due to limited resources. The services have anecdotally assisted families in the time intensive task of locating housing and accessing other community services that social workers lack the time to provide. Though the services have also reduced over the past two budget years because of funding reductions, the greatest reported barrier is the struggle to secure affordable housing that is available to persons with poor credit and/or rental histories. Funding for this service will be completely eliminated in the 2010/2011 fiscal year due to the current budget situation. That elimination of service, in conjunction with higher social worker caseloads following the reduction in force, will result in an unmet need for intensive services to support timely reunification.

Through the many focus groups the primary reasons for challenges with timely reunification were due to mental health and/or substance abuse issues. As the majority of cases are general neglect as a result of substance abuse, most families are offered the opportunity to seek treatment and participate in services without entering the formal court system. Many of those with significant substance abuse issues are served through the Families in Partnership program. FIP safely closes 80% of its cases, but transfers 20% to Court for further intervention. The observation of the agency, the court and community partners was that families have typically exhausted an array of options for treatment by the time they enter the court system. They are unable at that point to make the necessary changes without the formal court intervention. Because parents have exhausted so many services prior to entering the court process, they are often more challenging to find suitable services for.

Mental health difficulties contribute significantly to the ability of parents to avail themselves of services. Once a parent's children are removed, they are often not then eligible for Medi-Cal and the funding necessary to seek medical treatment including for medications. In addition, the mental health system is also taxed financially and only those with the most severe needs are able to be served by the system. Many parents are left without adequate mental health treatment options. Another aspect to that is the provision of additional reunification time by the court to parents with mental health issues to ensure they have adequate time to address issues. Families with developmental issues similarly get additional reunification time.

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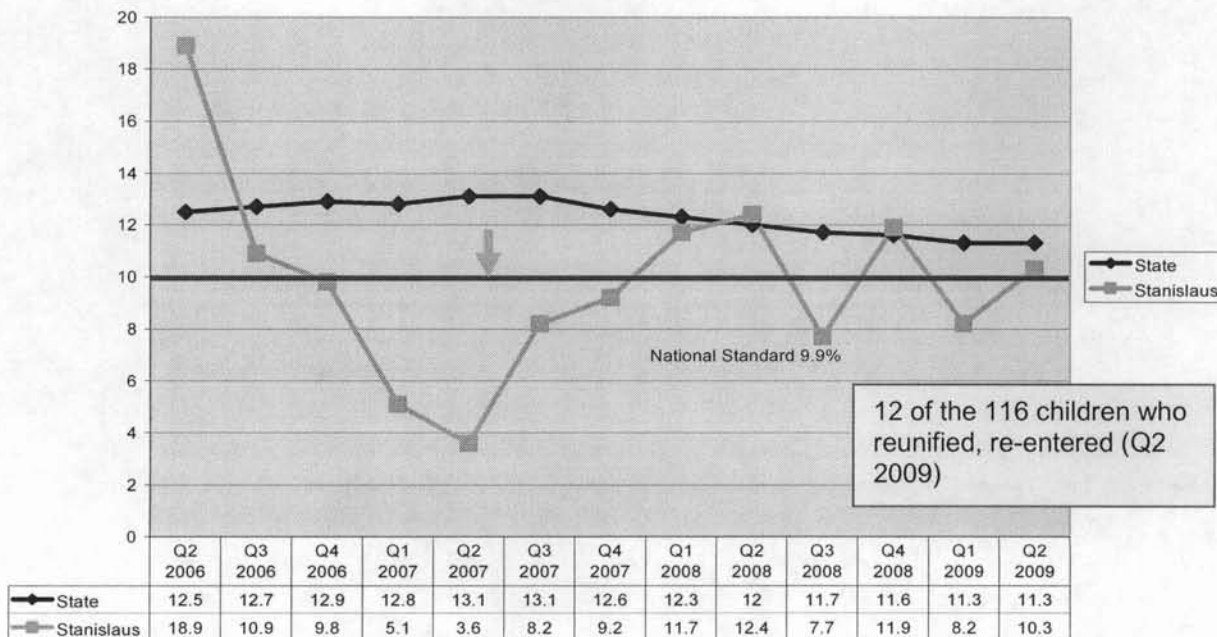
Budget reductions contribute to timely reunification as well. SafeCourt, Stanislaus' County's dependency drug court, has been serving approximately 10 families at any one time to ensure a timelier reunification. Clients are served by a social worker and a substance abuse counselor who have reduced caseloads. They appear in court before the judge more frequently to monitor their performance. When parents are in clean and sober living situations such as inpatient, their children are more readily returned to them. Not only has the closure of the intensive residential 3 month program contributed to this, but the frequent over encumbrance of funds for treatment and sober living environments makes it difficult to secure enrollment in the program that is the best fit for the client at the time he/she is ready to enter treatment. Social workers are more reluctant and the court less likely to order trial visits with a parent for children so early in the treatment process.

Another contributing factor is the history of prior reunification of the family. Social workers are much less likely to recommend a timely reunification for families who have previously failed reunification or for those that did reunify but have returned due to similar circumstances.

Finally, caseload challenges contribute to successful reunification efforts as well. Reunification social workers carry a multitude of tasks including responsibility for services to the parents, support for the caregivers and services, placement stability and concurrent planning for the children in care. The social worker in this program wears a multitude of hats and often is not given the same latitude that attorneys get for delays in notices or court reports. Late notices and/or court reports contribute occasionally to the delays in timely reunification.

4. Re-entry Following Reunification (C1.4)

Federal Outcome C1.4: Of all children discharged from foster care to reunification during the year, what percent reentered foster care in less than 12 months from the date of the earliest discharge to reunification during the year?



12 of the 116 children who reunified, re-entered (Q2 2009)

In the Quarter 2 2009 outcome, 10.3 percent of children who reunified reentered foster care within 12 months. That is, 12 of the 116 children who reunified returned to care, which exceeded the National Standard of 9.9%. That represented 12 children of the 116 reunified that returned to foster care following reunification. Analysis of specific cases over the past months indicates that several of the children who “re-entered” foster care were children who were unsuccessful in residing with parents at the clean and sober living environment due to behavioral challenges and age. The parents were actively participating in their case plan services and the exit and re-entry to care was child related. The return to care did not represent a relapse or failure on the part of the parent, but other issues outside of their control.

An identified unmet need in Stanislaus County is the presence of intensive wraparound services for children and families intended to assist in maintaining children with their parents, either while services are being provided or following reunification.

For those circumstances in which children were truly reunified and returned to foster care within 12 months, there was one common theme across agency and community focus groups and that was the lack of aftercare services for families exiting the child welfare system. There was one AmeriCorps member assigned

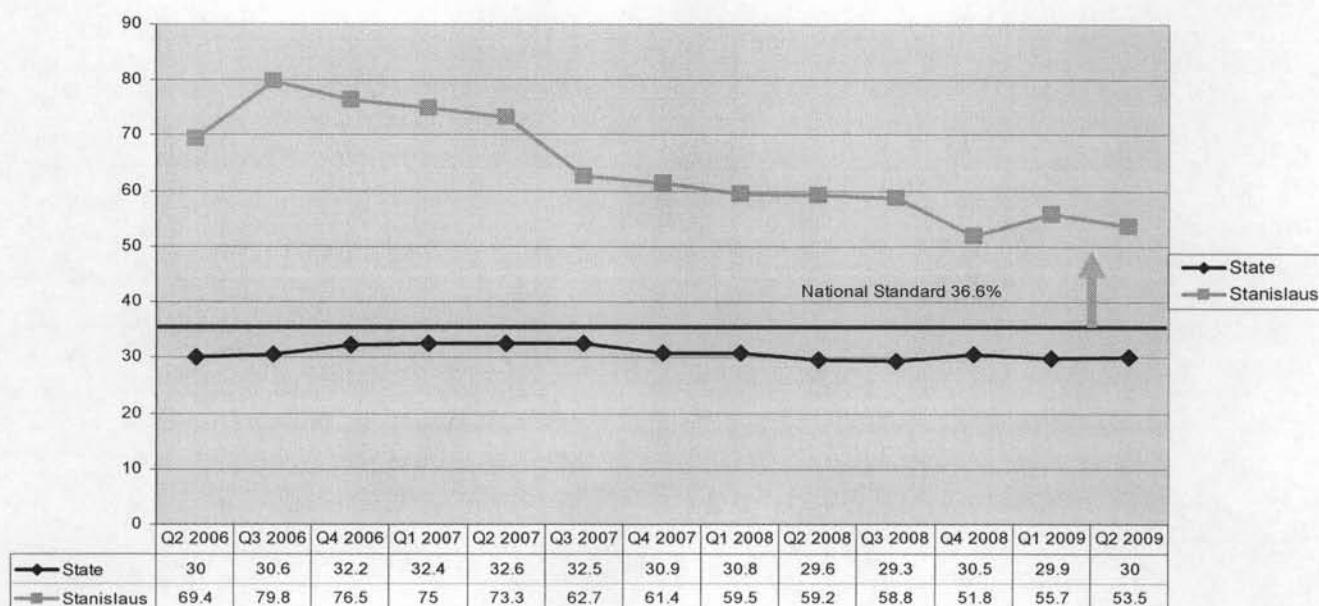
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for aftercare services and funded by the Children and Families Commission, but that dictated a target population of 0 – 5 year olds following voluntary services through the Families in Partnership program. The agency does not have the funding available to serve families exiting court ordered reunification services, and Family Resource Centers (FRCs) are only funded for differential response for children 6 – 17 years. As a result, when families start to have struggles, they lack an appropriate support system or means of accountability. Services funded by the various child abuse prevention funds could help support these families and prevent children from re-entering the formal foster care system.

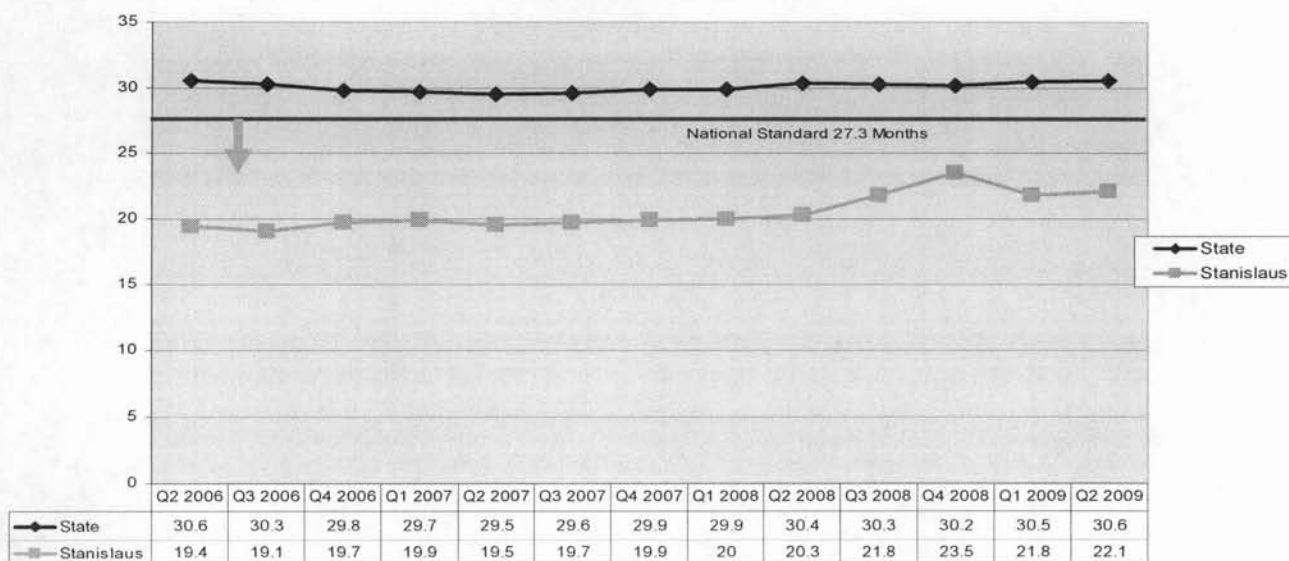
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5. Adoption (C2.1, C2.2, C2.3, C2.4, C2.5)

Federal Outcome C2.1: Of all children discharged from foster care to a finalized adoption during the year, what percent were discharged in less than 24 months from the date of the latest removal from home?

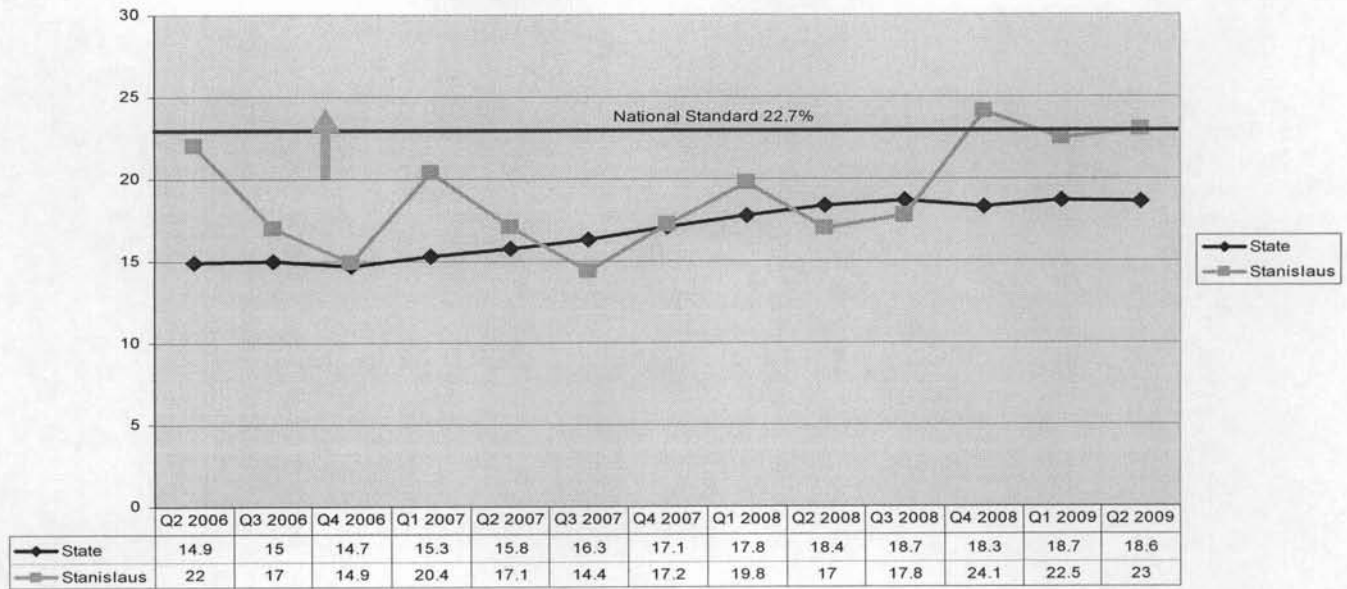


Federal Outcome C2.2: Of all children discharged from foster care to a finalized adoption during the year, what was the median length of stay (in months) from the date of latest removal from home until the date of discharge to adoption?

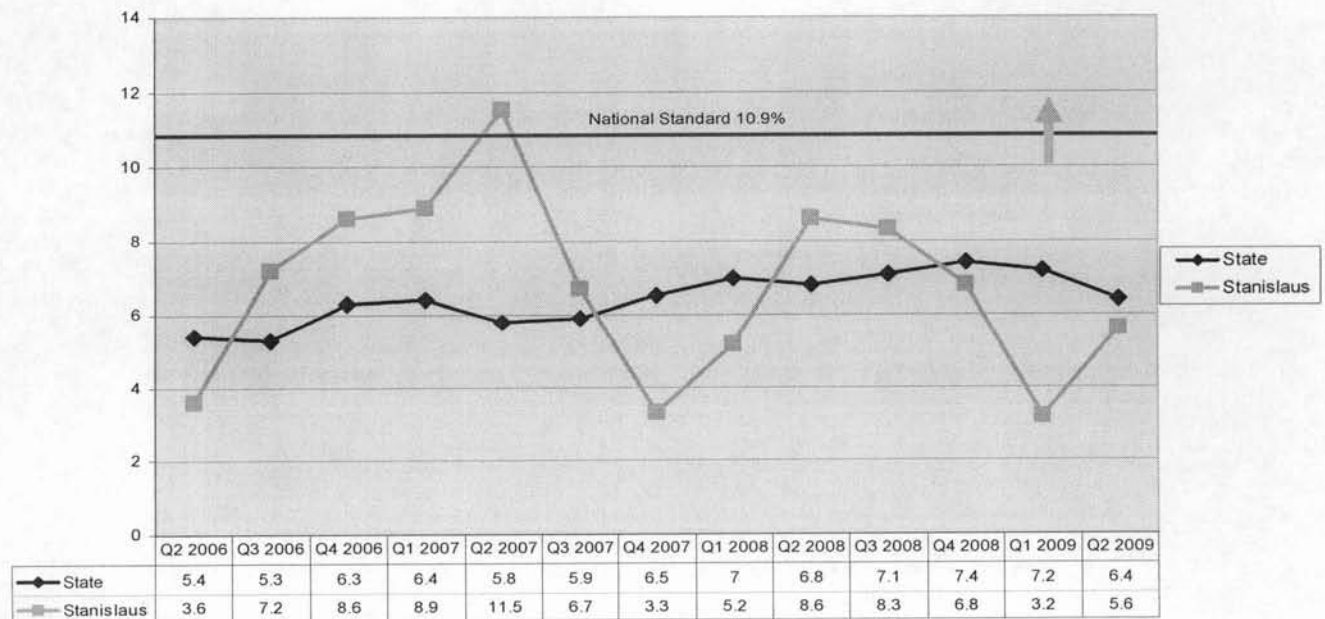


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Federal Outcome C2.3: Of all children in foster care for 17 continuous months or longer on the first day of the year, what percent were discharged to a finalized adoption by the last day of the year?

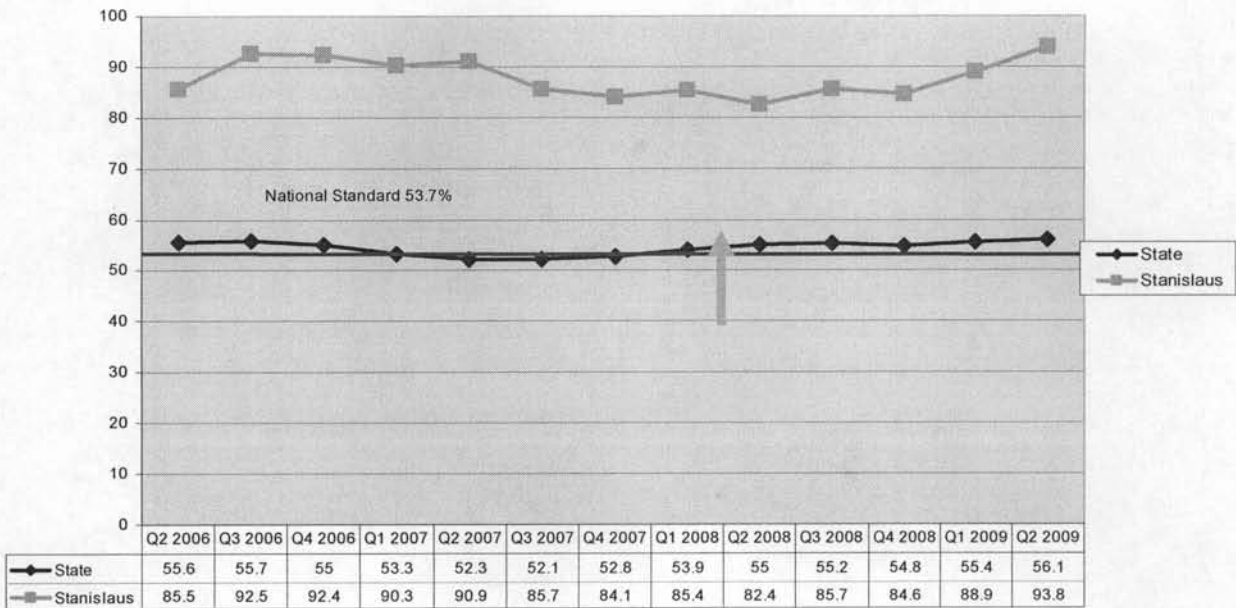


Federal Outcome C2.4: Of all children in foster care for 17 continuous months or longer and not legally free for adoption on the first day of the year, what percent became legally free within the next 6 months?



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Federal Outcome C2.5: Of all children in foster care who became legally free for adoption during the year, what percent were then discharged to a finalized adoption in less than 12 months?



In Stanislaus County, timeliness to adoption has long been one of the most successful measures. For children who exit to adoption to adoption in Quarter 2 of 2009, 53.5% exited within 24 months of the most recent removal. That far exceeds the National Standard of 36.6%. Stanislaus County has been successful on this outcome due to a variety of factors including a long tradition of concurrent planning, intensive family finding efforts, discussion of adoption with parents and relatives at entry into care, and the county’s own licensed adoption program rather than relying on the state to complete adoptions.

From the moment that the emergency response social worker requests a Team Decision Making (TDM) meeting, the agency’s permanency specialist and an agency Information Systems specialist beginning an intensive internet and systems search for all potential relatives. That information is routinely brought to the removal TDM meeting so that all potential relatives are considered for placement when that is the decision. As part of the removal meeting, concurrent planning is discussed with families and potential relative placement options are discussed. Court unit staff discusses each case in a Joint Assessment and Planning (JAM) meeting in which children’s permanency and potential adoptive homes are considered as a team with adoptions. An adoption worker is assigned to complete the home study on the relative, potential county-licensed adoptive parents are considered, and children without identified resources are assigned to an adoptions worker for concurrent home searches.

As financial resources have dwindled and hiring has ceased, staff have been redirected from the adoptions unit to other programs. That has decreased the

number of adoption workers available to manage the children's cases that are formally in the adoptions unit, as well as those in court and family reunification who need an adoptive home identified.

In some instances the search for relatives continues for several weeks or a few months and the process of considering permanency through adoption for relatives is not always easy and timely. That can delay the assigning of an adoptions worker to look for a permanent home for a child earlier in the process. During the self assessment and PQCR processes, it was also discovered that the communication of relative availability and permanency needs can break down when the child's case transfers from one unit to another. A factor that contributes to the communication issues, is that the CWS/CMS database in which all child welfare information must be entered lacks an organized means of capturing relative information and the results of relative searches and contacts. A separate family finding database was identified to assist with this issue and is routinely viewed by agency court workers and placement specialists in the early part of the case, but results of contacts are not entered. It is a duplication of information as it must also be entered into contact logs which do not have a search function and thus are not easily explored. As a result, information is not routinely entered into the family finding database, and workers from other units do not regularly use it. It lacks the results that they would find helpful and they assume that social workers early in the life of the case have explored all potential options.

Other contributing factor has to do with the demographics of the children. Many foster parents licensed by the county come to the agency strictly with the goal of adopting a healthy infant. Though prospective adoptive parents are educated about the slim probability of the placement of an infant without drug exposure, medical or developmental issues, without a possibility of reunification, they continue to articulate that they will try this route first as it is free of cost and can result in Adoptions Assistance Payments. Some of our community partners who also adopt indicate that they refer potential parents to the county who meet this description. As a result, the pool of potential adoptive parents within the county system who are willing to care for older children, those with siblings, with challenges, or a possibility of return to the parents is extremely limited.

Seeking a permanent home for a child is a difficult task and there are not sufficient resources dedicated to it. Family Reunification social workers must balance looking for a permanent home with the many other demands of their casework, including visitation, providing reunification services, and placement support and changes. Whereas the Court unit has a team of social workers for each case whom partners to accomplish all tasks in a timely fashion, this does not exist for Family Reunification. This was an unmet need in the Stanislaus County, Child and Family Services 2007 – 2010 System Improvement Plan, but the staffing resources have not been available to accomplish this goal. Redistributing workload amongst existing workers would result in an increase in

caseload size further above recommended standards. The result is an elongated effort to find permanency options for children.

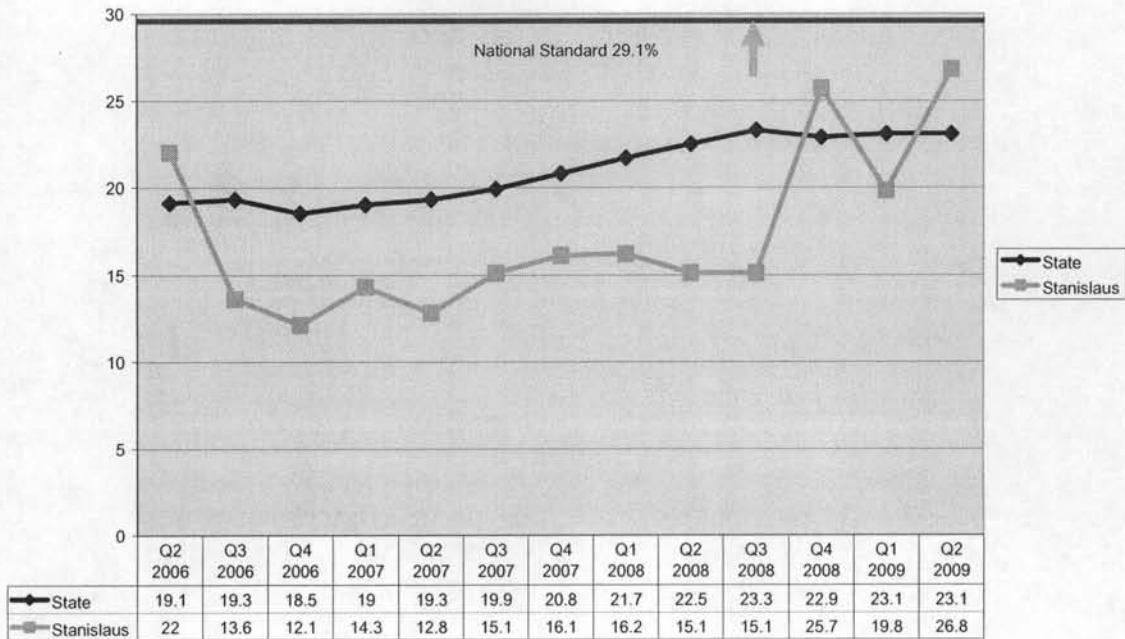
Relative placements also pose their own unique challenges. Not always are relatives willing to adopt their family's children, though they are willing to provide care. At other times they are more than willing to adopt but do not see the urgency of moving through the child welfare system as expediently as we would like. They see themselves as the grandparent or relative and do not always understand the urgency of completing paperwork, physical examinations, TB tests, etc. For foster parents, paperwork is provided during training and reviewed with them, whereas relatives just have adoption paperwork mailed to them. It is extensive and complicated, so that shift from in person explanations to written may have resulted in the breakdown. It is not clear when that practice, which was formerly an in person effort, may have shifted but it could have been a result of the reductions to adoptions staffing.

A potential impact on timely finalization is the change in county travel policy and expenditures. In years past, out of state adoptive parents were flown at county expense to Stanislaus to finalize the adoption in court. This practice was implemented several years back because out of state adoptions finalizations, though possible in their local jurisdiction, were delayed for months or years. Other states that were not responsible for the cost of foster care (which has a larger county share than Adoptions Assistance Payments (AAP) did not prioritize our adoptions and would delay the finalization process. By flying families to Stanislaus County, our local court could finalize the adoption and move the case to AAP more expediently. With recent changes to county travel policies, travel must be at the most cost effective means. In some instances it is more cost effective to the county for the family to drive here than to fly, so they are required to do so or are only reimburse at the driving rate. A recent example would have resulted in a \$1,000 adoptive family out of pocket expense. As a result, adoption finalizations may be returned to the home state of the adoptive family and thus delay the finalization and achievement of permanency for children. The cost of foster care to the county with the delay is not factored into the travel decision per county policy.

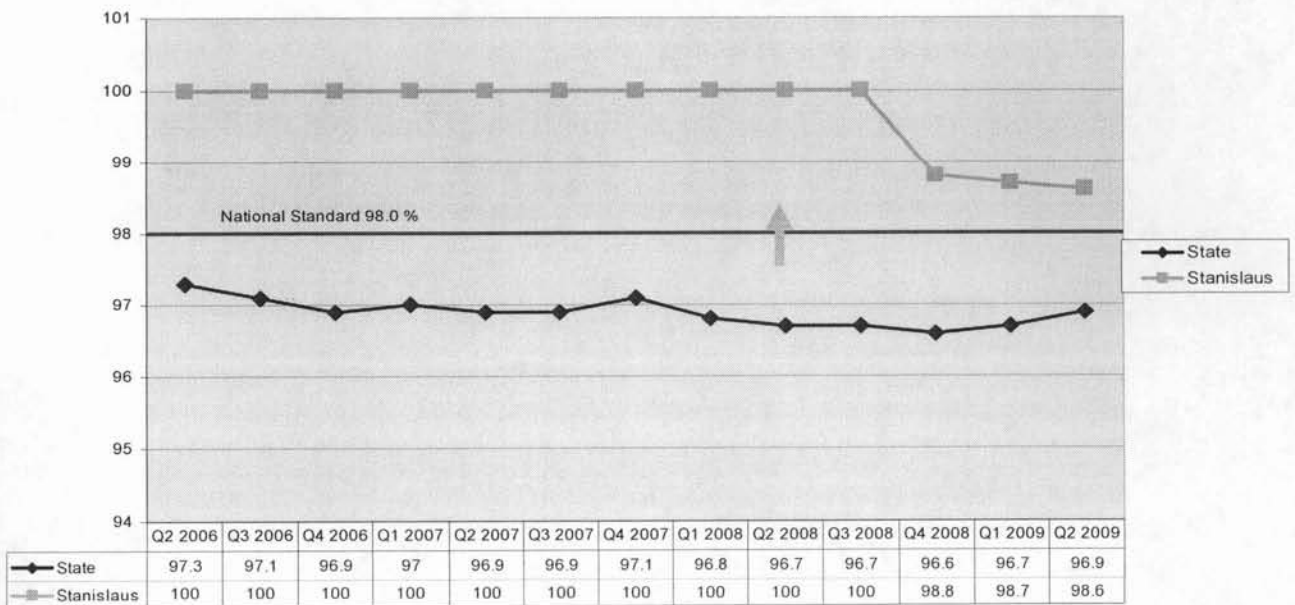
As a result of all of these factors, delays occur in the completion of adoption paperwork. The court has started to set quarterly hearings for families post Termination of Parental Rights (TPR), to follow up with relative caregivers to encourage completion of the requirements to complete the adoption.

6. Long Term Care (C3.1, C3.2, C3.3)

Federal Outcome C3.1: Of all children in foster care for 24 months or longer on the first day of the year, what percent were discharged to a permanent home by the end of the year and prior to turning 18?

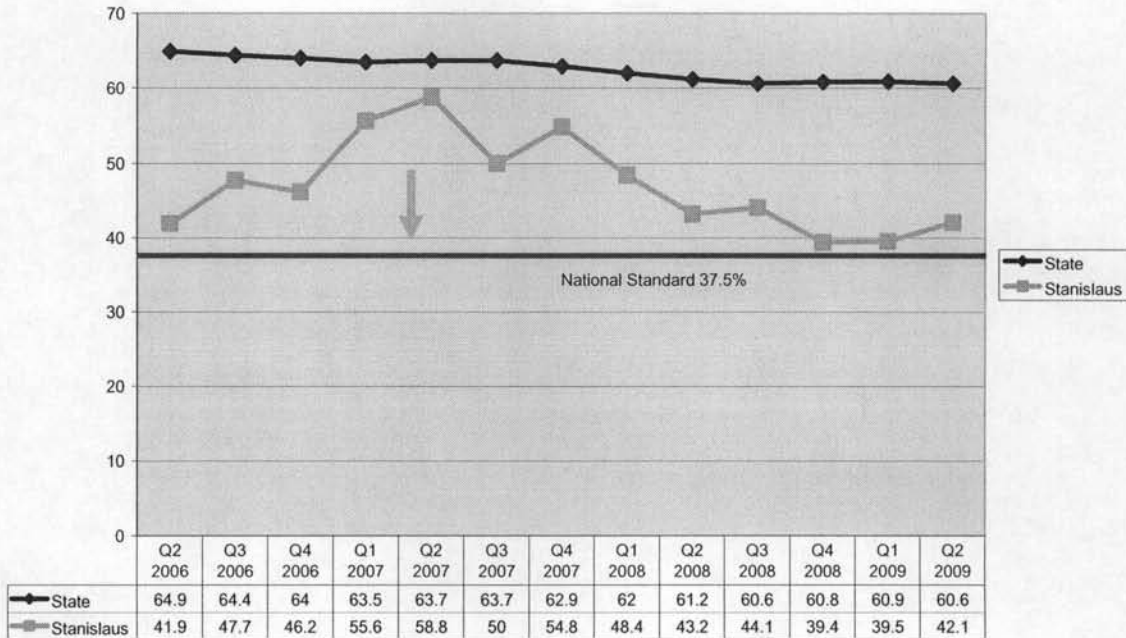


Federal Outcome C3.2: Of all children discharged from foster care during the year who were legally free for adoption, what percent were discharged to a permanent home prior to turning 18?



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Federal Outcome C3.3: Of all children in foster care during the year who were either discharged to emancipation or turned 18 while still in care, what percent had been in foster care for 3 years or longer?

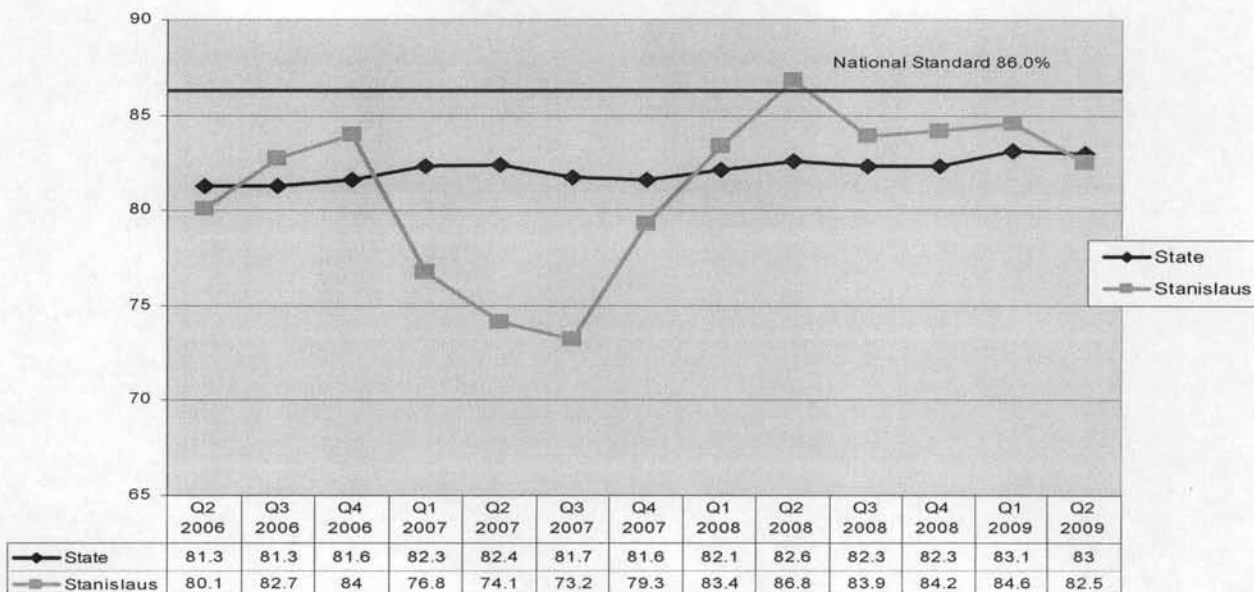


Children in foster care three years or longer have the most concerning outcomes. That is why the subcategory of our Peer Quality Case Review (PQCR) target outcome of placement stability was on those children/youth that had been in care more than three years. The likelihood of achieving permanency before turning 18 years old for those in care 24 months or more is only 26.8 percent. That is the result of the challenges of identifying permanent homes for older children, particularly teens, and those with exceptionally difficult behavioral problems. Teens, even without behavioral issues, are the most difficult to identify permanent homes for, adoptive or guardianship.

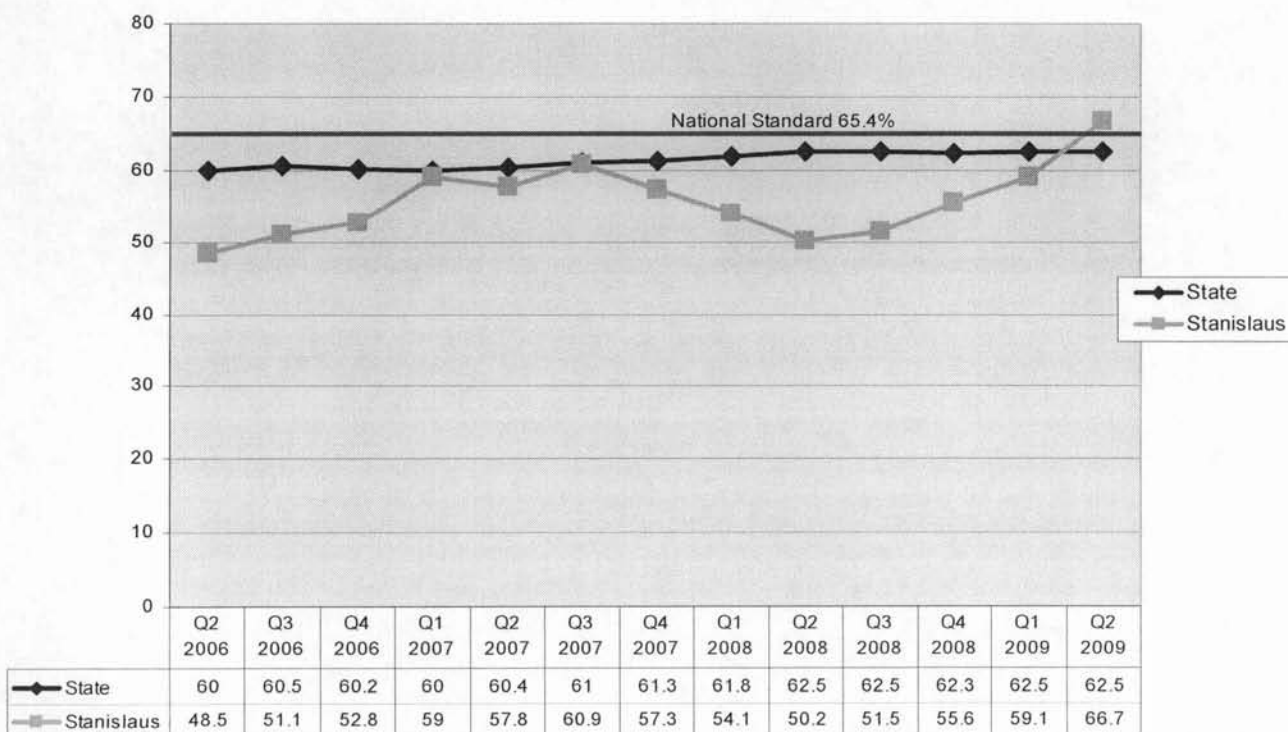
For those children whose parental rights were terminated and they were legally free for adoption, 98.6% exited foster care to permanency prior to turning 18 years of age. That is in large part to a county tradition, though not consistent with Federal expectations, that parental rights are not terminated on children or youth for whom an adoptive home has not been identified and may be more difficult to find. Terminating parental rights makes children a legal orphan and eliminates options for behaviorally challenged children and teens later on whose parents circumstances may have improved and may pose the most appropriate permanent option. If parental rights have been terminated, children cannot be placed with parents and they would have to adopt their own child back. That can be particularly challenging as the parents CPS history and potential other past criminal behavior can interfere with passing the home study.

7. Placement Stability (C4.1, C4.2, C4.3)

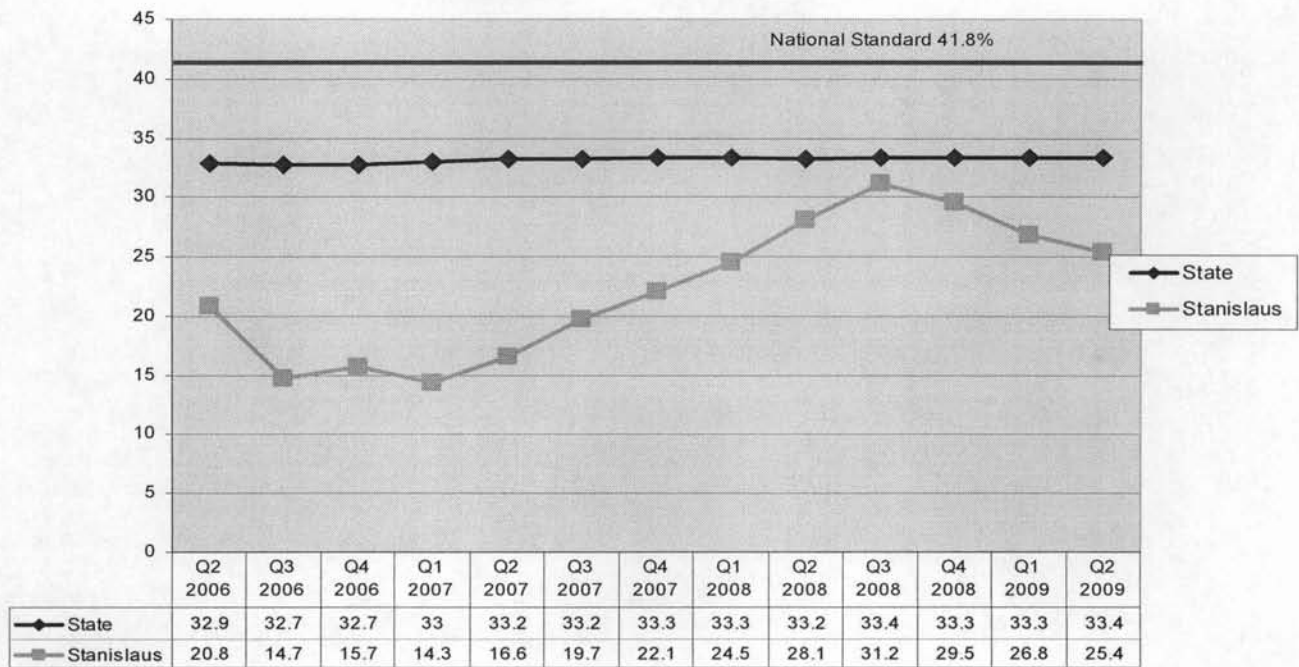
Federal Outcome C4.1: Of All Children in Placement from 8 Days to 12 Months How Many Had Two or Fewer Placements



Federal Outcome C4.2: Of All Children in Placement from 12 to 24 Months How Many Had Two or fewer Placements



Federal Outcome C4.3: Of All Children in Placement for 24 Months or More How Many Had Two or Fewer Placements



Placement stability has long been an area of focus for Child and Family Services. Our outcomes have rarely met the national standard but have been improving over the years. For children in foster care from 8 days to 12 months, 82.5% of children have two or fewer placements, just shy of the required 85%. For children in care 12 to 24 months, 66.7% of children have two or fewer placements during their entire time in care, which exceeds the National Standard of 65.4%. For children in foster care 24 months or more, only 25.4% of children have two or fewer placements during their time in care. Our current performance falls well short of the National Standard of 41.8%.

Factors that contribute to unstable placements include children’s behaviors, particularly during the preteen and teenage years; caregivers limited skills for dealing with older children (particularly if they have not parented before). Identifying relative or foster parent caregivers that truly are prepared to meet the needs of children is quite difficult.

Upon implementing the Family to Family Initiative in 2002, one of the main strategies, Team Decision Making (TDM) meetings, was focused on stabilizing children’s placements in foster care. With the implementation of TDM the agency dedicated two social worker positions to the full time task of facilitating TDM meetings. Having a neutral, trained facilitator is core to the model. Since February 2003, the expectation has been that no child’s placement be changed without a TDM meeting first, which includes the caregiver and birth parent, to

determine what the needs are and consider services to save the placement from disruption. Often the caregiver is already at the end of their patience when they contact the social worker to give 7-day notice. Attempts to intervene and salvage the situation are often mute at this point. Earlier identification of a potential disruption is either not occurring or not shared with the social worker, as happens with Foster Family Agency Placements at times. Caregivers don't want to appear inadequate to the social worker so may not share challenges or concerns that they are having.

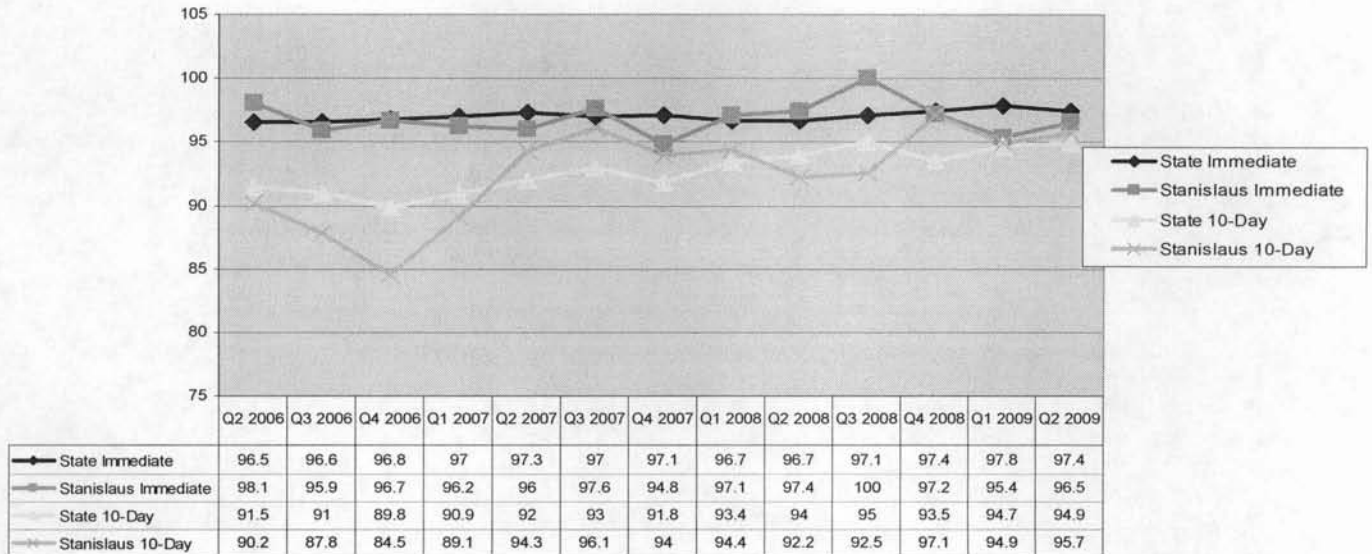
Because of caseload demands, TDM meetings for placement change are not consistently held. Workers express that they do not always have the time to coordinate and hold a meeting, which typically takes 60 to 90 minutes. For runaway youth and those frequently moving due to severe behavioral needs, having repeated meetings is ineffective as the youth is not available or committed to making changes. From our PQCR youth focus group, the teens told us that they often know in the first few minutes if they will stay with a foster parent or not. If they are making judgments without getting to know them first, that sabotages their chances of success.

Pre-placement visits with potential caregivers are the desirable method of determining the fit of a potential foster home. Sometimes the choices of homes are so few this strategy is practically meaningless. Workers and community partners expressed a desire and value of this practice but found it impractical.

Another contributing factor is the lack of the Social Workers familiarity of the extensive history of many children. The social workers are so busy with the demands of their caseload, particularly those emergencies that occur that they do not have the time to read the many, many volumes of files to investigate if there are common themes and issues that contribute to placement disruptions. Additionally, grief and loss issues of the children in care are considered as the responsibility of the mental health clinician, when those services are available. Social workers do not feel they have the expertise to identify and address grief and loss. If the child is sufficiently stable emotionally, mental health services may not be available and this area can be overlooked.

8. Timely Response, Immediate and 10 day (2B)

State Outcome 2B: Percent of Child Abuse/Neglect Referrals with a Timely Resonse



Stanislaus County Child and Family services most recent Quarter 2 2009 compliance for immediate responses is 96.5% and 95.7% for 10-day referrals. We have consistently met the 90% threshold for immediate responses, primarily given the county policy on a 2 hour response time, as opposed to the 24 hour state requirement. Our performance on attempting an in person response within 10 days, had dropped below 90% in 2006, but that was primarily due to a data entry error. Once identified and corrected our performance has steadily improved.

Timely response to referrals is clearly impacted by staffing levels. Social workers are assigned to the county geographically, which enables workers to focus on target neighborhoods and reduce travel time; however, staffing trends indicate that there are from 2 to 4 staff off the rotation for cases at any given time. Sometimes this is due to vacation or training, and at other times due to extended leaves of absence. Maternity and paternity leaves amongst emergency response staff seem to be a regular and on-going occurrence. The remaining workers within the emergency response units are left to pick up the slack. Staffing levels were increased when Differential Response was implemented in order to allow for joint visits with community partners on Path 2 or 3 referrals, but the lack of hiring for the last two years has begun to reduce the number of available social workers. With reductions in force anticipated for 2010/2011, CFS ability to meet timelines may decline.

Social workers indicated during the focus group that some of the most common difficulties that result in missed contact timelines include inability to find families, referrals whose response time is changed, and delayed immediate responses approved by managers to facilitate an out of home interview away from alleged abusers. Social workers rely on information provided to the hotline by reporting parties and the TANF computer program (when available). It is not uncommon for a reporting party to provide either old or erroneous address information to the social worker.

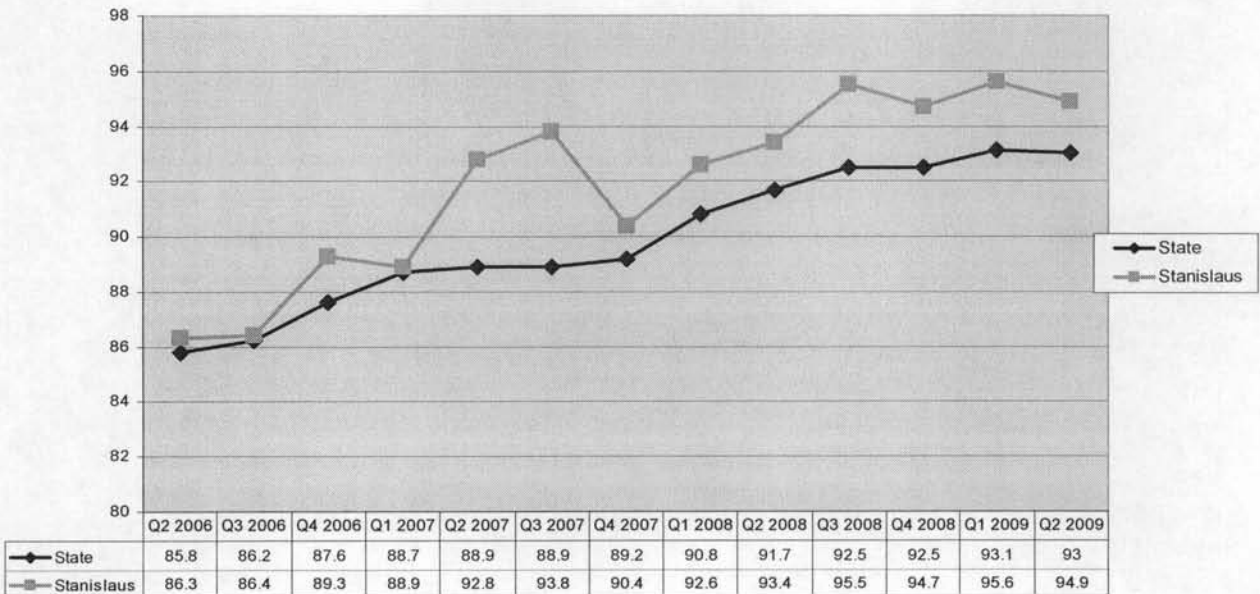
The second factor is when the response priority on a report is changed from Evaluated Out (EO) to a 10 day response. In Stanislaus County, social workers use safety and risk assessment information and agency policy to set the response priority. So many reports are in regards to general neglect and the reported information is often subjective. The hotline social worker may refer it for a Path 1 response by the Family Resource Center then submit that for approval to the Intake Supervisor. Due to reduced intake staffing and the high volume of calls, Evaluated Out and Path 1 responses are given the least priority for entering information into the CWS/CMS system and submitting for supervisor approval. When the supervisor reviews it they must approve the response time. Due to a more conservative agency philosophy, a Path 1 may be changed to a 10-day or Path 2 responses. Some of the 10 days that the social worker has to respond have already elapsed. Since immediate cases can be so time consuming, especially when court action is required and protective custody warrants must be written, obtained and served, 10-day cases may not be responded to immediately.

A third but not uncommon factor in missing immediate timelines is the agency practice of delaying in-person immediate responses with the approval of the manager. This is done when the circumstance suggests that postponing an interview with the child to a later time would be in the child's best interest. Thus, rather than interviewing the child within the two hours indicated by agency policy, the response is delayed to perhaps the next morning, when the child can be interviewed in a neutral location, such as school, or when Law Enforcement is involved and there is a scheduled CAIRE Interview for alleged sexual abuse.

Finally, the requirement to obtain warrants from the court to interview children at school, as mandated by appellate court ruling this year, will likely have an additional impact on our Child and Family Services ability to meet their response times.

9. Timely Social Worker Visits (2C)

State Outcome 2C: Of All Children Who Required an In-Person Social Worker Visit, How Many Received a Timely Visit

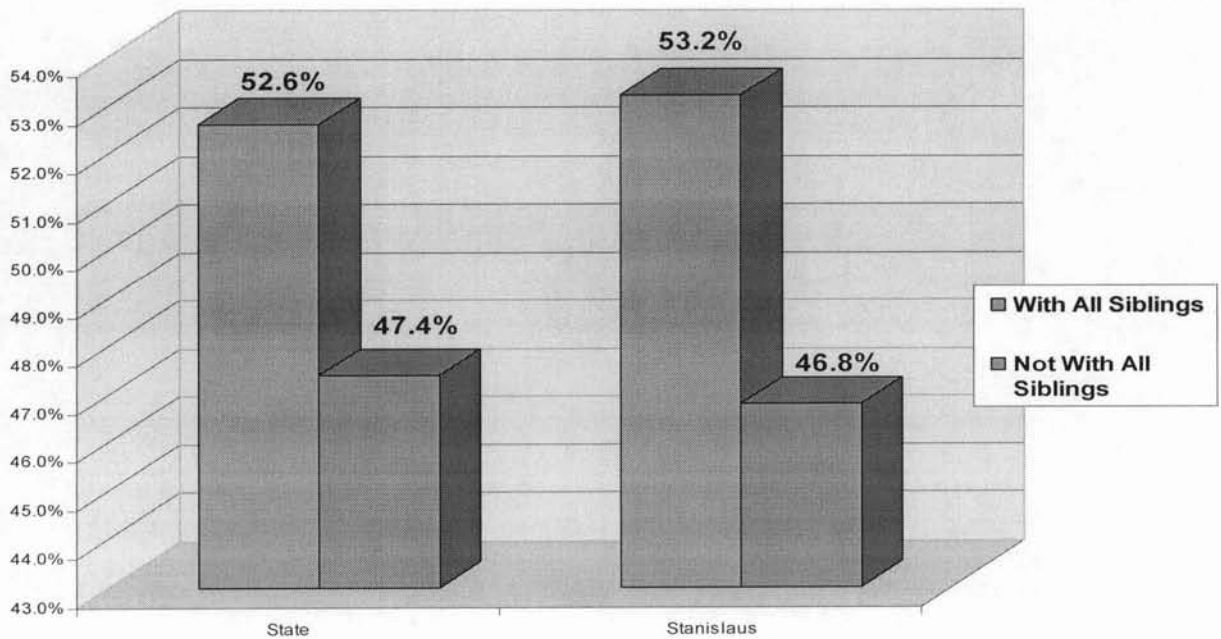
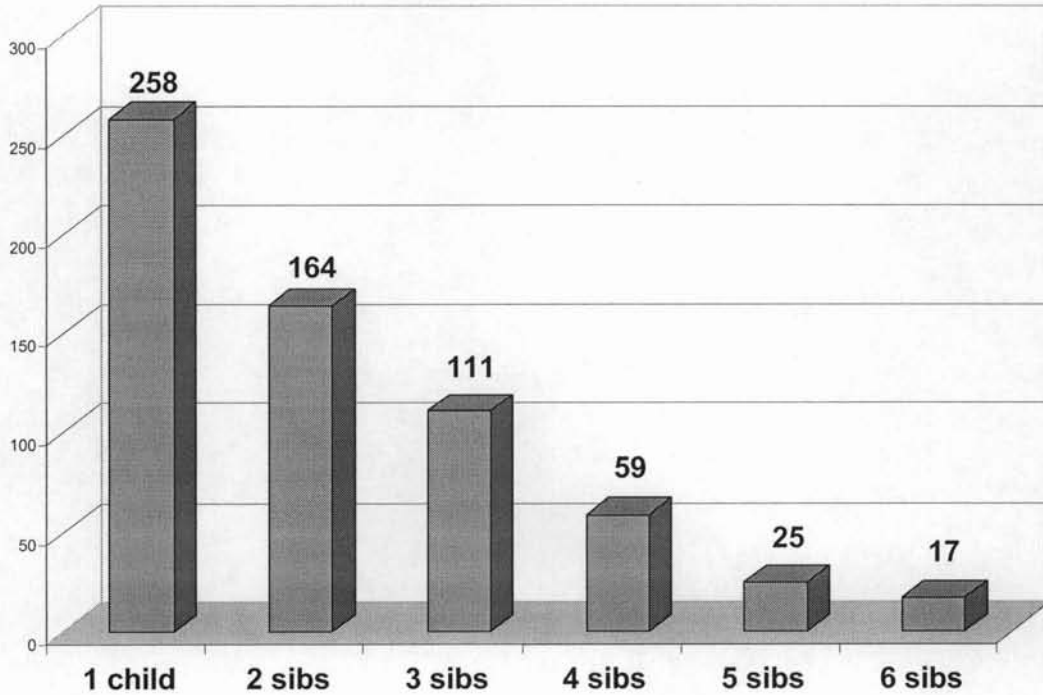


Stanislaus County CFS compliance in Quarter 2 2009 was 94.9%, well over the required 90%. Social workers in Family Maintenance, Families in Partnership, Court, Family Reunification, Permanent Placement and Adoption have worked diligently over the past few years to improve data entry. Through SafeMeasures reviews and intensive research, it was determined that some of the missed contacts were due to data entry error. The SafeMeasures reports that are generated assist the social worker and his/her Supervisor in identifying errors and enables them to make corrections. Additionally, social workers are able to identify when completed contacts have not been entered into the CWS/CMS system. Finally, SafeMeasures is used as a quality assurance system in order to monitor worker performance and compliance with standards. With the elimination of this contract for the 2010/2011 budget, Child and Family Services will struggle to ensure that compliance is met and performance standards are met.

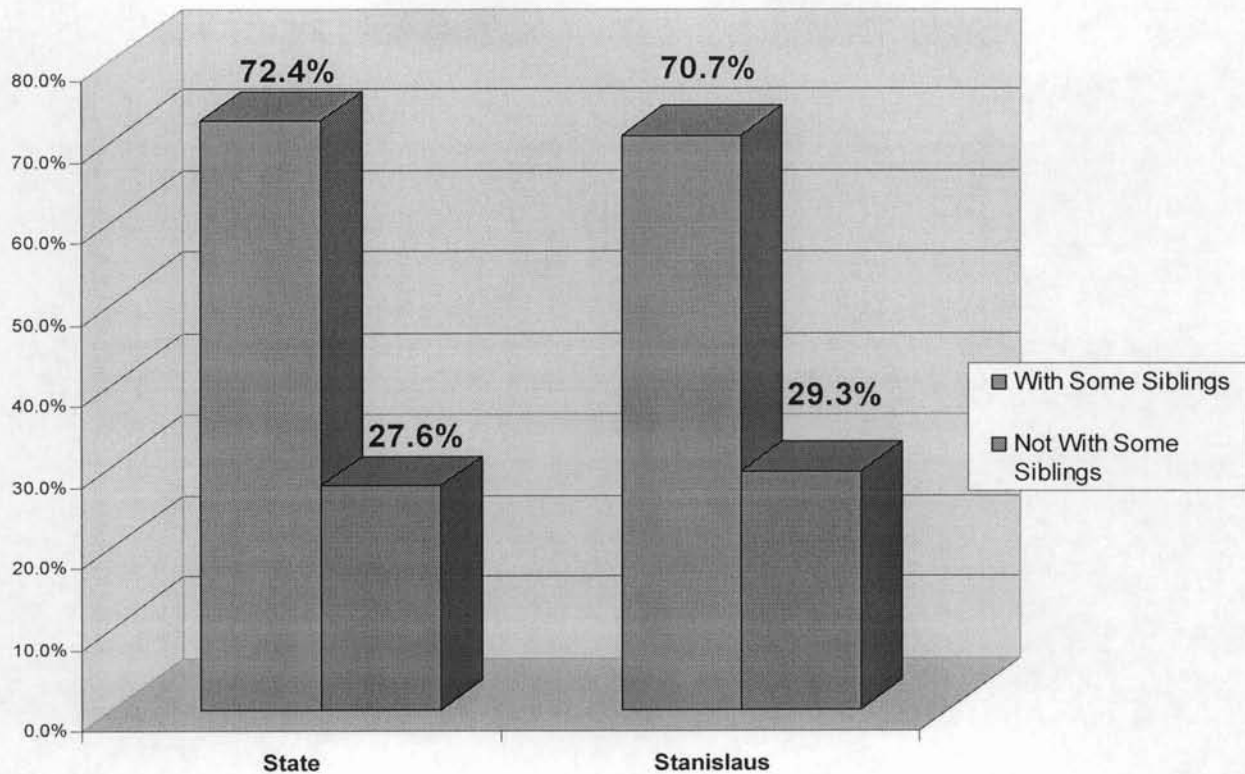
In discussion with the social workers, there were a number of factors that contributed to visit compliance difficulties. One such challenge is the extensive amount of travel that social workers must accomplish to visit children placed in group homes or with relatives out of county. In some instances those children are several hours away, so social workers must drive the long distance to meet with the child every month. Due to recent changes in county travel policy, the most

cost efficient option of travel must be used. The analysis does not consider social worker time so a 7 hour trip to Eureka by car round trip, including overnight accommodations for the individual is less expensive than the corresponding flight. In the past the visit might have been accomplished within a day, thereby allowing the social worker additional time to complete other assignments and visits, they now must commit 2 days to the same task. In some instances, particularly the 3015 group home unit, social workers may have multiple children that require that same type of travel to diverse destinations in California. Another related variable is the unwillingness of social workers to complete visits for one another. The most recent travel policy changes have modified the manner in which social workers must travel, such as rental car, county car or personal car. In the past, social workers were paid mileage for their out of county trips in personal cars and were willing to complete visits with each others' children in addition to their own. Additionally, the cost analysis forms must be completed for every trip, along with the travel authorization. Because the macros on the spreadsheet do not save, trips to the same location every month require the extra time to complete the authorization forms.

10. Placement with Siblings (4A)



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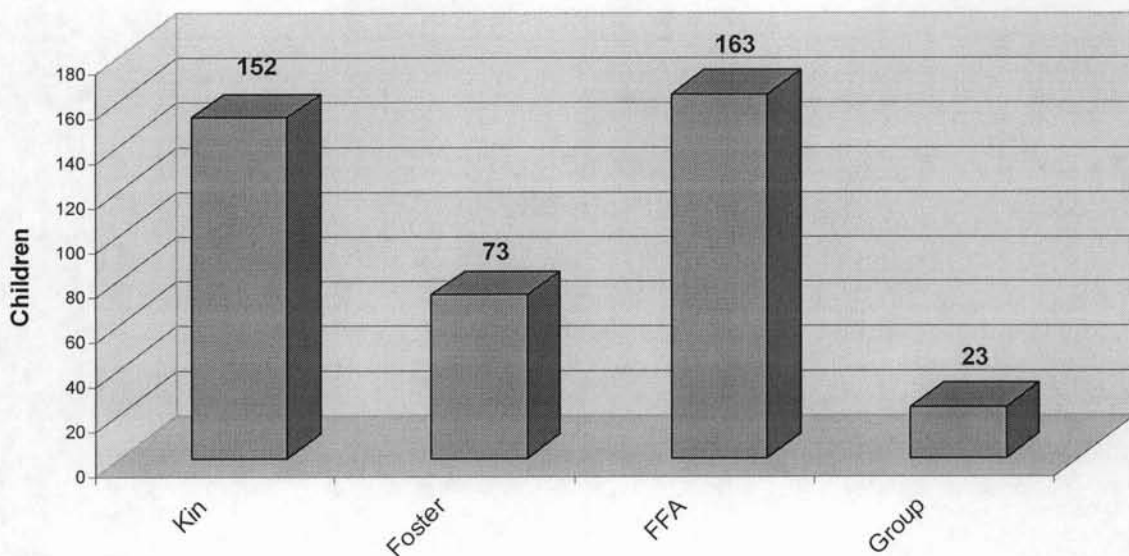
Stanislaus County Child and Family Services have had a long standing priority for placement with siblings. Keeping children together is of the utmost importance. In the most recent study period, 53.2% of children are placed with all of their siblings, while 70.7% are placed with at least some of their siblings. Considering the size of sibling groups in this county, that is a very positive outcome.

Some of the factors that contribute to the challenges are the limited capacity of some of the foster homes. Foster Family Agency homes are much more able and willing to take sibling groups than our county licensed homes. So many county licensed foster parents are seeking adoption and not willing to take even a second child much less a large group. Relative caregivers can be challenged with accommodating the larger sibling groups, despite approved alternative plans to increase the number of children sleeping in a given room.

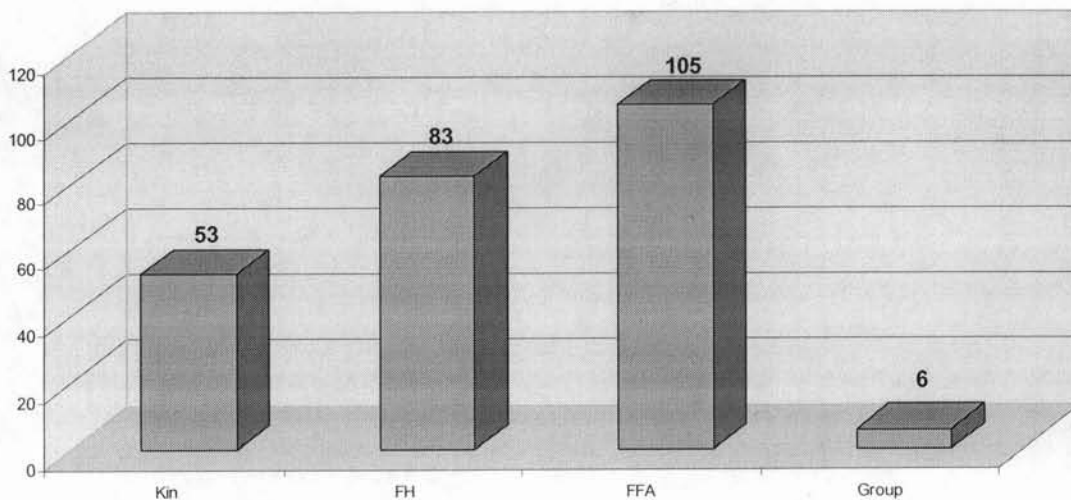
An unintended consequence and value at conflict is the impact on permanency and placement stability for children when a sibling that he/she is placed with has a placement disruption. Social workers may have to choose between competing priorities, move a child with his/her sibling to keep them together or separate siblings in order to ensure permanency and placement stability. Though neither outcome is perfect, the agency tends to error on the side of keeping children together to every extent possible.

11. Least Restrictive Placements (4B)

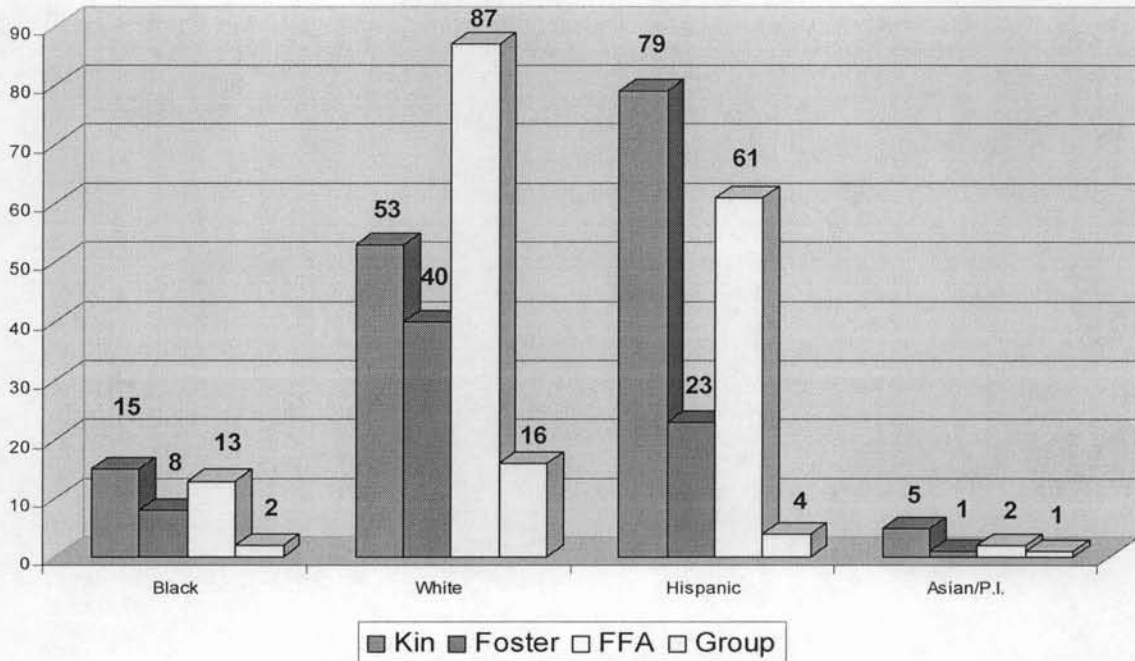
Children in CFS Supervised Foster Care by Placement Type (July 1, 2009)



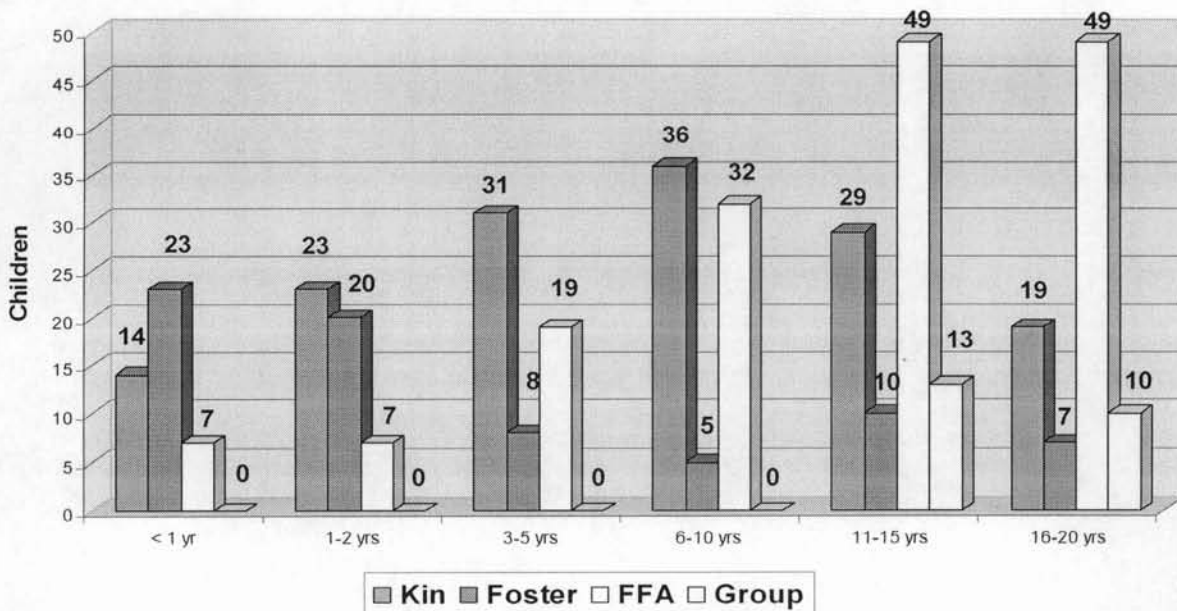
Children in CFS Supervised Care First Placement by Type FY 2008/2009



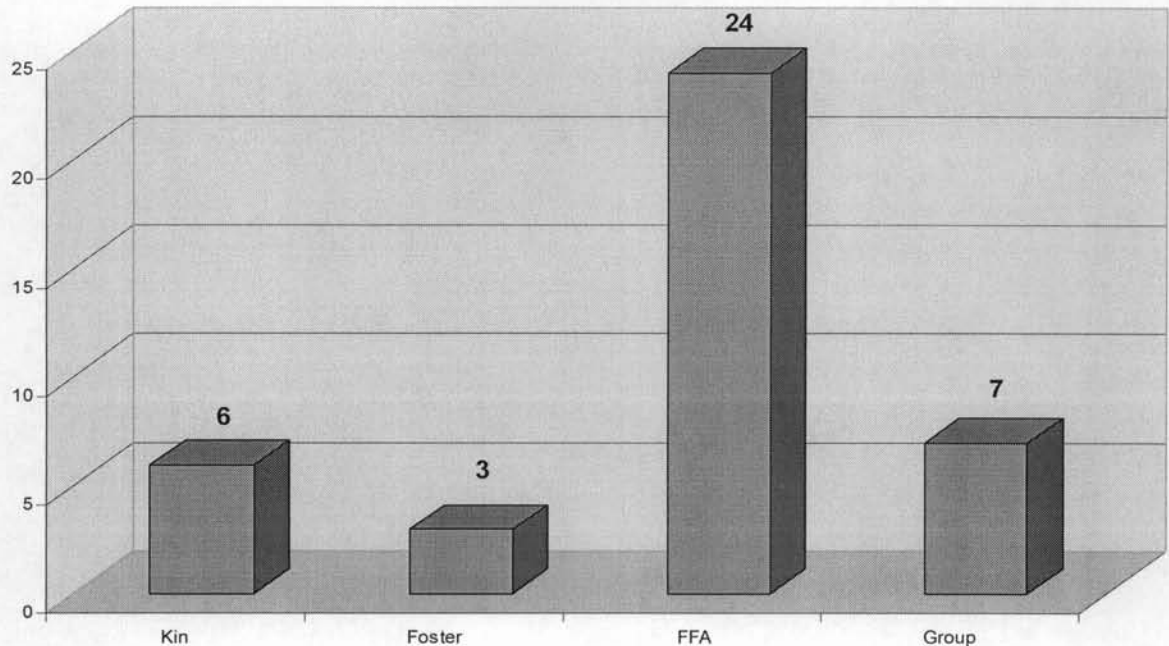
Placement Type by Ethnicity (July 1, 2009)



Children in Foster Care by Placement Type & Age (July 1, 2009)



Children in Care 60+ Months by Placement Type
(July 1, 2009)



Stanislaus County prioritizes placement with relatives before seeking other placement options. Children are placed with relatives 24.0%. The first placement upon removal is with relatives 18% of the time. Child and Family Services values relative placements for children entering foster care and has an extensive family finding search done for every child, often before the Team Decision Making (TDM) meeting has made the decision to place the child into care. That search information is taken by the permanency specialist to the removal TDM and shared as needed to consider relatives. Information provided by the birth partners is added to the database and all relatives are considered for placement. The parents' recommendations and that of the TDM are given priority. Families who are present at the TDM are typically live scanned immediately after the meeting to obtain prompt results and determine if the designated relative passes the criminal background clearance. The permanency specialist is able to assist Emergency Response social workers with the home approval to ensure a timely placement, while the ER social worker is completing the large array of detention paperwork. As a result of this team partnership, our initial placement with relatives has doubled in the past year.

Our relative placement rates are lower than expected. All relatives must have a home evaluation and background check. They are expected to meet the same standards as licensed foster parents. There are some exemptions to the

regulations that are more easily given for relatives, such as the number of children in a room. Stanislaus does not have a relative placement unit as some counties. We have never had sufficiently low caseloads to designate a social worker to this non-case carrying function. We have one licensing social worker that is kept busy with the licensing and review of county licensed foster parents. Thus, each social worker is responsible for conducting all the assessments on their own families. That can require extensive travel, and must be factored in with the other requirements of their time.

Placement with relatives at the point of entry into foster care are often delayed due to criminal background check requirements and criminal history exemption requests. If a relative wishes to be considered for placement of their families' children and they have any criminal history, they must apply for an exemption. That entails requesting the exemption in writing, providing police reports and court documentation of the convictions, a personal statement of explanation which demonstrates how things have changed, and three letters of positive reference. If the appropriate amount of time has elapsed since successful completion of the term of probation and parole, most non-violent offenses can qualify for an exemption. In Stanislaus County, that requires the approval of the social worker, his/her supervisor and manager, the Assistant Director and the Director. The clearance process for all but the simplest matters can take a lot of time to process through the various parties.

Another deterrent to relative placement is the inability or unwillingness of relatives to keep sibling groups together. That can result in the social worker having to choose between splitting up the children with various relatives and placing in a foster home that will keep all the children together. Balancing the competing priorities of the needs of sibling groups versus relative care can be a daunting task. Staff is encouraged to use TDM meetings to engage the parents and relatives in making these difficult decisions. Due to caseloads, court demands and other competing priorities, social workers find it difficult to commit to the hours necessary to coordinate and hold the TDM meeting.

Other factors that contribute to relatives unwillingness or inability to accept or maintain placement of their kinship children, such as behavioral challenges of the children, lack of training and skill in parenting abused or neglected children, unwillingness to commit to permanency, strained relationships with the birth parents, etc.

Foster Family Agencies are much more able and willing to care for sibling groups and older children, thus are the primary placement for most children who are not placed with relatives. Stanislaus County maintains a consistently low group home population, due to the availability of therapeutic services.

A small number of children, per the Outcome and Accountability Report, are placed in a placement type of "other." The majority of these are guardianship

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placements with non-relatives. A few are runaways, trial home visits, temporary institutional stays, and court specified homes.

Another contributing factor to the placement decision is the location of the placement home to the child's school of origin. In the removal Team Decision Making (TDM) meeting, and any subsequent placement change meetings, the parents and child/youth are engaged in determining the placement priorities. Relative placement is balanced with sustaining the child in his/her home school if a choice is necessary.

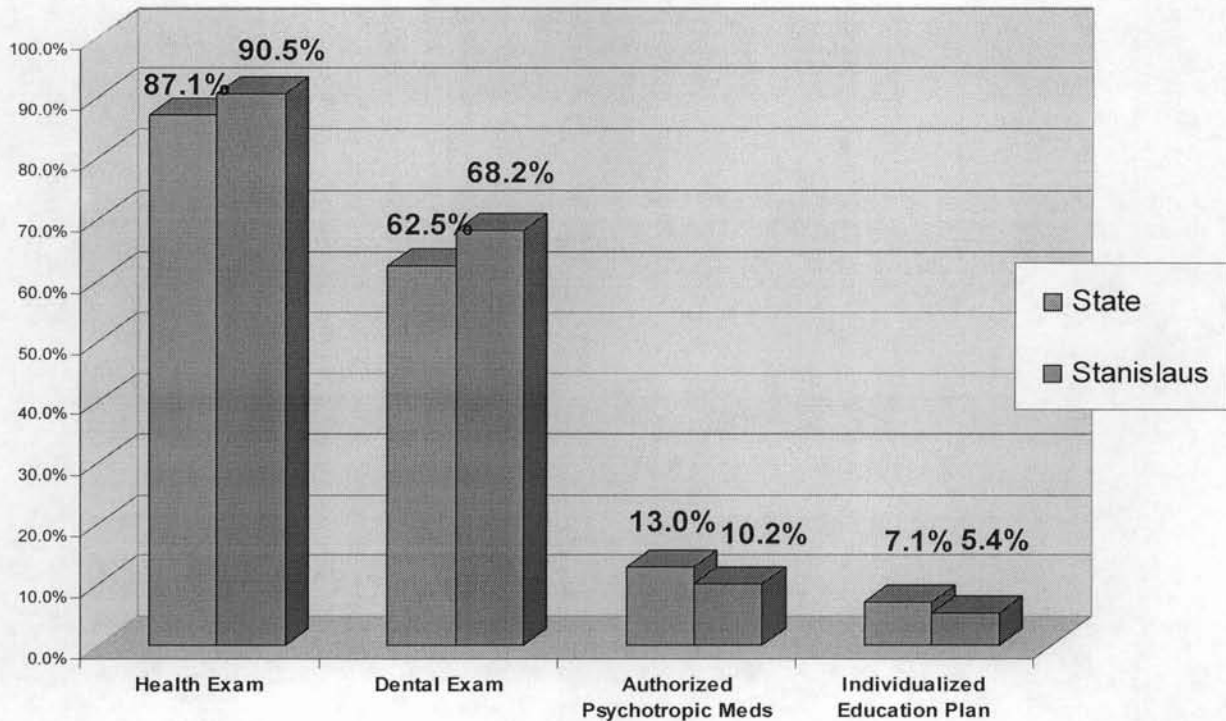
12. ICWA Placement (4E)

In the last Quarter 2, 2009 report, there were a total of five (5) Indian Child Welfare Act (ICWA) children in Stanislaus County. There are no active tribes within the county and Native American children come from anywhere in the state or United States. That is, there is not a specific neighboring County from which most Native American children enter the Stanislaus County child welfare system. Many parents report Native American ancestry so noticing and contacting various tribes throughout the US is a significant role of the social workers after initial removal. Parents may claim a specific ancestry but provide no specific tribal connection, thus every band of that Tribe must be contacted and noticed of hearings. That continues until a tribe reports eligibility for enrollment or the court makes a finding that ICWA does not apply.

Once tribal membership is determined, the social worker contacts the responsible tribe to determine the identified contact person with whom the social worker will coordinate services for the child and parents. Social workers work with Indian Tribes representing ICWA eligible children to determine the best placement, services and permanency option for children who cannot return home. Experiences with tribes are very limited and vary considerably. Social workers report that some larger tribes who have the resources, take over the child welfare case from the County. Smaller tribes that do not have the resources to intervene choose to provide guidance and decision making in determining placement and services from those available in the community. On a few occasions over the years, a tribe has just not been able to participate at all in the case of their ICWA eligible child.

When expert testimony is needed, Stanislaus County contracts with a Native American social worker with extensive experience in the child welfare system. Because it is infrequent, ICWA testimony has been sought from out of the county.

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13. Rate of Timely Health and Dental Exams (5B)

Stanislaus County had over 90% of children who received timely health examinations and 68.2% received timely dental examinations in Quarter 2 of 2009. We have been working diligently to improved data entry in this area into the CWS/CMS system since the measure became active. This has been a requirement and has been reported to the court regularly for many years, but the specific fields in the CMS system were not consistently utilized. Diligent effort and the use of SafeMeasures have enabled social worker and their supervisors to more closely monitor and ensure that this is accomplished. In those situations in which the children have difficulties obtaining the information, it is typically with the relative caregivers. Social workers educate them about the requirements but ensuring timely exams and dental visits is more challenging. Additionally, they are not as fastidious about retaining the information to provide to the social worker.

14. Authorized for Psychotropic Medication (5F)

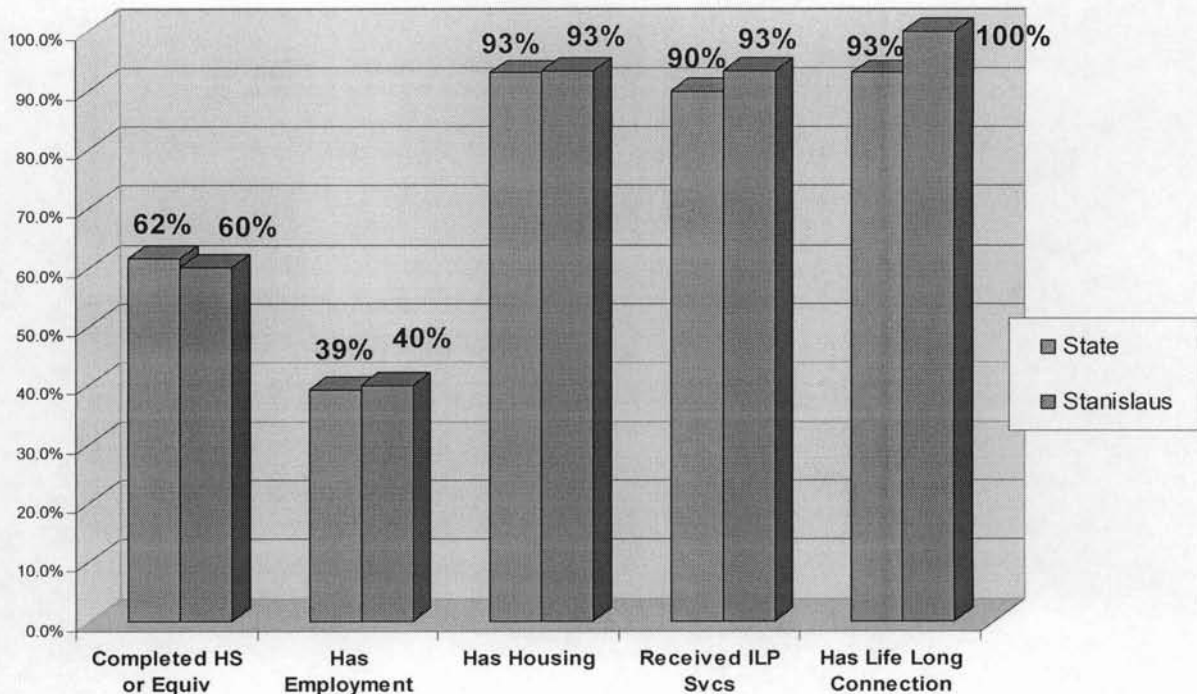
In Stanislaus County, 10.2% of children in foster care receive psychotropic medications. That includes medications for ADD and ADHD as well as depression and other more serious mental health concerns. Stanislaus' percentage is less than the State but there is not a performance standard to compare. In order for a child or youth to receive psychotropic medications they must have a court order unless the parent retains the rights to make medical decisions. The Court Commissioner over dependency proceedings is very

conservative and has a rigorous standard of supporting documentation that must be provided by the doctor and presented to the court. If a specific medicine is not effective, the social worker must seek a new order before the doctor can change the child's medication. There have been times when children are disrupted from placement because of the time it takes to go through the authorization process.

15. Individualized Education Plan (6B)

Stanislaus County has 5.4% of its children with an Individualized Education Plan (IEP). That may be a low estimate as this is an area of CWS/CMS that does not receive consistent use. This recent addition to outcome measures has been receiving a great deal of attention since our Educational Liaison started with the agency. This individual is a part time contracted employee funded through our California Connected by 25 Initiative grant to provide technical assistance and support to social workers around educational issues. This position has been essential in ensuring that foster children receive quality education that meet their individual education needs, because a trained educator has the expertise that a social worker does not.

16. Exit from Foster Care Outcomes (8A)



Stanislaus County has been involved in the California Permanency for Youth Project (CPYP) and more currently the California Connected by 25 Initiative. We have been a leader amongst our peers in expanding and developing effective methods to connect children to a committed and caring adult, improve Independent Living Skills training, and to develop and support efforts of aftercare. Various assessments are completed to explore areas for academic, career and independent living strengths and needs. The outcome data for this measure is gathered from the Efforts to Outcomes (ETO) database and reported to the state.

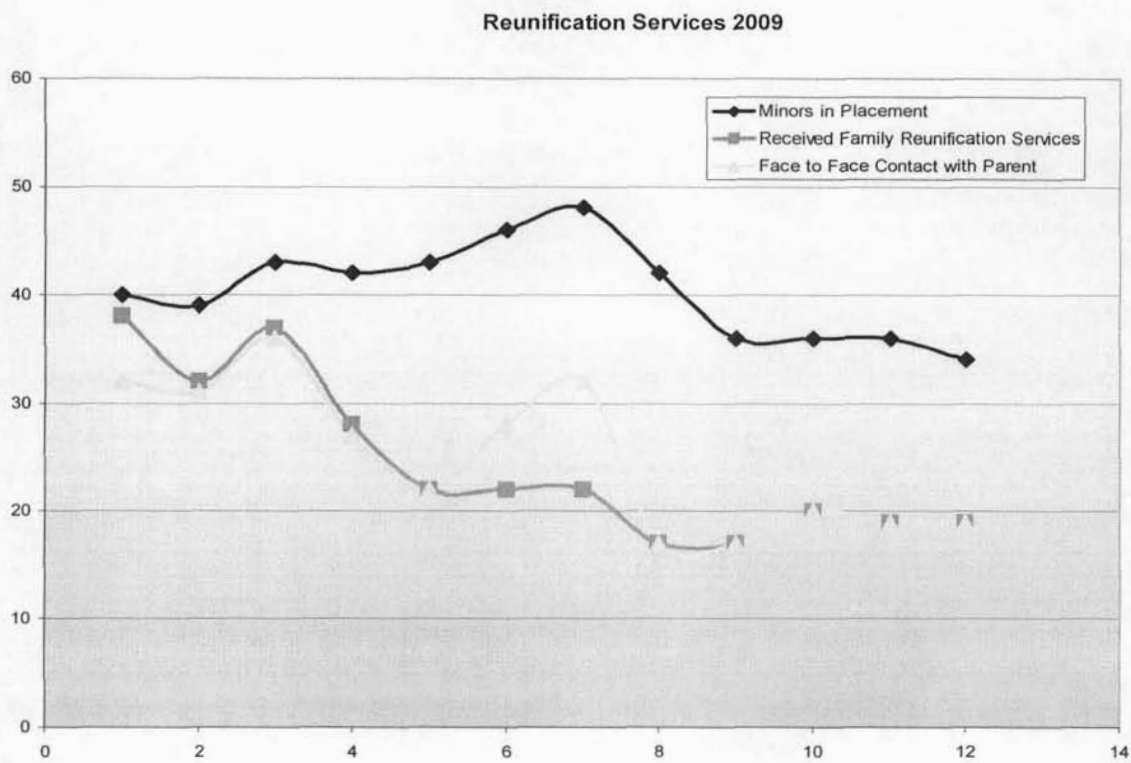
Approximately one half of the children and youth living in Stanislaus County are under the jurisdiction and thus the responsibility of another county, often from the bay area. For the purposes of Independent Living Skills, Stanislaus is responsible for providing services to all youth 16 – 18 years of age, regardless of which county has jurisdiction. Funding for these services does not follow the child’s placement and thus Stanislaus Child and Family Services must rely on a disproportionately lower ratio of funding than other counties who place predominantly out of county.

A new impact is the recent Federal Requirement that a 90 day Transitional Living Plan (TLP) be completed in addition to the others previous required. This is an unfunded mandate that further stretches the social workers time. Another unfunded mandate is the new national Youth in Transition Database (NYTD)

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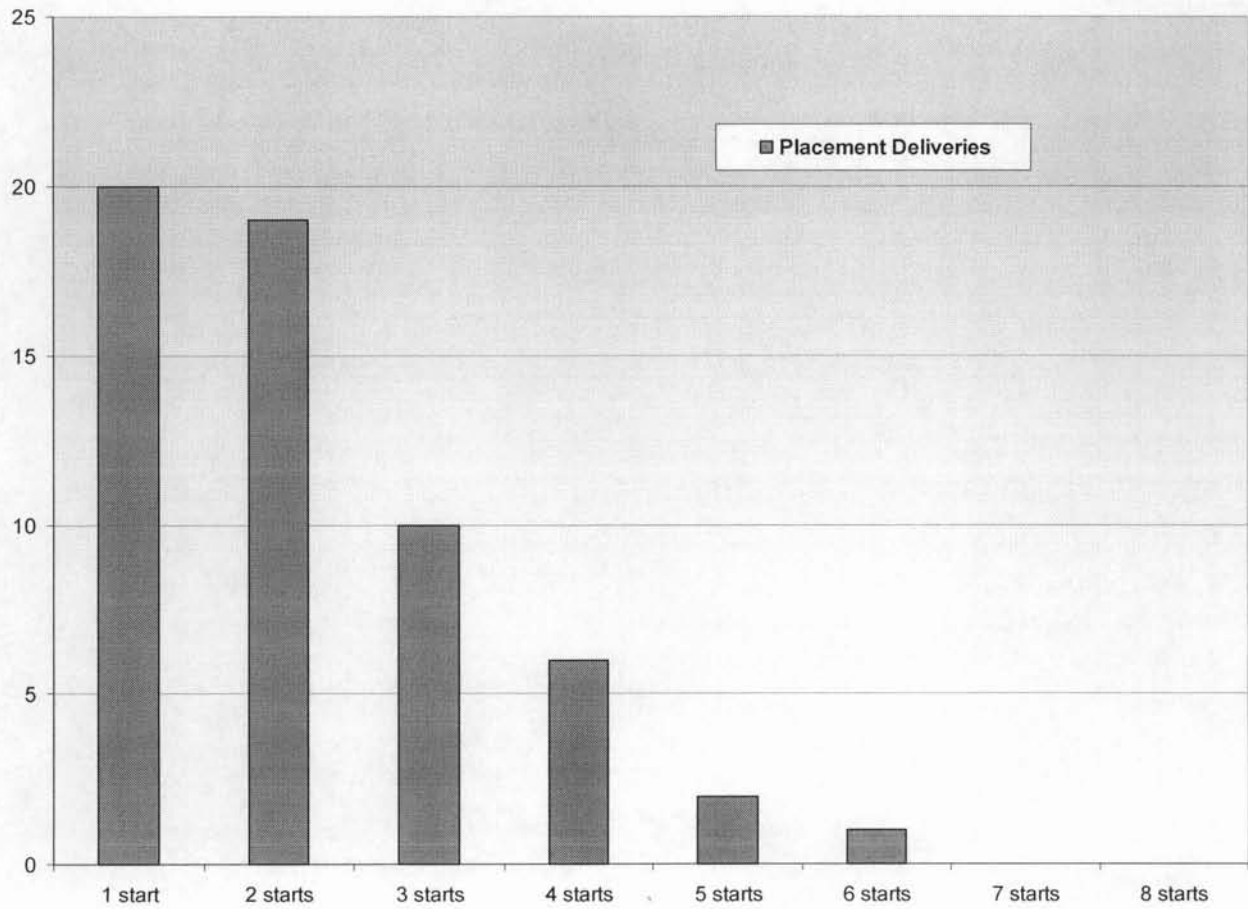
effective October 2010. The requirement calls for documentation, on a continual basis, of all ILP type services provided to foster youth and former foster youth, including probation youth. These services must be reported to the Administration of children and Families (ACF) on a bi-annual schedule.

Probation



Of those minors receiving family reunification services, face to face contact with parents is occurring monthly and consistently.

Placement Deliveries 2009



Of the minors placed in 2009, 20 were placed for the first time, 18 were placed for a second time, 10 for a third, 6 for a fourth, 2 for a fifth, and 1 for a sixth.

D. SYSTEMIC FACTORS

Child and Family Services

1. Management Information Systems (MIS)

Stanislaus County Child and Family Services (CFS) use CWS/CMS in all stages of a referral through the life of a case, for foster parent licensing and adoptions. For a number of years, Stanislaus County has fully utilized the system.

The information entered into the CWS/CMS system is reasonably accurate. Through the use of Business Objects reports and SafeMeasures, Supervisors and Managers are able to work with staff to ensure accurate data entry and timely documentation. CFS has a System Improvement unit which includes a Manager, Supervisor and Data Analyst/Researcher/Quality Assurance worker. The System Improvement staff takes the lead in conducting monthly Self Evaluation meetings to analyze outcomes and assure proper data entry.

CAPIT/CBCAP/PSSF data from contractors is submitted to our agency electronically on a monthly/quarterly basis. Invoices are submitted on a monthly basis. Contractors submit their SCOARRS sheet on a quarterly basis (see SCOARRS description in Quality Assurance section). Our agency maintains a database where the SCOARRS and the invoices are stored and analyzed. Fiscal information is disseminated in public budget information that goes to the Board of Supervisors. Part of the information and results of the outcomes these programs are providing for families and children is also provided by way of annual reports to the community, vendors and other stakeholders. Additional information is also provided to the vendors and community at large through quarterly CAPC trainings.

2. Case Review System

a. Court/Structure Relationship

The Stanislaus County Superior Court has one Court Commissioner who presides over all Dependency hearings. Coverage is provided by other Superior Court Judges, including the two Juvenile Probation Judges. The Dependency Court has been relocated to downtown Modesto in the Superior Court building.

Court runs five days per week with non-contested hearings set at 8:30 am and contested matters set for 10:30 am or 1:30 pm. Families and social workers have long expressed frustration with the long waits for court, as several are set for the same time and the wait depends upon the order in which the case is heard. Upon moving to the downtown

superior court, a room was designated for social workers to wait prior to and between hearings. There is computer access for social workers which enable them to make good use of their time.

The Superior Court donated a room for foster youth and their foster parents/relatives to have a safe place to wait before a scheduled court hearing. The room is not marked for the youth's safety and it also has a combination lock that only court staff and social workers have access to. It has games, a TV and DVD's and other items to help keep the youth occupied while he/she waits. The room is not used for visitation with parents, but solely as a safe place before court. The Kiwanis Club so graciously donated funds and furniture to make the room functional.

The Commissioner, County Counsel, Public Defenders, private attorneys, CASA, Guardian Ad Litem, and Child and Family Services Supervisors and Managers meet quarterly to discuss issues and resolve problems. Issues such as continuances, visitation and new procedures are discussed in order to improve the relationship between the parties as well as the provision of services. This has been a long standing tradition and the relationship is very respectful and positive

b. Process for Timely Notification of Hearings

Social workers are responsible for submitting notices and information about recipients, including Indian Tribes, to legal clerks in Child and Family Services for processing. The court clerks process all notices and submit to all appropriate parties. Late noticing is an occasional problem that can at times contribute to continuances. Notification of Indian Tribes is one of the most challenging areas. Though there were at last report only 5 children who are ICWA eligible, notification of all tribes alleged by parents is required until a court finding can be made.

c. Process for Parent-Child-Youth Participation in Case Planning

Social workers meet with parents and youth during the development of the case plan. The Comprehensive Assessment Tool (CAT) continuing services assessment contributes to the identification of areas for inclusion in the case plan. All parents are given written information about their rights and responsibilities by the emergency response social worker. Voluntary Services, FM and FIP, have a weekly orientation for parents entering drug treatment to educate them about their rights and responsibilities in case planning and gives them an overview of services available to them. To develop the case plan, parents receiving voluntary services may participate in a Coordinated Case Planning meeting with their social worker as well as their StanWORKS' family services specialist. All TANF linked families have a coordinated case plan to facilitate the ease in which their needs for

both programs can be met. If that is not an option or they are not TANF linked, families are often engaged through Family Engagement Meetings (FEM).

For Court ordered cases, the attorneys for parents and children as well as CASA representatives, participate in the case planning along with parents and youth in determining what services will be included in the case plan. Though the social worker addresses rights and responsibilities, parents and youth are also educated by their attorneys. The social worker makes an initial recommendation based upon the CAT assessment and works with the family. Because of the adversarial nature of the initial court processes, parents are not always willing to communicate with social workers and openly express what services they may or may not need. Once the court orders a case plan, any changes to it must be submitted to court through a 388 petition and approved before implemented. This makes it difficult for social workers to have the latitude to change case plan services based upon family's needs. Caregivers' needs are considered when developing case plan services, such as visitation.

Parents and CASA advocates, as well as relatives and caregivers, are involved in the determination of placement needs and the lowest level of care ideally through the Team Decision Making (TDM) meeting process. As a Family to Family County, we implemented TDM in February 2003 for all placement decisions. Because of the emergency nature of 7-day notices from caregivers to remove, the length of meetings (60 to 120 minutes) and the caseload challenges and multiple demands on social workers, implementation is not consistently accomplished for every placement move as envisioned by the model.

Contact with parents and children by the social worker is no less than once monthly, as per agency policy, and often occurs as needed to address issues as they arise.

Visitation between parent and child, as well as with siblings and grandparents is coordinated jointly and integrated into the case plan. Visits are typically weekly between parent and child.

Until September of 2009, Child and Family Services had a contract with Prevent Child Abuse California for AmeriCorps members. Some of those members were former successful consumers of child welfare services who had worked with voluntary and court ordered parents as a support and mentor. AmeriCorps parent mentors were successful in engaging parents in participation in their case plan since they had the unique perspective of navigating the system themselves. AmeriCorps was a successful program, but due to reductions in CWS Outcome

Improvement Funds and reductions in county general fund in the CFS programs, AmeriCorps was cut.

d. General Case Planning and Review

The CFS case plan document is created and saved within CWS/CMS. This assures that all required elements are included in the case plan. Supervisors review and sign the written case plan, as do parents if willing, and supervisors approve the online document. Updates of the CFS case plan are completed with the participation of the parents every six months or in conjunction with the status review hearings at court. SafeMeasures is used by social workers, supervisors, managers and quality assurance to make sure that case planning is done timely.

Concurrent planning has been in place and is a strong practice of CFS. When children are removed from home, a Team Decision Making (TDM) meeting is held. The purpose of the meeting is twofold: to make a decision about removal, and to consider placement alternatives. The agency Permanency Specialist and Application Specialist complete a comprehensive family-finding which is documented in a stand-alone database accessible by all social workers. All known relatives are identified with potential contact information. Parents, and relatives or support persons of their choosing, are invited to the TDM meeting to assist in making the best decision for children possible. Concurrent planning is often discussed at this TDM once the decision to remove is made. The family's wishes for placement preference are considered first and followed if the home can be approved. Joint Assessment Meetings (JAM) is held between court staff and adoptions weekly to discuss permanency for every child who enters care. An adoption worker is assigned as a secondary so that home studies on relatives can be accomplished or permanent homes found.

For children under 6 years of age without a permanent home identified, their case is reviewed weekly at JAM until an adoptive family is found. Reunification social workers also take responsibility for discussing adoption and permanency with care providers throughout the life of a case for every child without an identified adoptive parent.

Every effort is made to identify a concurrent home at the beginning of the reunification case or as soon as possible thereafter. Although there are instances in which we are not successful in finding a permanent home at the time of removal, the effort to search does not wait until after reunification is terminated. Efforts continue even for those children in long term foster care, though feedback and observation obtained during this self assessment process indicates that we are not utilizing private agencies and adoption registries to

identify permanent homes for youth for whom relatives, county foster homes or foster family agencies do not have options.

Stanislaus County partners with Foster Family Agencies and private Adoption Agencies to assure permanency for children under our care.

Documentation of the concurrent plan is made in the case plan and the court reports. Specifics about the steps taken are noted in contact log narratives. While the log notes are typically a wealth of information about the social workers' efforts, it is often difficult for a new social worker to sort through the many pages of notes to locate pertinent information. This is one reason that the family finding database created in Stanislaus has fields for entering relative information. However, it was determined that this is not commonly used and a potential focus of the System Improvement Plan.

Probation

1. Management Information Systems (MIS)

Presently, the Probation Department does not have access to CWS/CMS. Currently when a child enters an out-of-home placement the information is submitted to the Community Services Agency foster care unit to then be entered into CWS/CMS.

The Probation Department utilizes an internal web-based Integrated Criminal Justice System (ICJIS-PB) to keep track of a minor's demographics, court referrals, placement changes, status reviews, and placement contacts. Presently, the ICJIS-PB system is also used to create hard copy reports (e.g. SOC158a) that are submitted to the county welfare eligibility team who enters this information into CWS/CMS. As of October 2010, the probation department will have limited access to CWS/CMS for similar data entry.

The Probation Department completes the required FC-23 report and submits them to the State on a monthly basis. This has been done since January 2005.

2. Case Review System

a. Court Structure/Relationship

Maintaining a positive working relationship between the Court, the District Attorney's office, the Public Defender's Office, and defense counsel is a priority for the Probation Department. The Juvenile Delinquency Team has a monthly meeting to discuss issues and concerns within the juvenile justice system. The team includes the

Presiding Juvenile Court Judge, a second Juvenile Court Judge, Deputy District Attorneys, Deputy Public Defenders, defense counsel, staff from the Court Clerk's office and Probation supervisors.

b. Process for Timely Notification of Hearings

The Probation Department sends notifications to each party 14 days in advance of each court hearing. The department works with Child and Family Services to keep current information on family members and/or dependents.

c. Process for Parent-Child-Youth Participation in Case Planning

The information gathered during the initial intake process from the minor, parent or guardian is utilized to develop and prepare the case plan. A case plan is developed at the intake phase on all youth that will likely receive services through the Probation Department (some are referred to the District Attorney and the charges against them are found unsubstantiated). The case plan is developed with both the minor and his/her parents and/or guardian. The Intake interview is an extensive interview which covers all aspects of the child's life. The minor, parent, and guardian are all encouraged to participate so adequate information can be obtained to develop a unique case plan to meet each child's needs. A risk-needs assessment "Back on Track" is completed on each minor. This is an evidenced-based instrument designed to identify a minor's risk of re-offending and needs to prevent future criminality. The outcomes of the assessment assist in designing an individualized case plan to address the minor's needs and prevent out-of-home placement. The case plan is an active document that is updated as needed to meet the needs of the minors and their families. The department tracks the case plan dates in the automated ICJIS-PB system. Each officer has the ability to query their case load list to determine the date a case plan requires updating or to provide a listing of the case plans that are nearing their six month review deadline.

d. General Case Planning and Review

During the initial intake process, information that is gathered from the minor and parent/guardian is utilized to develop and prepare the case plan. A case plan is developed at this intake phase for all youth that are likely to receive services through the Probation Department (some are referred to the District Attorney who may not file charges or the charges are unsubstantiated).

The case plan is an active document that is updated as needed to meet the needs of both the minor and their families. The department tracks the case plan dates in the automated ICJIS-PB system. The

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program design allows each officer the ability to query their case load list to determine the date each child's case plan was prepared or they can run a monthly list to determine the case plans that need updating during that particular month.

The case plans are reviewed with the minor, parent and guardians each month during visits. The "Back on Track" assessment can be completed periodically to measure the progress the child is making in the areas identified on the prior assessment. This can provide additional guidance to assist with case plan revisions.

The Probation Department schedules its Status Review Hearings at 5 1/2 months (Pre-Permanency Hearing) and 11 1/2 months (Permanency Hearing). These hearing dates are set as the youth is initially ordered into out-of-home placement. Probation hearings are consistently held in the timelines ordered by the Court. In the case of a child entering the 602 WIC systems from the 300 WIC systems, the Pre-Permanency and Permanency dates would remain consistent with those previously ordered by the Court.

When a minor is referred to the Probation Department for a Dispositional Social Study, the investigation officer conducts the search for relatives prior to the Dispositional hearing. Any relative search needed after this time is conducted by the placement officer. ICWA forms are completed on each case that is referred to the District Attorney and submitted to the Court. For children not already enrolled in a tribe, the referral is mailed to the Bureau of Indian Affairs. This is a lengthy process that can take several months to receive a response. On the rare occasion when ICWA is found to apply, the agency works with the child's tribe to determine the appropriate placement for the child. There has been one (1) ICWA placement case in the last three years. This minor was placed with relatives in the state of Washington in November 2005. This minor terminated probation successfully in June 2007 when he graduated from high school with his diploma.

For minors placed in out of home care by the Probation Department, an internal Resource Review Board conducts a review of the minor's background for concurrent planning purposes. Staff from the Juvenile Justice Mental Health Program work with the placement minors to address their mental health needs.

3. Foster/Adoptive Parent Licensing, Recruitment, and Retention

Child and Family Services

a. General Licensing, Recruitment and Retention

Stanislaus County has an MOU and licenses foster family homes. The Family to Family Pride curriculum has been implemented for training prospective families. Foster families, or Resource Families, as they are known participate in 27 hours of training prior to licensure. In September 2009, this was expanded by an additional 6 hours in order to better prepare families for caring for children with behavioral challenges, emotional issues or other special needs. An additional eight hours of training is required per year, but many more hours of training are available through Modesto Junior College and agency provided training. Foster parents and foster youth participate in training new foster parents.

Staff at the Foster Parent Association is available to offer support and assistance to all members. Support groups had been offered periodically in the past but were generally poorly attended so although efforts are made to reinvigorate the groups from time to time, they have not always been successful.

Despite the implementation of Family to Family's Recruitment, Development and Support strategy in 2002, the number of foster parents licensed by the county has remained steady. Although the goal is to increase the number of available families, there are various challenges faced in accomplishing this goal. A number of families exit the foster care system due to adoption and/or guardianship. Many of the families who seek licensure are only interested in having or expanding their family through adoption and are unwilling to take older youth and/or risk reunification and the associated loss. There are often many licensed foster parents on the list that are not willing to participate in concurrent planning. During our community focus group, our FFA partners indicated that they refer families only interested in adoption to the county.

Another factor that contributes to the challenge is the pay and support received by county foster parents versus FFA foster parents. FFA foster parents receive a higher rate of pay for caring for foster youth. County social workers often have to turn to FFA placements not because of behavior or medical problems but the lack of available homes. In particular, placement of sibling groups together is exceedingly challenging in county licensed foster homes. FFA homes

are much more willing and able to accept placement of older children and groups of siblings.

Fortunately, many of the Foster Family Agencies (FFA) in Stanislaus County have embraced the Family to Family approach and sought to prepare foster parents to meet the needs of children and youth in their own community as much as the county would have.

During the time that Stanislaus County received a small grant for implementation of Family to Family, some funds were directed to the support of resource parents, such as parent mentors, appreciation activities and training, etc. Unfortunately, as the budget situation has deteriorated and the grant funding period long since expired, services and support to resource parents has been continuously cut.

There are two main sources for support for caregivers in the community. The first is the Foster Parent Association which works tirelessly and collaboratively with CFS to support all resource parents in the community. Second, the Family Partnership Center, funded in part by county KSSP funds, supports relative caregivers of dependent children as well as those informally placed with them.

b. Placement resources

Locating placement resources for children and youth depends upon a variety of factors such as age, sibling group size, medical, developmental and behavioral challenges. The children with the most placement changes and challenges finding homes are the children 9 – 12 years and teenagers. Sibling groups of three or more children present challenges in finding homes for as well. Not only does home capacity contribute but many foster parents and relatives find caring for a large number of children all at once too overwhelming. Children with behavioral, special medical needs and developmental challenges are also difficult to find homes for. For children also served by the Regional Center, the challenges can be staggering when it comes to finding suitable homes in or near Stanislaus County. Additionally, the special needs of children can result in very expensive placement costs. For example, Child and Family Services have one very troubled youth in the only placement option available, but this placement costs \$30,000 per month.

Probation

a. Placement Resources

Developing adequate placement resources is an on-going problem. Some of the areas greatest difficulty is finding homes for teenagers, pregnant or parenting teens, and children and youth with mental health issues. Limited options are available for placing youth with severe mental health issues.

4. Quality Assurance System

a. CAPIT/CBCAP/PSSF

The administrative functions of CAPIT/CBCAP/PSSF are combined under the direction of Stanislaus County Community Services Agency, the designated Local Government Agency as determined by the Board of Supervisors. The Community Services Agency is responsible for overall monitoring the CAPIT/CBAP/PSSF contractors including quality assurance monitoring, providing oversight and fiscal accountability.

As part of our ongoing continuous improvement process to ensure fiscal responsibility, program integrity, and county monitoring, Stanislaus County is currently using an outcome-based model entitled: Stanislaus County Outcomes and Results Reporting Sheet (SCOARRS) which consists of five areas:

- i. Planned Outcome – the intended change in the lives of individuals, families, communities, or systems as a result of the program.
- ii. Strategies and Milestones – A specific measurable task, designed to be used to monitor progress toward the expected outcome; includes the numbers and/or percentages to be achieved.
- iii. Indicators-Current Quarter – Specific number/percentage that describes the progress towards milestones and planned outcomes.
- iv. Indicators-Cumulative – Specific number/percentage that describes the *cumulative* progress towards milestones and planned outcomes.
- v. Narrative information – Explanations of specific indicators when warranted.

This quality monitoring system is used with our PSSF/CAPIT/CBCAP contractors including those that provide service delivery to **children with special needs** and who are **at risk of abuse and neglect**.

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Contractors submit their SCOARRS sheet on a quarterly basis to our agency. The SCOARRS as well as invoices are submitted electronically. We have a database where the SCOARRS and the invoices are stored and analyzed.

The mechanism used to report to the agency on the quality of services evaluated and the needs for improvement is through the SCOARRS process. The SCOARRS are analyzed by a CWS manager in partnership with Children and Families Commission. If there are any concerns regarding contractors not meeting their stated goals or outcomes, a meeting is coordinated to address any issues and to develop corrective actions plans. The contractors develop the corrective action plan and the manager verifies that the plan is in line with the contracted services. If no improvements are forthcoming, other meetings are arranged until the contractor is able demonstrate outcome improvements. Site visits are conducted for all contractors annually by a CWS manager, an accounting manager, the PSSF/CAPIT/CBCAP liaison as well as members of the Children and Families Commission. Following a site visit, staff may develop a corrective action plan with time specific and measurable goals or activities for the Contractor to perform in order to correct operational or contractual deficiencies. Any such plan developed will focus on activities and services provided by the contractor and changes needed in order for the contractor to meet planned contractual obligations. Monthly invoices are also submitted by contractors which are analyzed by our accounting manager. Fiscal oversight is provided for all contracted services to make sure that expenses are appropriate and in line with the contract. Customer satisfaction surveys by the vendor are part of the requirements of providing contracted services. As part of this requirement, our vendors assess customer satisfaction by providing a customer satisfaction survey to the clients they serve. The customer satisfaction surveys are analyzed through our quality assurance process. This is done to ensure that vendors are fulfilling this part of the contract. The surveys are also analyzed for accurate statistical demographic representation. Contractors also attend monthly meetings conducted by a CWS manager. The meetings are used to discuss services and practice concerns. At the end of the year the contractor submits an annual report outlining the goals and progress achieved during the contracted period. Ongoing contact with our vendors allows our county to assess service delivery to identify strengths and needs. We have ongoing contact with our vendors by way of e-mail, phone or meetings. Through these ongoing contacts, strengths as well as areas for improvement are evaluated/discussed.

Monitoring of quality has been a long standing practice in Stanislaus County. The process has evolved over the years; however, every time

the monitoring system has changed, our service providers are provided with training and technical assistance. Part of the implementation process allows contractors the opportunity to fine-tune their SCOARRS. The quality monitoring system has been a great asset in educating our providers that in order to provide PSSF/CAPT contracted services, they must pay special attention to quality and clearly demonstrate how their services are impacting the families and children being served.

This program monitoring system also requires contractors to submit a quarterly report to the Stanislaus County Community Services Agency contract administrator describing their progress on the completion of their planned outcome. The report also includes the following statistical reports: the Age, Language and Ethnicity Report. All contractors are monitored and evaluated on a regular basis throughout their contract period. Other activities that are used to monitor and evaluate Contractor performance include:

- i. Site visits, onsite reviews, and observations; At least annually, this may include some or all of the following: interviews with contractor staff, interviews with clients about services received, reviews of key systems and service documentation, review of case records, reviews of scope of work and SCOARRS. In addition to formal contract auditing, a strength-based approach to visiting an agency improves customer service with agencies as well as ensuring that their services are meeting the stated outcomes.
- ii. Review of Contractor's audit reports: Invoice reviews - Ensures the cost being charged are within the contract parameters.
- iii. Customer Satisfaction Surveys: Concerning contract service delivery and quality.
- iv. Contractor assists in the monitoring and evaluation of the program according to the scope of work and supporting evaluation documents.

b. Probation

The Probation Department, Placement Supervisor and Deputy Probation Officer III review 15 randomly selected out-of-home placement cases each quarter for compliance with the State Division 31 Regulations. Cases are also reviewed prior to each Status Review (usually each 5 ½ months). The Juvenile Justice Delinquency Prevention Commission annually tours group homes utilized by the Probation Department to analyze programs and services. If applicable, the JJDCPC submits a report to the Probation Department if a corrective

action plan is warranted after conducting an inspection. No corrective action plans have been warranted during the last 5 years.

c. Child and Family Services

The Performance and Quality Improvement process is a multi-layered process with many diverse components intended to provide the most thorough and accurate assessment of quality service delivery and performance compliance from a variety of perspectives.

The County Strategic Plan is the overall vision that directs the Community Services Agency's Strategic Plan. Strategic Planning is interwoven with the Federal and State performance and outcome improvement requirements to develop system improvement goals and plans for Child and Family Services. Quarterly Outcome and Accountability Reports provide performance measures on State and Federal outcome indicators.

The Quality Assurance Review Team (QART) allows for a Supervisorial peer review process which evaluates individual cases. The team provides peer feedback to one another as well as identifying trends, global performance issues, training issues and/or the need for policy and procedure changes.

SafeMeasures Quality Assurance Tool extracts case compliance data and is reviewed by social workers, supervisors and Managers in order to monitor staff performance and identify errors. It is the policy of the agency that supervisors provide on-going quality assurance reviews of cases/referrals under their supervision. SafeMeasures is also used to monitor caseload size and assist in maintaining equity across units, as well as to evaluate our county, unit and worker performance on the various state and federal measures. By doing so, we can look for variance across workers or units and provide training or guidance to improve low performance. Additionally, SafeMeasures is used to inform our self assessment and is used by CDSS to monitor our performance more immediately than the formal outcome measures can provide. Due to the budget challenges faced by Stanislaus County's Child and Family Services Division, the contract to use SafeMeasures will be discontinued at the end of the current 2009/2010 fiscal year. We will thus become one of only a few counties in California to not use this program.

In addition to on-going supervisorial review, cases are randomly selected for review by Quality Assurance Social Workers. Open and closed cases are reviewed on a continuous basis for compliance with State 31 Regulations, with standards of the Council on Accreditation

service standards and to ensure that the policies and procedures of the agency are met. The Council on Accreditation (COA) is an international, independent, not-for-profit, child-and family-service and behavioral healthcare accrediting body. COA partners with human service organizations worldwide to improve service delivery outcomes by developing, applying, and promoting accreditation standards. COA currently accredits 38 different service areas and over 60 types of programs. COA's accreditation process determines whether an organization has implemented and is meeting a set of best practice standards in their particular field. The following areas are reviewed:

- a. Comprehensive Assessment Tool (CAT)
- b. Case/Service Plans
- c. Appropriate Consents as required
- d. Contact Notes (case notes)
- e. Evidence of Quarterly Case Supervision
- f. Relevant Signatures
- g. Service Outcomes
- h. Aftercare Plans
- i. ICWA & MEPA
- j. Concurrent planning efforts
- k. TILP

Aggregate data from Quality Assurance reports, data, outcomes, customer satisfaction surveys, and other types of information are evaluated reviewed and discussed at Manager Meetings, Leadership meetings and in the monthly Self Evaluation team meetings, peer review team meetings, and other staff and/or community forums and/or focus groups. As a Family to Family county since 2001, Stanislaus embraces data and outcomes. It is the local culture in CFS to use objective measures and information for all decision making, rather than simply relying on conjecture and speculation. Given the complex nature of child welfare services outcomes, that is not always easy, but the effort to depend upon thorough analysis continues despite budget cuts and difficult financial times.

5. Service Array

Stanislaus County implements an array of services for children and families in an effort to meet the needs of the family in the area of safety, well-being, and permanency. Initial contact with the Child Welfare system is frequently though the emergency response hot line. The intake social worker completes the CAT assessment and will either provide resources to the caller or assign for Differential or traditional emergency response investigation. Path 1 Differential Response services are provided solely by the community

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partners, whereas with Path 2 and 3 a determination is made about the best service delivery modality, either community services or child welfare services.

The Differential Response program is an alternative, intake, assessment and service delivery structure that allows a child welfare agency to respond in a more flexible manner to referrals of child abuse or neglect. There are three paths of response which may include an agency social worker and a community partner.

Path 1 is for families with low or no risk of abuse/neglect, as assessed at Intake, and referred to a community organization, typically a Family Resource Center (FRC), for a strength-based assessment, case management, parenting and other supportive services as determined by the family in partnership with the FRC. The referral is closed at the Intake hotline with no further child welfare involvement.

Path 2 is families with moderate risk of abuse/neglect, as screened at Intake, are assessed by a child welfare social worker in partnership with a community partner. The risk and safety assessment guides the decision about the appropriate level of service, that is, further child welfare involvement or community partner service delivery.

Path 3 is a child abuse and neglect report that indicates children are unsafe and/or at high risk of abuse or neglect and are immediately assessed by a child welfare social worker. If a differential response community partner has been working with the family, they may accompany the social worker. Families are served whether through the traditional child welfare systems of voluntary services or court, but if they have zero to low safety/risk factors, they may be served by a community partner.

The Differential Response Family Resource Centers service areas are based on zip codes in Stanislaus County. Our partners include: Ceres Partnership for Healthy Children; Westside Family Resource Network - Newman Healthy Start, Westside Resource Center, and Grayson/Westley Family Resource Center; Parent Resource Center Sierra Vista Drop In Center, Airport Neighbors United; Hughson Family Resource Center; Turlock Family Resource Center. Differential Response program also serves some targeted groups: Hutton House which works with teenagers and their parents; and Health Services Agency, Public Health for substance exposed infants.

Community Partners providing Differential Response services, such as Public Health and Family Resource Centers, offer strength-based assessment, case management, parenting education and support, depression screenings, linkages to other health services and developmental screenings. DR is a joint venture between the Community Services Agency and the Children and Families Commission. DR services are funded in part with PSSF/CAPIT/CBCAP funding primarily to support services to children 6 – 18

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years of age. The Children and Families Commission (First 5) provides the majority of the funding for DR for children 0 – 5 years of age.

When services are provided by Child and Family Services they are determined with the family based upon the safety and risk assessment, safety plans, and the willingness of the parents to engage. Further intervention may include a Team Decision Making (TDM) meetings; Family Maintenance services (FM), Families In Partnership services (FIP), or Court ordered services.

When an allegation of sexual abuse is being investigated children are interviewed at the CAIRE center. The County of Stanislaus, in partnership with the District Attorney, all local law enforcement agencies, child protection agencies, the mental and medical health community, schools, and others concerned with the care and protection of children, seek to protect child victims and witnesses who are exposed to abuse, is the mission statement of the Child Abuse Interviews, Referrals, and Evaluation (CAIRE) Center. It is child friendly, providing a single point of access for forensic interviews, medical examinations and therapeutic services to young victims of crime. The CAIRE Center is located in Modesto, California adjacent to a Sheriff's substation. A trained forensic interviewer interviews the child while professionals associated with the case are informed and present behind a one-way mirror, listening to the child's report. Observers can ask questions via an earpiece in the interviewer's ear, enabling information to be shared without further traumatizing the child. The CAIRE Center interview, in most cases, will be the final interview of the child, thereby minimizing further trauma to the child. The family is also introduced to Mental Health Clinicians who can provide therapy and support until the family gets connected with an ongoing therapist.

Law enforcement, the district attorney, and an emergency response social worker observe the interview. An advocate from the Haven Women's Center and a representative of the District Attorney's Victim Witness program are available. And short term mental health counseling and case management while families are linked to on-going services. The Haven Women's Center is our county's domestic violence program whose goal is to empower victims of domestic violence to act as their own advocates for safety for themselves and for their children.

To determine the best match of services for family, the Emergency Response social worker utilizes a multidisciplinary team decision process. They will either engage a voluntary services worker from either FM or FIP to conduct a joint assessment of the families needs and program capability or utilize a Team Assessment Planning meeting (TAP) for discussion of other options for the family. If the social worker's assessment indicates that children are unsafe and removal should be considered, a TDM is scheduled and decision with the family made. Other multidisciplinary meetings occur throughout the Child

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Welfare system such as Differential Response MDT, Joint Assessment Meetings (JAM), Interagency Resource Committee (IRC), Interagency Placement Committee and Coordinated Case Planning in an effort to continue to promote these ideals.

When a family engages with voluntary services the children are usually in the home, however voluntary placements can be utilized in an effort to expedite treatment.

- Family Maintenance provides voluntary supportive services to families who have been assessed by ER to need continued services as a result of a substantiated CPS investigation. Family arrangements or voluntary placements enable resources to be implemented while children can remain in a safe and stable environment.
- Families in Partnership (FIP) Program provides intensive voluntary multidisciplinary services to child welfare families who, due to their multiple problems, are at risk of the removal of their children or need intensive support to transition children home on a trial visit from foster care. The program utilizes its intra-agency and community linkages to provide mental health services, substance abuse counseling, medical support services, and interagency collaborations to promote family independence and success.

Child Welfare has a contract based encumbrance system to provide community services to children and families.

- Kinship Supportive Services which offers respite, support groups, tutoring, counseling, medical support, and legal support
- Clean and Sober living environments
- Local parenting programs
- CalWORKS
- In-patient and outpatient drug treatment programs

If it is determined that the children and family's needs would be better served through Court intervention the following services are available to families and children when children are in out of home care:

- Parenting
- Substance abuse treatment
- Mental health treatment
- Clean and sober living
- Family Unification Program, Section 8 Certificates
- Independent Living Skills program

When a child enters the dependency system a number of assessments and services are put into place to meet the needs of the children. An assessment

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is conducted by Children's System of Care, a component of Behavioral Health and Recovery Services, to determine the mental health needs of the child.

Team Decision Making (TDM) meetings and Joint Assessment Meetings determine the best plan for placement, services, and permanency for the children. A placement specialist is a member of the court team. A placement specialist maintains the placement needs of the children including: arranging transportation, referrals to services, visitation, and maintaining the health and education passport. During the family reunification process Children System of Care clinicians continue to be available to assess and provide counseling for children. The primary social worker continues to make referrals to and maintain communication with services in the area to meet the needs of the Court ordered case plan, the parents, and children.

A juvenile dependency drug court program, called the Substance Abuse Family Education (S.A.F.E.) Court, provides intensive family reunification services. This court based multidisciplinary team has a strong judicial leadership role for the treatment and rehabilitation of parents whose substance abuse has significantly impacted their ability to adequately parent their children. With the judicial officer acting as a team leader, social workers, prosecutors, parent's attorneys, children's attorneys and treatment professionals work collaboratively to develop a coordinated strategy that is in the best interests of the children and their families.

When children are removed from their parents/caretakers the **Court** unit presents the information to the Juvenile Court as well as provides services to families and children when allegations of child abuse and neglect are found as defined by Welfare and Institutions Code Section a-j. A Court Worker provides information and resources to the parents while Placement Specialists focuses on the children's needs while they are in foster care or relative placement.

After the court sustains a petition and develops a case plan, the family is transferred to **Family Reunification** for up to 18 months. A social worker provides resources and monitors the parent's progress with their court ordered case plan, while supporting the children and their needs in foster care. In the event a child is unable to reunify, a permanent plan is established. In addition to the Family Reunification program there are areas that target the specific needs of youth. Through a partnership with Behavioral Health and Recovery Services (county mental health department), the Children System of Care provides mental health assessments and services to dependent children. Another partnership with Behavioral Health and Recovery Services is Substance Abuse Family Education (SAFE) Court program, which provides intensive family reunification services to families that meet specific criteria.

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For youth who are unable to reunify and do not have a permanent plan for guardianship or adoption the **Permanent Placement** unit provides ongoing case management services and facilitation of life long connections. **Independent Living** skills for youth 16 and older and **Aftercare** services for youth transitioning/transitioned from dependency to adulthood are also provided by social workers.

Stanislaus County is currently participating in the California Connected by 25 Initiative (CC25I). The California Connected by 25 Initiative is a strategy helping public child welfare agencies and their communities to build comprehensive supports and services for transitioning foster youth. The goal of the initiative is to connect foster youth to opportunities, experiences and supports that will enable them to succeed throughout adulthood. As part of this initiative Stanislaus County developed the following three programs:

A Lifelong Connection model of transitional housing with employment services: (My Home THP+) This is a caregiver model of transitional housing which provides financial assistance for housing to foster youth between the ages of 18 and 24 to enable them to reside with adult connections who have committed to provide emotional permanency, or lifelong caring and emotional support, for the youth. The youth contributes to the cost of room and board in gradually increasing amounts.

Gateway Bridge Project: The Gateway Bridge Project is a partnership with Modesto Junior College with linkages to California State University, Stanislaus and a partnership with Alliance Worknet (Formerly department of Employment and Training). The goal is to link former foster youth to post-secondary education with job training and employment opportunities. The Gateway Bridge Project is a learning community program with MJC that offers one semester of 12 college units. The classes are a combination of former foster youth and other disadvantaged youth and adults that are eligible for EOPS services. The former foster youth are provided wraparound case management services by a CSA aftercare social worker. In addition there are counselors in the classroom, tutoring is available and ongoing academic support from their teachers and financial support and services through EOPS. Once the youth completes the one semester of Bridge they are supported and encouraged to continue their education by choosing a vocational and/or career path offered through MJC.

The Individual Development Accounts (IDA) was implemented in year 2, 2006/2007. The IDA is a goal oriented savings account for emancipated foster youth 18-24 years of age. The accounts are held at a financial institution. Contributions are matched for qualifying purchases (\$1-\$1 match) up to \$2000 during a 24-month period. The program will serve up to 20 foster youth. By continuing our commitment to community collaboration between

agencies, CSA made and entered into an agreement with Center for Human Services to provide Asset Management services to our youth who enroll in the IDA program. CSA also entered into a partnership with Bank of the West who holds the matching monies in their financial institution.

When a child is placed in foster care a concurrent plan is established to ensure that a child has an alternative if the parents are unable to reunify. **Adoption** is the most permanent of these plans. Adoption Social Workers screen, train, and conduct home studies of concurrent homes prior to placement. They monitor perspective adoptive homes and guide the children through the adoption process.

Other unique programs or special prevention services provided include:

Drug Endangered Child/Elder Dependent Adult Multidisciplinary Team is a collaborative between the Community Services Agency, Stanislaus County Health Services Agency, Stanislaus County Drug Enforcement Agency, California Multijurisdictional Methamphetamine Enforcement Team, and Stanislaus County District Attorney's Office. They provide a coordinated response to families involved in clandestine manufacturing, sales, and/or possession of controlled substances when children, elderly, and/or dependent adults are expected to be present.

Haven's Women's Center: Domestic Violence

The Haven's Women's Center Advocacy Program's goal is to empower victims of domestic violence to act as their own advocates for safety. The broader goal of this program is to protect children and adults who are at risk and to reduce the recurrence of child abuse and/or neglect.

Parents United

Parent's United of Stanislaus County is a non-profit agency in the community that provides individual and group counseling for victims of sexual abuse. It also provides treatment for family members as well as the offender.

Aspira Foster and Family Services: Pro-Family Program

This program is an intensive family reunification program that utilizes a short-term paraprofessional mentoring component. Services include family-centered service planning, home visitation and parent specific education. The service population is families that have had children removed from their care and are in the process of reunification. Referrals are made by social workers from the Stanislaus County Community Services Agency Child Family Services Division. The service site will be at the home of the family being served.

Parent Resource Center: Adult Parenting Program

The mission statement of the Parent Resource Center is to build stronger, healthier families by offering volunteer in home mentoring and education support services to parents who are at risk for child abuse and neglect. This program provides two weekly 20-week parenting support and education classes, four classes a year including two Spanish speaking classes. The program provides case management and referral services to 80 parents annually and provides in-home volunteer mentors to 20 high-risk parents annually offering emotional support/parent education.

Children's Crisis Center: Respite Child Care Program

The Children's Crisis Center is the only shelter service for abused, neglected and at-risk children in Stanislaus County. It is a safe place for parents to bring their children when they need a "break" from parenting. The Center focuses on prevention, intervention and crisis counseling through the Respite Childcare Program, the Family Nurturing Program, FamilyLINE and the Family Advocacy Program. It also provides crisis counseling and case management support services to families needing child abuse prevention/intervention services.

The service array linked with Child Welfare spans past the completion of services. The following resources are available to families and youth that have participated in the Child Welfare System:

Mental health and Family Maintenance services for adoptive families.

Adoption support group, Adoption Assistance Program (AAP) and MediCal. The Adoption Assistance Program is available to both relative and non-relative families who adopt children from foster care. AAP reduces financial barriers to the adoption of children who might otherwise remain in foster care. Eligibility is not based on family income, but rather on the eligibility of the child. The AAP rate is negotiated with each family, and is based on the child's basic and special needs and the circumstances of the family.

a. Community-Based and Prevention Focused Programs

Additional Child abuse prevention and early intervention service array

PSSF/CAPIT/CBCAP funds are utilized and targeted to county wide prevention efforts. In partnership with the Children and Families Commission (First 5) and Family Resource Centers (FRCs), our county developed a differential response model of service. Our county has utilized PSSF/CAPIT/CBCAP funds and partnered with the Children and Families Commission which provided additional funding for this joint project. The partnership enables Stanislaus County to provide Differential Response services in all geographic regions including those areas that are

geographically isolated. This model provides for a single point of entry to an integrated service system that provides local access to information, education, and services that improve the lives of families. These activities are accomplished through the use of strength based assessment, case management, parent education and links to health care providers. The delivery of these services is targeted to children at risk of abuse or neglect.

The Family Resource Centers provide families with case management services, linkages to community resources, parenting classes, support groups, strength-based assessments, counseling, children's social skills groups, clothes closets, and home visits. Strength Base Assessment is completed as part of the caregivers' intake process; it is used to gather information about the families' strength and needs. Case management services, intensive and on-going, are provided to families at the Family Resource Center and in the home of the family. The family support services are designed to provide parents an opportunity to strengthen the family unit and to move towards self-sufficiency. Parent education and support includes informational workshops regarding discipline, children's health, prenatal care and other topics relevant to improving the lives of children.

A critical strategy is establishing and building on collaborations and partnerships with all facets of the community to improve the outcomes of both the families and the community. The Stanislaus County FRCs has spent significant time and energy developing relationships with other agencies and organizations within their own communities as well as throughout the county.

The FRCs has also strengthened ties with each other, sharing successes as well as challenges. The Multi-Disciplinary Team, which consists of providers of Differential Response services on all levels in the county, meets two times a month to discuss cases, protocol, and best practices. These bi-monthly meetings have facilitated information sharing and collaboration, and the FRC's have nurtured the relationships outside of those meetings as they have proven beneficial for all parties, including the families. CWS and the Children and Families Commission have also hosted speakers and presentations from local organizations to assist in forming linkages.

The Differential Response services provided in partnership with the FRC's have a direct impact on the children in our community who are at risk of abuse and neglect. Without these services, it is believed that more children will experience child abuse or neglect due to escalating family stresses. Differential Response in partnership with Family Resource Centers allows families to get support early, from someone in their

neighborhood community, before circumstances escalate. This is clearly a best practice approach to providing prevention and intervention services at the local level.

As indicated previously, Differential Response implementation has been a contributing factor in the success of improving our outcome on No Recurrence of Maltreatment (S1.1). This appears to indicate that the services provided through the DR/FRC model have proven to be effective in our county.

CWS and CAPC prevention efforts:

Stanislaus County provides child abuse prevention and education via several established programs and venues, including the Shaken Baby Syndrome (SBS) Prevention Program, Through the Eyes of a Child annual children's art contest, the Annual Conference on Women, Babies, and Drugs and our Domestic Violence Conference. These programs/conferences were developed targeting specific child abuse and neglect prevention efforts.

The Stanislaus County Child Abuse Prevention Council (CAPC) was instrumental in implementing the Shaken Baby Syndrome (SBS) Prevention program, which included a public kick off event and an organized media and marketing campaign, which included bus advertisement. Every April, during child abuse prevention month, the bus advertisements are repeated to educate the public on the continued need for prevention of SBS, a form of child abuse. Implementation of the SBS program would not have been possible without the support of many partners, including the four birthing hospitals, The Stanislaus County Children and Families Commission (First 5), the Health Service Agency Healthy Birth Outcomes (HBO) program, the American Red Cross of Stanislaus County, the Stanislaus County Office of Education prevention programs, and our local domestic violence counseling groups. On an annual basis, the SBS program currently educates an estimated 6,500 parents on SBS prevention at the time of the birth of their child. Annually, the SBS bus advertisement/educational campaign reaches over 75,000 people in Stanislaus County. The Shaken Baby Syndrome campaign was developed after 7 deaths/near deaths that were reported in Stanislaus County from SBS during an 18 month period prior to program implementation on November 1, 2007. In 2009, there were no diagnosed cases of SBS.

As way of promoting child abuse awareness, the Stanislaus County Child Abuse Prevention Council (CAPC) also organizes an annual art contest for children. Every year, over 250 Students from grades K-12 from both

public and private schools throughout the county participate in this art contest that promotes child abuse awareness. Subsequently, a child abuse prevention calendar is created with all the winning entries with the grand prize winner's artwork featured on the cover. The calendar includes information on organizations in the community that provide intervention and treatment to children and families.

On a quarterly basis, the Stanislaus County Child Abuse Prevention Council (CAPC) provides child abuse prevention education and training on current child abuse prevention programs provided to children and families in our community. Topics covered include: Substance Abuse and Alcohol Perinatal programs of Stanislaus County, Family Resource Centers, Differential Response programs and other relevant child abuse prevention topics impacting children and families.

Child Abuse Prevention Strength and Needs

Family Resource Centers (FRC) are a key provision of outreach activities and services which are available to meet the needs of ethnic and/or minority populations in the County. Families partner with community based outreach workers to complete a comprehensive strength-based family assessment at the FRCs. The assessment of strengths and needs is used to guide the family in formulating the needs and service plan that is designed to meet their cultural and family needs.

By way of meeting the needs of ethnic minority population, one of our Family Resource Centers implemented a Spanish-speaking support group. The FRC had offered Spanish parenting classes; however, once completing the class the Spanish speaking parents did not have a process for continuing to address the issues affecting their families. Consequently, the idea developed to have a Spanish-speaking support group. The Spanish support group has been a great success as it has allowed these families to continue to feel encouraged and supported. At the same time it has allowed the families to remain connected with the Family Resource Center where they can receive additional prevention services that are beneficial to their family. Another example cited by one of the FRC's includes a mother who came in the Family Resource Center (FRC) not knowing who or what she would find. She had walked to the FRC, looked exhausted and had the look of desperation in her eyes. She calmly tried to explain her story and convey the urgency of her situation. This woman had been suffering from domestic violence within her marriage for 19 yrs. Her husband was verbally and physically abusive to her and it carried it over to her children. Throughout the younger years of her children's lives she put up with the abuse. The mother began seeking resources at the schools where her children attended; asking if there was any help for her situation. One of the schools had become aware of the FRC through its outreach efforts and gave her the FRC brochure. They had told her that if

there was such help, the Family Resource Center would know how to direct her. With the case management services that FRC provided for this client, she was able to secure an apartment for her family by using deposit assistance from the Community Housing and Shelter Service. A TANF application was completed so that the children had access to Medi-Cal insurance, Food Stamps and Cash Aid. Due to the fact that she was pregnant, enrollment in WIC was completed. These were all resources that this client had some knowledge of, but did not know how to access. The case manager gave her maps and met her at the locations, assisting in the completion of applications, translating for her, standing in line and being a support for her every step of the way.

Culturally appropriate services are provided to the south Asian community by the Bridge community Center and Family Resource Center. The Bridge is a grass roots, neighborhood based organization that provides a variety of support programs for the Southeast Asian community of Stanislaus County. The Southeast Asian population is very reticent to seek services and often do not understand or benefit from traditional methods of service delivery. Profound cultural differences and language barriers present unique challenges in meeting this population's needs. The Bridge provides the full continuum of Family Resource Center Services for families and children 0-5 years of age including case management, Parent Education/Support, Linkages to Mental Health Services, School Readiness Activities and Health Outreach and Insurance Enrollment.

The partnership with the Family Resource Centers has allowed us to provide services in all geographical areas of the county, thus ensuring that no family is left without services or resources. Because of Family Resource Center joint funding with the Children and Families Commission, services beyond Differential Response are available to all families. FRC's provide services to their community based upon their own community needs assessment, but all provide developmental screenings, school readiness, depression assessment, resource and referral, case management, and parenting education and support.

Family Resource Center services are one of the primary resources for child abuse prevention in our community, and depend upon our prevention funding along with donations and other private funds for sustainability. During the assessment process, the FRC's reported they enjoyed the relationship with Child and Family Services (CFS). Maintaining the partnership was one of the cited needs. They indicated that the CFS partnership allows them to better engage families in the community. There is more engagement and follow through when families know that the FRC and CFS are working together. Transportation issues for clients remains a concern for our outlining areas of our county as well having substance abuse service and mental health counseling services more

readily and locally available for their families. Family Resource Centers also indicated the need for some type of after care or mentoring service for families who are no longer involved with the courts or the child welfare system. It could be described as a mentoring program for all closed family reunification cases to assist them in the transition process.

Children and families with disabilities are served by our community partners in collaboration with Valley Mountain Regional Center and/or the child's local school districts special education program.

Due to geographical and economic trends particular to our county, which currently includes a 19.8% unemployment rate and other poverty issues, families are facing many challenges to meet their basic needs, including housing, food, child care, and basic medical and dental care. Not meeting our families' basic needs can have short and long term consequences for the families and children in our community. In a County Health Assessment conducted in 2008, forty two (42) percent of respondents in a survey reported that they or their family had to go without basic needs during the past 12 months. We believe these types of challenges facing our families will eventually negatively impact our child abuse and neglect outcomes in the foreseeable future.

b. Evidence-Based and Evidence-Informed Prevention Programs and Practices

Family Resource Centers and Differential Response are strategies that are increasingly being researched and there is evidence suggesting the positive effects of both strategies. According to the California Family Resource Center Learning Circle, evolving research and evaluation indicate that family resource centers are promising strategies for addressing child abuse and neglect, substance abuse, family violence, isolation, instability, community unity and health, and educational outcomes. FRCs shares the common principles of family support, resident involvement, partnerships between public and private, community building, and shared accountability. Effective FRC's also exhibits the key characteristics of being integrated, comprehensive, flexible, and responsive to community needs. All of the Stanislaus County FRC's share common principles and characteristics with varied services and approaches determined by the needs of their respective communities. The American Humane Society defines Differential Response broadly as "an approach that allows child protective services to respond differently to accepted reports of child abuse and neglect, based on such factors as the type and severity of the alleged maltreatment, number and sources of previous reports, and willingness of the family to participate in services." (<http://www.americanhumane.org/protecting-children>) Evaluation of DR

services has largely suggested positive results from various DR programs throughout the nation.

Evidence also indicates that parents are less alienated and much more likely to engage in services and assessments, resulting in the focus on families' issues and needs. (Schene, P. (2005). The emergence of differential response. *Protecting Children*, 20(2-3), 4-7.) In Stanislaus County, the DR protocol was developed by the Child Safety Team and Differential Response Team, a group consisting of CWS and other county stakeholders after researching other successful DR plans. Further, the FRC's utilizes tools and methods that are research based. FRC's consistently uses the Ages & Stages Questionnaire and Burns Depression Screening, both widely accepted screening tools. The FRCs also utilize the Strength Based Assessment and Parenting Classes that are founded on strength based and solution focused models, documented as effective modes of empowering families. Other tools and methods vary amongst FRCs, resulting in varying outcomes. The collaborative meetings encourage the FRCs to share research and evidence- based practices that are working for families. As the FRCs develop, they are encouraged to draw from the research.

In assessing the development and implementation of evidence-based and evidence-informed prevention practices in our FRCs, we have concluded that the PSSF/CAPIT/CBCAP funded programs would be described at "emerging" programs. Some of the parenting programs utilized at one of our FRCs include: Common Sense Parenting, Active Parenting and Parenting with Love & Logic. The primary goal of the Love and Logic program is to give parents, educators, and others working with children practical strategies for reducing behavior problems, increasing motivation, and building assets which contribute to life-long responsibility and resiliency.

The *Becoming a Love & Logic Parent* program is guided by five basic principles, each firmly grounded in research:

1. Preserve and enhance the child's self-concept.
2. Teach children how to own and solve the problems they create.
3. Share the control and decision-making.
4. Combine consequences with high levels of empathy and warmth.
5. Build the adult-child relationship.

A key component of the program involves giving parents and educators a firm rationale for each of the above principles, as well as practical tools for following them.

This is a video and discussion based program. The facilitator plays video clips (teaching) and then facilitates discussion of concepts and skills as

parents follow along and take notes in the accompanying parent handbook.

Charles Fay, PhD has conducted research on the core concepts of Love and Logic as well as outcomes for parents participating in the program and found positive results. This research is available on their website.

Other of these programs would be defined as an emerging program and practice as defined by the Federal Office of Management and Budgets (OMB). One of the FRCs reported that staff typically find non-endorsed programs to be more effective. This is largely due to the fact that many model programs often have a very narrow target audience with a narrow field of emphasis. However, all of our FRC partners are continuing to look for model evidence based programs. All FRCs do use the Ages and Stages Questionnaire (ASQ) for child development which is considered to have demonstrated its reliability and validity.

Programs in Stanislaus County with Promising Research Evidence (Scientific Rating of 3) include Differential/Alternative Response; our Shaken Baby Syndrome Prevention Program is modeled after the Upstate New York Shaken Baby Syndrome Education Program, and the Family to Family Initiative. We are in the process of implementing a wraparound program, which also is indicated with a scientific rating of 3 for Promising Research Evidence.

Probation

In addition to the programs listed by Child and Family Services, the Probation Department also utilizes the following services for minors in out of home care: Therapeutic Behavioral Services (TBS), Independent Living Skills Program (ILP), and occasionally dual supervision through Juvenile Drug Court which provides intensive out-patient intervention and treatment to drug abusing wards in a partnership with Behavioral Health & Recovery Services.

For Probation cases, information is gathered during the initial intake of the minor. Parents or guardians are involved in the development of the case plan and are included in the preparation of all subsequent case plans pertaining to the minor, when they are available. A risks/needs assessment "Back on Track" is completed on each minor. This is an evidenced-based instrument designed to identify a minor's risk of re-offending and needs to prevent future criminality. The outcomes of the assessment assist in designing an individualized case plan to address the minor's needs to prevent out-of-home placement. The assessment identifies needs such as mental health services, substance abuse

treatment, and educational services to reduce risk factors. Case plans are designed to address those needs.

6. Staff/Provider Training

a. Child and Family Services Social Workers & Supervisors

Stanislaus County has a comprehensive handbook with the policies and procedures that govern our practice, in accordance with regulations, Council on Accreditation standards, the Initiatives we implement and best practice. It is updated as changes are needed and periodically reviewed and evaluated.

Stanislaus County predominantly hires individuals with an MSW or equivalent master's degree in counseling. The minimum educational level of social workers in Child & Family Services is a bachelor's degree, with the expectation that they commit to obtaining a Master's Degree within five years of employment. For many years, employees in child welfare and the welfare programs have applied for Title IV-E stipends and have been allowed to do internships as work time in other areas of child welfare. The graduates of IV-E agree to a two or three year commitment to public child welfare after obtaining the MSW degree. Stanislaus County works closely with CSU Stanislaus to provide internships for non-employee students in MSW programs; and prior to January 2008, these students were often hired at or near the end of their MSW program.

The Central Training Academy provides basic and advanced child welfare training for all new social workers and supervisors. Every effort is made to ensure that newly hired social workers complete the required basic curriculum prior to 12 months from hire. We developed our own internal database to monitor this and began to establish the expectation amongst supervisors prior to the ACL that implemented this requirement formally. Since the ACL and the requirement were implemented, we have only transferred one social worker to CFS. The Central California Regional Training Academy offers core child welfare training twice per year in our region. We are also welcome to travel outside of the region to complete components that were missed. With limited training and travel budget, we are not always able to avail ourselves of that opportunity.

Supervisors are the primary trainers of day to day policy and practice. Each supervisor has a program checklist for new workers of required skills and experiences. On the first day of employment, the new worker is oriented by the Staff Developer to agency policies and procedures, philosophies and other general information. During the first week, the new employee spends at least half a day meeting with supervisors and/or social workers in the various units so that they develop a global

perspective of child welfare. During the following weeks, the completed items of the checklist are signed off and dated. Supervisors review the worker's progress in training using the checklist and arrange for a seasoned worker to mentor some of the items. County Council also assists regularly with training.

Due to the declining budget, Social Worker Supervisor II positions have not been filled when vacated over the past two years. In addition, our lack of hiring since January 2008 has reduced the necessity for a full time dedicated staff developer. We have incorporated the Staff Developer duties into the Adoptions' supervisor position.

b. Probation Officers

The Corrections Standards Authority establishes training standards for Deputy Probation Officers throughout the State. Deputy Probation Officers are required to complete a 170-hour Probation Officers Core and an additional 40 hours of training annually. A portion of this training is related to out of home placement and Division 31 Regulations.

The Probation Placement Core course provided by CDSS is required for all officers assigned to supervise out-of-home placement wards. Each of the unit's placement supervision officers and the unit supervisor has completed the training regimen.

c. Providers

Community partners, such as Family Resource Center (FRC) staff, and foster parents are often included in the many training sessions offered at the agency by the Regional Training Academy. Additionally, training for Family Resource Centers is offered to FRC staff by Child and Family Services and other public and private community agencies.

d. Additional Training/Technical Assistance

PSSF/CAPIT/CBCAP contractor attend quarterly meetings to discuss, review, and evaluate program activities. These meetings are also utilized to provide training and technical and on issues affecting our contractors. CAPIT/PSSF/CBCAP county liaison and contractors, and attend these quarterly contractors meetings. Parent consumers also attend the training provided by the CAPC and the other training events offered in Stanislaus County by way of annual conferences. We do not use these funds specifically for training.

7. Agency Collaborations

Stanislaus County is rich in collaborations; partnerships and reciprocal consultation. This includes agencies within the county structure and with many of the community based organizations in the county. The county's history of collaboration amongst public and private agencies is strong and long standing. It has been the value of the Board of Supervisors that agencies work together to serve families in a cost efficient and streamlined manner. Differential Response, for example, has been a collaborative effort of many public and private agencies which has resulted in a shared responsibility for child abuse and neglect by all partners. Agencies work together to address unmet needs for prevention and intervention services. When financial stresses occur, as has been the case for the past few years, departments work together to blend or braid funding streams in order to develop/support services for families and children in the community.

Child Abuse Prevention Council

The Stanislaus County Child Abuse Prevention Council (CAPC) provides a local forum for interagency cooperation and coordination of services in the prevention, intervention, and treatment as it relates to child abuse and neglect. The Stanislaus County CAPC is made up of a broad array of community-based organizations, public agencies, and also includes parent partners. Members may include:

- Behavioral Health
- Medical/Health Care professionals
- County Child Welfare/Children's Services
- District Attorney's Office
- Law enforcement
- Probation
- Courts
- Domestic Violence
- Community Based Organizations
- Children's Council
- Parents
- Schools
- Child Care Services
- Civic Organizations
- Multidisciplinary Interview Team member
- Community at large
- Family Resource Representative
- Faith Based organizations

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All members of the CAPC adhere to the purpose of the council which is to increase public awareness of child abuse, coordinate action and procure resources for child abuse prevention in Stanislaus County.

Historically, Stanislaus County has defined itself as having developed excellent relationships between the various government agencies and community partners. This collaborative spirit is exemplified in the Child Abuse Prevention Council which functions as the governing body of the Children Trust Fund and makes recommendations to the Board of Supervisors regarding the best use of these funds. Council membership is comprised of public and private not for profit agencies that have a connection to the array of services described above and provided to children and families in our community.

The Stanislaus County Child Abuse Prevention Council (CAPC) is structured under Welfare and Institutions Code Chapter 12.5. to coordinate the community's effort to prevent and respond to child abuse and neglect (W &I Code, Chapter 12.5, Section 18982). This has allowed the CAPC to function as an independent entity as required under the above cited code section.

CWS and the CAPC in Stanislaus County have always enjoyed a close working partnership. CWS is aware of the important role that community partners play in the prevention, intervention and treatment of child abuse and neglect. Stanislaus County has learned from experience, that better outcomes for children in our community are achieved only when both government and community based organizations work collaboratively. An example of this collaborative spirit would be the partnership that was developed between CWS, which includes CAPC members, and the Children and Families Commission in the joint venture to fund Differential Response Family Resource Centers throughout the county.

Stanislaus County Children's Council

Stanislaus County Children's Council is a working group of professionals and community members dedicated to fostering collaboration and creating effective services for children and their families. The purpose of the council is to advocate for support the interests of all children and families. The Stanislaus County Board of Supervisors appointed the Council in February 1992. Members include various community groups, County Health and Human Services providers, Schools, Probation, and Housing Services. Positive outcomes for children are: (1) frequent and improved communication between groups and agencies serving children and families; (2) formation of new partnerships and collaborative efforts among groups and agencies serving children and families; (3) analysis of current service needs; (4) development of expanded or new services for children and families; (5) and updates, review and analysis on policies that affect children and families.

Court Appointed Special Advocates of Stanislaus County (CASA)

CASA of Stanislaus County developed as a result of a collaboration initiated by the Superior Court. Trained CASA advocates may be appointed by the court and act as a voice for the child, providing information and reports to the court regarding the child's best interests. CASA appointment in Stanislaus County is prioritized for cases involving children in out-of-home care with special medical, mental health, educational, developmental, or other special needs.

Social workers spoke very highly of CASA during the PQCR process and desire a greater number of advocates so that all children are provided with this support. As is the case with any working relationship, issues occur from time to time on specific cases, but the agency, court and CASA have worked together to address issues and improve areas needing growth.

Drug Endangered Children/Elder/Dependent Adult Program

The purpose of this program is to provide a cooperative effort between the Stanislaus Drug Enforcement Agency (SDEA), Community Services Agency (CSA), Health Services Agency (HSA), and the District Attorney's Office (SCDA) to facilitate a coordinated response to families involved in drug manufacturing, when children and/or elder/dependent adults are present and found in the home. In addition, we enact this protocol on drug involved cases in which children are found in unsafe environments or are in dangerous situations. A CFS social worker teams up with a SDEA agent and SCDA to assess, document and photograph the conditions of the home and the children/elder/dependent adult. The SDEA takes temporary custody of the children if there is no caretaker and the conditions of the environment appear to be hazardous and/or unfit. The CSA social worker may seek emergency Juvenile Court Jurisdiction of the children. The CSA social worker coordinates assessment, transportation, treatment and if needed placement of the children. Information is exchanged relevant to possible prosecution.

Children's System of Care

The Behavioral Health and Recovery Services Children's System of Care (CSOC) / Child and Family Services (CFS) team has been in existence for approximately 13 years. The program has mental health clinicians and behavioral health specialists (case managers) with substance abuse expertise. The program provides services to all dependent children of Stanislaus County who meet medical necessity. CSOC has one clinician that completes a mental health assessment on all dependent children who have entered into the CWS system. There are clinicians that specialize in children 0-5; pre/post adoption; youth permanency and aftercare. All referrals come directly from the child welfare staff. The CSOC team also provides psychiatric services for medications with a psychiatrist and nurse on site. The team is co-located in the Community

Services Agency building and is fully integrated within the Child Welfare Services system. A mental health clinician attends Team Assessment Process (TAP) meetings daily and Team Decision Making (TDM) meetings. CSOC works closely with the 3015 team. The 3015 initiative goals include: reducing the number of youth placed in group home care, decreasing the level of care and/or successfully transition youth back home, decreasing youth requiring psychiatric hospitalization, improving school attendance, etc. This collaboration with mental health also provides significant support to our California Connected by 25 Initiative.

Juvenile Justice Mental Health

The Juvenile Justice Mental Health (JJMH) team is part of the BHRS CSOC providing Mental Health treatment to juveniles in the Juvenile Justice system. When jurisdiction changes with the juveniles and families enter the CWS system referrals are made to the CSOC program at CWS for ongoing mental health treatment for juveniles in need of these services. There is also a Juvenile Probation Officer on the FIP team who will make referrals to the JJMH team for voluntary CWS families with juveniles on probation that need mental health services.

Interagency Resource Committee

The Interagency Resource Committee is a multi-disciplinary, multi-agency committee where staff can bring multi-problem family cases and other difficult cases for review and recommendations from the committee. These cases often are in need of more resources than any one agency can provide. Often agencies that are present at the meeting may have services or other resources that could be helpful to the family, and they commit to facilitate those services with the staff for the presenting family. Agencies involved in this process include BHRS/CSOC, Education, CSA/CFS, Probation, and numerous public and private partners providing services for children and families in our community.

Interagency Placement Committee

The Interagency Placement Committee (IPC) is a multi-disciplinary/multi-agency panel of representatives from CFS, Probation, BHRS/CSOC, and Education. All level 12-14 group home placements of children from the mentioned agencies and Intensive Treatment Foster Care (ITFC) requests are presented at this committee for approval. This helps to ensure that every resource and avenue for meeting the child's needs at a lower level of care occurs and group home placement occurs, only when it is necessary and appropriate. Once placed, these cases are reviewed every 6 months. The panel not only provides approval related to the placement, but offers suggestions of directions to take on the case as appropriate. Individual panel members may be called upon for assistance in facilitating their specific program to meet the needs of the child or family.

Partners' expectations and concerns are heard before reaching consensus. IPC has assisted CWS in gaining a different perspective on cases and has also helped in keeping track of youth that have benefited from the current high level of care and may be ready for a lower level.

Family & Domestic Violence Coordinating Council

The Family and Domestic Violence Coordinating council (FDVCC) of Stanislaus County is a working group of professionals and community members dedicated to fostering collaboration and creating effective services for couples and their families. The purpose of the Council is to facilitate and support collaboration and partnerships that build and sustain healthy families and communities. This is accomplished by analyzing legislation, educating the public, and evaluating ways that responses from various agencies to DV can be improved.

Family Violence Death Review Committee

The Family Violence Death Review Committee is a subcommittee of the Domestic Violence Coordinating Council. The purpose of this committee is to improve overall county and community services and response so as to prevent deaths such as the cases that are reviewed. The hope is to understand what has resulted in a death and to recommend changes or additional services to prevent similar situations that have resulted in a fatality. Public Health is the lead agency. The core committee is comprised of Public Health, the Coroners Office and Child and Family Services. Anyone who attends this committee is held to a strict level of confidentiality. Nothing discussed there can be used for prosecution or any other legal action. Participants include the DA's office, Law Enforcement (especially with regard to the jurisdiction of the case under review), Adult Services, Behavioral Health and Recovery Services, The Haven Women's Center, Probation, the Coroners Office, Child and Family Services, and Public Health.

Perinatal Substance Abuse Coalition

The Perinatal Substance Abuse Coalition of Stanislaus County was formed in 1989. The Coalition focus is to address issues pertinent to the care of women using drugs and alcohol during their pregnancy. The main purpose of the Coalition is to bring together representative groups in a multi-disciplinary setting to serve pregnant substance using women and their infants, and to enhance communication between service providers. The Coalition is a community-based group with broad representation including Stanislaus County Agencies; BHRS, HSA, CSA (Child Welfare Services), Schools, Valley Mountain Regional Center (VMRC), Hospitals, Substance Abuse Treatment Programs, local pediatricians and other community based organizations and services providers involved with substance abusing women and their children. The Coalitions goals include: education of the community service providers regarding perinatal substance use,

networking with providers and improving communication, identify gaps in services and advocate for expanded services for women, review current policies and procedures regarding intervention with substance using mothers and their substance exposed infants, and data collection to assess the incidence of and prevalence of perinatal substance use in Stanislaus County.

Foster Family Agency Quarterly Meeting

The Community Services Agency coordinates and hosts a quarterly meeting involving Foster Family Agencies (FFA's) that serve Stanislaus County youth. The supervisor from the placement unit and our CSOC Coordinator co-facilitate the meeting. The goal of the FFA quarterly meeting is to provide a forum for open communication and dissemination of information. There are several FFA's in Stanislaus County and the surrounding area. They are all invited to these scheduled meetings. Topics addressed during the meeting include: AB636 outcomes, budget impacts, mental health services, Independent Living Skills Program (ILSP) issues, CC25 Initiative, receipt of quarterly reports from FFA's, TDM meetings, transportation issues, as well other issues for discussion brought by the FFA and/or CSA staff. The FFA's are also encouraged to share during this time any changes in their agency or any special projects they may be working to implement. The meetings have proven to be very effective in fostering positive working relationships between our agency and the FFA's we work with and allow for a forum to address and resolve issues as they arise.

Foster Parent Association and Foster Pride Training

CSA has a very active partnership with the Foster Parent Association (FPA) and Modesto Junior College (MJC). The President of the FPA and CSA staff co-facilitate the Foster Pride Training which is 27 hour training provided to the general public and potential foster parents. The Human Services Instructor at MJC coordinates the Foster Parent/Kinship Care (FPKC) program at MJC and provides additional training for all County, FFA and kinship caregivers. Collaboration occurs on several levels as CSA staff and the president of the FPA are members of the MJC Advisory Board and discuss ongoing training needs for care givers who are involved in the FPKC program. CSA staff provide "rights and responsibilities" as an in-service through MJC.

Families in Partnership

The Families in Partnership Program (FIP) is a collaborative effort between the Stanislaus County Chief Executive Office (CEO), the Health Services Agency, Behavioral Health and Recovery Services, Probation, and Community Services Agency. It is intended to provide an integrated service approach to a high-risk population of families in Stanislaus County. The program provides comprehensive services with the primary goal of keeping families together. By providing integrated services in a family centered model, services can be

streamlined, seamless, and rapidly accessible. FIP is a multi-disciplinary team made up of staff from the collaborating agencies. FIP has a unique governance structure due to the commitment of the partner agencies. The Governing Board consists of all the agency directors from the agencies involved and the county CEO. Program updates and reports are presented to the Board at least twice yearly. All policy, significant fund requests, etc. must be approved by the FIP Governing Board. The FIP Operations committee is comprised of managers from each of the agencies and the Community Services Agency Assistant Director over Child and Family Services. The committee provides direct operations management in the development of the program, budget over site, program evaluation, liaison to the Governing Board, provides support and access to the services in the agency they represent.

**Substance Abuse Family Education (SAFE) Court
(Family Dependency Drug Court)**

Substance Abuse Family Education (SAFE) Court is a Juvenile Dependency Court based multi-disciplinary team approach with Juvenile Dependency Court, Child and Family Services, Behavioral Health and Recovery services (BHRS), and the Perinatal Substance Abuse Treatment Program, and First Step. The team consists of a social worker, the SAFE court substance abuse counselor/case manager, the juvenile court commissioner, an AmeriCorps member/parent mentor, and the treatment program. There is a strong judicial leadership role for the treatment and rehabilitation of parents whose substance abuse has significantly impacted their ability to adequately care for their children. This program is modeled after the Adult and Juvenile offender Drug Court. This specialized program addresses the needs of substance abuse and addiction treatment for parents, assisting them in achieving a drug-free life along with the tools and skills necessary to adequately reunify parents with their children.

Collaborative contracts/agreements with Behavior Health and Recovery Services

CSA has two collaborative substance abuse treatment and sober living agreements with Behavioral Health and Recovery Services. The partnership grew from the majority of the client base being CSA linked through CFS and/or Welfare-to-Work and BHRS being the lead in substance abuse treatment. Both agencies recognized the importance of having treatment for women with their children and sober living facilities to help clients be successful in their recovery. The women receiving outpatient services may live in one of the various sober living houses. This unique collaboration provides for effectiveness in moving through the treatment/recovery process.

Kinship Services

A local kinship support services program was developed in 2001 through the collaborative efforts of CSA and BHRS. The Family Partnership Program is a

community-based facility near downtown Modesto that offers both the Kinship Support Services program and BHRS's Parent Partnership Program. The agencies currently working collaboratively to provide family and kinship support services are CSOC, CSA, The Center for Human Services, and other community-based organizations. The center provides support groups, community outreach and education, mental health services, recreation, mentors, family visiting services, legal services, and respite childcare.

**Community Services Agency / Children and Families Commission (First 5)
Family Resource Center & Differential Response Partnership**

In June 2005, the Community Services Agency and Children and Families Commission (CFC /First 5) entered into joint contracts with Family Resource Centers in a number of communities in Stanislaus County. Family Resource Centers (FRC) are neighborhood based and community or school run sites that offer preventative services and supports to families in their community. Through the joint RFP, CSA and CFC funded four contracts that supported eight FRCs that served 14 geographic communities throughout the county. The contracts enabled FRC partners to offer strength-based assessment, case management, mental health and developmental screenings, linkages to health and prenatal care, and school readiness services to children and families referred through Differential Response and/or with children 0 – 5 years of age. Subsequent bids and contracts have been established to support FRCs and the implementation of Differential Response in all communities of Stanislaus County. The final communities started receiving DR services in January 2007.

Through the County's many collaborations and partnerships, services are coordinated in order to develop a successful service delivery system that is not duplicative and services our mutual children and families. Annual reports of progress and services are generated by the Community Services Agency and the Children and Families Commission (First 5). In addition, our community and agency partners, consumers, and other key stakeholders are invited to monthly self evaluation meetings to review progress and contribute to the creation of the County Self Assessment and System Improvement Plan (SIP).

Stanislaus County does not have any local tribes and only services a small number, presently 5, children identified as Native American and qualified for ICWA services. As a result, a consultant is brought in on ICWA matters and to contribute to this Self Assessment in order to develop culturally sensitive services for children and families.

Child and Family Services and Probation work very collaboratively on many different facets. We partner in implementing Peer Quality Case Review (PQCR) and the Self Assessment by meeting regularly and combining efforts and resources to develop a shared experience. At PQCR, reviewer teams consisted of both probation officers and social workers from other counties. In addition,

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Supervisors and stakeholders from both dependency and delinquency systems were included in focus groups. Probation and Child and Family Services coordinate in many joint efforts such as completion and filing of 241.1 reports which assist the Court in determining the best system to serve a child that touches both systems.

E. SUMMARY ASSESSMENT

Child and Family Services

Stanislaus County's Child and Family Services program is a progressive and innovative program that is accredited by the Council on Accreditation. We strive to demonstrate and provide services to children and families, in collaboration with our community partners that are consistent with the "best practice" standards of the profession. Since our selection as a "Pilot 11" county in 2004, we have developed a strong network of community and agency partnerships and services that provide a safety net for Stanislaus County's children and families.

Stanislaus County is performing well on most of our State and Federal Outcome measures. We certainly have the opportunity for growth and improvement, but we have a strong agency and community culture that embraces working together to accomplish the goals. Partnerships and collaboration within our county are so strong that we have developed a shared vision and responsibility for the safety, permanency and well-being of children within our community. A number of multidisciplinary processes have been developed and strengthened to achieve the strong outcomes we observe.

Stanislaus County is one of the few in the state with a strong network of substance abuse services and clean and sober living environments that support children and families. These have been developed out of the partnership with mental health and various community members and organizations in order to ensure safety for children while their parents receive drug and alcohol treatment. In addition, our approaches to serving families have relied heavily on a multidisciplinary team approach, rather than serving families in various silos. Examples include the Families in Partnership program that services families with substantiated abuse or neglect, but is also demonstrated in the Multidisciplinary Team (MDT) that serves Differential Response families.

The Families in Partnership program has been a very unique and innovative program compared to peer counties. Where as others struggle to facilitate communication between child welfare social workers, mental health clinicians, substance abuse counselors and public health nurse, Stanislaus has made all those part of a team who works together to serve the same children and families they might have served separately. What results is a more effective, coordinated system of support that prevents children from entering foster care unnecessarily. This strong emphasis on pre-placement, preventative services results in fewer children entering foster care unnecessarily and provides improved permanency.

Differential Response in Stanislaus County has been a benchmark of prevention and early intervention services of this type in the state. Instead of waiting to intervene until the situation for the child(ren) has deteriorated, Differential

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Response provides for positive, early intervention that is separate from the child protection system. Though referrals originate with calls to the child abuse hotline, the services families' receive at the Family Resource Center are voluntary and meet the needs as identified by the family. Because the threat of removing children is so stressful for families, early intervention engagement with the formal county system is less successful. The Family Resource Centers and community partners, however, are much more successful in engaging families to accomplish positive change. Differential Response and its multidisciplinary team brings together Child and Family Services with Family Resource Centers and other community partners, providing a safety net for children at risk of abuse and neglect. The reciprocal communication and strong partnership between Child and Family Services and the community, is more effective in ensuring that children do not experience a recurrence of abuse or neglect. When risks are greater than originally assessed, the system is able to be more responsive than without this safety net.

Team Decision Making practices developed out of our Child Welfare Redesign / System Improvement efforts are another example of how Stanislaus County has partnered with community and consumers to assist and protect children and families. Child and Family Services social workers no longer make decisions in a vacuum without the contribution of other community and agency partners, as well as the family. A facilitator brings the important stakeholders to the table to share in the determination of the best way to serve the family and ensure safety. As a result, recurrence of maltreatment is reduced, unnecessary removal from home is prevented, reunification is timelier, placements are better suited to the needs of the child and thus more stable, and permanency is achieved.

In partnership with our community, services to youth in foster care and those aging out of the system have improved. Significant focus has been placed on connecting children to a life long connection so they exit care with a committed and caring adult who will support them as they move into independent adulthood. Stanislaus County has one of the few Family-Finding Models that use technology to search for relatives at the point that children enter foster care. More children are able to reside with relatives and achieve permanency.

Stanislaus Child and Family Services values the well-being of children and works diligently to keep children with their siblings while in care, to promote school attendance, to support psychotropic medication use and group home care only when necessary, and to ensure children of all ages are adopted or in a permanent home of guardianship.

Child and Family Services' participation in Redesign efforts has created an agency and partner culture of continuously striving to improve. Much attention is given to our strengths as well as our opportunities for growth. When areas of concern are demonstrated, it is our custom to seek solutions and move toward

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growth through whatever change is necessary, rather than to make excuses and accept the status quo.

Our opportunities for growth exist as well and are areas that we will seek to find solutions in coming years. Areas to potentially address in the System Improvement Plan (SIP) include improving non-recurrence of maltreatment, placement stability, permanency for older youth, and support for parents after reunification, foster parent recruitment and training, and services to youth exiting foster care. For example, many of our foster parents are most interested in adopting infants and very small children, while the majority of children in care are older children and teenagers. Though we have expanded and improved our training curriculum for foster parents to better prepare them for parenting an older child or teen, that still is a challenge we have not overcome. As a result, permanency through adoption for older children is more difficult to achieve.

Another challenge is how to support families after they exit the child welfare system so that their children do not re-enter foster care. We have developed team decision making practices to support this, but once families are no longer connected with the system formally, they may not have the support they need to face life's challenges in the months following reunification. Funding for aftercare services are not readily available and thus is designated as an unmet need.

Probably the biggest challenge facing Child and Family Services and Stanislaus County in the next three years is the economy and the dwindling budget. As the available financial resources diminish, the safety net we have built and the complementary service delivery systems we have established are beginning to deteriorate. Already, we have had to reduce contracted services to families in pre-placement preventative services in order to prioritize families with court-ordered services. This could result in more children entering the court system since the pre-placement preventative services are declining.

Non-mandated services are at risk, such as funding for clean and sober living environments, Differential Response for children over 5 years of age, and Team Decision Making (TDM) processes. In addition, pre-placement, preventative services and innovative practices such as Families in Partnership will be altered to reduce costs.

The aftercare system that we had begun to establish through Families and Partnership and AmeriCorps members has been or will soon be eliminated due to the fiscal dilemmas. Additionally, numerous positions have been eliminated in this past two fiscal years resulting in fewer case carrying and fewer non-case carrying positions designed to achieve best practice service delivery.

Funds available to assist families with housing costs and utility bills to ensure they do not enter foster care or to help them transition out have diminished considerably.

Probation

The Stanislaus County Probation Department has three probation officers assigned to supervise minors with placement orders. A supervising probation officer supervises these officers, as well as three other officers assigned to the unit. The Department has 65 children with placement orders. The majority of these minors were receiving services from the Probation Department prior to the placement orders being given by the Court. The Intake probation officer first develops the case plan with the minor and his/her parents during the initial contact with the Probation Department. The placement officer, the minor, and his or her parents update the case plan as progress is made and/or needs are identified. The probation officers make every effort to place the minor within close proximity to Stanislaus County to increase the family's ability to participate in the minor's treatment and encourage the family to maintain frequent visits with the minor while he/she is in placement. The probation officer maintains monthly face-to-face contact with all minors in placement and frequently more often. When appropriate, the Probation Department utilizes transition options for minors with reunification plans. Such options include utilizing foster family agencies and non-relative family members as part of the transition plan. In any case, the probation officer continues to assist the family with identifying specialized services the child may need, as well as addressing any family issues that have not been resolved while the child was in placement. The family and minor are also encouraged to continue to address the issue(s) that led the child to being placed outside the family home. Although the minor and his family have access to many services while the minor is in placement, it is common for families to not engage in reunification services because the family is not mandated by the Court to do so. As a result, probation officers focus on permanency plans when reunification services are no longer feasible or terminated. The families have access to numerous services including parenting classes, mental health services, alcohol and drug treatment, public health nurses and family service specialists. These intense services are provided for the child and family to facilitate a successful reunification.

As it relates to placement stability, and based on a review and analysis of the promising practices, challenges and barriers identified in this report, it appears three major areas need to be addressed by the Probation Department:

- **Assessment**
Even though there are internal processes for determining proper placement of foster youth, these are more informal and based on anecdotal information or, often times, an officer's experience with similar youth. No validated placement assessment tool is used in assessing what the minor's needs are and how best to match them to an appropriate placement. It will be strongly recommended that the Probation Department pursue the development of a

tool or evaluation of an existing tool to aid in the initial and subsequent assessment of placement youth.

- Placement Matching

As noted in the focus area section of this report, a review of the research literature indicates that placement stability is greatly affected by the type of placement (i.e. matching the minor's needs) and the number of placement settings experienced. Clearly without a validated assessment of a minor's needs, it is almost impossible to expect that a foster youth is being properly placed. Current placement matching is done utilizing prior experience with similar youth and the results a particular foster agency, group home, etc may have had with those types of youth. Youth with specific treatment needs (i.e. sex offenders, arsonist, mental health, etc) continue to be placed accordingly; however, most probation placement youth come with a variety of issues and often do not have a singular treatment focus. With introduction of a validated assessment tool, it is recommended that placement decisions are directed, in part, by the assessment. Furthermore, it will be recommended that the Probation Department develop a method of measuring success rates for those foster/group homes used and track the data to create a baseline to compare against for future analysis of specific types or levels of facilities.

- Family Engagement

Although progress has been made in several areas previously identified in the past PQCR regarding family engagement, it appears from the current analysis that placement stability is being affected, in part, on the success of the Probation Department's ability to engage families throughout the youth's placement episode. Focus on parent reunification services and follow through on concurrent planning by utilizing relative and non-relative placements needs to be increased. It will be recommended that those families/youth still receiving reunification services be directed by the Court and held accountable by Probation to actively participate in the programs/services with focus on transitioning of the youth from group home/foster care back into the home with ancillary services to be provided to assist in making the transition successful (i.e wraparound services, TBS, etc). Additionally, it was found from the interviews that concurrent planning was not regularly discussed in the context of a documented "plan". Case plan development will continue to include the youth and his/her parents/guardians with focus on creating documented concurrent plans should the reunification services fail. Placement findings and orders will always reflect the expected concurrent plan in those permanency cases.

County Self Assessment Participants

The Stanislaus County Self Assessment was jointly developed by the Child and Family Services division and the Probation Department, Juvenile Division. Community focus groups were conducted with key stakeholders including representatives from:

Kim Wood-Hyatt, Child Abuse Prevention Council Co-Chair(CAPC)
Juan Ramirez, CAPIT/CBCAP/PSSF liaison
Jan Viss, Community Services Agency/County Board of Supervisors Agency to Administer CAPIT/CBCAP/PSSF, Acting as the CCTF Commission
Nancy Fisher, Health Services Agency (Public Health)
Adrian Carroll, Behavioral Health and Recovery Services (Mental Health)
Kathleen Dennis, Stanislaus County Office of Education
Comm. Nancy Williamsen, Juvenile Court
Judge Nan Cohan Jacobs, Juvenile Court
Judge Sue Siefkin, Juvenile Court
Cam Quach, Children's Crisis Center
Paula McDowell, Parent
John Palombi, Parent
Vicki Fontana, Hughson Family Resource Center
Harald Junker, Bank of the West
John Simms, Children and Families Commission (First 5)
Pam Thompson, CWS Accountant
Janette Garcia, Domestic Violence/Haven Women's Center
Jill Silva, Deputy Chief Probation Officer
Scott Ball, Division Manager Juvenile Probation
Dave Chapman, Probation Placement Supervisor
Sharon Salais, AspiraNet
Janette Mondon, Manager Child and Family Services
Kim Via, Former Foster Youth
Nelda Parman, Relative Caregivers/Family Resource Center
Supervisors and Outreach Workers from all Community Family Resource Centers
Non-profit parenting and mental health service providers

Focus groups were held with all programs within Child and Family Services to elicit feedback and perspective from Managers, Supervisors, Social Workers, Family Services Specialists, Substance Abuse Counselors, Public Health Nurses, Mental Health Clinicians, Court Clerks, Driver Clerks and Clerical Staff.

Information obtained from the various processes resulted in the identification of common themes that were consolidated into this report. Information was discussed with supervisors and managers for further analysis and interpretation.

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² <http://www.kidsdata.org/>

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⁴ Source: Efforts to Outcomes (ETO), Team Decision Making (TDM) database

⁵ Community Services Agency 2008 Annual Report

Educational Data:

⁶ <http://data1.cde.ca.gov/dataquest/>

⁷ <http://datacenter.kidscount.org/data/bystate/stateprofile.aspx?state=CA&cat=219&group=Category&loc=1205&dt=1%2c3%2c2%2c4>

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⁸ <http://www.realestatechannel.com/us-markets/residential-real-estate-1/real-estate-news-realtytrac-foreclosure-report-2010-home-foreclosures-james-saccacio-home-sales-bank-reo-properties-us-foreclosure-rates-1872.php>

⁹ <http://www.mercedsunstar.com/2010/01/14/1269527/grim-real-estate-statistics-merced.html>

¹⁰ Realty Trac, retrieved 3/2/2010.

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¹¹ <http://www.schsa.org/PublicHealth/pdf/dataPublications/uninsured-medi-cal-utilization.pdf>

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[http://www.healthierstanislaus.org/pdfs/04%20Stanislaus%20County%202008%20Presentation.ppt#316,20,Health Care Access and Utilization](http://www.healthierstanislaus.org/pdfs/04%20Stanislaus%20County%202008%20Presentation.ppt#316,20,Health%20Care%20Access%20and%20Utilization)

¹⁴ 2008 Stanislaus County Community Health Assessment Survey

Indian Tribe Data:

¹⁵ http://www.csac.counties.org/legislation/indian_gaming/fact_sheet2.pdf

Child Welfare data:

¹⁶ 2008 Disparity Indices by Ethnicity. Ages 0 to 17. Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Williams, D., Zimmerman, K., Simon, V., Hamilton, D., Putnam-Hornstein, E., Frerer, K., Lou, C., Peng, C. & Moore, M. (2010). *Child Welfare Services Reports for California*. Retrieved [April 9, 2010], from University of California at Berkeley Center for Social Services Research website. URL: <http://cssr.berkeley.edu/CWSCMSreports/>

¹⁷ January 2010 Outcome and Accountability Report

¹⁸ Employment Development Department

¹⁹ UC Berkeley, Center for Social Services Research website

²⁰ Business Objects report, CWS/CMS extract August 2009.

²¹ Safe Measures extract, 4/26/2010.

²² U.S. Department of Health and Human Services, Administration of Children and Families, Children's Bureau, Statistics and Research, Child Maltreatment 2008. <http://www.acf.hhs.gov/programs/cb/pubs/cm08/index.htm>, pgs. 9 -10.