



DEPARTMENT OF HEALTH & HUMAN SERVICES

Administration for  
Children & Families

Refer to:

Region IX  
50 United Nations Plaza  
San Francisco, CA 94102

June 24, 2003

Grantland Johnson, Secretary  
Health and Human Services Agency  
2600 Ninth Street, Room 460  
Sacramento, California 95814

Rita Saenz, Director  
Department of Social Services  
744 P Street  
Sacramento, California 95814

Dear Secretary Johnson and Ms. Saenz:

This is to notify you that the June 11 submittal of California's Child and Family Service Review (CFSR) Program Improvement Plan (PIP), with additional revisions submitted on June 24, to address the findings of the CFSR Final Report issued on January 10 **is hereby approved, effective July 1, 2003 through June 30, 2005**. We note that for items 20 (1) and 28, the State continues to examine the feasibility of different methodologies to measure whether the goals are achieved. If you find that the methodologies you are exploring are preferred, we will expect you to submit a request to re-negotiate the changes by no later than June 30, 2003.

The initial PIP was submitted timely to the Administration for Children and Families (ACF) Regional Office on April 10. During our review of the PIP, the ACF Regional Office requested and received additional information from the State that would assist us in determining whether the PIP would be acceptable. A revised PIP was submitted on May 2. It was disapproved by the Regional Office on May 12 because it did not address our request for additional information contained in our April 17 letter and, therefore, did not satisfactorily meet the provisions of 45 CFR 1355.35(a).

We appreciate the amount of time and effort you, your staff, and other partners devoted to developing and revising the PIP and look forward to State and local progress in its implementation to achieve improved outcomes for the State's children and families. The ACF Regional Office, in collaboration with the State, counties, and other partners, will evaluate the State's progress towards achieving the goals of the PIP as follows:

- The ACF Regional Office will monitor the State's progress in completing the provisions of the PIP through the State's written (or electronic) quarterly status reports to be submitted beginning October 30, 2003. All reports will be submitted within 30 days from the end of each quarter. The final reporting quarter ends June 30, 2005; therefore, the last PIP quarterly report is due by July 30, 2005.

- The quarterly reports will include at a minimum the following information: (1) a description of progress made during the reporting period and (2) data about measurable factors and their relationship to the established benchmarks and timeframes. All products and materials that are produced as a result of the implementation of the PIP will be made available to ACF. (We strongly encourage you to use the PIP matrix to prepare the quarterly reports.)
- The ACF Regional Office and the State will jointly evaluate the State's progress in implementing the PIP in collaboration with other members of the Child and Family Services Review Team in November 2003 and November 2004 as part of the Regional Office's joint planning process with the State and in April 2004 and April 2005 as the State begins developing the Annual Progress and Services Report. These face-to face assessments will be based on the measures and methods of evaluation identified in the PIP.
- Action steps and goals included in the PIP will be evaluated for completion according to the manner and expected completion dates specified in the PIP. The ACF Regional Office and the State may jointly determine that action steps have been completed and/or goals achieved before the projected completion dates, based on sufficient evidence/information. When this occurs, the ACF Regional Office and the State will not be required to further evaluate the goal during the remainder of the PIP implementation period.
- In the event that an anticipated barrier prevents the implementation or the delay of an action step, the State will contact the Regional Office immediately for further negotiation. The State will report the status of such action in the quarterly report.

We note that for a number of Action Steps you will initiate a request to the Children's Bureau for approval to make modifications to the automated child welfare system (CWS/CMS). As we explained to your staff during several of our conference calls, the approval of this PIP does not ensure that the approval of your request will be granted.

Penalties are suspended while the State is implementing the PIP. If the Regional Office determines, however, that the State fails to submit quarterly reports or does not make satisfactory progress towards achieving the goals and the action steps in a timely manner, then the suspension of penalties will cease and withholding of Federal funds will begin pursuant to 45 CFR 1355.36(e)(2)(i) & (ii).

While we recognize that the corrective actions outlined in this approved PIP are challenging, the results of their successful implementation will yield positive results for the children and families in California's child welfare system. This PIP establishes the minimum levels of program improvements; we expect the State's performance to surpass these targets.

As the State proceeds with the counties to implement the PIP, we are prepared to work closely with you to build on the collaboration partnership that was established during the PIP's development. We will assist in rolling out the PIP by participating with you in a statewide orientation aimed at informing State staff, the Counties, and other State partners about the PIP. In addition, because Los Angeles County is a major focus in the plan, we are available to travel with you to Los Angeles for a county-specific orientation session. Also, we encourage the State to consider establishing an implementation team to assist and provide advice during the two-year corrective action period of the PIP. As mentioned in the past, technical assistance is available from my staff and the National Resource Centers. Please contact Debra Samples at (415) 437-8626 or Pat Pianko at (415) 437-8462 prior to July 1 to initiate an implementation meeting.

Enclosed are copies of the approved PIP and the signed PIP agreement form. The PIP will be made available to the public by ACF. In addition, we remind you that Federal regulations at 45 CFR 1355.37 require the State to make available for public review and inspection all statewide assessments, reports of findings, and the PIP developed as a result of the CFSR.

If you have questions or comments related to the PIP, please call John Kersey at (415) 437-8415.

Sincerely,

/s/

Sharon M. Fujii  
Regional Administrator

Enclosures

cc: Joan Ohl, ACYF  
Susan Orr, CB  
Jerry Milner, CB  
Agnes Lee, CHHSA  
Sylvia Pizzini, CDSS  
Wes Beers, CDSS

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# **State of California Program Improvement Plan for the Child Welfare Services Program**

**Our vision is ...**

***Every child in California lives in a safe, stable, permanent home,  
nurtured by healthy families and strong communities.***

Pursuant to federal requirements, California submits this Program Improvement Plan in response to findings presented in the U.S. Department of Health and Human Services Children's Bureau Report on California's Child and Family Services Review (CFSR) released on January 10, 2003. That report identified a number of areas where California's Child Welfare Services system needs improvement as well as areas where California exhibits strengths. CDSS previously has expressed its concerns regarding the CFSR process and its methodology. Submission of this PIP does not waive those concerns.

We recognize that we can do a better job providing for the safety and well-being of our most vulnerable children and families. It is our firm belief that improving the life prospects for these children and families also supports improvements for all children and families. In that regard, California commits to helping these children and families achieve a future free from abuse, neglect, and risk of harm.

The following statement expresses our vision for all children in California:

**Every child in California lives in a safe, stable, permanent home nurtured by healthy families and strong communities.**

In our view, setting a vision for children in the child welfare system is the same as taking a comprehensive view of child and family well-being for all of California's children. Achieving this vision entails taking a broad perspective of children and families, such as a population-based, public health perspective. It involves moving to a prevention and early intervention focus. Achieving this vision also involves establishing an accountability framework for all our activities that focuses on results. It requires coordinating services and supports for families in a way that enhances family strengths. Finally, achieving this vision involves increasing significantly the amount of community level collaboration among service providers to support children and families where they live. Nothing short of this comprehensive, child and family focused effort will succeed.

This Program Improvement Plan reflects this vision. It incorporates significant actions to ensure that California moves in the direction of conformity with federal

requirements. Further, this PIP builds on actions taken over the last four years by California to achieve this vision. These include:

- Under Governor Gray Davis, total funding for the Child Welfare Services system increased by \$699 million over the last four years.
- The California Adoptions Initiative increased the annual rate of adoptions by 140 percent for foster children who could not safely return to their birth parents and led to a federal DHHS Adoption Excellence Award in 2001 and more than \$17.6 million in federal Adoption Incentive Funds.
- Between 1998 and 2002, the foster care caseload declined by about 12 percent due to the removal of fewer children from their homes and to the implementation of our successful Kinship Guardianship Assistance Payment (Kin-GAP) program.
- Added almost 220 Public Health Nurses to work with Social Workers and families to ensure that children in the CWS system have access to needed health care.
- Introduced numerous pilot system reform projects in counties to test system reforms, these include:
  - Wraparound services,
  - Family to Family Initiative,
  - Permanency Planning Mediation,
  - Structured Applicant Family Evaluation, and
  - Family Group Decision Making.

As California moves these pilot system reform efforts toward implementation statewide, they will bring the child welfare system closer to our other child and family programs and will drive the child welfare system to continuous quality improvement in ways that California has heretofore not required of its county partners. In addition, our new Outcome and Accountability system (also called the C-CFSR) currently under development will bring a broad group of local child and family stakeholders closer to the child welfare system. We expect the result will be significant improvements in the life prospects for all of our children and families.

This Program Improvement Plan has three parts. The first part, which follows, is an introduction that (1) presents a narrative on our two most important system reform strategies for improving practice statewide – the Child Welfare System “Redesign” and the California Child and Family Review process – our Outcomes and Accountability system; (2) and other cross-cutting issues. The second part is our item-by-item narrative describing our improvement goals and action steps. The third section is an item-by-item matrix providing timelines and benchmarks for each action step identified in the detailed narrative.

## **A NEW FRAMEWORK FOR CHILD WELFARE SERVICES: TWO MAJOR STATE EFFORTS UNDERWAY**

California’s system of Child Welfare Services (CWS) is in transition. With the leadership of the Governor and State Legislature, to two major system reforms, described in further detail on the following pages, provide a new framework for changing the way state and county CWS programs do business to improve the lives of California’s children and families.

### **Why we need a new framework**

In the past, the impetus for change in Child Welfare Services practice was cyclical, reflecting historically unresolved tensions between protecting children from abuse and neglect, and keeping families together – between a safe home and a permanent home. Our system reforms transform this historical tension by expecting children’s safety and well-being to become a widely-shared priority for entire networks of families, neighborhoods and community services – not just Child Welfare Services professionals. More directly, these reforms refocus our service systems on the customer – our children and their families.

Our system reforms will produce a major shift in the Child Welfare Services environment so it is no longer bounded by “traditional abuse and neglect.” Research in other fields has documented the importance of children’s relationships with caring adults, including stability in those relationships, as a precondition for learning and other positive life outcomes. Without stability and nurturing, children may fail to thrive – without evidence of abuse or neglect. In other words, this new knowledge requires a reinterpretation of “child welfare” and of our collective obligation to children. This new knowledge, in effect, significantly broadens who we view as clients.

### **California’s System Reform Components**

This reform effort has two main components. The following chart outlines the underlying change in thinking embodied in these reform efforts:

	<b>Current System</b>	<b>The Redesign and the C-CFSR</b>
Overall orientation	<ul style="list-style-type: none"> <li>▪ Measures effectiveness as a reflection of compliance with service plans</li> <li>▪ Minimizes exercise of professional judgment</li> </ul>	<ul style="list-style-type: none"> <li>▪ Measures effectiveness as a reflection of children’s safety, permanence and well-being</li> <li>▪ Promotes collaboration and non-adversarial relationships</li> </ul>
Focus	<ul style="list-style-type: none"> <li>▪ Process/timeframes</li> <li>▪ At risk child</li> <li>▪ Child Welfare as the single agency in charge</li> </ul>	<ul style="list-style-type: none"> <li>▪ Specific outcomes</li> <li>▪ Family as a whole</li> <li>▪ Network of agencies, service providers and families within a given community</li> </ul>

Service Plans	<ul style="list-style-type: none"> <li>▪ Professional judgment</li> </ul>	<ul style="list-style-type: none"> <li>▪ Research-based/Professional judgment</li> </ul>
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**The Redesign Initiative.** Under the Governor’s direction, in 2000, California Department of Social Services (CDSS) Director Rita Saenz launched an effort to develop a comprehensive plan for reform. She appointed a Child Welfare Services Stakeholders’ Group to examine the program and develop a plan for broad-based reform of California’s child welfare system – referred to as the “Redesign”. The Redesign is the first in the nation undertaken as a state initiative -- California has a long tradition of innovation -- rather than as a forced response to a court order. The Stakeholders group began its work in August 2000 and will release recommendations and an implementation plan for the Redesign in June 2003. Details regarding the action steps and timeframes will be in the final Redesign report.

**The Outcomes and Accountability Initiative.** The California Legislature passed and the Governor signed Assembly Bill 636 in 2001, which requires the Secretary of the California Health and Human Services Agency (CHHS), Grantland Johnson, to establish a new outcomes-based review system, the California-Children and Family Services Review (C-CFSR) that, at a minimum, includes outcomes in the federal CFSR. Using county self-assessments and system improvement plans to monitor and track county child welfare department improvement and change, the C-CFSR will enforce a system-wide, results-based planning mechanism necessary for continuous improvement, and an outcome and accountability system necessary to ensure an ability to measure change and support that improvement. The C-CFSR will begin in January 2004.

These system reforms, currently in implementation, will infuse county programs with new knowledge and evidence-based improvements in professional social work practice. For example, through the Peer Quality Case Reviews described in further detail below, counties will learn about other counties’ promising practices in the areas needing improvement for the county under review. This transfer of knowledge will occur by bringing subject matter experts from high performing counties to participate in each PQCR. Additionally, the CDSS as lead agency on every PQCR will share successful practices that are identified with periodic updates to our promising practices guide.

Together, these system change efforts will result in greatly enhanced capacity at the county level to respond to unique and individual problems and circumstances of children and their families.

**Other Related Reforms.** While these system reforms should improve significantly our child welfare system, it is important to note two other sets of reforms underway outside the child welfare system that will amplify our efforts within the system. These initiatives are:

- **California Children and Families First Initiative (Proposition 10).** Proposition 10, approved by voters in 1998, established the California Children and Families Program and the State Commission, and authorized the establishment of county commissions. About \$650 million per year derived from tobacco taxes fund state and local projects designed to improve well-being for children under the age of five and their families. The local programs work collaboratively with existing community networks and child and family service providers, including county and state service programs.
- **Expansions of Health Insurance Coverage for Children.** Over the last four years Governor Davis made substantial investments in California's primary programs for uninsured children – Medi-Cal and Healthy Families. These programs also included reforms intended to create a more family friendly application process. Further, significant outreach efforts increased the number of children enrolled in these systems. The effect of these reforms is to create a system of health insurance for any child with a family income under 250 percent of poverty. As part of these coverage changes and expansions, the state Department of Mental Health significantly increased its use of EPSDT funding to provide children's mental health services.

While the Proposition 10 and children's health expansion initiatives began outside the child welfare system, we expect the Redesign and C-CFSR strategies to use their planning and assessment elements to improve collaboration and coordination with these initiatives. In turn, these outside initiatives should begin, through collaborative planning, accommodating their systems to meet the needs of the child welfare system. The next two sections discuss the Redesign and C-CFSR initiatives in more detail.

## **THE REDESIGN**

It is important to note that the Redesign Initiative is an on-going collaborative process that brings together state, local, and academic experts to identify promising practices and to use that knowledge to improve evidence-based practice in all counties. Driving the Redesign Initiative are three imperatives:

1. **Create a Web of Inclusivity at the Community Level.** The redesign envisions reaching much deeper into every community to create partnerships with other organizations and even individuals at the neighborhood level. This strategy acknowledges that child safety and well-being are functions of safe schools, safe neighborhoods, safe communities -- and safe families.

2. **Cultivate Responsiveness.** Under the current system, we “sort” people into program categories. In contrast, the Redesign philosophy is to respond to people’s actual needs and unique circumstances -- even when that means reaching into the community for the help that organizations and individuals can offer outside of the traditional child welfare system.
3. **Let Professionals do their Job.** The vision embedded in the Redesign is that sharing knowledge, funding and responsibility brings together the people in every community who are best able to protect the safety of children in general and preserve the viability of individual families in particular.

The Redesign team identified and supported piloting of several evidence-based tools for use by child welfare professionals, including:

- **Safety and Risk Assessments.** The redesign will roll out tested strategies and methodologies for safety assessment, including how to determine current safety level, future risk of safety, parental capacity to protect their children from harm and family strengths and needs. This effort includes analysis of safety assessments that have demonstrated efficacy to determine the core elements of each approach that Social Workers can use to determine children’s safety throughout the life of a case.
- **Wraparound Services.** Wraparound services support efforts to keep children in their homes rather than in residential treatment facilities. These support services provide caregivers with assistance in parenting children with mental health problems. These supports also provide treatment services to the children to help them address these problems.
- **Permanency Planning Mediation.** Permanency Planning Mediation services give parents an option to voluntarily relinquish their children and have a say in the terms of the agreement (e.g., the right to have limited visits or to send the child birthday cards) rather than have their parental rights terminated through court action without opportunities to have input into the court order. This practice has proven to expedite adoptions and promote children’s sense of their roots.
- **Structured Applicant Family Evaluation.** Structured applicant family evaluations combine the foster home licensing process and the adoption home study process. Consolidating the home study with the licensing process can promote concurrent planning and timely permanence through reunification or adoption.
- **Family-Based Case Planning.** Engaging families in case planning using models such as the Family-to-Family Program or Family Group Decision Making is a very promising evidence-based practice. These techniques provide greater opportunities for fact finding as part of the safety assessment process, promote buy-in to service plans, and uncover

resources from relatives, friends and involved agencies that may be available to support families as they implement the service plans.

In addition, the Redesign team, working with Foundation partners, already has started rolling out in additional counties some reform pilots. Finally, the CDSS hosted a meeting on May 21, 2003 with senior staff from departments across state government to begin developing the state-level collaborative process needed to support county collaboration and system change contemplated in our Redesign and C-CFSR process.

The Child Welfare Services Redesign represents a **shift in thinking** about child welfare. The item-by-item narrative and the associated matrix in parts two and three of the PIP identify specific action steps using evidence-based practices identified so far and provide specific implementation timelines and benchmarks so we can get these reforms to all counties.

We have the right people in place in our county programs to use these tools, but we need to provide appropriate training, to develop comprehensively coordinated systems, and to create flexible organizational structures to reap the full benefits of these professionals' skills and expertise.

## **CALIFORNIA'S CHILD WELFARE OUTCOMES AND ACCOUNTABILITY SYSTEM**

The second initiative is the California Child and Family Service Review (C-CFSR), an initiative to reform California's child welfare review system. The purpose for this system is to implement a comprehensive planning system in all counties that focuses on improving outcomes for children and families in, or at risk of entry to, the child welfare system; and an accountability system whose purpose is to ensure continuous child and family system improvements in each county. Taking its lead from the federal Child and Family Service Review System, CHHS charged a workgroup, representing national experts and statewide stakeholders, with creating a new outcomes and accountability system called the California Child and Family Service Review. The new results-based planning and accountability system begins operation in January 2004.

The heart of the new C-CFSR is a State and local accountability system driven by a results-based planning and outcomes measurement process with on-going case reviews in each county. This system provides mechanisms to enforce continuous quality improvements in our county-operated system. It also provides a structured way to implement and assess both the Redesign initiative and the federal Program Improvement Plan. This system has five parts.

**County-Level Performance Indicators:** Since the goal of this Initiative is to improve child and family outcomes within and across all counties, the workgroup

developed a set of indicators that parallel the federal CFSR safety, permanency, and well-being measures. The C-CFSR indicators go beyond the federal effort in that they breakout California's CWS caseload in greater detail than the federal indicators, they exploit California's ability to look at the caseload dynamics using longitudinal data and entry cohorts, and include additional safety, permanency and well-being indicators. Please see the attached C-CFSR Outcomes and Accountability matrix, and refer to the third column for the state's indicators. Also, please note that we will continue to measure four of the six process measures (such as social worker visits with parents, children and others) from the recently eliminated Division 31 reviews. We highlight these process measures in bold and italics in the attached C-CFSR matrix. Finally, we expect to add additional well-being indicators as we develop additional data sources. We will make these indicators available to counties quarterly and publish them on our website.

**County Self-Assessment:** Counties will conduct a comprehensive self-assessment every three years, including a report and analysis of how the county performed on each of the C-CFSR outcomes and indicators. The purpose of the self-assessment is to focus the county on areas that need improvement and to involve the entire child and family service community (including local Proposition 10 commissions, schools, developmental services, and children's health services) in developing an assessment of where strengths and needs exist. By design the C-CFSR models the federal emphasis on safety, permanency and well being. It is important to note, however, that the C-CFSR goes beyond the federal CFSR outcomes and indicators, to provide a more thorough understanding of the system and the needs of California's children. The county self-assessment also will include information from the case review process discussed below.

**County Peer Quality Case Review (PQCR):** The purpose of the PQCR is to learn, through intensive examination of County child welfare practice, how to improve child welfare services practice in California. The case reviews will provide an important layer of qualitative information. Specifically, the case reviews will be another mechanism for understanding the key to the child welfare system: social worker practice. While the quantitative data (as illustrated in the attached C-CFSR Outcomes and Accountability matrix) provides integral, population-based information, the case reviews will provide a rich and deep understanding of actual practices in the field. In addition, the case reviews go beyond the County Self-Assessment by bringing in outside expertise, including peers from other counties, to help shed light on the strengths and areas needing improvement within that county's child welfare services delivery system and social work practice.

All Counties – not simply those with the most need for improvement – will participate in the issue specific case reviews. With the exception of the first planning cycle, the reviews, along with the self-assessment, will inform the

development and revision of county System Improvement Plans (SIP). Counties will benefit from the additional information provided by the case reviews. Moreover, the State has much to learn from high performing counties. The CDSS currently has guidelines for the PQCRs under development. These guidelines may include core elements and will allow counties to focus on targeted areas for improvement.

**System Improvement Plan:** Much like the federal Program Improvement Plan (PIP), the county SIP is the operational agreement between the county and the state outlining county strategies and actions to improve that county's system of care. Counties must submit their SIP to the CDSS for approval after completion of their County Self-Assessment and their Peer Quality Case Reviews (there is a slight variation in this process during the first planning cycle; specifically, most counties will prepare their first SIP without first having a PQCR so we can avoid delay in plan implementation). The County will provide the CDSS with an annual update to the County SIP. These updates will show both progress made during the year and changes needed based on additional information. The SIP, however, is more inclusive and community-focused than the federal PIP; by for example, including a strong prevention component that addresses broader child and family well-being issues than the federal review process (e.g., including programs and projects funded by nonfederal funds). The SIP will include progress toward meeting agreed upon improvement goals using the C-CSFR outcomes and indicators. For those indicators for which a county's performance is below the statewide standard, the SIP must include milestones, timeframes, and proposed improvement goals the county must achieve.

**State Support for Improvement:** Counties demonstrating a need for improvement in overall performance and/or compliance with the outcome measures specified in the C-CFSR will receive focused technical assistance and training. If a county demonstrates a lack of good faith effort to participate actively in this process or any portion thereof, and/or consistently fails to follow State regulations or make the improvements outlined in the county SIP, the CDSS, in accordance with current law will ensure county compliance.

### **Beginning the Reform Effort**

In order to support counties in making improvements, on April 30, 2003, the CDSS sent a Request for Application (RFA) to county welfare directors announcing a planning grant application process to begin aligning Child Welfare Redesign strategies with the PIP and the C-CFSR (see PIP Matrix Item 2A). Federal and state funding available for this RFA is \$2.5 million. The CDSS sees these county plans as one step in getting the Redesign, C-CFSR, and PIP action steps implemented.

Planning for C-CFSR implementation currently is underway. State statute mandates implementation of the system beginning in January 2004.

Consequently, county self-assessments and development of system improvement plans begins in January 2004. Further, implementation of the PQCRs begins at that time. Specific timing for the PQCR and the choice of counties receiving case reviews in the first year currently is in development. Our quarterly reporting for the PIP will include updates on progress of the C-CFSR initiative beginning in January 2004. The Item 36 in the Matrix (Part 3 of the PIP) outlines the major implementation tasks for the C-CFSR from January 2004 through June 2005.

### **The Redesign and the New Child Welfare Outcomes and Accountability System will Drive California's Effort to Meet the Federal Goals and Requirements of the PIP**

The Child and Family Services Review conducted by the United States Department of Health and Human Services, is part of the foundation underlying the creation of our new framework and the performance measurements that inform us about our progress. Taken together, the changes brought about by the Redesign and the new C-CFSR will become infused in California's Child Welfare System and other federal, state and local child and family programs. Child Welfare practice methodologies implemented will rely on evidence of what works to achieve positive outcomes for children and families.

Specifically, these reforms will:

- Build on the federal reviews, and assist the state's efforts in meeting the goals of the federal PIP.
- Hold the state and counties accountable for performance through uniform standards and improvement goals, required county plans approved by County Board of Supervisors, and regularly published quarterly progress reports.
- Support the increased effectiveness of social workers that interact with and provide services for children and families.
- Help drive program and county collaboration to a more community-based, family-focused service system.
- Move the focus to program designs that prepare all children for life – the real message in the vision statement.
- Measure, track, and monitor counties on a quarterly basis, looking at outcomes that deal directly with well-documented issues such as keeping siblings in foster care together and ensuring appropriate placements for foster children.

- Provide the state and counties with better program information and an opportunity to assess critically the system's strengths, and, more importantly, areas for improvement.
- Share promising practices among counties, and encourage coordination with all relevant State and local agencies.

## **Implementation of California's System Reforms and Their Relationship to the PIP**

As discussed in the previous sections, California's reform initiatives will make significant changes in our Child Welfare Services and other child and family programs over time; and will guide the state in reaching its vision for the child welfare system. It is our expectation that tracking outcomes, bringing local and State partners to the table, enforcing continued improvement using local collaborative planning and other processes, and focusing our attention in counties with the greatest need for improvement, will improve the future for all children including those in the child welfare system.

Specific reforms already identified during design and implementation of these initiatives will influence our ability to achieve our PIP goals across the board. We know we cannot implement each reform in all counties simultaneously, and some reforms require many years to implement fully. Nonetheless, we plan significant investments in the reforms that address multiple PIP goals. We identify these reforms in the matrix, show the portions that we will implement during the two years of the PIP, and show where cross-references to other goals occur.

In addition, we plan to implement our reforms using the following safety, permanency, and well-being priorities. Federal regulation requires that safety related items found in need of improvement during the CFSR must receive the highest priority in States' Program Improvement Plans. Accordingly, the first priority for California's PIP is improving on the safety outcomes. Because of the overlap among many of the permanency outcomes, the second priority for California's PIP will be improvement in permanency. We believe that the reforms we implement to respond to the safety and permanency imperatives, also will improve significantly the well-being outcomes.

- **Child Safety Outcomes:** California, over the last two decades, experienced high numbers of child abuse reports that have grown increasingly complex and have challenged our capacity to respond effectively. The complexity of issues facing child welfare families reaches beyond the child welfare system's ability to handle alone and requires participation by other partners who have responsibility in these areas; thus, our emphasis on system reform and collaborative action.

- **Permanency Outcomes:** The application of non-adversarial approaches to engage the vast majority of families whose children are in out-of-home care is the underlying philosophy for our approach. This includes placing an emphasis on reunification of families through a variety of steps. Where alternative permanency is the case plan goal, the emphasis is on critical practices needed to support successful legal and emotional permanency.
- **Child Well-being Outcomes:** Our goal is to develop within all communities, specific services needed by most parents and children. Services and supports to meet the needs of the family will begin at initial identification of a family at the child abuse reporting “hotline.”

When fully implemented, the Redesign calls for case plans to be based on comprehensive family needs assessments that identify underlying issues and will include service strategies to address physical, behavioral and developmental health conditions of the child and family. We will adopt promising practices that engage parents, children, youth and foster families in developing case plans as other efforts to improve well-being outcomes, including improving the quality and frequency of social worker visits with parents.

In addition, our goal is that all children in out of home care will receive the array of health, educational, developmental, cultural, recreational, and other needed services and supports from Child Welfare Services, foster parents and the community. To ensure a successful transition to adulthood, our goal is that foster youth exiting from the system will have at least one caring adult that they can turn to for supports and guidance regarding education, employment, housing, medical care and relationships. In essence, needed services and supports will provide the foundation for the well being of children and families.

### **Assessing the PIP**

California’s primary process for evaluating progress in achieving the PIP goals is the C-CFSR process. Throughout the “Matrix” we indicated that the new C-CFSR system plays an important role in ensuring that the reforms we implement work for our children and families. This new system has several features that make this possible. The system requires broad self-assessments and comprehensive and collaborative improvement plans for each county. Specific improvement goals embodied in the county plans will depend on each county’s indicator reports, PQCR reviews, and self-assessed needs. We will measure performance quarterly and make those indicator reports public. Counties that are not achieving the targeted level of improvement will receive progressively intense oversight by the state. Finally, since these reviews and assessments are ongoing, and parallel the PIP, we expect them to provide useful information about implementation of action steps in the PIP, too.

In addition, we will monitor the PIP performance indicators and monitor quarterly progress reports from each county on their progress in completing tasks and action steps. We expect that counties will identify most if not all of the issues identified in the PIP and will develop appropriate action plans, based on their analysis of local performance. As we assess State progress on the PIP, we will use the progress reports from each county for a specific outcome and build a list of counties that are contributing to overall state improvement. This will allow the CDSS to focus technical assistance on the highest priority counties. We will summarize these reports into a state report and transmit that report to Region IX quarterly.

As you know, California currently faces a severe State budget shortfall. If sufficient funding or staffing resources are not available to implement the requirements of this PIP, and/or we are unable to meet the specified dates for items that require federal or legislative approval (such as automation or legislative changes) thereby requiring that we adjust the action steps, we will notify you through the quarterly reporting process.

## **OTHER CROSS-CUTTING ISSUES**

### **Viewing the Redesign as a Means to Lower Caseloads**

The CWS Stakeholders Workgroup on Workforce Preparation and Support reports that California's child welfare agencies can neither consistently meet the accepted standards established by CWLA or a recent Workload Study commissioned by CDSS. Social Workers report that high caseloads make it very difficult to check family compliance and maintain relationships with workers in partner agencies. Shifts in worker's duties and conflicts over demands on workers' time, challenge the workforce's ability to achieve successful case outcomes. A lack of administrative support services such as paralegal aides, case aides, clerical staff and volunteers also compounds the workload issue.

Significant evidence exists to suggest that manageable caseloads are an important element in improving caseworker practice and in creating a beneficial service environment for the children and families served by child welfare. Studies show that reasonable caseloads are associated with better outcomes. Lower caseloads and a focus on child and family engagement, ensures workers are more available for relationship building.

Several elements of the Redesign create opportunities to reduce caseload and workload, including:

- Restructuring the baseline for the CWS funding allocation so that it is, in part, driven by county plans developed in conjunction with local partnerships;
- Allowing for unspent funds/savings to be carried over from year to year if they are reinvested in the Redesign;

- Applying flexible funding strategies, including exploring the feasibility of increasing flexibility in Federal IV-E funding;
- Leveraging community partnerships to divert low-risk cases through the shift to a Differential Response intake system (see Glossary); and
- Working in partnership with the philanthropic foundations to build community capacity to serve children and families throughout the continuum of CWS, including aftercare.

In addition, CDSS will assess the workload effect of recent and proposed changes to the Child Welfare Services program stemming from this PIP as well as from the CWS Redesign and the new C-CFSR process. Based on the findings, CDSS will work with the counties, the Legislature, and other stakeholders to address workload issues.

### **PIP Survey Methodology**

For the PIP improvement goals where we do not have relevant information in our automated CWS system (Items 14, 17, 18, 20, 21, and 23) the CDSS will provide quantitative measures of improvement by use of a survey methodology. The survey will be conducted using methods that will provide statistically significant statewide quantifiable information to measure changes in these Items.

**Methodology.** The basic strategy is to use a telephone survey to collect the necessary data. The survey will be administered in three waves: an initial baseline survey followed by surveys at Year One and at the end of the PIP period, Year Two. Findings from Year Two will be reported in the final PIP report, showing percentage point changes in the improvement goals indicated above.

The sampling frame includes all open cases in the CWS/CMS system on the target day for each wave (i.e., one month before the start of each wave). The respondents will be birth parents (for ER, FM, and in-home FR cases) and foster parents/caregivers (for PP and out-of-home FR cases). We plan to interview about 2,200 individuals with cases open for at least three months for each wave, including 1,100 from our in-home cases and 1,100 out-of-home cases. The out-of-home cases will include probation-supervised children. This is based on using  $p < 0.05$  and confidence interval of plus or minus 3%.

Our interviews will be conducted by telephone using an automated survey instrument so data will stream directly into a database for analysis. This also allows the survey interviewer to use an automated skipping approach so one survey instrument can gather information for all the relevant improvement goals without needing to ask respondents irrelevant questions. This approach also has the advantage of allowing interviews in languages other than English.

**Constructing the Goal Measures.** The survey will include yes/no questions, pick lists and scales from which the CDSS will construct indices and calculate performance levels for the PIP items shown above. Please see the PIP Matrix for the specific calculation method to be used for each item.

**Reporting the Survey Results.** The CDSS will review the baseline, Year One and Year Two results to assess the percentage change in each of the PIP items measured. These will be reported timely to Region IX accompanied by (1) explanations of the methods used for data collection and calculation of the measures and (2) interpretation of the results to indicate whether the CDSS met the improvement goals.

The final results will be included in the Final Report of the PIP at the end of Year Two. Findings for the Baseline and Year One waves will be reported in the same format (methods plus interpretation of change measures) for review by Region IX, CDSS, and county program representatives.

### **Los Angeles County**

The Child and Family Services Review process requires that each state's largest metropolitan jurisdiction be included in all reviews; Los Angeles County is the largest metropolitan area in California, with approximately forty percent of the State's caseload. Therefore, we have incorporated specific action steps in this plan and in the matrix for Los Angeles County.

Some of the Los Angeles County strategies currently underway include:

- Resolve barriers to timely adoptions. The Los Angeles County Department of Children and Family Services recently developed and started implementation of a comprehensive adoption initiative, which incorporates as appropriate, recommendations from a Los Angeles County Auditor-Controller adoption audit.
- Implementing the Family to Family program and concurrent planning countywide. These efforts will decrease length of time to permanency through increasing the rates of reunification, adoptions and guardianship.
- Full implementation of a standardized safety assessment and risk assessment in the form of Structured Decision Making (SDM), on all referrals. Currently, the county is in the process of implementing SDM at all decision points in the life of a case. The CDSS is working with Los Angeles County to fully implement SDM with technical assistance provided from both the SDM contractor as well as CDSS staff. Additionally, in cooperation with the local Departments of Health Services and Mental Health, the county is developing a more comprehensive needs assessment process for all children entering the system.

- Developing a new Research and Evaluation System that will track the C-CFSR outcome data down to the eight individual Service Planning Areas (SPA) and to the individual DCFS offices within each SPA. This will improve State and county oversight and will provide for better measurement of the impact of program improvements.
- The county currently is in the process of assessing and re-engineering all placement policies, procedures and practices with a focus on stability and reducing incidents of maltreatment in out-of-home care.

### **Development of Improvement Goals**

Where national data standards exist, we reviewed the statistically significant improvement data based on the 2000 runs. Then we reviewed our 2001 measures and discussed whether we could make additional improvements. Our goals for those items reflect our conclusions about what we thought we reasonably could achieve. Where national standards do not exist, we examined the status of our program reforms and where we thought we would be in two years. Based on those discussions, we made decisions on improvement goals. All considerations of improvement took into consideration LA County and both its current and its expected performance during the life of the PIP. The individual Items reflect these decisions.

### **Data Improvement Efforts**

An important factor in program improvement is the need for accurate and reliable data. The Child and Family Services Review generated much interest in the importance of data collection and analysis and the application to program and practice. Data quality has already begun to improve, but there are still areas that need more work. We are improving data quality in a number of ways, including:

- In December 2002, we modified the Child Welfare Services/Case Management System (CWS/CMS) to capture data on the relationship between the child and alleged perpetrator for cases of abuse in out-of-home care.
- Technical changes to the CWS/CMS system, in January 2003, improved the quality of data reported to National Child Abuse and Neglect Data System (NCANDS).
- Technical changes to the CWS/CMS, planned for July 2003, will improve the quality of data reported to the Adoption and Foster Care Analysis and Report System (AFCARS).
- By July 2003, we will release an All County Information Notice (ACIN) that addresses data quality issues and emphasizes the need to enter data accurately and consistently.

- Formed a workgroup, as part of our C-CFSR implementation, that identified indicators to measure child well being using quantifiable statewide data available through CWS/CMS.

Data quality issues can arise from many sources. These sources range from missing data due to lack of consistent data entry practices to the vendor's data architecture. Ongoing discussions between county staff and the vendor are necessary to identify and understand where errors occur and how to eliminate them. For some error elimination efforts, measuring improvement is straightforward (e.g., we expect to see a reduction in the number of critical fields with missing data). In addition, the CWS/CMS vendor makes visits to counties to perform analyses of the county database and provides technical assistance designed to improve data quality. Finally, for other problems, the move toward outcomes and accountability in itself will encourage staff to enter data correctly (e.g., we do not get "credit" for an adoption until the fact that it occurred is entered into the system). Over time, the difference between what the system reflects and what the case record reflects will diminish.

### **Revised Data for Incidence of Child Abuse/Neglect in Foster Care**

Because California's reporting on child abuse/neglect in foster care was incomplete at the time we completed our data profile, the State submitted data that had limitations in that only 40 percent of the out-of-home care population was included. After looking at various options, the Federal data expert recommended the use of our data on this subpopulation, and the Federal Health and Human Services Regional Office concurred.

In reviewing our computations for the national standard on abuse in foster care, we discovered errors in both the numerator and the denominator. The numerator (number of children abused in foster homes) used data for the entire calendar year, instead of the first nine months of the calendar year. The denominator (number of children in foster homes at any time during the first nine months of the calendar year) inadvertently excluded some children who were still in care on the last day of the nine-month period. **The approved temporary methodology remains unchanged.** Our revised performance for 2000 calculated only on the sub-population of children in foster family or in foster family agency homes, resulted in a measure of 0.67 percent instead of 1.06 percent as reported in our data profile.

### **Reporting**

The Department will provide quarterly reports to the Federal Region IX office on measures of improvement and completion of action steps by no later than 30 days after the end of the report quarter. Due to certain limitations of federal data set updates, we will report performance measures based on those data every six months. Under the new C-CFSR, the Department will publish quarterly information on county performance and improvements within 30 days after the end of the quarter. We will make the C-CFSR data available to Region IX upon

completion of the updates but no later than 30 days following the end of the quarter. The State will calculate the AFCARS or NCANDS data for the indicator for reporting in the quarterly reports.

**FFY 2001 State Data Profile.** In the preparation of this Program Improvement Plan, the CDSS included benchmarks and due dates in the Program Improvement Matrix section of the report. The base year for all improvement goals is AFCARS/NCANDS reports for 2000. In the development of quantifiable improvement targets, the CDSS considered data from 2001, and if data showed improvements over the base year, we adjusted our targets to reflect that improvement. Additionally, the CDSS established annual targets to track interim progress.

**Quarterly Improvement Goals.** The CDSS determined that any interim measurement under a year would be irrelevant, given that action steps begin at different times and will take several quarters to show up in the data. Further, it is unlikely that improvements will occur in ways that allow for quarterly projections. In some instances, data will not be available quarterly so performance against benchmarks would not be possible. We will monitor and report on all areas quarterly in order to understand effects of our system reforms as soon as possible.

#### **Technical Assistance Needs**

We wish to request technical assistance from National Resource Centers (NRC). We identified the following Centers as potential sources for Technical Assistance that could help us reach targeted improvement levels:

- National Child Welfare Resource Center on Legal and Judicial Issues – assist the State and the Judicial Council on issues specifically relating to terminating parental rights, data collection, statutory changes, if any, needed to implement differential response.
- National Child Welfare Resource Center on Foster Care and Permanency Planning – provide technical assistance on effective practices to implement concurrent planning.
- National Child Welfare Resource Center for Organizational Improvement – help the State evaluate its management practices and identify effective strategies for improvement.
- National Child Welfare Resource Center for Family-Centered Practice – help assess our current services and develop a plan to expand accessibility and improve the quality and types of services provided to children and families receiving Child Welfare Services.

- National Resource Center on Substance Abuse and Child Welfare – provide expert consultation on how to effect change in parents and youth who have substance abuse problems in a timely way so that we meet timeframes for permanency.
- National Resource Center on Child Maltreatment – continue to assist us with the Child Welfare Redesign by providing guidance to its implementation.
- National Resource Center on Youth Development – provide expert consultation on Items 7,10,14,18 and 36.
- National Resource Center for Special Needs Adoption -- assist the State in strengthening its recruitment efforts to reflect racial and ethnic makeup of children in foster care, including African American and Native American families.

Region IX has identified the National Child Welfare Resource Center for Foster Care and Permanency Planning to work with us on the issue of disproportionality of children of color, particularly African American and Native American children, as described in Systemic Factor 7, Item 37. In addition to the assistance from the National Resource Center, the state also will apply information learned through U.C. Berkeley and California State University at Sacramento to address the over-representation issue.

## **Safety Outcome 1: Children are first and foremost protected from abuse and neglect**

### **Item 2a: Repeat maltreatment- Recurrence of Maltreatment**

#### Summary of Federal Concerns/Issues for Item

“The State did not meet the national standard for the percentage of children experiencing more than one substantiated or indicated child maltreatment report within a six month period. Item 2 was assigned an overall rating as an Area Needing Improvement. “Although in 91 percent of the 47 applicable cases reviewed during the onsite review, there was no repeat maltreatment, the State’s rate of repeat maltreatment for the year 2000 reported in the State data profile (10.7 percent) did not meet the national standard of 6.1 percent or less.”

#### Program Improvement Goal

The percentage of repeat maltreatment of children will decrease from 10.7 percent in 2000 to 8.9 percent by no later than March 31, 2005, after the PIP is approved.

#### Sources of Problem

- Not all counties apply uniform risk, safety and needs assessment practices to cases.
- Services are not always available to meet needs of family both to prevent the need to enter the system, and while in the system.
- Timelines for the delivery of services are too restrictive (e.g., the 12 month limit on in-home services currently in state statute).

#### Action Steps:

1. The CDSS will identify promising practices by reviewing the literature and practices in place in high performing counties (see glossary), such as comprehensive safety, risk, and needs assessment, and implement in every high priority county (see glossary). Specifically, in Los Angeles, the County has implemented a standardized approach to safety and risk assessment on all referrals. The County is in the process of implementing this same process at all key decision points in the life of a case (Emergency Response, Family Maintenance, Family Reunification, and Permanent Placement). Further, the County is developing a comprehensive needs assessment that will be applied to all children entering the system. The CDSS will use the C-CFSR quarterly performance information to track progress in Los Angeles and to identify other counties that need assistance in meeting performance targets, and provide technical assistance (see glossary) to improve assessment practice and

to coordinate access to services for families. **Cross-reference to Safety Outcome 1, Item 2b; Safety Outcome 2, Items 3 & 4; Permanency Outcome 1, Item 5)**

2. The CDSS will develop a legislative proposal to modify the current 12-month limit on Family Maintenance Services. This change will allow counties to have appropriate flexibility and enough time to ensure child safety and improved family functioning before closing a case. Upon passage of legislation, the CDSS will implement statewide. **(Cross-reference to Safety Outcome 2, Item 3 & 4; Permanency Outcome 1, Item 5)**
3. The CDSS, will work with the California Department of Mental Health (DMH), the California Department of Alcohol and Drug Programs (ADP), County Welfare Directors Association (CWDA), Chief Probation Officers of California (CPOC), the associations representing the county mental health directors, alcohol and drug program directors (Proposition 36 funding), and the local county First Five Association and the State First Five Commission to ensure that children and families in the California child welfare services system receive the appropriate priority for services across systems. The main part of this effort, however, will occur as part of the C-CFSR county self-assessment and planning process described in the introduction. The state will review and approve the county plans and use this information to identify and remove any systemic barriers identified by counties. In addition, as part of the C-CFSR county self-assessment process, the state will review and approve the county plans and use this information to identify and remove any systemic barriers identified by counties. **(Cross-reference to Permanency Outcome 1, Item 5; Well-Being Outcome 1, Item 17; Systemic Factor 5, Item 36)**
4. The CDSS, through the CWS Redesign, will begin developing and implementing a statewide comprehensive assessment approach to safety that includes determining levels of safety, risk, parental protective capacity and family strengths and needs throughout the life of the case. **(Cross-reference to Safety Outcome 1, Item 2B; Safety Outcome 2, Items 3 & 4; Permanency Outcome 1, Item 5; Well-Being Outcome 1, Item 20; Systemic Factor 5, Item 37)**
5. The CDSS will develop and implement a framework for a differential response system as part of the CWS Redesign process. **(Cross-reference to Safety Outcome 2, Items 3 & 4; Well-Being Outcome 1, Item 17; Systemic Factor 5, Item 36)**

#### Measurement Method

The rate of repeat maltreatment will be based upon the AFCARS/NCANDS data and the C-CFSR data indicator of the number of children who were victims of repeat maltreatment (repeat maltreatment as defined in the National standard) compared to the

total number of children who were victims of maltreatment. In addition, we will use the C-CFSR process to ensure counties implement appropriate risk assessment protocols and improve outcomes.

#### Frequency of measurements

Measurement of progress toward national data standards using AFCARS and NCANDS data will be reported every six months. In addition, quarterly C-CFSR reports will show quantitative progress on improvement and completion of action steps by county. By June 30, 2004, we expect to improve by 0.9 percent.

#### Determination of Goal Achievement

The goal will be achieved when this outcome for children improves from 10.7 percent to 8.9 percent by no later than March 31, 2005, and all action steps are completed.

## **Safety Outcome 1: Children are first and foremost protected from abuse and neglect**

### **Item 2b: Repeat maltreatment- Incidence of Child Abuse and/or Neglect in Foster Care**

#### Summary of Federal Concerns/Issues for Item

“The State did not meet the national standard for the percentage of children experiencing more than one substantiated or indicated child maltreatment report within a six month period or the national standard for the percentage of children maltreated in foster care. The State’s CWS/CMS system does not currently capture information about child maltreatment perpetrators who are relative caregivers or group home staff. Consequently, the State’s rate of maltreatment in foster care (1.06 percent) reflects only the incidence of child maltreatment experienced by children placed in a foster family agency certified homes or in licensed foster family homes.”

#### Program Improvement Goal

The percentage of maltreatment of children in foster care will decrease from 0.67 percent in 2000 to 0.53 percent no later than March 31, 2005.<sup>1</sup>

#### Sources of Problem

- Not all counties apply uniform risk, safety, and needs assessment practices throughout the life of in-home and out-of-home cases.
- Some caregivers do not have necessary services or resources.
- Specific concerns expressed regarding hotline responsiveness to maltreatment reports in Los Angeles County.
- Inability to track abuse and neglect in relative and group home foster care settings. (Note: This issue has been addressed in the data section of the overview).
- Need for more careful screening of foster parents and other individuals living in the foster home prior to placement of a child in the home.
- Need for improved process of matching foster families with children based on children’s needs.
- Social workers not visiting children in their foster care settings with sufficient frequency to monitor risk.
- No requirement to routinely complete an updated home study/psychosocial assessment when a home is annually reassessed for continued compliance with licensing requirements.

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<sup>1</sup> The baseline data in the safety profile was set at 1.06 percent; however a recalculation using the same methodology resulted in a revised measure of .67 percent.

### Action Steps:

1. The CDSS will work with high priority counties (see glossary) to identify problem areas (see C-CFSR matrix) and will provide technical assistance (see glossary) to those counties to implement strategies to reduce the incidence of child abuse and neglect in foster care. Specifically, Los Angeles County is in the process of assessing and re-engineering all placement policies and practices with a focus on reducing incidents of maltreatment in out-of-home care.
2. The CDSS will work with counties to determine where additional support services may be needed for caregivers and identify resources that can provide support services for caregivers in counties (see C-CFSR matrix).
3. Based on what is learned in Action Steps # 1 and 2, the CDSS will identify and provide technical assistance (see glossary) to improve risk assessment practice in out-of-home care. In addition, the CDSS will provide training for hotline workers and supervisors on how to handle allegations of maltreatment of children in out-of-home care using practices from high performing (see glossary) counties as models. The CDSS will ensure that Los Angeles County hotline staff receive targeted training early in the PIP in accordance with our overall Los Angeles County strategy.
4. The CDSS, through the CWS Redesign, will begin developing and implementing a statewide comprehensive assessment approach to safety and well-being that includes safety, risk, protective capacity and comprehensive family assessment approaches throughout the life of the case. **(Cross-reference to Safety Outcome 1, Item 2A, Safety Outcome 2, Item 3&4; Permanency Outcome 1, Item 5; Well-Being Outcome 1, Item 20; Systemic Factor 5, Item 37)**
5. The CDSS will identify promising practices by reviewing the literature and practices in place in high performing counties (see glossary), such as comprehensive safety, risk, and needs assessment, and implement in every high priority county (see glossary). Specifically, in Los Angeles, the County has implemented a standardized approach to safety and risk assessment on all referrals. The County is in the process of implementing this same process at all key decision points in the life of a case. Further, the County is developing a comprehensive needs assessment that will be applied to all children entering the system. The CDSS will use the C-CFSR quarterly performance information to track progress in Los Angeles and to identify other counties that need assistance in meeting performance targets, and provide technical assistance (see glossary) to improve assessment practice and to coordinate access to services for families. **(Cross-reference to Safety Outcome 1, Item 2A; Safety Outcome 1, Items 3 & 4; Permanency Outcome 1, Item 5)**
6. The CDSS will develop a legislative proposal to conform the currently separate statutory licensing and adoption approval processes into a consolidated home study process. This will speed up the time it takes to adopt a child and reduce the number of moves a child makes while in out-of-home care. Upon enactment of this

legislation, the CDSS will ensure that it is implemented statewide. **(Cross-reference to Safety Outcome 1, Item 2b, Permanency Outcome 1, Items 6 & 9, Systemic Factor 2, Item 28; Systemic Factor 7, Item 44)**

7. The CDSS will provide technical (see glossary) assistance to high priority counties (see glossary) to identify and implement promising practices that reduce multiple placements and improve continuity of family relationships and connections. The CDSS will develop a promising practices guide that will contain successful practices from high performing counties, such as using team review process (including parents and child as appropriate) before a child is moved to a second placement and family engagement practices to improve case planning. Additionally, the State will work to increase the number of counties, including Los Angeles County, that use the Family to Family Initiative. **(Cross reference to Permanency Outcome 1, Item 6; Permanency Outcome 2, Item 14; Well-Being Outcome 1, Items 17, 18; Systemic Factor 2, Items 25 & 28; Systemic Factor 7, Item 44)**
8. The CDSS will work with the National Resource Center on Permanency Planning and/or Special Needs Adoptions around issues of recruitment of foster parents for older youth and to represent the ethnic and racial diversity of children in care. **(Cross-reference to Permanency Outcome 1, Item 9; Systemic Factor 5, Item 37)**

#### Measurement Method

The count for the numerator will be based on children in non-relative foster homes and foster family agency homes who had referrals that resulted in substantiated allegations of abuse or neglect during a nine-month period from January 1 – September 30. Instances where the child was listed as the victim and the foster parent was listed as the perpetrator will be used as the numerator. This will also include cases in which the foster parent was listed as the victim and the child was listed as the perpetrator because this is a common data entry error. This count will be divided by the population of children served in non-relative foster homes and family agency homes for the same time period. Maltreatment in foster care will also be tracked for all placement types.

#### Frequency of Measurement

Measurement of progress toward national data standards will be reported every six months from AFCARS/NCANDS. C-CFSR quarterly reports will report quantitative progress on improvement by county and the completion of the action steps. By June 30, 2004, we will improve by 0.07 percentage points.

#### Determination of Goal Achievement

The goal will be achieved when the State's rate of safety for children improves from 0.67 percent, using the alternate data source for the year 2000, to 0.53 percent by March 31, 2005. All action steps will be completed.

## **Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.**

**Item 3: Services to family to protect child(ren) in home and prevent removal.**

**Item 4: Risk of harm to child(ren).**

### Summary of Federal Concerns / Issues for Item

Although, the State passed this item in the onsite review, we did not achieve substantial conformity in Safety Outcome 2 because the outcome was substantially achieved in 85.1 percent of the cases reviewed, which is less than the 90 percent required for a rating of substantial conformity.

For Item 3, an overall rating of Strength was assigned “because in 89% of the cases, reviewers determined that the agency made diligent efforts to maintain children safely in their own homes to prevent removal or facilitate family reintegration after reunification.”

For Item 4, an overall rating of Strength was assigned “because in 87.2 percent of the applicable cases, reviewers determined that CDSS made diligent efforts to reduce the risk of harm to children.” Key concerns identified in the case reviews pertained to “risk assessments that failed to address underlying risk-related issues, such as domestic violence or mental illness, and lack of follow-up to ensure services were received.”

In addition, stakeholders expressed concerns about the ability of child welfare service agencies to protect children in-home effectively with a 12-month limitation placed on in-home services as contained in state statute. Stakeholders also suggest that services should be terminated according to whether a risk of harm continues to be present rather than whether the 12-month time limitation has been reached. The key concern for stakeholders was that 12 months may not be sufficient to resolve all of the family issues that contribute to the risk of harm to the child.

### Program Improvement Goal

We will decrease our rate of recurrence of abuse or neglect in cases where children are not removed from the home from our baseline of 23.0 percent in calendar year 2002 by two percentage points by March 31, 2005.

### Sources of Problem

- Not all counties apply uniform risk, safety and needs assessment practices to cases that to identify the underlying issues.
- Timelines for the delivery of services are too restrictive.

### Action Steps:

1. The CDSS will identify promising practices by reviewing the literature and practices in place in high performing counties (see glossary), such as comprehensive safety, risk, and needs assessment, and implement in every high priority county (see glossary). Specifically, Los Angeles County has implemented a standardized approach to safety and risk assessment on all referrals. The County is in the process of implementing this same process at all key decision points in the life of a case. Further, the County is developing a comprehensive needs assessment that will be applied to all children entering the system. The CDSS will use the C-CFSR quarterly performance information to track progress in Los Angeles County and to identify other counties that need assistance in meeting performance targets, and provide technical assistance (see glossary) to improve assessment practice and to coordinate access to services for families. **(Cross-reference to Safety Outcome 1, Items 2A & 2B; Permanency Outcome 1, Item 5)**
2. The CDSS, through the CWS Redesign, will begin developing and implementing a statewide comprehensive assessment approach to safety and well-being that includes safety, risk, protective capacity and comprehensive family assessment approaches throughout the life of the case. **(Cross-reference to Safety Outcome 1, Items 2A & 2B; Permanency Outcome 1, Item 5; Well-Being Outcome 1, Item 20; Systemic Factor 5, Item 37)**
3. The CDSS will develop a legislative proposal to modify the current 12-month limit on Family Maintenance Services. This change will allow counties to have appropriate flexibility and enough time to ensure child safety and improved family functioning before closing a case. Upon passage of legislation, the CDSS will implement statewide. **(Cross-reference to Safety Outcome 1, Item 2A; Permanency Outcome 1, Item 5)**
4. The CDSS will develop and implement a framework for a differential response system as part of the CWS Redesign Process. **(Cross-reference to Safety Outcome 1, Item 2A; Well-Being 1, Items 17; Systemic Factor 5, Item 36)**

### Measurement Method

We calculate the baseline using calendar year 2002 data. This baseline calculation includes all children who have a substantiated or inconclusive allegation of maltreatment and who remained in the home. In the home is defined as no removal during the first referral episode closed during the benchmark year. There were 351,253 cases with this condition between 1/1/2002 and 12/31/2002. This number forms the denominator for the ratio. From these cases, we selected all cases where the next event was a substantiated maltreatment referral. There were 80,684 cases with this

condition. This number forms the numerator for our ratio. We then divided 80,684 by 351,253 to get a ratio of 23.0%.

#### Frequency of Measurements

Progress will be reported using C-CFSR quarterly reports that provide county-level quantitative information on the recurrence of maltreatment. In addition, we will report in our quarterly reports on completion of each action step. By June 30, 2004, we will improve by one percentage point.

#### Determination of Goal Achievement

The goal will be achieved when there is a two-percentage point reduction in the recurrence of abuse or neglect in cases where children are not removed from the home, and action steps are completed.

## **Permanency Outcome 1 – Children have permanency and stability in their living situations.**

### **Item 5 – Foster Care Re-entries Statewide Data Indicator: Foster Care Reentries**

#### Summary of Federal Concerns/Issues for Item

Item 5 was assigned an overall rating of Area Needing Improvement. The federal report stated that “despite the finding that no re-entries into foster care occurred in the cases reviewed, data from the State Data Profile indicate that California’s re-entry rate for fiscal year 2000 (10.7 percent) does not meet the national standard of 8.6 percent or less. It is necessary that the criteria and standards for both the case review and the statewide data measures be met for the item to receive an overall rating of Strength.”

#### Program Improvement Goal

The rate of children re-entering foster care will decrease from 10.7 percent in fiscal year 2000 to 9.4 percent June 30, 2005.

#### Sources of Problem

- Timelines for the delivery of services are too restrictive reducing the ability to deliver services in family maintenance cases.
- Not all counties apply uniform risk, safety and needs assessment practices to cases.
- Lack of clear guidance regarding the use of trial home visits.
- Insufficient resources available to help maintain families when children returned home.
- Worker caseloads are too high, which impacts the ability of child welfare agencies to provide sufficient post-reunification services.

#### Action Steps:

1. The CDSS will identify promising practices by reviewing the literature and practices in place in high performing counties (see glossary), such as comprehensive safety, risk, and needs assessment, and implement in every high priority county (see glossary). Specifically, Los Angeles County has implemented a standardized approach to safety and risk assessment on all referrals. The County is in the process of implementing this same process at all key decision points in the life of a case. Further, the County is developing a comprehensive needs assessment that will be applied to all children entering the system. The CDSS will use the C-CFSR quarterly performance information to track progress in Los Angeles County and to identify other counties that need assistance in meeting performance targets, and provide technical assistance (see glossary) to improve assessment practice and to

coordinate access to services for families. **(Safety Outcome 1, Item 2A; Safety Outcome 2, Items 3 & 4)**

2. The CDSS, through the CWS Redesign, will begin developing and implementing a statewide comprehensive assessment approach to safety and well-being that includes safety, risk, protective capacity and comprehensive family assessment approaches throughout the life of the case. **(Cross-reference to Safety Outcome 1, Items 2A & 2B; Safety Outcome 2, Items 3 & 4; Well-Being Outcome 1, Item 20; Systemic Factor 5, Item 37)**
3. The CDSS will develop a legislative proposal to modify the current 12-month limit on Family Maintenance Services. This change will allow counties to have appropriate flexibility and enough time to ensure child safety and improved family functioning before closing a case. Upon passage of legislation, the CDSS will implement statewide. **(Cross-reference to Safety Outcome 1, Item 2A; Safety Outcome 2, Items 3 & 4)**
4. The CDSS, with the Judicial Council, will propose legislation to include language on the use of trial home visits when pursuing reunification and expanded permanency options. This will reduce the inappropriate movement of children in and out of foster care. Additionally, we will ensure that counties and courts use trial home visits, TPR, and permanency options appropriately and consistently. **(Cross-reference to Permanency Outcome 1, Item 8)**
5. The CDSS, will work with the California Department of Mental Health (DMH), the California Department of Alcohol and Drug Programs (ADP), County Welfare Directors Association (CWDA), Chief Probation Officers of California (CPOC), the associations representing the county mental health directors, alcohol and drug program directors (Proposition 36 funding), and the local county First Five Association and the State First Five Commission to ensure that children and families in the California child welfare services system receive the appropriate priority for services across systems. The main part of this effort, however, will occur as part of the C-CFSR county self-assessment and planning process described in the introduction. The state will review and approve the county plans and use this information to identify and remove any systemic barriers identified by counties. In addition, as part of the C-CFSR county self-assessment process, the state will review and approve the county plans and use this information to identify and remove any systemic barriers identified by counties. **(Cross-reference to Safety Outcome 1, Item 2A; Well-Being Outcome 1, Item 17; Systemic Factor 5, Item 36)**
6. As part of the Redesign, CDSS will create opportunities to reduce high caseloads and workloads in order to improve caseworker practice and create a beneficial service environment for children and families.

### Measurement Method

Meeting this improvement goal requires a 1.3 percentage point improvement by the end of the PIP. Progress will be measured every six months using the AFCARS indicator for foster care re-entry by calculating the percent of all children entering care during the Federal fiscal year who re-entered foster care within 12 months of a prior episode. Progress also will be measured using the C-CFSR alternative quarterly performance indicators related to foster care re-entry.

### Frequency of Measurement

Measurement of progress toward achieving the national data standard will be reported from AFCARS every six months. In addition, C-CFSR quarterly reports will measure quantifiable improvement. We will report quarterly completion of action steps. By June 30, 2004, we will see a 0.65 percentage point improvement.

### Determination of Goal Achievement

The goal will be achieved when the rate of children re-entering foster care is 9.4 percent and all action steps have been completed.

## **Permanency Outcome 1 – Children have permanency and stability in their living situations**

### **Item 6 – Stability of foster care placement Statewide Data Indicator: Stability in Foster Care**

#### Summary of Federal Concerns/Issues for Item

Item 6 was assigned an overall rating of Area Needing Improvement. The federal report stated that “Although 76 percent of the applicable cases were rated as a Strength for this item, in 24 percent of the applicable cases, reviewers determined that children experienced multiple placement changes that did not assist in further attainment of their goals or their treatment plans.” “In addition, data from the State Data Profile indicate that the percentage of children experiencing no more than 2 placements in their first 12 months in foster care (77.8 percent) does not meet the national standard of 86.7 percent or more.”

#### Program Improvement Goal

The percentage of children who have two or fewer foster care placements in the first year of their latest removal will increase by 3.8 percentage points based on calendar year 2000 AFCARS data to 81.6 percent by June 30, 2005.

#### Sources of Problem

- The initial placement of children sometimes does not consider all of the needs for special needs children with complex mental health or behavioral health needs.
- The separate licensing and adoption approval processes currently required of caregivers are not coordinated with permanency decisions in mind.
- Children are moved multiple times without a look at all the options available to ensure safety and permanency.
- Lack of sufficient placement resources.

#### Action Steps:

1. The CDSS will provide technical assistance to high priority (see glossary) counties to identify and implement promising practices that reduce multiple placements. The CDSS will develop a promising practices guide that will contain successful practices from high performing counties, such as using team review process (including parents and child as appropriate) before a child is moved to a second placement. Additionally, the State will work to increase the number of counties that use the Family to Family Initiative. **(Cross-reference to Safety Outcome 1, Item 2b; Permanency Outcome 2, Item 14; Well-Being Outcome 1, Item 17; Well-Being Outcome 1, Items 18 & 20; Systemic Factor 2, Item 25; Systemic Factor 2, Item 28; Systemic Factor 7, Item 44)**

2. Concurrent planning is required by State law. The CDSS will issue an All County Information Notice (ACIN) to clarify and resolve outstanding concurrent planning implementation issues, such as the importance of integrating adoption practices earlier in the case plan and appropriate training of foster parents to support reunification and permanency for children. This will improve the effectiveness of this statutory requirement.
  
3. The CDSS will develop a legislative proposal to conform the currently separate statutory licensing and adoption approval processes into a consolidated home study process. This will speed up the time it takes to adopt a child and reduce the number of moves a child makes while in out-of-home care. Upon enactment of this legislation, the CDSS will ensure that it is implemented statewide. **(Cross-reference to Safety Outcome 1, Item 2b, Permanency Outcome 1, Item 9; Systemic Factor 2, Item 28; Systemic Factor 7, Item 44)**
  
4. As part of the C-CFSR self-assessment and planning processes, counties will identify unmet placement resource needs, including foster and adoptive parents for older and special needs children. Each county will develop a recruitment strategy as part of their plan. **(Cross-reference to Systemic Factor 2, Item 28; Systemic Factor 7, Item 44)**

#### Measurement Method

Progress toward achieving the goal will be measured using AFCARS data for stability in foster care. This is calculated using the percent of all children who have been in foster care less than 12 months from the time of the latest removal and had no more than two placement settings. Interim progress will be measured quarterly using the C-CFSR data indicators related to stability in foster care. In addition, we will track quarterly progress in implementing all action steps.

#### Frequency of Measurement

Measurement of progress toward national data standards will be reported from AFCARS every six months. Quarterly reports will report on quantitative progress and on the completion of action steps. By June 30, 2004, we will improve by 1.9 percentage points.

#### Determination of Goal Achievement

The goal will be achieved when the rate of children having two or fewer placement settings is at 81.6 percent for stability in foster care by June 30, 2005, and all action steps have been completed.

## **Permanency Outcome 1 – Children have permanency and stability in their living situations.**

### **Item 7 – Permanency goal for children**

#### Summary of Federal Concerns/Issues for Item

Item 7 was assigned an overall rating of Area Needing Improvement. The federal report stated, “Although this item was rated as a Strength in 76 percent of the applicable cases, in 24 percent of these cases, reviewers determined that the agency had not established an appropriate goal for the child in a timely manner.” As stated in the executive summary, “A key finding was that the goal of reunification was being maintained for long periods of time, even when there was a lack of evidence that reunification was likely to occur.” Further, the report stated, “According to the Statewide Assessment, all case plans for foster children who are being reunified must have a concurrent plan for permanency. However, there was little evidence of this in cases reviewed in Los Angeles County.”

#### Program Improvement Goal

We will increase our rate of timely establishment of appropriate permanency goals from our baseline of 79.7 percent in calendar year 2002 by three percentage points by June 30, 2005.

#### Sources of Problem

- Permanency goals are not always reassessed after the initial permanency hearing.
- All counties have not implemented concurrent planning fully.

#### Action Steps:

1. The CDSS will identify high priority (see glossary) counties and provide technical assistance using promising practices from high performing (see glossary) counties, specifically, the technical assistance will include strategies to ensure that all counties implement concurrent planning including the full implementation for all cases in Los Angeles County; and document compelling reasons for not filing TPRs **(Cross-reference to Permanency Outcome 1, Items 8 ,9,& 10; Systemic Factor 2, Item 28)**
2. The CDSS, with the Judicial Council, will develop and implement an educational program through the CDSS’ contract with JRTA to provide training to all judges on current law regarding Termination of Parental Rights (TPR) and concurrent planning. **(Cross reference to Permanency Outcome 1, Item 9; Systemic Factor 2, Item 28)**

3. The CDSS will develop a legislative proposal to strengthen requirements that counties reconsider permanency options at each permanency planning review hearing for children who must remain in care, so if circumstances have changed, the child can be re-engaged in reunification or adoption services. Legislation is needed because no court rules exist to require reassessment of permanency every six months. Upon enactment, the CDSS will implement statewide.  
**(Cross-reference to Permanency Outcome 1, Item 10; Systemic Factor 2, Item 28)**
4. The CDSS will study and report on the feasibility of including a core element in the PQCR or other options to measure the timely establishment of appropriate permanency goals.

#### Measurement Method

We calculated the baseline using calendar year 2002 data. This baseline calculation includes all child welfare supervised children or probation supervised children in the CWS/CMS system that had an open placement record any time during 2002. We calculated time in care using the placement end date or 12/31/02 for open placements. Then we looked backward to identify all cases with at least 17 months of time in care. There were 80,721 placements open 17+ months. Next, we excluded the 8,596 cases with missing permanency goal information. This left 72,125 cases. Of these cases, 14,614 cases had reunification goals at 17 months. We then divided 14,614 by 72,125 to get a ratio of 20.3%. We computed the benchmark by subtracting 20.3% from 100% to get 79.7%. We used this approach because all the cases that do not have a reunification goal have another permanency goal recorded in the CWS/CMS.

#### Frequency of Measurements

Progress will be measured and reported using the quarterly C-CFSR reports. By June 30, 2004, we will improve by 1.5 percentage points. In addition, we will report annually the proportion of children in care for 17+months by permanency goal including adoption, guardianships, long term foster care, and reunification.

#### Determination of Goal Achievement

The goal will be achieved when the percentage of children in which a timely establishment of permanency has improved by three percentage points from the baseline calendar year 2002 data.

## **Permanency Outcome 1 – Children have permanency and stability in their living situations.**

### **Item 8 – Reunification, Guardianship or Permanent Placement with Relatives Statewide Data Indicator: Length of time to achieve reunification**

#### Summary of Federal Concerns/Issues for Item

Item 8 was assigned an overall rating of Area Needing Improvement. The federal report stated that “Although 81 percent of the applicable cases were rated as a Strength for this item, in 19 percent of applicable cases, reviewers determined that the agency had not made diligent efforts to attain the goals of reunification, permanent placement with relative, or guardianship in a timely manner.” “In addition, data from the State Data Profile indicated that the percentage of reunifications occurring within 12 months of entry into foster care (53.2 percent) does not meet the national standard of 76.2 percent or more.”

#### Program Improvement Goal

California’s goal will be to improve performance (the percent of children who were reunified in less than 12 months from the latest removal) from 53.2 percent in fiscal year 2000 to 57.2 percent by June 30, 2005, which is a four-percentage point improvement.

#### Sources of Problem

- Not all counties have implemented fully concurrent planning.
- Reunification services may not include trial home visits.
- Discharge dates and reasons not always completed in CWS/CMS.

#### Action Steps:

1. The CDSS will identify high priority (see glossary) counties and provide technical assistance using promising practices from high performing (see glossary) counties, specifically, the technical assistance will include strategies to ensure that all counties implement concurrent planning including the full implementation for all cases in Los Angeles County; and document compelling reasons for not filing TPRs. **(Cross-reference Permanency Outcome 1, Items 7, 9 & 10; Systemic Factor 2, Item 28)**
2. The CDSS, with the Judicial Council, will propose legislation to include language on the use of trial home visits when pursuing reunification and expanded permanency options. This will reduce the inappropriate movement of children in and out of foster care. Additionally, we will ensure that counties and courts use trial home visits, TPR, and permanency options appropriately and consistently. **(Cross-reference to Permanency Outcome 1, Item 5)**

3. The CDSS, as part of its on-going effort to improve county data collection for the CWS/CMS will instruct counties to address the need to ensure that case closure and case plan transfer dates and reasons are completed in CWS/CMS.

#### Measurement Method

Progress will be measured using AFCARS data that calculate the percent of children who were reunified in less than 12 months from the latest removal. Progress also will be measured quarterly using the C-CFSR data indicators related to exits from foster care, including to reunification (C-CFSR measure 3A). In addition, we will track quarterly progress in implementing all action steps.

#### Frequency of Measurements

Measurement of progress toward national data standards will be reported using AFCARS every six months. C-CFSR quarterly reports will report on quantifiable improvement. Our quarterly reports also will identify the completion of action steps. By June 30, 2004, we will improve by two percentage points.

#### Determination of Goal Achievement

The goal will be achieved when California's performance in this area has improved by four percentage points and by the completion of all action steps.

## **Permanency Outcome 1 – Children have permanency and stability in their living situations**

### **Item 9 - Adoption**

#### **Statewide Data Indicator: Length of time to achieve adoption**

##### Summary of Federal Concerns/Issues for Item

Item 9 was assigned an overall rating of Area Needing Improvement. The federal report stated that “Although 60 percent of the applicable cases were rated as a Strength for this item, in 40 percent of the applicable cases, reviewers determined that CDSS had not made diligent efforts to achieve adoptions in a timely manner.” “In addition, data from the State Data Profile indicate that the percentage of finalized adoptions in FY 2000 that occurred within 24 months of the child’s removal from home (18 percent) does not meet the national standard of 32.0 percent or more.”

In the two applicable cases in which this item was rated an Area Needing Improvement, reviewers determined that the agency had not actively pursued the goal of adoption and that the agency paperwork was not completed in a timely manner.

##### Program Improvement Goal

California’s goal will be to improve on the length of time to achieve adoption of children to 20.9 percent, which is an increase of 2.9 percentage points from the FFY 2000 benchmark.

##### Sources of Problem

- Counties focus on providing adoption services to children in the system for more than 24 months, which affects the measurement of this outcome.
- Counties have not implemented concurrent planning fully.
- The separate licensing and adoption approval processes currently required of caregivers are not coordinated with permanency decisions in mind.
- Courts’ desire to have all the elements of a permanency plan in place before approving a petition to terminate parental rights.
- Court’s unwillingness to approve a petition for terminating parental rights and child welfare agencies’ unwillingness to file for TPR if an adoptive home is not identified.
- Delays in finalizing adoptions after TPR due primarily to delays in the home study process.
- Belief among agency workers that services will cease when children are adopted, particularly independent living services.
- Belief among agency workers that older children are “unadoptable.”
- Belief among agency workers that the adoption assistance program does not include the same services and/or sufficient financial assistance.

### Action Steps:

1. The CDSS will identify high priority (see glossary) counties and provide technical assistance using promising practices from high performing (see glossary) counties, specifically, the technical assistance will include strategies to ensure that all counties implement concurrent planning including the full implementation for all cases in Los Angeles County; and document compelling reasons for not filing TPRs. **(Cross-reference to Permanency Outcome 1, Items 7, 8 & 10; Systemic Factor 2, Item 28)**
2. CDSS will track progress and provide technical assistance (see glossary) to Los Angeles County's implementation of their comprehensive 2003 Adoption Initiative. This Initiative, which incorporates recommendations from the Los Angeles Auditor-Controller report, will significantly increase the number of adoptions and reduce the average length of time for home studies.
3. The CDSS will develop a legislative proposal to conform the currently separate statutory licensing and adoption approval processes into a consolidated home study process. This will speed up the time it takes to adopt a child and reduce the number of moves a child makes while in out-of home care. Upon enactment of this legislation, the CDSS will ensure that it is enacted statewide. **(Cross-reference to Safety Outcome 1, Item 2b; Permanency Outcome 1, Item 6; Systemic Factor 2, Item 28, Systemic Factor 7, Item 44)**
4. The CDSS, with the Judicial Council, will develop and implement an educational program through the CDSS' contract with JRTA to provide training to all judges on current law regarding Termination of Parental Rights (TPR) and concurrent planning. **(Cross-reference to Permanency Outcome 1, Items 7; Systemic Factor 2, Item 28)**
5. CDSS will issue an All County Information Notice (ACIN) to counties to clarify existing policy and to highlight importance of seeking adoptive homes for children of all ages and special needs; and availability of Adoption Assistance Program (AAP) payments to families when child is adopted regardless of age or special needs **(Cross-reference to Systemic Factor 2, Item 28; and Systemic Factor 7, Item 44.)**
6. The CDSS will work with the National Resource Center on Permanency Planning and/or Special Needs Adoptions around issues of recruitment of foster parents for older youth and to represent the ethnic and racial diversity of children in care. **(Cross-reference to Safety Outcome 1, Item 2b; Systemic Factor 5, Item 37)**
7. The CDSS will work with counties, the California Social Work Education Center (CalSWEC) and the Regional Training Academies (RTAs) to develop requirements and competencies for child welfare workers and supervisors with

the goal of strengthening case practice. The CDSS will ensure that the contracts with the regional training academies include provisions requiring the academies to develop common core curricula to ensure training in comprehensive family needs assessments, including assessing educational and mental health needs of all children both in-home and out-of-home, and that training is consistent statewide. **(Cross-reference to Systemic Factor 2, Item 28; Systemic Factor 4, Item 32)**

8. The CDSS will provide training to child welfare and probation supervisors on good case planning practice, including involvement all family members in case planning and the need to visit with parents when such visits are part of the plan; comprehensive assessment of all children's needs; assessing all in-home children's educational needs and assessing all in-home children's mental health needs **(Cross-reference to Well-Being Outcome 1, Items 17, 18 & 20; Well-Being Outcome 2, Item 21; Well-Being Outcome 3, Item 23; Systemic Factor 2 Items 25 & 28; Systemic Factor 4, Item 32)**
  
9. The CDSS will conduct focused training regarding Indian Child Welfare Act (ICWA) requirements and cultural considerations of Native American children for both county staff and tribal ICWA workers. The CDSS will measure ICWA compliance using the C-CFSR process. This training will include training for Indian tribes on their rights and responsibilities regarding intervention on Indian Child Welfare Act cases. **(Cross-reference to Permanency Outcome 1, Item 9; Permanency Outcome 2, Item 14; Systemic Factor 2, Item 28; Systemic Factor 2, Item 32)**
  
10. The CDSS will work with counties to ensure that they integrate issues of fairness and equity toward racial or ethnic groups into all decisions made by the child welfare service system. This process will include ongoing technical assistance to the counties on issues such as cultural competence, intake processes, services designed to prevent entry into foster care, and foster parent recruitment **(Cross-reference to Well-Being Outcome 1, Item 17; Systemic Factor 2, Item 28; Systemic Factor 5, Item 37; Systemic Factor 7, Item 44)**

#### Measurement Method

Progress will be measured using AFCARS data for all children who exited care to a finalized adoption in less than 24 months. Progress will also be measured quarterly using the C-CFSR data indicators (see C-CFSR matrix 3D & 3A) related to length of time to achieve adoption. In addition, we will track quarterly progress in implementing all action steps.

### Frequency of Measurements

Measurement of progress toward national data standards will be reported using AFCARS every six months. C-CFSR quarterly reports will measure quantitative improvement. In addition, we will report on completion of action steps. By June 30, 2004, we will improve by 1.45 percentage points.

### Determination of Goal Achievement

The goal will be achieved when the length of time to achieve adoption of children has improved to 20.9 percent, which is an increase of 2.9 percentage points, and all action steps have been completed.

## **Permanency Outcome 1 – Children have permanency and stability in their living situations.**

### **Item 10 – Permanency goal of other planned permanent living arrangement**

#### Summary of Federal Concerns/Issues for Item

Item 10 was assigned an overall rating of Area Needing Improvement. The federal report stated that “Although 50 percent of the 4 applicable cases were rated as Strength for this item, in 50 percent of the cases, reviewers determined that the agency had not made concerted efforts to ensure permanency for children with regard to alternative living options.” “The key concern was that the goal of long-term foster care was established for children without adequate exploration of other possible goals, such as adoption or guardianship.”

#### Program Improvement Goal

We will reduce the proportion of children with a goal of long-term foster care at two years after entry from our baseline of 39.9% in calendar year 2002 by three percentage points by June 30, 2005.

#### Sources of Problem

- Permanency goals are not always reassessed after the 12 month permanency hearing.
- Alternate permanency options are not sufficiently considered during permanency planning.

#### Action Steps:

1. The CDSS will identify high priority (see glossary) counties and provide technical assistance using promising practices from high performing (see glossary) counties, specifically, the technical assistance will include strategies to ensure that all counties implement concurrent planning including the full implementation for all cases in Los Angeles County; and document compelling reasons for not filing TPRs. **(Cross-reference to Permanency Outcome 1, Items 7, 8 & 9; Systemic Factor 2, Item 28)**

2. The CDSS will develop a legislative proposal to strengthen requirements that counties reconsider permanency options at each permanency planning review hearing for children who must remain in care, so if circumstances have changed, the child can be re-engaged in reunification or adoption services. Legislation is needed because no court rules exist to require reassessment of permanency every six months. Upon enactment, the CDSS will implement statewide. **(Cross-reference to Permanency Outcome 1, Item 7; Systemic Factor 2, Item 28)**

#### Measurement Method

We calculate the baseline using calendar year 2002 data. The cohort represents the number of children in placements any time during 2002. The time in care calculation uses the placement end date, or 12/31/02, for open placements. We then calculate the ratio of children who have a goal of long term foster care to the total number of children in placements for the relevant period. There were 66,665 children in care for 2 years or more. We excluded 6,531 children with missing goal information for a total of 60,134 children with complete goal information. There were 24,013 children with long-term foster care goals out of the 60,134 placements open 2 or more years. We then divided 24,013 by 60,134 to get a ratio of 39.9%.

#### Frequency of Measurements

Progress will be tracked using quarterly reports from CWS/CMS data. By June 30, 2004, we will improve by 1.5 percentage points.

#### Determination of Goal Achievement

The goal will be achieved when the proportion of children in care more than two years with a goal of long-term foster care is reduced by three percentage points from the calendar year 2002 baseline data and by the completion of all action steps.

## **Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.**

### **Item 14: Preserving Connections**

#### Summary of Federal Concerns/Issues for Item

The determination of lack of substantial conformity on Permanency Outcome 2 was based on the finding that the outcome was rated as substantially achieved in 88.0 percent of the cases, which is less than the 90 percent required for substantial compliance. With respect to Item 14, Preserving Connections, the final report stated “Reviewers indicated that in 21 of the 25 cases, children’s primary connections had been ‘significantly’ preserved.” The final report indicates this lack of conformity was “not an area of egregious weakness,” but that the State needed to make improvements. Five of the six items assessed for this outcome were assigned an overall rating of Strength: proximity of foster care placement, placement of siblings, visiting with parents and siblings in foster care, relative placement and relationship of child in care with parents.

“Reviewers indicated that in 21 of 25 cases reviewed, children’s primary connections had been significantly preserved while they were in foster care; in 4 of the 25 cases, children’s primary connections had been ‘partially’ preserved.” In one case the report states “the agency and foster parent were not assisting the child in maintaining connections to his racial heritage.” In the remaining three cases, “the placement facility was not assisting the child in remaining connected to extended family and/or friends”. Key federal concerns focused largely on four of the cases reviewed and on stakeholder input that indicated difficulty in maintaining connections, especially for Indian children with their tribes.

#### Program Improvement Goal

We will increase from the baseline survey by three percentage points the percentage of children whose primary connections -- including extended family, friends, community, and racial heritage -- are preserved by June 30, 2005.

#### Sources of Problem

- Some caregiver facilities have restrictive policies on family contacts, which can limit connection to family, friends, racial heritage, and community.
- Appropriate county staff are not fully trained in Indian Child Welfare Act (ICWA) requirements.

#### Action Steps:

1. The CDSS will provide technical (The CDSS will provide technical (see glossary) assistance to high priority counties (see glossary) to identify and implement

promising practices that reduce multiple placements and improve continuity of family relationships and connections. The CDSS will develop a promising practices guide that will contain successful practices from high performing counties, such as using team review process (including parents and child as appropriate) before a child is moved to a second placement and family engagement practices to improve case planning. Additionally, the State will work to increase the number of counties, including Los Angeles County, that use the Family to Family Initiative. **(Cross reference to Safety Outcome 1, Item 2b; Permanency Outcome 1, Item 6; Well-Being Outcome 1, Items 17, 18; Systemic Factor 2, Items 25 & 28; Systemic Factor 7, Item 44)**

2. The CDSS will work with Indian tribes to ensure that tribal voice and involvement are integrated into training curricula.
3. The CDSS will conduct focused training regarding Indian Child Welfare Act (ICWA) requirements and cultural considerations of Native American children for both county staff and tribal ICWA workers. The CDSS will measure ICWA compliance using the C-CFSR process. This training will include training for Indian tribes on their rights and responsibilities regarding intervention on Indian Child Welfare Act cases. **(Cross-reference to Permanency Outcome 1, Item 9; Permanency Outcome 2, Item 14; Systemic Factor 2, Item 28; Systemic Factor 2, Item 32)**
4. The CDSS will review policies and procedures with foster family agencies and group home facilities to ensure worker understanding of the need to maintain connections and to remove barriers to compliance so that agency social workers maintain a child's family and community connections. This action step will ensure that these activities do not conflict with certain case planning goals.
5. Develop and implement survey. In this phase, CDSS will review published and unpublished surveys and survey results related to the topics addressed in these PIP Items. A draft questionnaire will be prepared and reviewed by county program staff, CDSS program staff, and CDSS research staff. The content and format of the instrument will be revised to incorporate key issues identified during the review. In addition, the questions may be further modified to address problems identified during the field testing, to assure data quality. **(Cross-reference Well-Being Outcome 1, Item 17, 18, and 20, Well-Being Outcome 2, Item 21, and Well-Being Outcome 3, Item 23.)**
6. Baseline Survey Report. The outcome measures will be calculated from the survey findings. Methodology and results will be reviewed by CDSS and county staff to assure correct methods are used. The supporting documentation will report how the data were collected (questions used), how the measures were defined and calculated, and what the resulting number relates to the PIP. **(Cross-reference Well-Being Outcome 1, Item 17, 18, and 20, Well-Being Outcome 2, Item 21, and Well-Being Outcome 3, Item 23.)**

7. Mid-PIP Survey Results. The same methods used in the Baseline Report will be applied to the Mid-PIP report. Data reported in the Mid-PIP Report include completed interviews of both the Baseline and Mid-PIP period. **(Cross-reference Well-Being Outcome 1, Item 17, 18, and 20, Well-Being Outcome 2, Item 21, and Well-Being Outcome 3, Item 23.)**
8. End of PIP Survey Results. The same methods used in the Mid-PIP Report will be applied to the Final report. Data reported in the Final Report include interviews completed after the data reported in the Mid-PIP report. **(Cross-reference Well-Being Outcome 1, Item 17, 18, and 20, Well-Being Outcome 2, Item 21, and Well-Being Outcome 3, Item 23.)**
9. CDSS will study and report on the feasibility of surveying older youth in in- or out-of-home placements.

#### Measurement Method

- Data collection method: Telephone survey using structured questionnaire. Items on the survey to be developed and reviewed in conjunction with Region IX.
- Population to be interviewed for this item: foster parents and foster caregivers for children in out-of-home placements.
- Survey includes a set of questions about whether the child had contact during the current placement with: extended family members, friends, community of faith, groups related to racial heritage, and after school activities. If the child is American Indian, the survey will ask a subset of additional questions.
- Calculation of performance measure: A score will be computed, giving one point for each connection maintained (Possible range 1 to 5). A score of 3 or higher indicates successful preservation of primary connections.

#### Frequency of Measurements

Survey will be administered in three waves: Baseline at 120 days after PIP approval, at Year 1, and at Year 2.

#### Determination of Goal Achievement

The goal will be achieved when there is a three-percentage point improvement from the baseline survey in the percentage of children whose primary connections -- including extended family, friends, community, and racial heritage -- are preserved; and all action steps are completed.

## Well-Being Outcome 1 – Families Have Enhanced Capacity to Provide for Their Children’s Needs

### Item 17 – Needs and services of child, parents, and foster parents

#### Summary of Federal Concerns/Issues for Item(s):

Item 17 was assigned an overall rating of Area Needing Improvement. According to the federal report, the item “was rated as a Strength in 32 (65 percent) of the 49 applicable cases,” and “was rated as an Area Needing Improvement in 17 (35 percent) of the 49 applicable cases.” The federal report stated, “Although there were no cases in which reviewers found that CDSS had not addressed the needs of foster parents, several stakeholders commenting on this topic expressed the opinion that foster parents and relative caregivers are not always adequately supported and ‘desperately’ need services such as respite care and in-home training and assistance from mental and physical health professionals to care for special needs children.”

#### Program Improvement Goal:

We will increase from the baseline survey by three percentage points the percentage of children, parents, and caregivers whose needs were assessed and who received services to meet those needs by June 30, 2005.

#### Sources of Problem

- Services are not always available to meet the identified needs.
- Assessments and case plan goals do not always address the families or foster parent’s needs.

#### Action Steps:

1. The CDSS will provide technical (see glossary) assistance to high priority counties (see glossary) to identify and implement promising practices that reduce multiple placements and improve continuity of family relationships and connections. The CDSS will develop a promising practices guide that will contain successful practices from high performing counties, such as using team review process (including parents and child as appropriate) before a child is moved to a second placement and family engagement practices to improve case planning. Additionally, the State will work to increase the number of counties, including Los Angeles County, that use the Family to Family Initiative. **(Cross reference to Safety Outcome 1, Item 2b; Permanency Outcome 1, Item 6; Permanency Outcome 2, Item 14; Well-Being Outcome 1, Item 18; Systemic Factor 2, Items 25 & 28; Systemic Factor 7, Item 44)**

2. The CDSS will provide training to child welfare and probation supervisors on good case planning practice, including involvement of all family members in case planning and the need to visit with parents when such visits are part of the plan; comprehensive assessment of all children's needs; assessing all in-home children's educational needs and assessing all in-home children's mental health needs **(Cross-reference to Permanency Outcome 1, Item 9; Well-Being Outcome 1, Items 18 & 20; Well-Being Outcome 2, Item 21; Well-Being Outcome 3, Item 23; Systemic Factor 2 Items 25 & 28; Systemic Factor 4, Item 32)**
3. The CDSS will submit a legislative proposal to expand the time allotted to develop an appropriate case plan from 30 days to the federal requirement of 60 days. This will give social workers additional time to engage all family members, and to assess and address comprehensively child and family service needs. Upon enactment, the CDSS will implement statewide. **(Cross-reference to Well-Being Outcome 1, Items 18; Systemic Factor 2, Item 25)**
4. The CDSS will develop and implement a framework for a differential response system as part of the CWS Redesign process. **(Cross-reference to Safety Outcome 1, Item 2A; Safety Outcome 2, Items 3 & 4; Systemic Factor 5, Item 36)**
5. The CDSS will work with counties to ensure that they integrate issues of fairness and equity toward racial or ethnic groups into all decisions made by the child welfare service system. This process will include ongoing technical assistance to the counties on issues such as cultural competence, intake processes, services designed to prevent entry into foster care, and foster parent recruitment. **(Cross-reference to Permanency Outcome 1, Item 9; Systemic Factor 2, Item 28; Systemic Factor 5, Item 37; Systemic Factor 7, Item 44)**
6. The CDSS, will work with the California Department of Mental Health, the California Department of Alcohol and Drug Programs, County Welfare Directors Association, Chief Probation Officers of California, the associations representing the county mental health directors, alcohol and drug program directors (Proposition 36 funding), and the local county First Five Association and the State First Five Commission to ensure that children and families in the California child welfare services system receive the appropriate priority for services across systems. The main part of this effort, however, will occur as part of the C-CFSR county self-assessment and planning process described in the introduction. The state will review and approve the county plans and use this information to identify and remove any systemic barriers identified by counties. **(Cross-reference to Safety Outcome 1, Item 2a; Permanency Outcome 1, Item 5; Systemic Factor 5, Item 36)**
7. Develop and implement survey. In this phase, CDSS will review published and unpublished surveys and survey results related to the topics addressed in these PIP Items. A draft questionnaire will be prepared and reviewed by county program staff, CDSS program staff, and CDSS research staff. The content and format of the

instrument will be revised to incorporate key issues identified during the review. In addition, the questions may be further modified to address problems identified during the field testing, to assure data quality. **(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 18, and 20, Well-Being Outcome 2, Item 21, and Well-Being Outcome 3, Item, 23.**

8. Baseline Survey Report. The outcome measures will be calculated from the survey findings. Methodology and results will be reviewed by CDSS and county staff to assure correct methods are used. The supporting documentation will report how the data were collected (questions used), how the measures were defined and calculated, and what the resulting number relates to the PIP. **(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 18, and 20, Well-Being Outcome 2, Item 21, and Well-Being Outcome 3, Item, 23.**
9. Mid-PIP Survey Results. The same methods used in the Baseline Report will be applied to the Mid-PIP report. Data reported in the Mid-PIP Report include completed interviews of both the Baseline and Mid-PIP period. **(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 18, and 20, Well-Being Outcome 2, Item 21, and Well-Being Outcome 3, Item, 23.**
10. End of PIP Survey Results. The same methods used in the Mid-PIP Report will be applied to the Final report. Data reported in the Final Report include interviews completed after the data reported in the Mid-PIP report. **(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 18, and 20, Well-Being Outcome 2, Item 21, and Well-Being Outcome 3, Item, 23.)**

#### Measurement Method

- Data collection method: Telephone survey using structured questionnaire. Items on the survey to be developed and reviewed in conjunction with Region IX.
- Population to be interviewed for this item: For FM case: parent. For FR case: parent as well as foster parent/caregiver. For PP case: foster parent.
- Survey includes a set of parallel questions for each of the parents/foster parents and relevant children in the family.

Calculation of performance measure: CDSS will calculate two performance measures: (1) Assessment percentage (number of persons receiving assessment divided by the number of persons identified as case/family members) and (2) a Services percentage (number of persons receiving services divided by number of persons assessed).

#### Frequency of Measurements

Survey will be administered in three waves: Baseline at 120 days after PIP approval, at Year 1, and at Year 2.

### Determination of Goal Achievement

The goal will be achieved when there is a three percentage point increase above the baseline survey in the percentage of children, parents, and caregivers whose needs were assessed and who received services to meet those needs; and all action steps are completed.

## Well-Being Outcome 1 – Families Have Enhanced Capacity to Provide for Their Children’s Needs

### Item 18 – Child and family involvement in case planning

#### Summary of Federal Concerns/Issues for Item(s):

Item 18 was assigned an overall rating of Area Needing Improvement. The federal report stated that “Item 18 was rated as a Strength in 26 (53 percent) of the 49 cases”, and “Item 18 was rated as an Area Needing Improvement in 23 (47 percent) of the 49 cases.” The report further stated that “Item 18 was assigned an overall rating of Area Needing Improvement based on the finding that in 47 percent of the cases, reviewers determined that CDSS had not made diligent efforts to involve parents and/or children in the case planning process.”

#### Program Improvement Goal:

We will increase from the baseline survey by three percentage points the percentage of children, parents, and caregivers involved in case planning by June 30, 2005.

#### Sources of Problem

- Practice does not always emphasize child and parent involvement in case planning.
- With the existing 30 day requirement to develop a case plan there is not always enough time to involve the family.
- Workers do not always visit with parents in accordance with their case plan.

#### Action Steps:

1. The CDSS will issue an All County Information Notice (ACIN) clarifying that case plans require family engagement and clarifying the importance of documentation of child and family involvement in the case planning process. This engagement includes informing parents of their rights and responsibilities regarding the case planning process. **(Cross-reference to Systemic Factor 2, Item 25)**
2. The CDSS will provide technical (see glossary) assistance to high priority counties (see glossary) to identify and implement promising practices that reduce multiple placements and improve continuity of family relationships and connections. The CDSS will develop a promising practices guide that will contain successful practices from high performing counties, such as using team review process (including parents and child as appropriate) before a child is moved to a second placement and family engagement practices to improve case planning. Additionally, the State will work to increase the number of counties, including Los Angeles County, that use the Family to Family Initiative. **(Cross reference to Safety Outcome 1, Item 2b;**

**Permanency Outcome 1, Item 6; Permanency Outcome 2, Item 14; Well-Being Outcome 1, Item 17; Systemic Factor 2, Items 25 & 28; Systemic Factor 7, Item 44)**

3. The CDSS will provide training to child welfare and probation supervisors on good case planning practice, including involvement of all family members in case planning and the need to visit with parents when such visits are part of the plan; comprehensive assessment of all children's needs; assessing all in-home children's educational needs and assessing all in-home children's mental health needs. **(Cross-reference to Permanency Outcome 1, Item 9; Well-Being Outcome 1, Items 17 & 20; Well-Being Outcome 2, Item 21; Well-Being Outcome 3, Item 23; Systemic Factor 2, Items 25 & 28; Systemic Factor 4, Item 32)**
4. The CDSS will submit a legislative proposal to expand the time allotted to develop an appropriate case plan from 30 days to the federal requirement of 60 days. This will give social workers additional time to engage all family members, and to assess and address comprehensively child and family service needs. Upon enactment, the CDSS will implement statewide. **(Cross-reference to Well-Being Outcome 1, Items 17 & 18; Systemic Factor 2, Item 25)**
5. The CDSS will work with California Youth Connection (CYC) to ensure that youth voice and involvement are integrated into the case planning process. **(Cross-reference to Systemic Factor 2, Item 25)**
6. Develop and implement survey. In this phase, CDSS will review published and unpublished surveys and survey results related to the topics addressed in these PIP Items. A draft questionnaire will be prepared and reviewed by county program staff, CDSS program staff, and CDSS research staff. The content and format of the instrument will be revised to incorporate key issues identified during the review. In addition, the questions may be further modified to address problems identified during the field testing, to assure data quality. **(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 17, and 20, Well-Being Outcome 2, Item 21, and Well-Being Outcome 3, Item, 23.)**
7. Baseline Survey Report. The outcome measures will be calculated from the survey findings. Methodology and results will be reviewed by CDSS and county staff to assure correct methods are used. The supporting documentation will report how the data were collected (questions used), how the measures were defined and calculated, and what the resulting number relates to the PIP. **(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 17, and 20, Well-Being Outcome 2, Item 21, and Well-Being Outcome 3, Item, 23.)**
8. Mid-PIP Survey Results. The same methods used in the Baseline Report will be applied to the Mid-PIP report. Data reported in the Mid-PIP Report include

completed interviews of both the Baseline and Mid-PIP period. **(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 17, and 20, Well-Being Outcome 2, Item 21, and Well-Being Outcome 3, Item, 23.)**

9. End of PIP Survey Results. The same methods used in the Mid-PIP Report will be applied to the Final report. Data reported in the Final Report include interviews completed after the data reported in the Mid-PIP report. **(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 17, and 20, Well-Being Outcome 2, Item 21, and Well-Being Outcome 3, Item, 23.)**

#### Measurement Method

- Data collection method: Telephone survey using structured questionnaire. Items on the survey to be developed and reviewed in conjunction with Region IX.
- Population to be interviewed for this item: parents and foster parents/caregivers for children in both in-home and out-of-home placements.
- Calculation of performance measure: CDSS will calculate: (1) Percentage of cases in which case plan was discussed at all. (2) Where the plan was discussed, the percentage discussed with (a) interviewee, (b) interviewee and case child.

#### Frequency of Measurements

Survey will be administered in three waves: Baseline at 120 days after PIP approval, at Year 1, and at Year 2.

#### Determination of Goal Achievement

The goal will be achieved when there is a three-percentage point increase over the baseline survey in the percentage of children, parents, and caregivers involved in case planning and all action steps have been completed.

## **Well-Being Outcome 1 – Families Have Enhanced Capacity to Provide for Their Children’s Needs**

### **Item 20 – Worker visits with parent(s)**

#### Summary of Federal Concerns/Issues for Item(s):

Item 20 was assigned an overall rating of Area Needing Improvement. The federal report stated that “Item 20 was rated as a Strength in 36 (82 percent) of the 44 cases. The report further stated that “Item 20 was assigned an overall rating of Area Needing Improvement in 8 (18 percent) of the 44 cases.” The report summarizes this item by stating “This item was assigned an overall rating of Area Needing Improvement because in 18 percent of the applicable cases, reviewers determined that the frequency and/or quality of caseworker visits with parents were not sufficient to promote the safety and well-being of the child or promote attainment of case goals.”

#### Program Improvement Goal:

- (1) We will increase from the baseline survey the compliance by workers with planned parent visit schedules from the baseline by three percentage points by June 30,2005.
- (2) We will increase from the baseline survey by three percentage points the percentage of parents whose ability to safely parent the in home child was promoted/assisted by the social work visits by June 30, 2005.
- (3) We will increase from the baseline survey by three percentage points the percentage of parents whose ability to meet their case plan goals was promoted/assisted by the social work visits by June 30, 2005.

#### Sources of Problem

- Frequency of visits were not sufficient to assure safety in the home.
- Quality of visits were not sufficient to assure safety in the home.

#### Action Steps:

1. The CDSS will provide training to child welfare and probation supervisors on good case planning practice, including involvement all family members in case planning and the need to visit with parents when such visits are part of the plan; comprehensive assessment of all children’s needs; assessing all in-home children’s educational needs and assessing all in-home children’s mental health needs  
**(Cross-reference to Permanency Outcome 1, Item 9; Well-Being Outcome 1, Items 17 & 18; Well-Being Outcome 2, Item 21; Well-Being Outcome 3, Item 23; Systemic Factor 2 Items 25 & 28; Systemic Factor 4, Item 32)**

2. The CDSS, through the Redesign, will begin developing and implementing a statewide comprehensive assessment approach to safety and well-being that includes safety, risk, protective capacity and comprehensive family assessment approaches throughout the life of the case. **(Cross-reference to Safety Outcome 1, Items 2A& 2B; Safety Outcome 2, Items 3 & 4; Permanency Outcome 1, Item 5; Systemic Factor 5, Item 37)**
3. Develop and implement survey. In this phase, CDSS will review published and unpublished surveys and survey results related to the topics addressed in these PIP Items. A draft questionnaire will be prepared and reviewed by county program staff, CDSS program staff, and CDSS research staff. The content and format of the instrument will be revised to incorporate key issues identified during the review. In addition, the questions may be further modified to address problems identified during the field testing, to assure data quality. **(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 17, and 18, Well-Being Outcome 2, Item 21, and Well-Being Outcome 3, Item, 23)**
4. Baseline Survey Report. The outcome measures will be calculated from the survey findings. Methodology and results will be reviewed by CDSS and county staff to assure correct methods are used. The supporting documentation will report how the data were collected (questions used), how the measures were defined and calculated, and what the resulting number relates to the PIP. **(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 17, and 18, Well-Being Outcome 2, Item 21, and Well-Being Outcome 3, Item, 23.)**
5. Mid-PIP Survey Results. The same methods used in the Baseline Report will be applied to the Mid-PIP report. Data reported in the Mid-PIP Report include completed interviews of both the Baseline and Mid-PIP period. **(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 17, and 18, Well-Being Outcome 2, Item 21, and Well-Being Outcome 3, Item, 23.)**
6. End of PIP Survey Results. The same methods used in the Mid-PIP Report will be applied to the Final report. Data reported in the Final Report include interviews completed after the data reported in the Mid-PIP report. **(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 17, and 18, Well-Being Outcome 2, Item 21, and Well-Being Outcome 3, Item, 23.)**

#### Measurement Method

For all three goals we will use the following approach:

- Data collection method: Telephone survey using structured questionnaire. Items on the survey to be developed and reviewed in conjunction with Region IX.
- Population to be interviewed for this item: parents for children in FM and FR service components.

(1):

- Survey includes three items to measure this. These questions ask about the number of actual visits during the last two months, whether the SW established a regular visiting schedule, and, if so, how many visits were in the SW's schedule during the last two months.

(2):

- Survey includes one item to measure this: "Did the social worker help you become a better parent?" Yes / No
- Calculation of performance measure: A "yes" indicates that social worker visits promoted safe parenting.

(3):

- Survey includes two items to measure this:
- " Did your social worker talk with you about what you need to do to get your children back?" Yes / No
- B. If yes: Interviewee will indicate which services were received from a pick list of services.
- If no: Interviewee will be asked choose from a pick list of barriers to services, including child care, transportation, and others.

Calculation of performance measure: A "yes" indicates that social worker visits promoted parent's ability to meet case plan goals. For program planning purposes, the lists of services and barriers will be analyzed to identify substantive issues.

### Frequency of Measurements

Progress will be reported through quarterly reports. The reports will document progress towards completion of the action step and will report on the survey data. Survey will be administered in three waves: Baseline at 120 days after PIP approval, at Year 1, and at Year 2.

### Determination of Goal Achievement

The goal will be achieved when : 1) We increase the compliance by workers with planned parent visit schedules from the baseline by three percentage points; 2) We increase from the baseline survey by three percentage points the percentage of parents whose ability to safely parent the in home child was promoted/assisted by the social work visits; and 3) We will increase from the baseline survey by three percentage points the percentage of parents whose ability to meet their case plan goals was promoted/assisted by the social work visits; and all action steps are complete.

## Well-Being 2 - Children receive appropriate services to meet their educational needs

### Item 21: Educational Needs of Child

#### Summary of Federal Concerns/Issues for Item:

Item 21 was assigned an overall rating of Area Needing Improvement. Although the item was rated as a Strength in 81 percent of the 37 applicable cases, in 19 percent (seven cases) of the 37 applicable cases, the final report stated it was “determined that CDSS had not made diligent efforts to meet the educational needs of children.” The key concern identified in the report was that “in some cases although educational needs were assessed, services were not provided to meet identified needs.” This was noted to be particularly true for children for whom in-home services were being provided.

#### Program Improvement Goal:

We will increase from the baseline survey by three percentage points the percentage of all children in the home, or in out-of-home placement, who were assessed and received services for educational needs by June 30, 2005.

#### Source of Problem

- Barriers between some Local Education Agencies and counties regarding access to services
- Complete family assessments and referrals may not occur for all children in
- in-home cases.

#### Action Steps:

1. The CDSS will provide training to child welfare and probation supervisors on good case planning practice, including involvement all family members in case planning and the need to visit with parents when such visits are part of the plan; comprehensive assessment of all children’s needs; assessing all in-home children’s educational needs and assessing all in-home children’s mental health needs **(Cross-reference to Permanency Outcome 1, Item 9; Well-Being Outcome 1, Items 17, 18 & 20; Well-Being Outcome 3, Item 23; Systemic Factor 2 Items 25 & 28; Systemic Factor 4, Item 32)**
2. The CDSS will issue an All County Letter (ACL), which instructs counties to ensure that educational needs for all children in the home are assessed and to document how the identified educational needs were addressed in the case plan.

3. The CDSS, including Cal WORKS and Cal Learn staff, will work with the California Department of Education to develop protocols for counties and local school districts to implement to improve educational services to children with identified needs.
4. Develop and implement survey. In this phase, CDSS will review published and unpublished surveys and survey results related to the topics addressed in these PIP Items. A draft questionnaire will be prepared and reviewed by county program staff, CDSS program staff, and CDSS research staff. The content and format of the instrument will be revised to incorporate key issues identified during the review. In addition, the questions may be further modified to address problems identified during the field testing, to assure data quality. **(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 17, 18, and 20, and Well-Being Outcome 3, Item 23.)**
  - Baseline Survey Report. The outcome measures will be calculated from the survey findings. Methodology and results will be reviewed by CDSS and county staff to assure correct methods are used. The supporting documentation will report how the data were collected (questions used), how the measures were defined and calculated, and what the resulting number relates to the PIP. **(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 17, 18, and 20, and Well-Being Outcome 3, Item 23.)**
  - Mid-PIP Survey Results. The same methods used in the Baseline Report will be applied to the Mid-PIP report. Data reported in the Mid-PIP Report include completed interviews of both the Baseline and Mid-PIP period. **(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 17, 18, and 20, and Well-Being Outcome 3, Item 23.)**
  - End of PIP Survey Results. The same methods used in the Mid-PIP Report will be applied to the Final report. Data reported in the Final Report include interviews completed after the data reported in the Mid-PIP report. **(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 17, 18, and 20, and Well-Being Outcome 3, Item 23.)**

#### Measurement Method

- Data collection method: Telephone survey using structured questionnaire. Items on the survey to be developed and reviewed in conjunction with Region IX.
- Population to be interviewed for this item: parents and foster parents/caregivers for all children in the home, under age 18, in both in-home and out-of-home placements.

Calculation of performance measure: CDSS will calculate: (1) Percentage of cases in which educational needs were assessed at all. (2) Percentage of children with educational needs who received services.

### Frequency of Measurements

Survey will be administered in three waves: Baseline at 120 days after PIP approval, at Year 1, and at Year 2

### Determination of Goal Achievement

This goal will be achieved when there is a three percentage point increase over the baseline survey in the percentage of all children in the home, or in out-of-home placement, who were assessed and received services for educational needs; and all action steps are completed.

## Well-Being Outcome 3 - Children Receive Adequate Services to Meet Their Physical and Mental Health Needs

### Item 23: Mental Health of the Child

#### Summary of Federal Concerns/Issues for Item:

Item 23 was assigned an overall rating of Area Needing Improvement. The final federal report stated that “Item 23 was rated as a Strength in 26 (74 percent) of the 35 applicable cases. Item 23 was rated as an Area Needing Improvement in nine (26 percent) of the 35 applicable cases.” The report further stated that “reviewers determined that CDSS had not made concerted efforts to address the mental health needs of children.” As noted in the federal report, “Most of these cases involved children receiving services while remaining in their homes.” Also, the number of foster care youth moving into adult mental health systems is not available and multi-agency data collection among State agencies on a variety of mental health needs for children and youth in foster care is absent.”

#### Program Improvement Goal:

We will increase from the baseline survey by three percentage points the percentage of all children in the home, or in out-of-home placement, who were assessed and received services for mental health services by June 30, 2005.

#### Source of Problem

- Lack of documentation that services were provided by other service providers.
- Complete family assessments and referrals may not occur for all in-home children.

#### Action Steps:

1. The CDSS will issue an All County Letter (ACL) that instructs counties to document how identified mental health needs are addressed. In addition, the ACL will instruct counties on the importance of assessing the needs of all children in families with in-home cases.
2. The CDSS will provide training to child welfare and probation supervisors on good case planning practice, including involvement all family members in case planning and the need to visit with parents when such visits are part of the plan; comprehensive assessment of all children’s needs; assessing all in-home children’s educational needs and assessing all in-home children’s mental health needs (**Cross-reference to Permanency Outcome 1, Item 9; Well-Being Outcome 1, Items 17, 18 & 20; Well-Being Outcome 2, Item 21; Systemic Factor 2 Items 25 & 28; Systemic Factor 4, Item 32**)

3. The CDSS will work with the State Department of Mental Health, County Welfare Directors Association, County Probation Officers Association and County Mental Health Directors Association to improve and expand access to mental health services. In addition, the CDSS will use this work group to improve access to data from the mental health system to ensure that children in in-home cases are linked to the system.
4. Develop and implement survey. In this phase, CDSS will review published and unpublished surveys and survey results related to the topics addressed in these PIP Items. A draft questionnaire will be prepared and reviewed by county program staff, CDSS program staff, and CDSS research staff. The content and format of the instrument will be revised to incorporate key issues identified during the review. In addition, the questions may be further modified to address problems identified during the field testing, to assure data quality. **(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 17, 18, and 20, and Well-Being Outcome 2, Item 21.)**
5. Baseline Survey Report. The outcome measures will be calculated from the survey findings. Methodology and results will be reviewed by CDSS and county staff to assure correct methods are used. The supporting documentation will report how the data were collected (questions used), how the measures were defined and calculated, and what the resulting number relates to the PIP. **(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 17, 18, and 20, and Well-Being Outcome 2, Item 21.)**
6. Mid-PIP Survey Results. The same methods used in the Baseline Report will be applied to the Mid-PIP report. Data reported in the Mid-PIP Report include completed interviews of both the Baseline and Mid-PIP period. **(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 17, 18, and 20, and Well-Being Outcome 2, Item 21.)**
7. End of PIP Survey Results. The same methods used in the Mid-PIP Report will be applied to the Final report. Data reported in the Final Report include interviews completed after the data reported in the Mid-PIP report. **(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 17, 18, and 20, and Well-Being Outcome 2, Item 21.)**

#### Measurement Method

- Data collection method: Telephone survey using structured questionnaire. Items on the survey to be developed and reviewed in conjunction with Region IX.
- Population to be interviewed for this item: parents and foster parents/caregivers for children attending school, in both in-home and out-of-home placements.

Calculation of performance measure: CDSS will calculate: (1) Percentage of cases in which mental health needs were assessed at all. (2) Percentage of children with mental health needs who received services.

#### Frequency of Measurements

Survey will be administered in three waves: Baseline at 120 days after PIP approval, at Year 1, and at Year 2.

#### Determination of Goal Achievement

This goal will be achieved when there is a three percentage point increase over the baseline survey in the percentage of all children in the home, or in out-of-home placement, who were assessed and received services for mental health services; and all action steps are completed.

## Systemic Factor 1 – Statewide Information System- Passed

### Systemic Factor 2 - Case Review System

**Item 25 - Provides a process that ensures that each child has a written case plan to be developed jointly with the child’s parent(s) that includes the required provisions.**

#### Summary of Federal Concerns/Issues for Item:

Item 25 was rated as an Area Needing Improvement. The final report states that “Although State statutes require caseworkers to develop case plans and to involve parents in the development process, there is no statewide protocol in place to ensure parent and child participation in developing the case plan.” It further stated that “In 47 percent of applicable cases reviewed during the CFSR, (parents and children, when appropriate) were not involved in developing the case plan.” A key concern was that according to many stakeholders and case reviewers, the most common approach to the case planning process is one in which the caseworker prepares the plan and then presents it to the family.

#### Program Improvement Goal:

We will increase implementation of the Family to Family Initiative. By June 30, 2005, Family to Family will be available in counties whose CWS caseload combined represents 60 percent of CWS caseload statewide. Family to Family will be implemented countywide in these counties. Please note, it is the State’s intent to eventually implement Family to Family statewide.

#### Source of Problem

- Insufficient time to engage and work with family to develop plans
- Not all counties have implemented known practices that ensure family engagement in case planning
- Current monitoring system does not hold staff accountable for ensuring family involvement in case planning

#### Action Steps:

1. The CDSS will provide training to child welfare and probation supervisors on good case planning practice, including involvement all family members in case planning and the need to visit with parents when such visits are part of the plan; comprehensive assessment of all children’s needs; assessing all in-home children’s educational needs and assessing all in-home children’s mental health needs.  
**(Cross-reference to Permanency Outcome 1, Item 9; Well-Being Outcome 1, Items 17, 18 & 20; Well-Being Outcome 2, Item 21; Well-Being Outcome 3, Item 23; Systemic Factor 2 Item 28; Systemic Factor 4, Item 32)**

2. The CDSS will issue an All County Information Notice (ACIN) clarifying that case plans require family engagement and clarifying the importance of documentation of child and family involvement in the case planning process. This will include informing parents of their rights and responsibilities regarding the case planning process. **(Cross-reference to Well-Being Outcome 1, Item 18)**
3. The CDSS will provide technical (see glossary) assistance to high priority counties (see glossary) to identify and implement promising practices that reduce multiple placements and improve continuity of family relationships and connections. The CDSS will develop a promising practices guide that will contain successful practices from high performing counties, such as using team review process (including parents and child as appropriate) before a child is moved to a second placement and family engagement practices to improve case planning. Additionally, the State will work to increase the number of counties, including Los Angeles County, that use the Family to Family Initiative. **(Cross reference to Safety Outcome 1, Item 2b; Permanency Outcome 1, Item 6; Permanency Outcome 2, Item 14; Well-Being Outcome 1, Items 17, 18; Systemic Factor 2, Item 28; Systemic Factor 7, Item 44)**
4. The CDSS will work with California Youth Connection (CYC) to ensure that youth voice and involvement are integrated into the case planning process. **(Cross-reference to Well-Being Outcome 1, Item 18)**
5. The CDSS will submit a legislative proposal to expand the time allotted to develop an appropriate case plan from 30 days to the federal requirement of 60 days. This will provide more opportunity to address child and family service needs and increase engagement of the child and family in the case plan. Upon enactment, the CDSS will implement statewide. **(Cross-reference to Well-Being Outcome 1, Items 17, 18 & 20)**

### Measurement Method

We will measure improvements in our case review process by measuring increases in the use of the Family to Family Initiative, which emphasizes family engagement in the case planning. We also intend to capture qualitative information on county practice using our C-CFSR Peer Quality Case Review process. Together, these measures provide qualitative information on improved practice in family engagement in case planning to accomplish case plan goals.

### Frequency of Measurements

The CDSS will also monitor improvement in case planning practice using quarterly county reports and the C-CFSR qualitative case review process

### Determination of Goal Achievement

The goal will be achieved when the percent of caseload covered by Family to Family has increased to 60 percent and all action steps are completed.

## Systemic Factor 2 – Case Review System

### Item 28 – Provides a process for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act

#### Summary of Federal Concerns/Issues for Item

Item 28 was assigned an overall rating of Area Needing Improvement. The federal report stated that “Although the State has statutory and regulatory requirements for terminating parental rights (TPR) for children in foster care for 15 of the most recent 22 months, when TPR is not sought, the agency is not consistent in documenting reasons for not filing for TPR.” “In addition, often the agency will not seek TPR, and/or the court will not grant TPR, unless an adoptive home for the child has been identified and the pre-adoptive home demonstrates a readiness to adopt.” “These practices are not in accordance with the provisions of the Adoption and Safe Families Act (ASFA).”

#### Program Improvement Goal

We will decrease the proportion of children in care for 17 of the last 22 months without a TPR from our baseline of 31.4 percent in calendar year 2002 by three percentage points by June 30, 2005.

#### Source of Problem

- “Compelling reason” for not filing TPR not documented in case file.
- Permanency plans are not submitted timely to the courts
- When the permanency plan is adoption, TPRs are not uniformly approved in a timely fashion
- Courts’ desire to have all the elements of a permanency plan in place before approving a petition to terminate parental rights
- Lack of monitoring whether the requirements for TPR are being followed.
- The belief among agency workers that services will cease when children are adopted, particularly independent living services.
- The belief among agency workers that older children are “unadoptable”.
- The belief among agency workers that the adoption assistance program does not include the same services and/or sufficient financial assistance.
- The need to strengthen the recruitment of adoptive families, especially for older youth and special needs children.

#### Action Steps:

1. The CDSS, with the Judicial Council, will develop and implement an educational program through the CDSS’ contract with JRTA to provide training to all judges on current law regarding TPR and concurrent planning. **(Cross-reference to Permanency Outcome 1, Items 7 & 9)**

2. The CDSS will identify high priority (see glossary) counties and provide technical assistance using promising practices from high performing (see glossary) counties, specifically, the technical assistance will include strategies to ensure that all counties implement concurrent planning including the full implementation for all cases in Los Angeles County; and document compelling reasons for not filing TPRs. **(Cross-reference to Permanency Outcome 1, Items 7, 8, 9 & 10)**
3. The CDSS will develop a legislative proposal to conform the currently separate statutory licensing and adoption approval processes into a consolidated home study process. This will speed up the time it takes to adopt a child and reduce the number of moves a child makes while in out-of-home care. Upon enactment of this legislation, the CDSS will ensure that it is implemented statewide. **(Cross-reference to Safety Outcome 1, Item 2b; Permanency Outcome 1, Items 6 & 9; Systemic Factor 7, Item 44)**
4. CDSS will issue an All County Information Notice (ACIN) to counties to clarify existing policy and to highlight importance of seeking adoptive homes for children of all ages and special needs; and availability of AAP payments to families when child is adopted regardless of age or special needs **(Cross-reference to Permanency Outcome 1, Item 9; Systemic Factor 7, Item 44.)**
5. The CDSS will provide technical (The CDSS will provide technical (see glossary) assistance to high priority counties (see glossary) to identify and implement promising practices that reduce multiple placements and improve continuity of family relationships and connections. The CDSS will develop a promising practices guide that will contain successful practices from high performing counties, such as using team review process (including parents and child as appropriate) before a child is moved to a second placement and family engagement practices to improve case planning. Additionally, the State will work to increase the number of counties, including Los Angeles County, that use the Family to Family Initiative. **(Cross-reference to Safety Outcome 1, Item 2b; Permanency Outcome 1, Item 6; Permanency Outcome 2, Item 14; Well-Being Outcome 1, Items 17, 18 & 20; Systemic Factor 2, Item 25)**
6. As part of the C-CFSR self-assessment and planning processes, counties will identify unmet placement resource needs, including foster and adoptive parents for special needs and older children. Each county will develop a recruitment strategy as part of their plan. **(Cross-reference to Permanency Outcome 1, Item 6)**
7. The CDSS will develop a legislative proposal to strengthen requirements that counties reconsider permanency options at each permanency planning review hearing for children who must remain in care, so if circumstances have changed, the child can be re-engaged in reunification or adoption services. Legislation is needed because no court rules exist to require reassessment of permanency

every six months. Upon enactment, the CDSS will implement statewide. **(Cross-reference to Permanency Outcome 1, Items 7 & 10)**

8. The CDSS will issue an All County Information Notice (ACIN) clarifying diligent recruitment efforts and strategies for improving recruitment. **(Cross-reference to Systemic Factor 7, Item 44)**
9. The CDSS will work with counties, the California Social Work Education Center (CalSWEC) and the Regional Training Academies to develop requirements and competencies for child welfare workers and supervisors with the goal of strengthening case practice. The CDSS will ensure that the contracts with the regional training academies include provisions requiring the academies to develop common core curricula to ensure training in comprehensive family needs assessments, including assessing educational and mental health needs of all children both in-home and out-of-home, and that training is consistent statewide **(Permanency Outcome 1, Item 9; Systemic Factor 4, Items 32 and 33)**
10. The CDSS will provide training to child welfare and probation supervisors on good case planning practice, including involvement all family members in case planning and the need to visit with parents when such visits are part of the plan; comprehensive assessment of all children's needs; assessing all in-home children's educational needs and assessing all in-home children's mental health needs **(Cross-reference to Permanency Outcome 1, Item 9; Well-Being Outcome 1, Items 17, 18 & 20; Well-Being Outcome 2, Item 21; Well-Being Outcome 3, Item 23; Systemic Factor 2 Item 25; Systemic Factor 4, Item 32)**
11. The CDSS will conduct focused training regarding Indian Child Welfare Act (ICWA) requirements and cultural considerations of Native American children for both county staff and tribal ICWA workers. The CDSS will measure ICWA compliance using the C-CFSR process. This training will include training for Indian tribes on their rights and responsibilities regarding intervention on Indian Child Welfare Act cases. **(Cross-reference to Permanency Outcome 1, Item 9; Permanency Outcome 2, Item 14; Systemic Factor 2, Item 28; Systemic Factor 2, Item 32)**
12. The CDSS will work with counties to ensure that they integrate issues of fairness and equity toward racial or ethnic groups, specifically African and Native American children, into all decisions made by the child welfare service system. This process will include ongoing technical assistance (see glossary) to the counties on issues such as cultural competence, intake processes and foster parent recruitment. **(Cross-reference to Permanency Outcome 1, Item 9; Well-Being Outcome 1, Items 17; Systemic Factor 2, Item 28; Systemic Factor 5, Item 37; Systemic Factor 7, Item 44)**

### Measurement Method

We calculated the baseline using calendar year 2002 data. This baseline calculation includes all children in the CWS/CMS system that had an open out of home placement on December 31, 2002. We calculated the length of stay during this period using the removal date (or March 1, 2001 for those placements that began 22 months before December 31, 2002) and the placement end date (or December 31, 2002 for those placements that had not ended at the end of the period). Using these cutoff dates, we looked backward from December 31, 2002 to identify the length of time these placements were open during this period. This produced 94,104 placements. We removed all placements where the child either was in relative care, was in a pre-adoptive placement or had a TPR. After removing these placements, we were left with 29,548 cases open for at least 17 months of this 22 month period, who were not in relative care, not in a pre-adoptive home and had no TPR. To compute this baseline, we divided 29,548 by 94,104 to get 31.4%.

### Frequency of Measurements

Progress will be tracked using CWS/CMS, county quarterly reports, and JRTA information. The county and JRTA reports will document progress toward completion of the action steps. In addition, we will use qualitative information from the Peer Quality Case Review process. By June 30, 2004, we will show a 1.5 percentage point improvement.

### Determination of Goal Achievement

This goal will be achieved when a three percentage point reduction in the number of children in out-of-home care for more than 17 out of the last 22 months without a TPR and all action steps are completed.

## **Systemic Factor # 3: Quality Assurance System**

**Item 31 – The State is operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the CFSP are provided, evaluates the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented.**

### Summary of Federal Concerns/Issues for Item

This item was rated as an Area Needing Improvement. The federal report stated that “Although the State has a Quality Assurance (QA) system, the primary QA activity-Division 31 compliance review system-assesses compliance with only six factors and does not assess the effectiveness and quality of services delivered.”

### Program Improvement Goal

California will develop and fully implement its new outcomes based quality assurance system (the C-CFSR system) in January 2004 and complete a review of at least 15 counties by June 30, 2005.

### Sources of Problem

- California currently only measures process not quality of services and outcomes
- California’s current monitoring mechanisms do not identify strengths and needs of the service delivery system

### Action Step:

1. CHHS and CDSS will develop the C-CFSR system, and CDSS will implement the C-CFSR system. This process is described in more detail in narrative section this PIP, under Item 31, “Measurement Method” section.

### Measurement Method

This improvement goal was determined by State statute. We will track implementation of the C-CFSR system by completing at least 15 county, including Los Angeles, C-CFSR reviews by June 30, 2005. A complete C-CFSR review includes completing a county self-assessment, a system improvement plan, and a Peer Quality Case Review.

### Frequency of Measurements

Implementation will be measured by completion of action steps and the number of county C-CFSR’s. Progress will be reported quarterly.

## Determination of Goal Achievement

This goal will be achieved when the C-CFSR is implemented and at least 15 counties have completed reviews by June 30, 2005.

### **CALIFORNIA CHILD AND FAMILY REVIEW SYSTEM -- SUMMARY**

The C-CFSR outcomes and accountability system includes the four following elements. Taken together, these multiple layers of information will provide the insight needed to understand how the child welfare system works and how to improve practice in the field.

From the perspective of implementation, a complete county review includes each element. All counties will undertake a complete review, including a Peer Quality Case Review (PQCR), every three years. In general, information gathered from the county self-assessment and the Peer Quality Case Reviews shall be used to inform every county's System Improvement Plan (SIP).

Due to constraints during implementation, it is likely that approximately two-thirds of the counties will have to submit the System Improvement Plan without having first undergone a Peer Quality Case Review during the initial review cycle. In these counties, the PQCR will follow later in the first cycle. Counties will be selected to undertake a full review during the initial cycle based on the assessment of measured outcomes provided by the CDSS.

#### **1. County Self-Assessment**

Purpose: This regular review is a county's opportunity to explore how local program operations and other systemic factors affect measured outcomes.

Process: Each county shall conduct a county self-assessment every three years. At the beginning of the first year of each review cycle, CDSS will provide the counties with the data profiles described above. The counties will then begin the process of pulling together the necessary planning participants, analyzing the data, and preparing the report.

Content: The self-assessment must include an analysis of the county's performance relative to the federal CFSR outcomes and indicators, California's outcomes and indicators, and must include population-based consideration of how county resources contribute to prevention of child maltreatment. One component of the county self-assessment is the review of process measures. The measures will be used to explore how the process of providing care is related to outcomes. The primary source of data for the self-assessment must be CWS/CMS.

## **2. Peer Quality Case Reviews**

Purpose: The purpose of the Peer Quality Case Review (PQCR) is to learn, through intensive examination of county child welfare practice, how to improve child welfare services and practices in California. The PQCR, along with the self-assessment, should inform the development and revision of county System Improvement Plans.

Process: The State, in partnership with the county under review, shall conduct a Peer Quality Case Review in each county -- not simply those with the most need for improvement -- every three years. Approximately 15-20 counties will be reviewed annually.

Content: The PQCR team will analyze a variety of data sources, starting with the information gathered during the county's self-assessment, to better understand services delivered to children and their families. In addition to information from the self-assessment, reviews will involve collection of other data deemed necessary by the review team, such as stakeholder focus groups, interviews, and surveys. All reviews will also involve structured case reviews with case carrying social workers. As necessary, the review team may examine systemic factors, including those identified as part of the self-assessment.

## **3. County System Improvement Plan**

Purpose: The county SIP is the operational agreement between the county and the State outlining how the county will improve its system of care for children and youth and forms an important part of the system for reporting on progress toward meeting agreed upon improvement goals using the C-CSFR outcomes and indicators.

Process: Counties submit their SIP to the CDSS after completion of the county self-assessment. The county will provide CDSS with an annual update to the county SIP.

The county boards of supervisors will approve the county SIP and verify local coordination and integration before submitting the plan to the State. The county SIP plans will be posted online and available for public comment.

A CDSS review team will analyze and assess the county SIP and updates, and evaluate how the local CWS system operates. Following this review, the CDSS may make recommendations for improvements to the county SIP. The CDSS has final authority to assign the contents of the plan and/or the degree of improvement required for successful completion of the plan.

Content: For those outcome indicators for which the county performance is determined to be below the statewide standard, the county SIP must include milestones, timeframes, and proposed improvement goals the county must achieve. Counties demonstrating consistently poor overall performance and/or reduced compliance with the outcome measures specified in the C-CFSR will receive focused technical assistance and training. If a high priority county demonstrates a lack of good faith effort

to actively participate in this process or any portion thereof, and/or consistently fails to follow State regulations and/or make the improvements outlined in the county SIP, CDSS, in accordance with current law, has authority under Welfare and Institutions Code Section 10605 to compel county compliance through a series of measured formal actions up to state administration of the county Program.

#### **4. State Training and Technical Assistance**

Purpose: The key to improving child welfare outcomes is supporting the professionals who have chosen to practice social work. The State must provide them with the support they need to continually refresh and improve their child welfare practices and enable them to do the best job they can.

Process: To that end, the CDSS will monitor the annually updated county SIP on a regular basis using the Quarterly Program Management reports.

Content: The primary focus of the monitoring will be on the progress towards reaching the goals in areas identified as needing improvement in the county SIP. Through regular analysis of this information, CDSS, in partnership with the county, will provide ongoing targeted technical assistance to assist counties in their efforts to improve performance on outcome measures. Training and technical assistance is not limited to areas needing improvement. In an effort to continually improve outcomes for children and families, counties may request training or technical assistance to assist with continual program improvement in areas of strength not requiring CDSS monitoring. Finally, CDSS will develop a statewide plan for training and will regularly consult with the Regional Training Academies to ensure both consistent training across counties and that curricula reflect training known to reinforce research-based effective practice.

## **Systemic Factor # 4: Staff/Provider Training**

**Item 32 – The State is operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services.**

### Summary of Federal Concerns/Issues for Item

Item 32 was rated as an area needing improvement. The federal report stated that “Although the State makes available an array of training opportunities and some counties have implemented formal new-worker training, there is no statewide requirement for initial training for all staff that supports the goals and objectives of the Child and Family Services Plan.”

“Stakeholders commenting on this topic expressed concern about the lack of uniform statewide requirements for staff training or staff development.” Because training is a county-specific activity, stakeholders felt there is considerable variation across the State. Another concern expressed was that “because of high caseloads, case managers and supervisors do not have the opportunity to mentor new staff and provide sufficient hands-on training.”

The report noted that in some counties there is a lack of necessary training for probation staff regarding specific child welfare requirements. Stakeholders in one county reported that cross-training activities with probation, law enforcement, mental health, public health and court personnel were extremely helpful and conducive to strengthening partnerships. “Stakeholders in the two other counties reported that there is no cross training between CWS and probation, and suggested that this would be useful for both agencies.”

### Program Improvement Goal:

We will develop a common core curriculum for all new child welfare workers and supervisors that is delivered by all training entities statewide.

### Source of Problem

- Current training system does not track and assess new staff training.
- Currently the CDSS does not have mandatory uniform statewide minimum core curriculum for initial training.
- Because of their high caseloads, case managers and supervisors do not have the opportunity to mentor new staff and provide sufficient hands-on training.
- Lack of necessary training of probation staff regarding Division 31 regulations.

### Action Steps:

1. The CDSS will use the C-CFSR county self-assessment and System Improvement Planning processes to determine how initial and on-going training is provided in the counties. **(Cross-reference to Systemic Factor 4, Item 33)**
2. The CDSS will work with counties, the California Social Work Education Center (CalSWEC) and the Regional Training Academies (RTAs) to develop requirements and competencies for child welfare workers and supervisors with the goal of strengthening case practice. The CDSS will ensure that the contracts with the regional training academies include provisions requiring the academies to develop common core curricula to ensure training in comprehensive family needs assessments, including assessing educational and mental health needs of all children both in-home and out-of-home, and that training is consistent statewide. **(Cross-reference to Permanency Outcome 1, Item 9; Systemic Factor 2, Item 28)**
3. The CDSS will provide training to child welfare and probation supervisors on good case planning practice, including involvement all family members in case planning and the need to visit with parents when such visits are part of the plan; comprehensive assessment of all children's needs; assessing all in-home children's educational needs and assessing all in-home children's mental health needs **(Cross-reference to Permanency Outcome 1, Item 9; Well-Being Outcome 1, Items 17, 18 & 20; Well-Being Outcome 2, Item 21; Well-Being Outcome 3, Item 23; Systemic Factor 2 Items 25 & 28)**
4. The CDSS will work with the regional training academies to ensure that child welfare managers and supervisors receive priority training, using standardized curricula, on evidence-based techniques for mentoring new and seasoned staff.
5. The CDSS will work with the Resource Center for Family Focused Practice to ensure that relevant probation officers receive priority training on child welfare requirements including concurrent planning, and visitation requirements and the TPR process.
6. The CDSS will conduct focused training regarding Indian Child Welfare Act (ICWA) requirements and cultural considerations of Native American children for both county staff and tribal ICWA workers. The CDSS will measure ICWA compliance using the C-CFSR process. This training will include training for Indian tribes on their rights and responsibilities regarding intervention on Indian Child Welfare Act cases. **(Cross-reference to Permanency Outcome 1, Item 9; Permanency Outcome 2, Item 14; Systemic Factor 2, Item 28; Systemic Factor 2, Item 32)**

### Measurement Method

We will measure improvement in this goal by reporting on completion of action steps.

Frequency of Measurements

Progress will be tracked quarterly.

Determination of Goal Achievement

This goal will be achieved when a common core curriculum is implemented in every county to train all new child welfare workers and child welfare/probation supervisors.

## **Systemic Factor # 4: Staff/Provider Training**

**Item 33 – The State provides for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP.**

### Summary of Federal Concerns/Issues for Item

Item 33 was rated as an area needing improvement. The federal report stated that “Although a variety of continuing education and training opportunities are made available to staff, there are no statewide requirements for on-going training of staff that support the goals of the Child and Family Services Plan.” Participation in on-going training is not required of CWS staff. Stakeholders requested ongoing and consistent training in: concurrent planning, engaging families in case planning/developing useful case plans, philosophy behind reunification and permanency, managing hotline calls and forensic interviewing. Stakeholders noted that there are no statewide requirements with respect to supervisory training, although California Social Work Education Center has identified supervisory training as a priority for next year. Stakeholders also voiced concern about the lack of necessary training for probation staff regarding specific child welfare requirements.

### Program Improvement Goal:

We will establish and implement statewide minimum requirements for the ongoing training of existing staff by June 30, 2005.

### Source of Problem

- Current training system does not track and assess existing staff training.
- Currently the CDSS does not have mandatory uniform statewide minimum core curriculum for on-going training.
- Lack of necessary training for probation staff regarding specific child welfare requirements.
- No statewide requirements with respect to supervisory training.

### Action Steps:

1. The CDSS will use the C-CFSR county self-assessment and System Improvement Planning processes to determine how on-going training is provided in the counties and to address gaps in ongoing training identified in the C-CFSR process. **(Cross-reference to Systemic Factor 4, Item 32)**
2. The CDSS will establish requirements for ongoing, consistent statewide training of existing staff, with a focus on areas needing improvement as identified by the C-

CFSR including comprehensive family needs assessments, and assessing the educational and mental health of all children, both in-home and out-of-home.

Measurement Method

We will measure improvement in this goal by reporting on the completion of action steps.

Frequency of Measurements

Progress will be tracked quarterly.

Determination of Goal Achievement

This goal will be achieved when statewide minimum statewide training requirements for existing staff are in place.

## **SYSTEMIC FACTOR #4 – Staff/Provider Training**

**Item 34 - The State provides training for current or prospective foster parents, adoptive parents, and staff of State licensed or approved facilities that care for children receiving foster care or adoption assistance under title IV-E that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.**

### Summary of Federal Concerns/Issues for Item(s):

Item 34 was assigned an overall rating of Area Needing Improvement. The federal report stated that "Although the State makes training for foster and adoptive caregivers and group care staff available, there is no uniform statewide training required for all caregivers. In addition, because training requirements for caregivers vary across the State, when foster parents trained in one county move to another county, the training they have received does not always meet the requirements of the new county."

### Program Improvement Goal:

A standard core curriculum will be developed and used to train caregivers in all counties by June 30, 2005.

### Source of Problem

- Caregiver training currently is decentralized to the counties, community colleges, and group home provider associations.
- The CDSS does not have mandatory statewide standards for caregiver training other than for hours of training.

### Action Steps:

1. The CDSS will work with the counties, community colleges, and other children's stakeholders to develop a standard core curriculum for all caregivers. This process will consider differing needs of different caregiver groups.
2. Ensure that county C-CFSR self-assessment and System Improvement Plans include ongoing assessment of strengths and needs of caregiver groups in their county.

### Measurement Method

We will measure improvement in this goal by reporting on completion of action steps.

Frequency of Measurements

Progress will be tracked quarterly.

Determination of Goal Achievement

The goal will be met when a standard core curriculum is developed and all caregivers are trained.

## **Systemic Factor # 5: Service Array**

### **Item 36 – The services in Item 35 are accessible to families and children in all political jurisdictions covered in the State’s CFSP**

#### Summary of Federal Concerns/Issues for Item

Item 36 is rated as an area needing improvement. The federal report stated that, “Although the State has many services available, significant service gaps exist. In addition, although there are pilot programs operating in the State that are implementing promising practices, there is no unified approach to implementing promising practices statewide. Finally, there is a lack of necessary services available in all counties, and in some counties, there are often long waiting lists for these services.”

#### Program Improvement Goal

Of counties where service gaps are identified in the C-CFSR process, 20% of the counties will have addressed at least one identified service gap by June 30, 2005.

#### Sources of Problem

- Currently, there is no mechanism to assess and address service needs.
- Currently, there is no systematic approach for implementing promising practices statewide.

#### Action Steps:

1. The CDSS will develop and implement a framework for a differential response system as part of the CWS Redesign process. **(Cross-reference to; Safety Outcome 1, Item 2a; Safety Outcome 1, Items 3 & 4; Well-Being Outcome 1, Item 17)**
2. Each county, using the C-CFSR system, will identify its service gaps for youth, Native American children, and African American children, and develop county system improvement plans to address those gaps. This process also will include gap analysis for services needed to prevent removal and include steps to reduce those gaps **(Cross-reference to Systemic Factor 5, Item 37)**
3. The CDSS will sponsor a Family Strengths Training Institute between the State, counties and interested stakeholders which will cover programs, policies, and current and pending legislation in child welfare, including the Independent Living Program, the Indian Child Welfare Act, Wraparound Services, culturally appropriate community based services and other initiatives. This Institute provides an opportunity to update and exchange information about promising practices among

managers and staff from child welfare services, juvenile probation, and community based organizations. **(Cross-reference to Systemic Factor 5, Item 37)**

4. CHHS will work with CDSS, California Department of Mental Health (DMH), the California Department of Alcohol and Drug Programs (ADP), Department of Health Services (DHS), Department of Developmental Services (DDS), Department of Justice, California Department of Education (CDE) County Welfare Directors Association (CWDA), Chief Probation Officers of California (CPOC), and the State First Five Commission to ensure that children and families in the California child welfare services system receive the appropriate priority for services across systems. In addition, as part of the C-CFSR county Self-Assessment process, the state will review and approve the county plans and use this information to identify and remove any systemic barriers identified by counties. **(Cross-reference to Safety Outcome 1, Item 2A; Permanency Outcome 1, Item 5; Well-Being Outcome 1, Item 17)**
5. The CDSS will create a clearinghouse to disseminate information to counties and provide technical assistance (see glossary) to help implement promising and evidence-based practices.

#### Measurement Method

As part of the C-CFSR, the County Self-Assessment will require all counties to identify service array practices, needs and issues. Subsequently, the C-CFSR SIPs will include strategies and actions counties will take to reduce those gaps. The CDSS will receive reports quarterly on county progress.

#### Frequency of Measurements

Progress will be tracked through the annually updated SIPs and the county C-CFSR quarterly reporting system.

#### Determination of Goal Achievement

The goal will be achieved when 20% of the counties have addressed at least one identified service gap by June 30, 2005.

## Systemic Factor # 5: Service Array

### Item 37 – The services in Item 35 can be individualized to meet the unique needs of children and families served by the agency

#### Summary of Federal Concerns/Issues for Item

Item 37 is rated as an Area Needing Improvement. The federal report stated that, “Although counties have the flexibility to develop and deliver services to meet unique community needs, stakeholders conveyed concern about a lack of individualized services for youth and Native American children. In addition, many of the cases reviewed had case plans that were generic and lacked an individualized approach to serving children and families.”

#### Program Improvement Goal

Of counties where improvement is needed, as identified in the C-CFSR process, for (1) service array for youth and Native American and African American children, and (2) case plans are generic and lack an individualized approach, 20% of the counties will have addressed at least one identified service gap by June 30, 2005.

#### Source of Problem

- Inadequate services for youth and Native American children.
- Lack of individualized case plans for children and families.
- Lack of individualized services to prevent inappropriate entry of African American children into foster care.

#### Action Steps:

1. The CDSS, through the CWS Redesign, will begin developing and implementing a statewide comprehensive assessment approach to safety and well being that includes safety, risk, protective capacity and comprehensive family assessment approaches throughout the life of the case. **(Cross-reference to Safety Outcome 1, Item 2A & 2B; Safety Outcome 2, Items 3 & 4; Permanency Outcome 1, Item 5; Systemic Factor 5, Item 37)**
2. The CDSS will work with counties to ensure that they integrate issues of fairness and equity toward racial or ethnic groups into all decisions made by the child welfare service system. This process will include ongoing technical assistance to the counties on issues such as cultural competence, intake processes, services designed to prevent entry into foster care, and foster parent recruitment. **(Cross-reference to Permanency Outcome 1, Item 9; Well-Being Outcome 1, Item 17; Systemic Factor 2, Item 28; Systemic Factor 5, Item 37; Systemic Factor 7, Item 44)**

3. Each county, using the C-CFSR system, will identify its service gaps for youth, Native American children, and African American children, and develop county system improvement plans to address those gaps. This process also will include gap analysis for services needed to prevent removal and include steps to reduce those gaps. **(Cross-reference to Systemic Factor 5, Item 36)**
4. The CDSS will sponsor a Family Strengths Training Institute between the CDSS, counties and interested stakeholders which will cover programs, policies, and current and pending legislation in child welfare, including the Independent Living Program, the Indian Child Welfare Act, Wraparound Services, culturally appropriate community based services and other initiatives. **(Cross-reference to Systemic Factor 5, Item 36)**
5. The CDSS will work with the National Resource Center on Foster Care and Permanency Planning and/or Special Needs Adoptions around issues of recruitment of foster parents for older youth and to represent the ethnic and racial diversity of children in care. **(Cross-reference to Safety Outcome 1, Item 2b; Permanency Outcome 1, Item 9)**

#### Measurement Method

As part of the C-CFSR, the County Self-Assessment will require all counties to identify service array needs for youth and Native American and African American children, as well as individualized case plans. Subsequently, the C-CFSR SIPs will include strategies and actions counties will take to reduce those gaps. The CDSS will measure improvement in this goal by monitoring and documenting progress of county SIPs

#### Frequency of Measurements

Progress will be tracked using the quarterly C-CFSR reports and completion of action steps.

#### Determination of Goal Achievement

The goal will be achieved when 20% of the counties have addressed at least one identified service gap in individualized case planning by June 30, 2005.

## **Systemic Factor #6 – Agency Responsiveness to Community - Passed**

### **Systemic Factor #7: - Foster and Adoptive Parent Licensing, Recruitment and Retention**

**Item: 42 – The Standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds**

#### Summary of Federal Concerns/Issues for Item

The federal report stated that, “Although CDSS has one common set of licensing/approval standards, there is evidence that, across counties, staff interpretation of the standards is not consistent. As a result, the same standards are not being applied to all foster family homes. In addition, there are relative foster family homes that have not been assessed and approved against the new standards.”

#### Program Improvement Goal

The State will ensure that all State/County licensing and approving staff are trained on and apply the same licensing/approval standards to all foster family homes.

#### Source of Problem

- County staff are not all trained on application of standards.
- The state did not institute a formal assessment process for relative approvals until October 24, 2002, which included a mandated uniform assessment tool that all counties are required to follow.

#### Action Steps:

1. The State has instituted a formal process for relative approvals.
2. . CDSS institutes a formal process to train all state and county foster care licensing/approval staff on applying the same licensing/approval standards.

#### Measurement Method

CDSS will track the delivery of statewide training of staff performing relative approvals and licensing to ensure consistency and accuracy

#### Frequency of Measurements

Progress will be reported quarterly.

#### Determination of Goal Achievement

County and state staff receive consistent training and all action steps are complete.

## **Systemic Factor 7 – Foster and Adoptive Parent Licensing, Recruitment, and Retention**

### **Item 44 – Recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed.**

#### Summary of Federal Concerns/Issues for Item(s):

Item 44 was assigned an overall rating of Area Needing Improvement. The federal report stated that “the State does not have a statewide process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of the children in care.” The report further stated that “Stakeholders noted that there is a need to recruit more Native American and African American homes.” This finding is not consistent with information reported in the Statewide Assessment. According to the Statewide Assessment, California has a process in place to recruit potential foster and adoptive parents that reflects the diversity of the State’s foster children. A key strength for California is its ability to identify, search for and assess relatives of children in care as placement resources. Over 50 percent of California’s foster children are placed with relatives. Therefore, over 50 percent of California’s resources families reflect the ethnic and racial diversity of children in care. These ethnic and racially diverse resource families prove to be the most effective in recruiting others to be foster/adoptive parents.

#### Program Improvement Goal

Each county will implement a state-approved recruitment plan that reflects the racial and ethnic diversity of children in care by June 30, 2005.

#### Source of Problem

- The State does not have a mechanism to assess and address whether counties are diligently recruiting for foster and adoptive homes that reflect the racial and ethnic diversity of children in care.

#### Action Steps:

1. The CDSS will provide technical (see glossary) assistance to high priority counties (see glossary) to identify and implement promising practices that reduce multiple placements and improve continuity of family relationships and connections. The CDSS will develop a promising practices guide that will contain successful practices from high performing counties, such as using team review process (including parents and child as appropriate) before a child is moved to a second placement and family engagement practices to improve case planning. Additionally, the State will work to increase the number of counties, including Los Angeles County, that use the Family to Family Initiative. **(Cross-reference to Safety Outcome 1, Item 2b;**

**Permanency Outcome 1, Item 6; Permanency Outcome 2, Item 14; Well-Being Outcome 1, Items 17 & 18; Systemic Factor 2, Items 25 & 28)**

2. The CDSS will develop a legislative proposal to conform the currently separate statutory licensing and adoption approval processes into a consolidated home study process. This will speed up the time it takes to adopt a child and reduce the number of moves a child makes while in out-of home care. Upon enactment of this legislation, the CDSS will ensure that it is implemented statewide. **(Cross-reference to Safety Outcome 1, 2B; Permanency Outcome 1, Items 6 & 9; Systemic Factor 2, Item 28)**
3. The CDSS will issue an All County Information Notice (ACIN) clarifying diligent recruitment efforts and strategies for improving recruitment. **(Cross-reference to Systemic Factor 2, Item 28)**
4. To the extent permissible with the Multiethnic Placement Act and other state and federal statute, we will begin collecting race/ethnic information on foster and adoptive parents.
5. As part of the C-CFSR self- assessment and planning processes, counties will identify unmet placement resource needs, including foster and adoptive parents for special needs and older children. Each county will develop a recruitment strategy as part of their plan. **(Cross-reference to Permanency Outcome 1, Item 6; Systemic Factor 2, Item 28)**
6. The CDSS will work with counties to ensure that they integrate issues of fairness and equity toward racial or ethnic groups, specifically African and Native American children, into all decisions made by the child welfare service system. This process will include ongoing technical assistance (see glossary) to the counties on issues such as cultural competence, intake processes and foster parent recruitment. **(Cross-reference to Permanency Outcome 1, Item 9; Well-Being Outcome 1, Item 17; Systemic Factor 2, Item 28; Systemic Factor 5, Item 37)**
7. CDSS will issue an ACIN to counties to clarify existing policy and to highlight importance of seeking adoptive homes for children of all ages and special needs; and availability of AAP payments to families when child is adopted regardless of age or special needs **(Permanency Outcome 1, Item 9; Systemic Factor 2, Item 28)**

Measurement Method

Through the County System Improvement Plan component of the C-CFSR system, the State will ensure that each County has a recruitment plan that will result in the recruitment of caregivers that reflect the racial and ethnic diversity of children in care.

### Frequency of Measurements

Measurements of progress will be reported through the annually updated recruitment plans as part of the SIPs.

### Determination of Goal Achievement

The goal will be achieved when each county has implemented a State approved recruitment plan that reflects the racial and ethnic diversity of children in care.

**Safety Outcome 1, Item 2A**

**Improvement Goal:** The percentage of repeat maltreatment of children will decrease from 10.7 percent in 2000 to 8.9 percent by no later than March 31, 2005, after the PIP is approved.

**Measurement Method:** The rate of repeat maltreatment will be based upon the AFCARS/NCANDS data and the C-CFSR data indicator of the number of children who were victims of repeat maltreatment (repeat maltreatment as defined in the National standard) compared to the total number of children who were victims of maltreatment. In addition, we will use the C-CFSR process to ensure counties implement appropriate risk assessment protocols and improve outcomes.

**Frequency of Measurement:** Measurement of progress toward national data standards using AFCARS and NCANDS data will be reported every six months. In addition, quarterly C-CFSR reports will show quantitative progress on improvement and completion of action steps by county. By June 30, 2004, we expect to improve by 0.9 percent.

**Determination of Goal Achievement:** The goal will be achieved when this outcome for children improves from 10.7 percent to 8.9 percent by no later than March 31, 2005, and all action steps are completed.

Action Steps	Benchmarks	Dates of Completion	Tasks
<p>1. The CDSS will identify promising practices by reviewing the literature and practices in place in high performing counties (see glossary), such as comprehensive safety, risk, and needs assessment, and implement in every high priority county (see glossary). Specifically, in Los Angeles, the County has implemented a standardized approach to safety and risk assessment on all referrals. The County is in the process of implementing this same process at all key decision points in the life of a case (Emergency Response, Family Maintenance, Family Reunification, Permanent Placement). Further the County is developing a comprehensive needs assessment that will be applied to all children entering</p>	<ul style="list-style-type: none"> <li>Promising practices of high-performing counties will be identified.</li> </ul>	<ul style="list-style-type: none"> <li>09/03</li> </ul>	<ul style="list-style-type: none"> <li>CDSS will review safety practice literature (07/03).</li> <li>Using C-CFSR (Matrix #1A &amp;B) CDSS will identify and develop a list of high performing counties for the performance indicator in this specific improvement goal (07/03).</li> <li>Using both online (CWS/CMS) and onsite reviews, CDSS will identify and document successful hotline, intake, risk/safety/needs assessments, procedures, systems and program practices (07/03).</li> <li>CDSS will develop a Promising Practices Guide, which will include model procedures, systems and practices (08/03).</li> </ul>

<p>the system. The CDSS will use the C-CFSR quarterly performance information to track progress in Los Angeles and to identify other counties that need assistance in meeting performance targets, and provide technical assistance (see glossary) to improve assessment practice and to coordinate access to services for families. <b>Cross-reference to Safety Outcome 1, Item 2b; Safety Outcome 2, Items 3 &amp; 4; Permanency Outcome 1, Item 5)</b></p>	<ul style="list-style-type: none"> <li>• Technical assistance will be provided to three high priority counties each quarter to assist in meeting performance targets and in improved assessments and coordinating access to services. Quarterly reports will document that the technical assistance has been provided.</li> </ul>	<ul style="list-style-type: none"> <li>• 06/05</li> </ul> <p><u>Co. / Date</u></p> <p>1-3: 09/03  4-6: 12/03  7-9: 03/04  10-12: 06/04  13-15: 09/04  16-18: 12/04  19-21: 03/05  22-24: 06/05</p>	<ul style="list-style-type: none"> <li>• CDSS will release guide to all counties in an ACIN as a resource to all counties (09/03).</li> </ul> <p><b>Technical Assistance Cycle</b></p> <ul style="list-style-type: none"> <li>• Using safety outcome C-CFSR (Matrix #1A&amp;B) data CDSS will identify a list of all high priority counties (07/03).</li> <li>• From the high priority list, CDSS will select three counties to provide TA (07/03).</li> <li>• Using both online (CWS/CMS) and onsite reviews, CDSS will perform an analysis of the three high priority counties' current procedures, policies, systems and practices (07/03).</li> <li>• In partnership with each county, CDSS will compare the findings in the three counties to the Promising Practices Guide and develop a written action plan of specific procedures, policies, systems and practices to be implemented and identify steps, resources and timeframes (08/03).</li> <li>• CDSS staff will provide written and onsite TA, based on specific county's assessed needs and gaps, to the three counties during the implementation of the county</li> </ul>
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	<ul style="list-style-type: none"> <li>• CDSS will monitor and document the implementation of each county's action plan.</li> <li>• Los Angeles County will implement a risk assessment process at all key decision points within the life of the case.</li> </ul>	<ul style="list-style-type: none"> <li>• 06/05</li> <li>• 11/03</li> </ul>	<p>action plans. Quarterly reports will document that the technical assistance has been provided (09/03).</p> <ul style="list-style-type: none"> <li>• CDSS will track completion of county action steps (09/03).</li> <li>• CDSS will track county safety outcome improvement data from the C-CFSR (Matrix #1A &amp;B) and report quarterly beginning 12/03. (06/05)</li> <li>• Based on C-CFSR quarterly reports CDSS will provide ongoing TA to each county until performance goals are met. Quarterly reports will document that the technical assistance has been provided (09/03, 12/03, 03/04,06/04, 09/04, 12/04, 03/05, 06/05).</li> <li>• Every quarter three new high priority counties will be selected for TA through the end of the PIP. A new TA cycle will be completed each quarter for 12/03, 03/04, 06/04, 09/04, 12/04, 03/05 and 06/05.</li> </ul> <p><b>Los Angeles County Strategy</b></p> <ul style="list-style-type: none"> <li>• A training plan was developed to implement on a priority basis as follows:</li> <li>• All Los Angeles County Hotline</li> </ul>
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	<ul style="list-style-type: none"> <li>• CDSS will provide technical support on the implementation of risk assessment in Los Angeles</li> </ul>	<ul style="list-style-type: none"> <li>• 06/05</li> </ul>	<p>staff have been trained in completing assessments and are using decision tree protocols (completed 02/03).</p> <ul style="list-style-type: none"> <li>• All Los Angeles County Emergency Response workers have been trained and started using risk and safety assessments for all referrals. (completed 04/03)</li> <li>• All Los Angeles County Emergency Response workers were trained and started using the strengths and needs assessment (completed 04/03)</li> <li>• All Los Angeles County Family Maintenance and Family Reunification staff will be trained in risk and safety assessments to ensure the safety of children in-home as well as those returning home. In addition, they will be trained to use the strengths and needs assessment and begin using them (11/03).</li> <li>• All new staff will receive training, and refresher training will be available as needed beginning 04/03. (06/05)</li> <li>• Beginning 10/02 and as needed, CDSS and our contract staff will continue to provide</li> </ul>
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	<p>County.</p> <ul style="list-style-type: none"> <li>• CDSS will monitor the implementation of risk assessment in Los Angeles County.</li> </ul>	<ul style="list-style-type: none"> <li>• 06/05</li> </ul>	<p>focused technical assistance to assist Los Angeles County in the full implementation of risk assessment. (06/05)</p> <ul style="list-style-type: none"> <li>• CDSS will report quarterly on the status of implementation and the technical assistance provided (09/03, 12/03, 03/04, 06/04, 09/04, 12/04,03/05, 06/05)</li> </ul>
<p>2. The CDSS will develop a legislative proposal to modify the current 12-month limit on Family Maintenance Services. This change will allow counties to have appropriate flexibility and enough time to ensure child safety and improved family functioning before closing a case. Upon passage of legislation, the CDSS will implement statewide. <b>(Cross-reference to Safety Outcome 2, Item 3 &amp; 4; Permanency Outcome 1, Item 5)</b></p>	<ul style="list-style-type: none"> <li>• Prepare a policy analysis, including legal issues to identify the issues/problems with the statute as currently written. Discuss issues and decide if statutory/regulatory changes are necessary.</li> <li>• Analyze fiscal impact (including cost avoidance for re-entries) if the 12-month limit were extended.</li> <li>• Submit proposal</li> <li>• If legislation passes, implement through All County Letter (ACL) and regulation processes as needed.</li> </ul>	<ul style="list-style-type: none"> <li>• 04/03</li> <li>• 05/03</li> <li>• 05/03</li> <li>• 09/03 (assumes legislation passes on 07/01/03)</li> </ul>	<ul style="list-style-type: none"> <li>• CDSS completed policy analysis as part of documentation of changes necessary for PIP (04/03).</li> <li>• CDSS completed fiscal analysis as part of May Revise to the Governor's Budget (05/03).</li> <li>• Introduced language into Trailer Bill as part of the May Revise (05/03).</li> <li>• CDSS will identify implementation issues, including fiscal, claiming, regulation changes, initial and ongoing training needs and CWS/CMS changes (07/03).</li> <li>• CDSS will draft, with County input, an implementing ACL incorporating necessary initial implementation instructions</li> </ul>

			<p>including countywide level staff training instructions, procedures and system changes. ACL will instruct counties to ensure all FM case carrying staff and supervisors be trained on this change within 30 days of receipt of letter (08/03).</p> <ul style="list-style-type: none"> <li>• CDSS will issue implementing ACL, which as a formal policy letter has full authority to implement new provision of law (09/03).</li> <li>• CDSS will incorporate this change into statewide training curriculum. (09/03). (Cross reference to Systemic Factor 4 Items 32 and 33.)</li> <li>• CDSS will initiate CWS/CMS change process request and include in first available system update, interim workaround instructions will be provided, if feasible, to the counties as appropriate (09/03). (Note-If CWS/CMS change requires Federal IT approval, implementation will be delayed).</li> <li>• CDSS will begin regulation change process (09/03 regulation changes take approximately nine months-ACL</li> </ul>
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	<ul style="list-style-type: none"> <li>• CDSS will monitor implementation</li> </ul>	<ul style="list-style-type: none"> <li>• 06/05</li> </ul>	<p>remains in force during the interim time period).</p> <ul style="list-style-type: none"> <li>• CDSS will track quarterly, using the CWS/CMS, the increase in cases where services are extended beyond 12 months in order to ensure county implementation of this law and policy change beginning (12/03, 03/04, 06/04, 09/04, 12/04, 03/05, 06/05).</li> </ul>
<p>3. The CDSS, will work with the California Department of Mental Health (DMH), the California Department of Alcohol and Drug Programs (ADP), County Welfare Directors Association (CWDA), Chief Probation Officers of California (CPOC), the associations representing the county mental health directors, alcohol and drug program directors (Proposition 36 funding), and the local county First Five Association and the State First Five Commission to ensure that children and families in the California child welfare services system receive the appropriate priority for services across systems. The main part of this effort, however, will occur as part of the C-CFSR county self-assessment and planning process described in the introduction. The state will review and approve the county plans and use this information to identify and remove any</p>	<ul style="list-style-type: none"> <li>• The CDSS Deputy Director of Children and Family Services, along with the CDSS Deputy Director of Welfare to Work, will convene monthly meetings with program deputy directors at the Departments of Alcohol and Drug Programs, Health Services, Mental Health, Developmental Services, Justice and Education to ensure cross-departmental coordination and implementation of the PIP and Redesign efforts. This group is called the “Interagency Child Welfare Services Team” and will focus on optimizing good outcomes for children and families served in common between and among departments.</li> </ul>	<ul style="list-style-type: none"> <li>• 06/05</li> </ul>	<ul style="list-style-type: none"> <li>• Letter of invitation sent by Director Saenz to directors of named departments (May 13, 2003)</li> <li>• Appointments made by respective directors (05/03)</li> <li>• First meeting held May 21, 2003; regular monthly meetings to begin.(06/05)</li> <li>• First item of business will be development of a Team Charter outlining purpose, membership, first tasks and timelines. Areas of focus for the Team include: identifying and removing interagency systemic barriers to accessing services; coordination of services at the state and local levels; leveraging of funds across program areas; policy development to promote service</li> </ul>

<p>systemic barriers identified by counties. In addition, as part of the C-CFSR county self-assessment process, the state will review and approve the county plans and use this information to identify and remove any systemic barriers identified by counties. <b>(Cross-reference to Permanency Outcome 1, Item 5; Well-Being Outcome 1, Item 17; Systemic Factor 5, Item 36)</b></p>	<ul style="list-style-type: none"> <li>The Interagency Team, as appropriate will implement changes within their areas of responsibility.</li> </ul>	<ul style="list-style-type: none"> <li>06/05</li> </ul>	<p>coordination and integration. (09/03)</p> <ul style="list-style-type: none"> <li>CDSS will share a copy of the charter with ACF (09/03)</li> <li>The Team will be informed, on an ongoing basis, by the C-CFSR process including self-assessments and SIPs. (09/04)</li> <li>The Interagency Team will prioritize and make recommendations based on the CDSS analysis (12/04)</li> <li>Policy changes will be implemented through appropriate regulatory, statutory instructions to county agencies beginning 09/04. (06/05)</li> <li>CDSS will review all counties' self-assessments and compile and analyze the data on service array, gaps and barriers beginning 09/04. (06/05)</li> <li>CDSS and other interagency departments will provide technical assistance to high priority counties, i.e., counties that have identified significant gaps in the service array, including providing counties guidance on strategies for improving building capacity and access to services – to be included in the county SIP</li> </ul>
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	<ul style="list-style-type: none"> <li>• CDSS will monitor implementation of state/county changes in policy, procedure and regulation recommended by the interagency work group.</li> </ul>	<ul style="list-style-type: none"> <li>• 06/05</li> </ul>	<p>beginning 1/05. (06/05)</p> <ul style="list-style-type: none"> <li>• CDSS will review all SIPs and compile and analyze the information contained in the SIPs. Based on this analysis make appropriate recommendations for the federal and state governments, including resource issues as well as other state and federal level issues. CDSS will share these findings with the Interagency Team. (03/04, 06/04, 09/04, 12/04, 03/05, 06/05)</li> <li>• CDSS will track and report quarterly on completion of the Interagency Teams recommendations. (03/04, 06/04, 09/04, 12/04, 03/05, 06/05).</li> </ul>
<p>4. The CDSS, through the CWS Redesign, will begin developing and implementing a statewide comprehensive assessment approach to safety that includes determining levels of safety, risk, parental protective capacity and family strengths and needs throughout the life of the case. <b>(Cross-reference to Safety Outcome 1, Item 2B; Safety Outcome 2, Items 3 &amp; 4; Permanency Outcome 1, Item 5; Well-Being Outcome 1, Item 20; Systemic</b></p>	<ul style="list-style-type: none"> <li>• The Safety and Practice Workgroup of the CWS Stakeholders Group determined effective elements of current safety assessment tools in use throughout the country for in the development of an approach to the assessment of safety, risk, parental protective capacity, and family strengths by California's counties.</li> </ul>	<ul style="list-style-type: none"> <li>• 08/03</li> </ul>	<ul style="list-style-type: none"> <li>• Research and analysis of national safety and risk assessment processes completed. (06/02).</li> <li>• Safety and Practice Workgroup formed (10/02). Consultants selected to support workgroup in development of California's safety, risk and protective capacity assessment (11/02).</li> <li>• Research, analysis, and constructs of California's safety,</li> </ul>

<p><b>Factor 5, Item 37)</b></p>	<ul style="list-style-type: none"> <li>• Los Angeles and two medium sized counties (see Glossary) will begin testing the safety assessment approach that embodies the approach developed by the Safety and Practice Workgroup. Safety and risk components will be implemented, as well as a strengths and needs assessment component. The strengths and needs assessment will be used to determine the level of family need in key service areas and be utilized for case planning and service provision. These assessments will be conducted throughout the life of the case. The use of safety assessment tools that embody the approach developed by the Safety and Practice Workgroup will be fully implemented in Los Angeles and the other two test site counties.</li> <li>• The safety assessment approach will be evaluated and recommendations will be made for</li> </ul>	<ul style="list-style-type: none"> <li>• 05/04</li> <li>• 05/04</li> </ul>	<p>risk and protective capacity assessment approach (06/03).</p> <ul style="list-style-type: none"> <li>• Completion of California's approach to the safety assessment, including tools and how they apply to both in and out-of-home care. (08/03)</li> <li>• Begin testing the approach to safety assessment through the application of safety assessment tools in Los Angeles and two medium sized counties (09/03).</li> <li>• CDSS will provide technical assistance, in the form of onsite training of staff and monitoring of use of tools to Los Angeles and two medium sized counties to test the formal safety assessment process beginning 09/03. (05/04)</li> <li>• CDSS will evaluate the test results and make any necessary adjustments to safety assessment</li> </ul>
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	<p>any adjustments before expanding the number of counties using it.</p> <ul style="list-style-type: none"> <li>• The validated safety assessment is implemented in 25 counties.</li> </ul> <ul style="list-style-type: none"> <li>• The CDSS will monitor the progress of the implementation of the safety assessment approach to ensure it is used countywide throughout the life of the case.</li> </ul>	<ul style="list-style-type: none"> <li>• 06/05</li> </ul> <ul style="list-style-type: none"> <li>• 06/05</li> </ul>	<p>process/tools/training (05/04).</p> <ul style="list-style-type: none"> <li>• Twenty-five counties will be selected to begin preparation to utilize the new approach to safety assessment. Counties will have detailed implementation plans developed through the Request for Applications (RFA) planning process which are approved in advance by the CDSS. (01/04)</li> <li>• Counties selected to implement the safety assessment will begin using the new approach beginning and will roll out as resources are available to start implementation 05/04. (06/05)</li> <li>• All counties implementing the safety assessment will be fully operational within three months of start date. CDSS will review and have copies of each county's operational procedures that instruct staff on safety assessment. (06/05)</li> <li>• CDSS will report progress of the implementation of the safety assessment approach in each county, including staff training and development of procedures quarterly. (06/04, 09/04, 12/04, 03/05, 06/05).</li> </ul>
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<p>5. The CDSS will develop and implement a framework for a differential response system as part of the CWS Redesign process. <b>(Cross-reference to Safety Outcome 2, Items 3 &amp; 4; Well-Being Outcome 1, Item 17; Systemic Factor 5, Item 36)</b></p>	<ul style="list-style-type: none"> <li>• The differential response framework will be developed to include elements necessary to meet the needs of children and families. Elements of the design will include: 1) structures and protocols necessary for communities to build capacity, develop resources and create partnerships to create an array of quality services and; 2) assessments, tools and protocols for counties to respond to the needs of children and families from hotline screening protocols on how to assess and engage with families, identifying service needs, skills on connecting families to community resources and finally, ensuring appropriate follow up that families received services.</li> <li>• Los Angeles and two medium sized counties will be designated Redesign test counties to test the implementation of differential response system.</li> <li>• Evaluate the test sites implementation of differential response.</li> </ul>	<ul style="list-style-type: none"> <li>• 06/03</li> <li>• 05/04</li> <li>• 05/04</li> </ul>	<ul style="list-style-type: none"> <li>• A RFA was sent to all 58 California counties (04/03) to solicit proposals on implementing elements of the Redesign and 51 counties have responded and will receive planning grants to prepare for implementation of various elements (05/03).</li> <li>• The CWS Stakeholders Workgroup Differential Response and Case Resolution will complete the differential response framework (06/03).</li> <li>• Los Angeles and two medium sized counties will begin implementation of differential response 09/03. (05/04)</li> <li>• CDSS and our consultants will evaluate the test sites implementation and make adjustments as needed to the tools, assessments and protocols. (05/04)</li> </ul>
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	<ul style="list-style-type: none"> <li>• Implement differential response in selected counties.</li> <li>• The CDSS will monitor the progress of implementation of differential response in the counties.</li> </ul>	<ul style="list-style-type: none"> <li>• 06/05</li> <li>• 06/05</li> </ul>	<ul style="list-style-type: none"> <li>• Twenty-five counties will be selected to begin advanced training in preparation for implementing differential response including training, resource development and protocols (04/04).</li> <li>• The selected counties will begin implementation of differential response and roll out as resources are available starting 05/04. (06/05)</li> <li>• CDSS will provide ongoing technical support to all implementing counties, through our consultants on training, resource development strategies and leveraging existing resources beginning 05/04. (06/05)</li> <li>• CDSS will track completion of implementation plans and quarterly data from the C-CFSR on hotline calls, responses, intake and services as measured from point of county implementation to ensure progress. (09/04, 12/04, 03/05 and 06/05).</li> </ul>
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Program Contacts:

**Action Steps # 1, 2 & 3**

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**Action Steps # 4 & 5**

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**Safety Outcome 1, Item 2B**

**Improvement Goal:** The percentage of maltreatment of children in foster care will decrease from 0.67 percent in 2000 to 0.53 percent no later than March 31, 2005.<sup>1</sup>

**Measurement Method:** The count for the numerator will be based on children in non-relative foster homes and foster family agency homes who had referrals that resulted in substantiated allegations of abuse or neglect during a nine-month period from January 1 – September 30. Instances where the child was listed as the victim and the foster parent was listed as the perpetrator will be used as the numerator. This will also include cases in which the foster parent was listed as the victim and the child was listed as the perpetrator because this is a common data entry error. This count will be divided by the population of children served in non-relative foster homes and family agency homes for the same time period. Maltreatment in foster care will also be tracked for all placement types.

**Frequency of Measurement:** Measurement of progress toward national data standards will be reported every six months from AFCARS/NCANDS. C-CFSR quarterly reports will report quantitative progress on improvement by county and the completion of the action steps. By June 30, 2004, we will improve by 0.07 percentage points.

**Determination of Goal Achievement:** The goal will be achieved when the State’s rate of safety for children improves from 0.67 percent, using the alternate data source for the year 2000, to 0.53 percent by March 31, 2005. All action steps will be completed.

Action Steps	Benchmarks	Dates of Completion	Tasks
<p>1. The CDSS will work with high priority counties (see glossary) to identify problem areas (see C-CFSR matrix) and will provide technical assistance (see glossary) to those counties to implement strategies to reduce the incidence of child abuse and neglect in foster care. Specifically, Los Angeles County is in the process of assessing and re-engineering all placement policies and practices with a focus on reducing incidents of maltreatment in out-of-home care.</p>	<ul style="list-style-type: none"> <li>The CDSS will analyze data and stratify it by age and placement type to identify where abuse in foster care is occurring (e.g. group homes, trial home visits).</li> <li>The CDSS will work with three counties per quarter, and make recommendations based on the findings to reduce the incidence of child abuse and neglect in foster care. Progress toward completion of the</li> </ul>	<ul style="list-style-type: none"> <li>09/03</li> <li>06/05</li> </ul> <p><u>Co. / Dates</u></p> <p>1-3: 09/03            4-6: 12/03            7-9: 03/04            10-12: 06/04</p>	<ul style="list-style-type: none"> <li>CDSS will analyze C-CFSR data stratified by age and placement type to identify where abuse in out-of-home care occurs (e.g. group homes, trial home visits) (09/03).</li> </ul> <p><b>Technical Assistance Cycle</b></p> <ul style="list-style-type: none"> <li>Using safety outcome C-CFSR data (Matrix 1C, 1D &amp;2A) CDSS will develop a list of all high priority counties (07/03).</li> <li>From the high priority list,</li> </ul>

<sup>1</sup> The baseline data in the safety profile was set at 1.06 percent; however a recalculation using the same methodology resulted in a revised measure of .67 percent.

	<p>benchmark will be documented in the quarterly reports.</p> <ul style="list-style-type: none"> <li>• CDSS will monitor the implementation of improvement strategies.</li> </ul>	<p>13-15: 09/04 16-18: 12/04 19-21: 03/05 22-24: 06/05</p> <ul style="list-style-type: none"> <li>• 06/05</li> </ul>	<p>CDSS will select three counties to provide technical assistance (07/03).</p> <ul style="list-style-type: none"> <li>• Using both online (CWS/CMS) and onsite reviews, CDSS will perform an analysis of the three high priority counties current procedures, policies, systems and practices (07/03).</li> <li>• In partnership with each county, CDSS will compare the findings in three counties to the Promising Practices Guide and develop a written action plan of specific procedures, policies, systems and practices to be implemented and identify steps, resources and timeframes (08/03).</li> <li>• CDSS staff will provide written and onsite technical assistance, based on specific county's assessed needs and gaps (including training for hotline supervisors as needed), to each county during implementation of the county action plans. Quarterly reports will document that the technical assistance has been provided (09/03).</li> <li>• CDSS will track and document completion of all steps in the action plan (09/03).</li> </ul>
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	<ul style="list-style-type: none"> <li>Los Angeles County Department of Children and Family Services (LA-DCFS) will implement the changes in placement policies, procedures and practices.</li> </ul>	<ul style="list-style-type: none"> <li>03/04</li> </ul>	<ul style="list-style-type: none"> <li>CDSS will track county safety outcome improvement data from the C-CFSR (Matrix 1C, 1D &amp; 2A) and report quarterly (12/03, 03/04, 06/04, 09/04, 12/04, 03/05,06/05).</li> <li>Based on C-CFSR quarterly reports, CDSS will provide ongoing technical assistance to each county until performance goals are met. Quarterly reports will document that the technical assistance has been provided beginning (12/03).</li> <li>Every quarter, three new high priority counties will be selected for technical assistance through the end of the PIP. A new technical assistance cycle will be completed each quarter 12/03, 03/04, 06/04, 09/04, 12/04, 03/05 and 06/05.</li> </ul> <p><b>Los Angeles strategy</b></p> <ul style="list-style-type: none"> <li>LA-DCFS will complete review and develop a matrix of all of the placement decision points (08/03)</li> <li>Based on review, LA-DCFS will design and identify a placement procedure process that matches the child's needs (10/03)</li> <li>LA-DCFS will implement</li> </ul>
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	<ul style="list-style-type: none"> <li>• CDSS will provide technical assistance to Los Angeles County.</li> </ul>	<ul style="list-style-type: none"> <li>• 03/04</li> </ul>	<p>quality assurance procedures to monitor compliance with the new placement decision-making process (10/03)</p> <ul style="list-style-type: none"> <li>• LA-DCFS will develop a training curriculum and train workers on the new placement process (12/03)</li> <li>• LA-DCFS will implement the new process beginning 12/03. (03/04)</li> <li>• CDSS staff will review and provide technical assistance to Los Angeles County on implementation plans, action steps and training improvements beginning 08/03. (03/04)</li> </ul>
<p>2. The CDSS will work with counties to determine where additional support services may be needed for caregivers and identify resources that can provide support services for caregivers in counties (see C-CFSR matrix).</p>	<ul style="list-style-type: none"> <li>• Counties will identify support services needed and resources to meet the needs. Plans will be developed to provide services, and implemented.</li> <li>• CDSS will approve county System Improvement Plans (SIPs)</li> </ul>	<ul style="list-style-type: none"> <li>• 06/04</li> <li>• 09/04</li> </ul>	<ul style="list-style-type: none"> <li>• Counties will perform a countywide self-assessment process and identify strengths and areas that need improvement. (06/04)</li> <li>• Based on self-assessments, counties will develop SIPs including a strategy to recruit foster parents for special needs children (09/04).</li> <li>• CDSS will provide onsite technical assistance during both the self assessment and the SIP development based on data</li> </ul>

	<ul style="list-style-type: none"> <li>• CDSS will provide technical assistance.</li>   <li>• CDSS will monitor implementation of county SIPs.</li> </ul>	<ul style="list-style-type: none"> <li>• 09/04</li>   <li>• 06/05</li> </ul>	<p>from the C-CFSR (Matrix Census data, 4A, B, C &amp; E), survey and promising practice guides to focus on problem identification and proven successful strategies used by high performing counties to guide the development of county SIPs beginning 09/03. (09/04)</p> <ul style="list-style-type: none"> <li>• The CDSS will review and approve county SIPs, which will be received on a flow basis with all county SIPs, due and approved by the State. (09/04)</li> <li>• CDSS staff will provide written and onsite technical assistance, including resource based on specific counties' assessed needs and gaps, to ensure that the unmet placement component of the SIP is effectively, efficiently implemented. (09/04)</li> <li>• Quarterly reports will document that the technical assistance has been provided. (03/04, 06/04, 09/04, 12/04, 03/05, 06/05).</li> <li>• CDSS will document completion of all action steps and track the plans using C-CFSR (Matrix 4A, B, C, &amp;E) and survey data to</li> </ul>
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			ensure appropriate level of placement resources are available to meet the placement needs of children. (03/04, 06/04, 09/04, 12/04, 03/05, 06/05).
<p>3. Based on what is learned in Action Steps # 1 and 2, the CDSS will identify and provide technical assistance (see glossary) to improve risk assessment practice in out-of-home care. In addition, the CDSS will provide training for hotline workers and supervisors on how to handle allegations of maltreatment of children in out-of-home care using practices from high performing (see glossary) counties as models. The CDSS will ensure that Los Angeles County hotline staff receive targeted training early in the PIP in accordance with our overall Los Angeles County strategy.</p>	<ul style="list-style-type: none"> <li>• CDSS will identify promising practices in high performing counties (see glossary).</li> <li>• CDSS will give priority to training of hotline staff.</li> </ul>	<ul style="list-style-type: none"> <li>• 09/03</li> <li>• 06/05</li> </ul>	<ul style="list-style-type: none"> <li>• Using C-CFSR (Matrix 1C, 1D &amp; 2A) data, CDSS will identify and develop a list of high performing counties for the performance indicator in this specific improvement goal. (07/03).</li> <li>• Using both online (CWS/CMS) and onsite reviews, CDSS will identify and document successful hotline, intake, risk/safety/needs assessments, procedures, systems and program practices (07/03).</li> <li>• CDSS will develop a Promising Practices Guide, which will include model procedures, systems and practices (08/03).</li> <li>• CDSS will release guide to all counties in an All County Information Notice (ACIN) as a resource to all counties (09/03).</li> <li>• All Los Angeles hotline staff were trained in completing assessments and are using decision tree protocols</li> </ul>

	<ul style="list-style-type: none"> <li>• CDSS will provide technical assistance and training to three counties per quarter.</li> </ul>	<ul style="list-style-type: none"> <li>• 06/05</li> </ul> <p><u>Co. / Dates</u>  1-3: 09/03  4-6: 12/03  7-9: 03/04  10-12: 06/04  13-15: 09/04  16-18: 12/04  19-21: 03/05  22-24: 06/05</p>	<p>(completed 02/03).</p> <ul style="list-style-type: none"> <li>• CDSS, as indicated by safety outcome performance data from the C-CFSR (1C, 1D &amp;2A), will coordinate priority training for hotline workers and supervisors on appropriate and timely response to allegations of maltreatment in out-of-home care beginning 9/03 (06/05).</li> </ul> <p><b>See tasks listed under “Technical Assistance Cycle” in Action Step 1, above.</b></p>
<p>4. The CDSS, through the CWS Redesign, will begin developing and implementing a statewide comprehensive assessment approach to safety and well-being that includes safety, risk, protective capacity and comprehensive family assessment approaches throughout the life of the case. <b>(Cross-reference to Safety Outcome 1, Item 2A, Safety Outcome 2, Item 3&amp;4; Permanency Outcome 1, Item 5; Well-Being Outcome 1, Item 20; Systemic Factor 5, Item 37)</b></p>			
<p>5. The CDSS will identify promising</p>			

<p>practices by reviewing the literature and practices in place in high performing counties (see glossary), such as comprehensive safety, risk, and needs assessment, and implement in every high priority county (see glossary). Specifically, in Los Angeles, the County has implemented a standardized approach to safety and risk assessment on all referrals. The County is in the process of implementing this same process at all key decision points in the life of a case. Further, the County is developing a comprehensive needs assessment that will be applied to all children entering the system. The CDSS will use the C-CFSR quarterly performance information to track progress in Los Angeles and to identify other counties that need assistance in meeting performance targets, and provide technical assistance (see glossary) to improve assessment practice and to coordinate access to services for families. <b>(Cross-reference to Safety Outcome 1, Item 2A; Safety Outcome 1, Items 3 &amp; 4; Permanency Outcome 1, Item 5)</b></p>			
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<p>6. The CDSS will develop a legislative proposal to conform the currently separate statutory licensing and adoption approval processes into a consolidated home study process. This will speed up the time it takes to adopt a child and reduce the number of moves a child makes while in out-of home care. Upon enactment of this legislation, the CDSS will ensure that it is implemented statewide. <b>(Cross-reference to Permanency Outcome 1, Items 6 &amp; 9; Systemic Factor 2, Item 28; Systemic Factor 7, Item 44)</b></p>	<ul style="list-style-type: none"> <li>• Develop new consolidated process and draft legislation.</li>   <li>• Submit legislative proposal</li>   <li>• Implement new legislation statewide through All County Letter (ACL) and regulation processes, as needed</li> </ul>	<ul style="list-style-type: none"> <li>• 12/04</li>   <li>• 03/05</li>   <li>• First quarter after passage of legislation. <b>(Exceeds end date of PIP; dates not included)</b></li> </ul>	<ul style="list-style-type: none"> <li>• CDSS (including Community Care Licensing) will convene a workgroup to discuss issues surrounding the new consolidated process, including a protocol for routinely updating home studies psychosocial assessments at annual reassessment of approvals/licensing requirements, and develop a legislative proposal. (12/04)</li> <li>• Legislative proposal will be submitted. (03/05)</li> <li>• CDSS will report quarterly on the progress in developing legislative proposal. (12/04,03/05, 06/05)</li> <li>• CDSS will identify implementation issues, including fiscal, claiming, regulation changes, initial and ongoing training needs and CWS/CMS changes.</li> <li>• If legislation passes, CDSS will draft, with County input, an implementing ACL incorporating necessary initial implementation instructions including countywide level staff training instructions, procedures and systems. ACL will instruct counties to ensure all staff and</li> </ul>
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			<p>supervisors be trained on this change within 30 days of receipt of letter. (Post PIP)</p> <ul style="list-style-type: none"> <li>• CDSS will issue implementing ACL, which as a formal policy letter has full authority to implement new provision of law.</li> <li>• CalSWEC and the Regional Training Academies will develop training materials and presentations on the program and practice changes required by the PIP and the CWS Redesign that Regional Training Academies, county training units and the Resource Center for Family Focused Practice will be required to use to orient and train all child welfare and probation supervisors on new initiatives and specified practice changes, i.e., the new consolidated home study process. (Post PIP)</li> <li>• CDSS will initiate CWS/CMS change process request and include in first available system update. Interim workaround instructions, if feasible, will be provided to the counties as appropriate. (Post PIP) (Note: implementation will be delayed if federal IT approval is required</li> </ul>
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	<ul style="list-style-type: none"> <li>• CDSS will monitor the implementation of the consolidated home study process.</li> </ul>	<ul style="list-style-type: none"> <li>• Post PIP</li> </ul>	<p>to CWS/CMS)</p> <ul style="list-style-type: none"> <li>• CDSS will begin regulation change process. (Post PIP) (regulation changes take approximately nine months-ACL remains in force during the interim time period).</li> <li>• CDSS will track that staff are trained and action steps are completed. (Post PIP).</li> <li>• CDSS will track progress quarterly. (Post PIP)</li> </ul>
<p>7. The CDSS will provide technical (see glossary) assistance to high priority counties (see glossary) to identify and implement promising practices that reduce multiple placements and improve continuity of family relationships and connections. The CDSS will develop a promising practices guide that will contain successful practices from high performing counties, such as using team review process (including parents and child as appropriate) before a child is moved to a second placement and family engagement practices to improve case planning. Additionally, the State will work to increase the number of counties, including Los Angeles County, that use the Family to Family Initiative. <b>(Cross reference to Permanency Outcome 1, Item 6; Permanency</b></p>	<ul style="list-style-type: none"> <li>• Using C-CFSR identify high performing counties (See Glossary) that have good practices.</li> </ul>	<ul style="list-style-type: none"> <li>• 12/03</li> </ul>	<ul style="list-style-type: none"> <li>• Using the C-CFSR process, CDSS will identify and develop a list of high performing counties for the performance indicator in this specific improvement goal (09/03).</li> <li>• Using both online (CWS/CMS) and onsite reviews, CDSS will identify and document successful practices that reduce multiple placements. (09/03).</li> <li>• CDSS will develop a Promising Practices Guide, which will include model procedures, systems and practices. One strategy that will be incorporated into the guide is the proven practice of, “team review process” to be used before any second placement</li> </ul>

<p><b>Outcome 2, Item 14; Well-Being Outcome 1, Items 17, 18; Systemic Factor 2, Item 25 &amp; 28; Systemic Factor 7, Item 44)</b></p>	<ul style="list-style-type: none"> <li>The CDSS will provide targeted technical assistance to three high priority counties per quarter.</li> </ul>	<ul style="list-style-type: none"> <li>06/05</li> </ul> <p><u>Co. / Dates</u></p> <p>1-3: 09/03  4-6: 12/03  7-9: 03/04  10-12: 06/04  13-15: 09/04  16-18: 12/04  19-21: 03/05  22-24: 06/05</p>	<p>of a child (this process also engages child and parent and caregiver (12/03).</p> <p><b>Technical Assistance Cycle</b></p> <ul style="list-style-type: none"> <li>Using C-CFSR (Matrix 3C) data, CDSS will identify a list of all high priority counties (09/03)</li> <li>From the high priority list, CDSS will select three counties that will receive technical assistance (09/03).</li> <li>Using both online (CWS/CMS) and onsite reviews, CDSS will analyze the three high priority county's current procedures, policies, systems and practices.(12/03)</li> <li>In partnership with each county, CDSS will compare the findings in three counties to the Promising Practices Guide and develop a written action plan of specific procedures, policies, systems and practices to be implemented and identify steps, resources and timeframes (12/03)</li> <li>CDSS staff will provide written and onsite technical assistance in the implementation of promising practices, based on specific, county assessed needs and gaps, to each</li> </ul>
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	<ul style="list-style-type: none"> <li>• CDSS will monitor and document the implementation of each county's action plan.</li> <li>• CDSS will provide ongoing support to existing Family to Family counties to ensure practice is fully used in all cases, countywide.</li> </ul>	<ul style="list-style-type: none"> <li>• 06/05</li> <li>• 06/05</li> </ul>	<p>county implementing their county action plans. Quarterly reports will document that the technical assistance has been provided (12/03)</p> <ul style="list-style-type: none"> <li>• Every quarter, three new high priority counties will be selected for the technical assistance Cycle. (03/04, 06/04, 09/04, 12/04, 03/05, 06/05)</li> <li>• Based on C-CFSR (Matrix 3C) quarterly reports, CDSS will provide ongoing technical assistance to each county until performance goals are met.</li> <li>• Quarterly reports will document that the technical assistance has been provided (12/03, 03/04, 06/04, 09/04, 12/04, 03/05, 06/05).</li> <li>• CDSS created and operates a California Family to Family website. (05/02)</li> <li>• CDSS contracted with the Resource Center for Family-Focused Practice to provide technical assistance in the form of curricula and provide training to the four Family to Family core strategies: Recruiting, Training, and Supporting Resource Families;</li> </ul>
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	<ul style="list-style-type: none"> <li>• CDSS will increase the number of counties that use Family to Family to 60 percent of the caseload.</li> </ul>	<ul style="list-style-type: none"> <li>• 06/05</li> </ul>	<p>Building Community Partnerships; Team Decision Making; and Self-Evaluation. (10/02)</p> <ul style="list-style-type: none"> <li>• CDSS with support from Annie E. Casey and Stuart Foundations has started and continues to support the implementation of Family to Family in counties that comprise 50 percent of the CWS population, through training and data analysis. (01/03)</li> <li>• CDSS with support from Annie E. Casey and Stuart Foundations will begin implementation in new counties that are currently waiting for resources to become available, equal to an additional 10 percent of the caseload for a total of 60 percent beginning 06/03. (06/05)</li> <li>• The new counties will have plans for implementing all four components of Family to Family (12/03).</li> <li>• The new counties will have completed training for Family to Family (06/04).</li> <li>• The new counties will have all</li> </ul>
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	<ul style="list-style-type: none"> <li>We will increase implementation of the Family to Family initiative. By June 30, 2005, Family to Family will be available in counties whose CWS caseload combined represents 60 percent of CWS caseload statewide. Family to Family will be implemented countywide in these counties. Please note, it is the State's intent to eventually implement Family to Family statewide.</li> <li>CDSS will monitor the maintenance and implementation of Family to Family.</li> </ul>	<ul style="list-style-type: none"> <li>6/30/05</li> <li>06/05</li> </ul>	<p>four components in test mode (12/04).</p> <ul style="list-style-type: none"> <li>The new counties will have all four components fully implemented (06/05).</li> <li>CDSS will provide support, training, consultation and technical assistance to implementing counties to ensure the Family to Family based practice is fully used in all cases and is fully implemented countywide in each site 06/03. (06/05)</li> <li>CDSS will provide through our partnership with our foundations and their consultants, data collection and analysis, case review and practice updates (06/05).</li> <li>CDSS will document implementation by ensuring the completion of each action step noted above and that county operating procedures conform to the Family to Family core procedures. A copy of each county's procedures will be maintained by CDSS begin 09/03. (06/05)</li> <li>CDSS will track the county generated data required under Family to Family, completion of</li> </ul>
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			action steps, number of staff trained and report quarterly on progress to full implementation. (09/03, 12/03, 03/04, 06/04, 09/04, 12/04, 03/05, 06/05)
8. The CDSS will work with the National Resource Center on Permanency Planning and/or Special Needs Adoptions around issues of recruitment of foster parents for older youth and to represent the ethnic and racial diversity of children in care. <b>(Cross-reference to Permanency Outcome 1, Item 6; Systemic Factor 5, Item 37)</b>	<ul style="list-style-type: none"> <li>• CDSS will request technical assistance from the NRC.</li> <li>• CDSS will provide technical assistance to counties.</li> <li>• CDSS will issue an All County Information Notice (ACIN) and provide training to counties.</li> <li>• CDSS will monitor county recruitment plans.</li> </ul>	<ul style="list-style-type: none"> <li>• 12/03</li> <li>• 06/05</li> <li>• 01/04</li> <li>• 06/05</li> </ul>	<ul style="list-style-type: none"> <li>• The CDSS will make a formal request for technical assistance through the National Resource Center on Permanency Planning and/or Special Needs Adoptions (10/03)</li> <li>• CDSS will consult with the National Resource Center on Permanency Planning and/or Special Needs Adoptions to evaluate the State's program to ensure effective recruitment (12/03)</li> <li>• CDSS will coordinate with the National Resource Center on Permanency Planning and/or Special Needs Adoptions to provide technical assistance directly to counties beginning 01/04. (06/05)</li> <li>• CDSS will draft an ACIN to clarify recruitment efforts and strategies, and CDSS will provide training instructions to the Counties. (01/04)</li> <li>• CDSS will track progress quarterly through C-CFSR SIP</li> </ul>

			Recruitment Plan information and through data collected from action step # 4 of Item 44. (03/04, 06/04, 09/04, 12/04, 03/05, 06/05).
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Program Contact(s):

**Action Steps # 1, 2, 6, 7 & 8**

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**Safety Outcome 2, Item 3 & 4**

**Improvement Goal:** We will decrease our rate of recurrence of abuse or neglect in cases where children are not removed from the home from our baseline of 23.0 percent in calendar year 2002 by two percentage points by March 31, 2005.

**Measurement Method** We calculate the baseline using calendar year 2002 data. This baseline calculation includes all children who have a substantiated or inconclusive allegation of maltreatment and who remained in the home. In the home is defined as no removal during the first referral episode closed during the benchmark year. There were 351,253 cases with this condition between 1/1/2002 and 12/31/2002. This number forms the denominator for the ratio. From these cases, we selected all cases where the next event was a substantiated maltreatment referral. There were 80,684 cases with this condition. This number forms the numerator for our ratio. We then divided 80,684 by 351,253 to get a ratio of 23.0%.

**Frequency of Measurement:** Progress will be reported using C-CFSR quarterly reports that provide county-level quantitative information on the recurrence of maltreatment. In addition, we will report in our quarterly reports on completion of each action step. By June 30, 2004, we will improve by one percentage point.

**Determination of Goal Achievement:** The goal will be achieved when there is a two percentage point reduction in the recurrence of abuse or neglect in cases where children are not removed from the home, and action steps are completed.

Action Steps	Benchmarks	Dates of Completion	Tasks
<p>1. The CDSS will identify promising practices by reviewing the literature and practices in place in high performing counties (see glossary), such as comprehensive safety, risk, and needs assessment, and implement in every high priority county (see glossary). Specifically, Los Angeles County has implemented a standardized approach to safety and risk assessment on all referrals. The County is in the process of implementing this same process at all key decision points in the life of a case. Further, the County is developing a comprehensive needs assessment that will be applied to all children entering</p>			

<p>the system. The CDSS will use the C-CFSR quarterly performance information to track progress in Los Angeles County and to identify other counties that need assistance in meeting performance targets, and provide technical assistance (see glossary) to improve assessment practice and to coordinate access to services for families. <b>(Cross-reference to Safety Outcome 1, Items 2A &amp; 2B; Permanency Outcome 1, Item 5)</b></p>			
<p>2. The CDSS, through the CWS Redesign, will begin developing and implementing a statewide comprehensive assessment approach to safety and well-being that includes safety, risk, protective capacity and comprehensive family assessment approaches throughout the life of the case. <b>(Cross-reference to Safety Outcome 1, Items 2A &amp; 2B; Permanency Outcome 1, Item 5; Well-Being Outcome 1, Item 20; Systemic Factor 5, Item 37)</b></p>			
<p>3. The CDSS will develop a legislative proposal to modify the current 12-month limit on Family Maintenance Services. This change will allow counties to have appropriate flexibility and enough time to ensure child safety and improved family functioning before closing a case. Upon passage of legislation, the CDSS will</p>			

implement statewide. <b>(Cross-reference to Safety Outcome 1, Item 2A; Permanency Outcome 1, Item 5)</b>			
4. The CDSS will develop and implement a framework for a differential response system as part of the CWS Redesign Process. <b>(Cross-reference to Safety Outcome 1, Item 2A; Well-Being 1, Items 17; Systemic Factor 5, Item 36)</b>			

Program Contact(s):

**Action Steps # 1 & 3**

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**Action Steps # 2 & 4**

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**Permanency Outcome 1, Item 5**

**Improvement Goal:** The rate of children re-entering foster care will decrease from 10.7 percent in fiscal year 2000 to 9.4 percent June 30, 2005.

**Measurement Method:** Meeting this improvement goal requires a 1.3 percentage point improvement by the end of the PIP. Progress will be measured every six months using the AFCARS indicator for foster care re-entry by calculating the percent of all children entering care during the Federal fiscal year who re-entered foster care within 12 months of a prior episode. Progress also will be measured using the C-CFSR alternative quarterly performance indicators related to foster care re-entry.

**Frequency of Measurement:** Measurement of progress toward achieving the national data standard will be reported from AFCARS every six months. In addition, C-CFSR quarterly reports will measure quantifiable improvement. We will report quarterly completion of action steps. By June 30, 2004, we will see a 0.65 percentage point improvement.

**Determination of Goal Achievement:** The goal will be achieved when the rate of children re-entering foster care is 9.4 percent and all action steps have been completed.

Action Steps	Benchmarks	Dates of Completion	Tasks
<p>1. The CDSS will identify promising practices by reviewing the literature and practices in place in high performing counties (see glossary), such as comprehensive safety, risk, and needs assessment, and implement in every high priority county (see glossary). Specifically, Los Angeles County has implemented a standardized approach to safety and risk assessment on all referrals. The County is in the process of implementing this same process at all key decision points in the life of a case. Further, the County is developing a comprehensive needs assessment that will be applied to all children entering the system. The CDSS will use the C-CFSR quarterly performance information to track progress in Los</p>			

<p>Angeles County and to identify other counties that need assistance in meeting performance targets, and provide technical assistance (see glossary) to improve assessment practice and to coordinate access to services for families. <b>(Safety Outcome 1, Item 2A; Safety Outcome 2, Items 3 &amp; 4)</b></p>			
<p>2. The CDSS, through the CWS Redesign, will begin developing and implementing a statewide comprehensive assessment approach to safety and well-being that includes safety, risk, protective capacity and comprehensive family assessment approaches throughout the life of the case. <b>(Cross-reference to Safety Outcome 1, Items 2A &amp; 2B; Safety Outcome 2, Items 3 &amp; 4; Well-Being Outcome 1, Item 20; Systemic Factor 5, Item 37)</b></p>			
<p>3. The CDSS will develop a legislative proposal to modify the current 12-month limit on Family Maintenance Services. This change will allow counties to have appropriate flexibility and enough time to ensure child safety and improved family functioning before closing a case. Upon passage of legislation, the CDSS will implement statewide. <b>(Cross-reference to Safety Outcome 1, Item</b></p>			

2A; Safety Outcome 2, Items 3 & 4)			
<p>4. The CDSS, with the Judicial Council, will propose legislation to include language on the use of trial home visits when pursuing reunification and expanded permanency options. This will reduce the inappropriate movement of children in and out of foster care. Additionally, we will ensure that counties and courts use trial home visits, TPR, and permanency options appropriately and consistently.  <b>(Cross-reference to Permanency Outcome 1, Item 8)</b></p>	<ul style="list-style-type: none"> <li>• Prepare a policy analysis, including legal issues to identify the issues/problems with the statute as currently written.</li> <li>• Analyze fiscal impact if legislation were enacted.</li> <li>• Submit legislative proposal.</li> <li>• If legislation passes, implement through ACL and regulation processes as needed.</li> </ul>	<ul style="list-style-type: none"> <li>• 04/03</li> <li>• 05/03</li> <li>• 05/03</li> <li>• 09/03 (assumes legislation passes on 07/01/03)</li> </ul>	<ul style="list-style-type: none"> <li>• CDSS completed policy analysis as part of documentation of changes necessary for PIP (04/03)</li> <li>• CDSS completed fiscal analysis as part of May Revise to the Governor's Budget (05/03)</li> <li>• Introduced language into Trailer Bill as part of the May Revise (05/03)</li> <li>• CDSS will identify implementation issues, including fiscal, claiming, regulation changes, initial and ongoing training needs and CWS/CMS changes (07/03).</li> <li>• CDSS will draft, with County input, an implementing ACL, incorporating necessary initial implementation instructions including countywide level staff training instructions, procedures and system changes. ACL will instruct counties to ensure all staff and supervisors be trained on this change within 30 days of receipt of letter (08/03). (Note-Implementation will be delayed if CWS/CMS changes required</li> </ul>

	<ul style="list-style-type: none"> <li>• CDSS will amend the contract with</li> </ul>	<ul style="list-style-type: none"> <li>• 12/03</li> </ul>	<p>Federal IT approval.)</p> <ul style="list-style-type: none"> <li>• CDSS will issue implementing ACL, which as a formal policy letter has full authority to implement new provision of law (09/03).</li> <li>• CDSS will coordinate with the Judicial Council to provide all Judges with notice and instructions on change in law (09/03).</li> <li>• CDSS will incorporate this change into statewide training curriculum (09/03). <b>(Cross reference to Systemic Factor 4, Items 32 and 33)</b></li> <li>• CDSS will initiate CWS/CMS change process request and include in first available system update, interim workaround instructions, if feasible, will be provided to the counties as appropriate (09/03). (Note- if Federal IT approval required implementation will be delayed).</li> <li>• CDSS will begin regulation change process (09/03 regulation changes take approximately nine months-ACL remains in force during the interim time period).</li> <li>• CDSS will amend JRTA contract to include ongoing</li> </ul>
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	<p>Judicial Review and Technical Assistance (JRTA) contract.</p> <ul style="list-style-type: none"> <li>• CDSS will monitor implementation</li> </ul>	<ul style="list-style-type: none"> <li>• 06/05</li> </ul>	<p>technical assistance for Judges on use of Trial Home Visits, TPR and Permanency Options. (12/03)</p> <ul style="list-style-type: none"> <li>• CDSS will track and document the completion of all action steps, training of staff and training and technical assistance to judges through the JRTA contract on a quarterly basis (12/03, 03/04, 06/04, 09/04, 12/04, 03/05, 06/05).</li> </ul>
<p>5. The CDSS, will work with the California Department of Mental Health (DMH), the California Department of Alcohol and Drug Programs (ADP), County Welfare Directors Association (CWDA), Chief Probation Officers of California (CPOC), the associations representing the county mental health directors, alcohol and drug program directors (Proposition 36 funding), and the local county First Five Association and the State First Five Commission to ensure that children and families in the California child welfare services system receive the appropriate priority for services across systems. The main part of this effort, however, will occur as part of the C-CFSR county self-assessment and planning process described in the introduction. The state</p>			

<p>will review and approve the county plans and use this information to identify and remove any systemic barriers identified by counties. In addition, as part of the C-CFSR county self-assessment process, the state will review and approve the county plans and use this information to identify and remove any systemic barriers identified by counties. <b>(Cross-reference to Safety Outcome 1, Item 2A; Well-Being Outcome 1, Item 17; Systemic Factor 5, Item 36)</b></p>			
<p>6. As part of the Redesign, CDSS will create opportunities to reduce high caseloads and workloads in order to improve caseworker practice and create a beneficial service environment for children and families.</p>	<ul style="list-style-type: none"> <li>• CDSS in, collaboration with the counties, will conduct an updated assessment of county workloads.</li>   <li>• CDSS will institute state and county level fiscal reforms to encourage reduced caseloads and workloads.</li> </ul>	<ul style="list-style-type: none"> <li>• 06/04</li>   <li>• 06/04</li> </ul>	<ul style="list-style-type: none"> <li>• CDSS, in collaboration with the counties, will assess the workload impact of recent and proposed changes resulting from this PIP, the Redesign, and the C-CFSR. (12/03)</li> <li>• Based on the findings, CDSS will work with the counties, the Legislature, and other stakeholders to address workload issues. (06/04)</li> <li>• CDSS will meet with relevant stakeholders to discuss changes to the CWS funding allocation. Various options will be explored including an allocation formula that includes components tied to county plans developed in conjunction with local partnerships. (06/04)</li> </ul>

			<ul style="list-style-type: none"><li>• CDSS, in conjunction with relevant stakeholders, will explore options to increase funding flexibility. (06/04)</li><li>• CDSS will apply the flexible funding strategies. (06/04)</li></ul>
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Program Contact(s):

**Action Steps # 1, 3 & 5**

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**Action Step # 2 & 6**

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**Action Step #4**

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**Permanency Outcome 1, Item 6**

**Improvement Goal:** The percentage of children who have two or fewer foster care placements in the first year of their latest removal will increase by 3.8 percentage points based on calendar year 2000 AFCARS data to 81.6 percent by June 30, 2005.

**Measurement Method:** Progress toward achieving the goal will be measured using AFCARS data for stability in foster care. This is calculated using the percent of all children who have been in foster care less than 12 months from the time of the latest removal and had no more than two placement settings. Interim progress will be measured quarterly using the C-CFSR data indicators related to stability in foster care. In addition, we will track quarterly progress in implementing all action steps.

**Frequency of Measurement:** Measurement of progress toward national data standards will be reported from AFCARS every six months. Quarterly reports will report on quantitative progress and on the completion of action steps. By June 30, 2004, we will improve by 1.9 percentage points.

**Determination of Goal Achievement:** The goal will be achieved when the rate of children having two or fewer placement settings is at 81.6 percent for stability in foster care by June 30, 2005, and all action steps have been completed.

Action Steps	Benchmarks	Dates of Completion	Tasks
<p>1. The CDSS will provide technical (see glossary) assistance to high priority counties (see glossary) to identify and implement promising practices that reduce multiple placements and improve continuity of family relationships and connections. The CDSS will develop a promising practices guide that will contain successful practices from high performing counties, such as using team review process (including parents and child as appropriate) before a child is moved to a second placement and family engagement practices to improve case planning. Additionally, the State will work to increase the number of counties, including Los Angeles County,</p>			

<p>that use the Family to Family Initiative. <b>(Cross reference to Safety Outcome 1, Item 2b; Permanency Outcome 2, Item 14; Well-Being Outcome 1, Items 17, 18; Systemic Factor 2, Items 25 &amp; 28; Systemic Factor 7, Item 44)</b></p>			
<p>2. Concurrent planning is required by State law. The CDSS will issue an All County Information Notice (ACIN) to clarify and resolve outstanding concurrent planning implementation issues, such as the importance of integrating adoption practices earlier in the case plan and appropriate training of foster parents to support reunification and permanency for children. This will improve the effectiveness of this statutory requirement.</p>	<ul style="list-style-type: none"> <li>• CDSS will identify barriers to full implementation of concurrent planning in the counties.</li>   <li>• Issue ACIN to clarify and work with counties to resolve outstanding concurrent planning implementation issues.</li> </ul>	<ul style="list-style-type: none"> <li>• 03/04</li>   <li>• 09/04</li> </ul>	<ul style="list-style-type: none"> <li>• CDSS will survey all counties to assess the degree of full integration of concurrent planning into their county system and identify known barriers (03/04)</li> <li>• CDSS will identify and document practices in counties that have successfully implemented concurrent planning. (03/04)</li>   <li>• CDSS will release an ACIN which will include model procedures, systems and practices and an updated county procedure training guide that builds on initial statewide training delivered when law was first implemented. (06/04)</li> <li>• CDSS will request to work with the NRC on Permanency Planning and information Technology to develop an online concurrent planning resource web site that will contain on line</li> </ul>

	<ul style="list-style-type: none"> <li>• CDSS will provide technical assistance and training.</li>   <li>• CDSS will monitor and document the implementation.</li> </ul>	<ul style="list-style-type: none"> <li>• 06/05</li>   <li>• 06/05</li> </ul>	<p>training tutorials, successful operational strategies, and examine the potential for a “chat room” where county staff can discuss issues/experiences. (06/04)</p> <ul style="list-style-type: none"> <li>• Each county, based on barriers identified in their self-assessment, will include as part of the County SIP, a written action plan for improving the success of concurrent planning. Each plan will include the identification of action steps, resources and establishing priority for a county for training by the Regional Training Academies if staff skills are at issue. (09/04)</li> <li>• CDSS staff will provide written and onsite technical assistance on recruitment strategies, organizational analysis and system analysis to counties to improve their use of concurrent planning and to assist them in implementing their SIP action plans, beginning 09/04. (06/05).</li> <li>• CDSS will track county progress, report on the number of county staff trained and completion of county SIP concurrent planning action plan steps beginning</li> </ul>
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	<ul style="list-style-type: none"> <li>• Los Angeles County will fully implement concurrent planning.</li>   <li>• CDSS monitor Los Angeles concurrent planning action plan.</li> </ul>	<ul style="list-style-type: none"> <li>• 06/05</li>   <li>• 06/05</li> </ul>	<p>06/04. (06/05)</p> <ul style="list-style-type: none"> <li>• Quarterly reports will document that technical assistance has been provided (06/04, 09/04, 12/04, 03/05, 06/05).</li> </ul> <p><b>Los Angeles Strategies</b></p> <ul style="list-style-type: none"> <li>• Los Angeles County is currently contracting directly for technical assistance from the consultants with the Permanency Planning Institute of the National Resource Center (01/03).</li> <li>• Los Angeles will fully incorporate concurrent planning into their operating procedures and county training of staff. (12/03).</li> <li>• CDSS will consult with the NRC working with LA to determine any barriers that the State can resolve to support LA efforts. If determined feasible, CDSS will request assistance from the IT NRC to pilot the proposed concurrent planning website in LA to provide additional support to the county effort beginning 06/04. (06/05)</li> </ul>
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<p>3. The CDSS will develop a legislative proposal to conform the currently separate statutory licensing and adoption approval processes into a consolidated home study process. This will speed up the time it takes to adopt a child and reduce the number of moves a child makes while in out-of home care. Upon enactment of this legislation, the CDSS will ensure that it is implemented statewide. <b>(Cross-reference to Safety Outcome 1, Item 2b, Permanency Outcome 1, Item 9; Systemic Factor 2, Item 28; Systemic Factor 7, Item 44)</b></p>			
<p>4. As part of the C-CFSR self-assessment and planning processes, counties will identify unmet placement resource needs, including foster and adoptive parents for older and special needs children. Each county will develop a recruitment strategy as part of their plan. <b>(Cross-reference to Systemic Factor 2, Item 28; Systemic Factor 7, Item 44)</b></p>	<ul style="list-style-type: none"> <li>• Counties will analyze their placement resource needs.</li> <li>• Each county will develop a plan to address these needs.</li> </ul>	<ul style="list-style-type: none"> <li>• 06/04</li> <li>• 09/04</li> </ul>	<ul style="list-style-type: none"> <li>• Counties will perform a countywide self-assessment process and identify strengths and areas that need improvement. (06/04)</li> <li>• Based on self assessments, counties will develop SIPs, including a strategy to recruit foster parents for special needs children (09/04).</li> <li>• CDSS will provide onsite technical assistance during both the self assessment and the SIP development based on data from the C-CFSR and promising practice guides to focus on problem identification and</li> </ul>

	<ul style="list-style-type: none"> <li>• CDSS will provide technical assistance</li>   <li>• CDSS monitor the progress of counties implementation.</li> </ul>	<ul style="list-style-type: none"> <li>• 06/05</li>   <li>• 06/05</li> </ul>	<p>proven successful strategies used by high performing counties to guide the development of County SIPs beginning 09/03. (09/04)</p> <ul style="list-style-type: none"> <li>• The CDSS will review and approve county SIPs, which will be received on a flow basis with all county SIPs, due and approved by the State no later than (09/04).</li> <li>• CDSS will identify statewide systemic barriers to unmet placement needs from the SIPs and work with counties to resolve beginning 09/04. (06/05)</li> <li>• CDSS staff will provide written and onsite technical assistance, including resource based on specific county's assessed needs and gaps, to ensure that the unmet placement component of the SIP is effectively, efficiently implemented begin 09/04. (06/05)</li> <li>• CDSS will track the implementation of each county's SIP recruitment plan developed as part of the C-CFSR process by documenting the completion of all action steps and tracking the data in Step #4 Item 44 to</li> </ul>
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			<p>ensure appropriate level of placement resources are available to meet the placement needs of children. (03/04, 06/04, 09/04, 12/04, 03/05, 06/05).</p> <ul style="list-style-type: none"> <li>• CDSS will provide ongoing technical assistance (based on county needs) until all action steps are completed. Quarterly reports will document that the technical assistance has been provided. (03/04, 06/04, 09/04, 12/04, 03/05, 06/05)</li> </ul>
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Program Contact(s):

**Action Steps 1-4**

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**Permanency Outcome 1, Item 7**

**Improvement Goal** We will increase our rate of timely establishment of appropriate permanency goals from our baseline of 79.7 percent in calendar 2002 by three percentage points by June 30, 2005.

**Measurement Method:** We calculated the baseline using calendar year 2002 data. This baseline calculation includes all child welfare supervised children or probation supervised children in the CWS/CMS system that had an open placement record any time during 2002. We calculated time in care using the placement end date or 12/31/02 for open placements. Then we looked backward to identify all cases with at least 17 months of time in care. There were 80,721 placements open 17+ months. Next, we excluded the 8,596 cases with missing permanency goal information. This left 72,125 cases. Of these cases, 14,614 cases had reunification goals at 17 months. We then divided 14,614 by 72,125 to get a ratio of 20.3%. We computed the benchmark by subtracting 20.3% from 100% to get 79.7%. We used this approach because all the cases that do not have a reunification goal have another permanency goal recorded in the CWS/CMS.

**Frequency of Measurement:** Progress will be measured and reported using the quarterly C-CFSR reports. By June 30, 2004, we will improve by 1.5 percentage points. In addition, we will report annually the proportion of children in care for 17+months by permanency goal including adoption, guardianships, long term foster care, and reunification.

**Determination of Goal Achievement:** The goal will be achieved when the percentage of children in which a timely establishment of permanency has improved by three percentage points from the baseline calendar year 2002 data.

Action Steps	Benchmarks	Dates of Completion	Tasks
<p>1. The CDSS will identify high priority (see glossary) counties and provide technical assistance using promising practices from high performing (see glossary) counties, specifically, the technical assistance will include strategies to ensure that all counties implement concurrent planning including the full implementation for all cases in Los Angeles County; and document compelling reasons for not filing TPRs  <b>(Cross-reference to Permanency Outcome 1, Items 8 ,9,&amp; 10; Systemic</b></p>	<ul style="list-style-type: none"> <li>CDSS will use C-CFSR data to identify high performing counties.</li> </ul>	<ul style="list-style-type: none"> <li>07/04</li> </ul>	<ul style="list-style-type: none"> <li>Using C-CFSR, CDSS will identify and develop a list of high performing counties for the performance indicator in this specific improvement goal (06/04).</li> <li>Using both online (CWS/CMS) and onsite reviews, CDSS will identify and document successful practices that reduce multiple placements (06/04).</li> <li>CDSS will develop a Promising Practices Guide, which will</li> </ul>

<p><b>Factor 2, Item 28)</b></p>	<ul style="list-style-type: none"> <li>• CDSS will provide technical assistance to three high priority counties per quarter.</li> </ul>	<ul style="list-style-type: none"> <li>• 09/04</li> </ul> <p><u>Co. / Dates</u></p> <p>1-3: 09/04  4-6: 12/04  7-9: 03/05  10-12: 06/05</p>	<p>include model procedures, systems and practices (07/04).</p> <p><b>Technical assistance cycle</b></p> <ul style="list-style-type: none"> <li>• Using C-CFSR (Matrix 3A &amp; 3C) data, CDSS will identify a list of all high priority counties (06/04).</li> <li>• From the high priority list, CDSS will select three counties that will receive technical assistance (06/04).</li> <li>• Using both online (CWS/CMS) and onsite reviews, CDSS will analyze the three high priority county's current procedures, policies, systems and practices (06/04).</li> <li>• In partnership with each county, CDSS will compare the findings in three counties to the Promising Practices Guide and develop a written action plan of specific procedures, policies, systems and practices to be implemented and identify steps, resources and timeframes (07/04).</li> <li>• CDSS staff will provide written and onsite technical assistance, based on each specific county's assessed needs and gaps, during the implementation of the county action plans. (09/04).</li> <li>• Each quarter, three new high priority counties will be selected</li> </ul>
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	<ul style="list-style-type: none"> <li>• CDSS will monitor and document the implementation.</li> <li>• CDSS, as part of a comprehensive, separate strategy, will provide technical assistance to Los Angeles.</li> </ul>	<ul style="list-style-type: none"> <li>• 06/05</li> <li>• 04/04</li> </ul>	<p>for each technical assistance cycle (12/04, 03/05, 06/05).</p> <ul style="list-style-type: none"> <li>• CDSS will track county outcome improvement data from the C-CFSR and implementation of their action plans and report quarterly beginning 12/04. (06/05)</li> <li>• Based on C-CFSR quarterly reports, CDSS will provide ongoing technical assistance to each county until performance goals are met. Quarterly reports will document that the technical assistance has been provided (12/04, 03/05, 06/05).</li> <li>• Using both online (CWS/CMS) and onsite reviews, CDSS will analyze Los Angeles County's current procedures, policies, systems and practices regarding concurrent planning (09/03).</li> <li>• Los Angeles County will work with Hunter College consultants on permanency planning to draft an action plan. (08/03)</li> <li>• In partnership with Los Angeles County, CDSS will develop a written action plan of specific procedures, policies, systems and practices to be implemented and identify steps, resources and</li> </ul>
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	<ul style="list-style-type: none"> <li>• Los Angeles will implement concurrent planning.</li> <li>• CDSS will monitor and document the implementation of concurrent planning in Los Angeles County</li> </ul>	<ul style="list-style-type: none"> <li>• 04/04</li> <li>• 06/05</li> </ul>	<p>timeframes for improving concurrent planning.(09/03)</p> <ul style="list-style-type: none"> <li>• Los Angeles County will develop and implement training for FR staff. (10/03).</li> <li>• CDSS staff will provide written and onsite technical assistance, based on specific Los Angeles County's assessed needs and gaps, during the implementation of the county's action plan. Quarterly reports will document that the technical assistance has been provided (04/04)</li> <li>• Los Angeles County will implement concurrent planning for all cases beginning 09/03. (03/04)</li> <li>• Los Angeles County will monitor the implementation of concurrent planning through its quality assurance unit (4/04.)</li> <li>• Based on C-CFSR quarterly reports, CDSS, will provide ongoing technical assistance to Los Angeles County until performance goals are met beginning 06/04. (06/05)</li> <li>• CDSS will track county improvement (Matrix 3C) data from the C-CFSR Quarterly reports will document that the technical assistance has been</li> </ul>
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			provided (09/04, 12/04, 03/05, 06/05).
<p>2. The CDSS, with the Judicial Council, will develop and implement an educational program through the CDSS' contract with JRTA to provide training to all judges on current law regarding Termination of Parental Rights (TPR) and concurrent planning. <b>(Cross reference to Permanency Outcome 1, Item 9; Systemic Factor 2, Item 28)</b></p>	<ul style="list-style-type: none"> <li>• The CDSS will seek technical assistance through the National Child Welfare Resource Center on Legal and Judicial Issues.</li> <li>• The CDSS, in conjunction with CWDA, CPOC and the Judicial Council, will develop strategies (including training) to improve timely TPR and documentation of a compelling reason for not terminating parental rights for children who have been foster care for 15 of the most recent 22 months.</li> <li>• The new strategies will be implemented statewide.</li> </ul>	<ul style="list-style-type: none"> <li>• 09/03</li> <li>• 03/04 (subject to approval by the Judicial Council)</li> <li>• 06/04</li> </ul>	<ul style="list-style-type: none"> <li>• The CDSS will request technical assistance through the National Child Welfare Resource Center on Legal and Judicial Issues (09/03).</li> <li>• The National Child Welfare Resource Center on Legal and Judicial issues will provide training to all judges on current law regarding TPR (11/03).</li> <li>• Workgroup convenes (01/04).</li> <li>• Workgroup develops strategies, CDSS, with county input, and conducts CWS/CMS system analysis. (03/04)</li> <li>• CDSS will issue an ACL incorporating any initial instructions for implementing the strategies, including any countywide level staff training instructions, procedures and approved CWS/CMS changes. We will track compelling reasons information when this capacity is available in CWS/CMS. ACL will instruct counties to ensure all</li> </ul>

	<ul style="list-style-type: none"> <li>• CDSS will monitor implementation of strategies.</li> </ul>	<ul style="list-style-type: none"> <li>• 06/05</li> </ul>	<p>staff and supervisors be trained on any changes within 30 days of receipt of letter. (06/04)</p> <ul style="list-style-type: none"> <li>• CDSS will track quarterly the numbers of children receiving timely TPR and who have compelling reasons documented in order to ensure county implementation of this law and policy change (06/04, 09/04, 12/04, 03/05, 06/05)</li> </ul>
<p>3. The CDSS will develop a legislative proposal to strengthen requirements that counties reconsider permanency options at each permanency planning review hearing for children who must remain in care, so if circumstances have changed, the child can be re-engaged in reunification or adoption services. Legislation is needed because no court rules exist to require reassessment of permanency every six months. Upon enactment, the CDSS will implement statewide. <b>(Cross-reference to Permanency Outcome 1, Item 10; Systemic Factor 2, Item 28)</b></p>	<ul style="list-style-type: none"> <li>• CDSS will review statutory issues and develop strategy.</li> <li>• Submit proposed legislation.</li> <li>• Implement statewide through ACLs and regulation processes, as needed.</li> </ul>	<ul style="list-style-type: none"> <li>• 05/04</li> <li>• 06/04</li> <li>• 01/05 (assumes legislation passes on 10/04)</li> </ul>	<ul style="list-style-type: none"> <li>• CDSS complete policy analysis as part of documentation of changes necessary for PIP (03/04)</li> <li>• Review implications of change with California Welfare Directors Association, Chief Probation Officers of California and the Judicial Council.</li> <li>• CDSS complete fiscal analysis (05/04)</li> <li>• Introduced language (06/04)</li> <li>• CDSS will identify implementation issues, including fiscal, claiming, regulation changes, initial and ongoing training needs and CWS/CMS changes (10/04).</li> <li>• CDSS will draft, with County input, an implementing ACL incorporating necessary initial</li> </ul>

			<p>implementation instructions including countywide level staff training instructions, procedures and system changes. ACL will instruct counties to ensure all staff and supervisors be trained on this change within 30 days of receipt of letter. (01/05)</p> <ul style="list-style-type: none"> <li>• CDSS will issue implementing ACL, which as a formal policy letter has full authority to implement new provision of law (01/05).</li> <li>• CDSS will incorporate this change into statewide training curriculum (01/05) (Cross reference to Systemic Factor 4, Items 32 and 33)</li> <li>• CDSS will initiate CWS/CMS change process request and include in first available system update, interim workaround instructions, if feasible, will be provided to the counties as appropriate. (01/05) (Note-implementation will be delayed if changes to the CWS/CMS require Federal IT approval)</li> <li>• CDSS will begin regulation change process. (01/05) (regulation changes take approximately nine months-ACL remains in force during the</li> </ul>
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	<ul style="list-style-type: none"> <li>CDSS will monitor the implementation of law change.</li> </ul>	<ul style="list-style-type: none"> <li>06/05</li> </ul>	<p>interim time period).</p> <ul style="list-style-type: none"> <li>Through CWS/CMS, CDSS will track the counties permanency rates and data on staff training data to ensure county implementation and assess impact of this law and policy change.(3/05, 6/05)</li> </ul>
<p>4. The CDSS will study and report on the feasibility of including a core element in the PQCR or other options to measure the timely establishment of appropriate permanency goals.</p>	<ul style="list-style-type: none"> <li>CDSS will study the feasibility of various measurement options.</li> </ul>	<ul style="list-style-type: none"> <li>09/04</li> </ul>	<ul style="list-style-type: none"> <li>CDSS will discuss with the counties various methods to measure the timely establishment of appropriate permanency goals, including adding a core element to the PQCR. (12/03)</li> <li>CDSS will examine the feasibility of including additional variables in CWS/CMS or additional question in our PIP surveys to address timely and appropriate permanency goals. (06/04)</li> <li>CDSS will provide a written summary of our analysis and include the results of our study in a quarterly report. (09/04)</li> </ul>

Program Contact(s)

**Action Steps #1,2 & 3**

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**Action Steps #4**

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**Permanency Outcome 1, Item 8**

**Improvement Goal:** California's goal will be to improve performance (the percent of children who were reunified in less than 12 months from the latest removal) from 53.2 percent in fiscal year 2000 to 57.2 percent by June 30, 2005, which is a four-percentage point improvement.

**Measurement Method:** Progress will be measured using AFCARS data that calculate the percent of children who were reunified in less than 12 months from the latest removal. Progress also will be measured quarterly using the C-CFSR data indicators related to exits from foster care, including to reunification (C-CFSR measure 3A). In addition, we will track quarterly progress in implementing all action steps.

**Frequency of Measurement:** Measurement of progress toward national data standards will be reported using AFCARS every six months. C-CFSR quarterly reports will report on quantifiable improvement. Our quarterly reports also will identify the completion of action steps. By June 30, 2004, we will improve by two percentage points.

**Determination of Goal Achievement:** The goal will be achieved when California's performance in this area has improved by four percentage points and by the completion of all action steps.

Action Steps	Benchmarks	Dates of Completion	Tasks
1. The CDSS will identify high priority (see glossary) counties and provide technical assistance using promising practices from high performing (see glossary) counties, specifically, the technical assistance will include strategies to ensure that all counties implement concurrent planning including the full implementation for all cases in Los Angeles County; and document compelling reasons for not filing TPRs. <b>(Cross-reference Permanency Outcome 1, Items 7, 9 &amp; 10; Systemic Factor 2, Item 28)</b>			
2. The CDSS, with the Judicial Council, will propose legislation to include			

<p>language on the use of trial home visits when pursuing reunification and expanded permanency options. This will reduce the inappropriate movement of children in and out of foster care. Additionally, we will ensure that counties and courts use trial home visits, TPR, and permanency options appropriately and consistently. <b>(Cross-reference to Permanency Outcome 1, Item 5)</b></p>			
<p>3. The CDSS, as part of its on-going effort to improve county data collection for the CWS/CMS will instruct counties to address the need to ensure that case closure and case plan transfer dates and reasons are completed in CWS/CMS.</p>	<ul style="list-style-type: none"> <li>• CDSS will issue ACL.</li>   <li>• CDSS will provide targeted training and monitor improvement in quality of data.</li> </ul>	<ul style="list-style-type: none"> <li>• 09/03</li>   <li>• 06/05</li> </ul>	<ul style="list-style-type: none"> <li>• CDSS will issue an ACL to address the barriers and provide instruction on completing case closure, case transfer dates and reasons, program transfer protocols, and rules on transfer of case plan goal (09/03).</li> <li>• CDSS will provide TA on CWS/CMS data entry changes to all counties by incorporating training into current CWS/CMS training program (09/03).</li> <li>• CDSS will review CWS/CMS data fields to identify counties who still have difficulty completing case closure dates and reasons, and provide additional targeted training (12/03).</li> <li>• CDSS will document improvement in impacted CWS/CMS data elements and</li> </ul>

			the quality of reports will improve each quarter (12/03, 03/04, 06/04, 09/04, 12/04, 03/05, 06/05).
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Program Contact(s):

**Action Steps # 1-3**

Patricia Aguiar  
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**Permanency Outcome 1, Item 9**

**Improvement Goal:** California’s goal will be to improve on the length of time to achieve adoption of children to 20.9 percent, which is an increase of 2.9 percentage points from the FFY 2000 benchmark.

**Measurement Method:** Progress will be measured using AFCARS data for all children who exited care to a finalized adoption in less than 24 months. Progress will also be measured quarterly using the C-CFSR data indicators (see C-CFSR matrix 3D & 3A) related to length of time to achieve adoption. In addition, we will track quarterly progress in implementing all action steps.

**Frequency of Measurement:** Measurement of progress toward national data standards will be reported using AFCARS every six months. C-CFSR quarterly reports will measure quantitative improvement. In addition, we will report on completion of action steps. By June 30, 2004, we will improve by 1.45 percentage points.

**Determination of Goal Achievement:** The goal will be achieved when the length of time to achieve adoption of children has improved to 20.9 percent, which is an increase of 2.9 percentage points, and all action steps have been completed.

Action Steps	Benchmarks	Dates of Completion	Tasks
1 The CDSS will identify high priority (see glossary) counties and provide technical assistance using promising practices from high performing (see glossary) counties, specifically, the technical assistance will include strategies to ensure that all counties implement concurrent planning including the full implementation for all cases in Los Angeles County; and document compelling reasons for not filing TPRs. <b>(Cross-reference to Permanency Outcome 1, Items 7, 8 &amp; 10; Systemic Factor 2, Item 28)</b>			
2. CDSS will track progress and provide technical assistance (see glossary) to Los Angeles County’s implementation of their comprehensive	<ul style="list-style-type: none"> <li>Los Angeles County will implement its’ 2003 Adoption Initiative.</li> </ul>	<ul style="list-style-type: none"> <li>04/04</li> </ul>	<ul style="list-style-type: none"> <li>LA County Adoption cases will be redistributed to remain with the case carrying worker to free up</li> </ul>

<p>2003 Adoption Initiative. This Initiative, which incorporates recommendations from the Los Angeles Auditor-Controller report, will significantly increase the number of adoptions and reduce the average length of time for home studies.</p>			<p>adoption workers to complete adoptions beginning 08/03. (04/04)</p> <ul style="list-style-type: none"> <li>• As part of the Adoption Initiative, Los Angeles County will pilot a consolidated foster family home/adoptive home study process (09/03).</li> <li>• Los Angeles County will complete the 2,100 pending adoption home studies (11/03)</li> <li>• Los Angeles County will accelerate the adoptive home study process. The process will take six months to complete (01/04).</li> <li>• Los Angeles County will shorten the time from TPR to finalization of adoptions from 21 months to 15 months (04/04).</li> <li>• Los Angeles County will provide technical assistance to adoption workers to support timely TPR. Technical assistance will be provided by knowledgeable, experienced staff (04/04).</li> </ul>
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	<ul style="list-style-type: none"> <li>• CDSS will provide technical assistance as needed, and report through quarterly reports.</li> <li>• CDSS will monitor progress of LA adoption's initiative.</li> </ul>	<ul style="list-style-type: none"> <li>• 06/05</li> <li>• 06/05</li> </ul>	<ul style="list-style-type: none"> <li>• CDSS will provide TA and support on approaches to working with outside agencies such as courts and private nonprofit entities to assist in resolving conflicts and barriers to implementation of the LA county adoption Initiative beginning 12/03. (06/05)</li> <li>• CDSS will report quarterly on LA County implementation of Adoption Initiative and will report quarterly on improvement in length of time to adoption using C-CFSR (Matrix 3A). (09/03, 12/03, 03/04, 06/04, 09/04, 12/04, 03/05)</li> </ul>
<p>3. The CDSS will develop a legislative proposal to conform the currently separate statutory licensing and adoption approval processes into a consolidated home study process. This will speed up the time it takes to adopt a child and reduce the number of moves a child makes while in out-of home care. Upon enactment of this legislation, the CDSS will ensure that it is enacted statewide. <b>(Cross-</b></p>			

<p>reference to Safety Outcome 1, Item 2b; Permanency Outcome 1, Item 6; Systemic Factor 2, Item 28; Systemic Factor 7, Item 44)</p>			
<p>4. The CDSS, with the Judicial Council, will develop and implement an educational program through the CDSS' contract with JRTA to provide training to all judges on current law regarding Termination of Parental Rights (TPR) and concurrent planning. <b>(Cross-reference to Permanency Outcome 1, Items 7; Systemic Factor 2, Item 28)</b></p>			
<p>5. CDSS will issue an All County Information Notice (ACIN) to counties to clarify existing policy and to highlight importance of seeking adoptive homes for children of all ages and special needs; and availability of Adoption Assistance Program (AAP) payments to families when child is adopted regardless of age or special needs <b>(Cross-reference to Systemic Factor 2, Item 28; and Systemic Factor 7, Item 44.)</b></p>	<ul style="list-style-type: none"> <li>• Will incorporate into statewide training curricula information on Adoption policy, practice, purpose and use governing AAP.</li> <li>• Will issue ACIN clarifying existing state statute and policy.</li> </ul>	<ul style="list-style-type: none"> <li>• 09/03</li> <li>• 09/03</li> </ul>	<ul style="list-style-type: none"> <li>• CDSS will work with Regional Training Academies to develop and implement curricula regarding AAP payments policy and adoptions policy for older and special children for new and existing county CWS and Adoptions staff (09/03)</li> <li>• CDSS will release ACIN to all counties reiterating current state statute and policy regarding AAP payment and adoption of</li> </ul>

	<ul style="list-style-type: none"> <li>• CDSS will provide technical assistance and monitor improvements.</li> </ul>	<ul style="list-style-type: none"> <li>• 06/05</li> </ul>	<p>older and special needs children. ACIN will provide instructions on interim training to be provided to staff within 30 days of receipt of ACIN (09/03)</p> <ul style="list-style-type: none"> <li>• CDSS will provide written TA to all counties on the policy regarding AAP payment policy and adoptions of older and special needs children beginning 09/03. (06/05)</li> <li>• CDSS will track delivery of training in counties during onsite reviews and maintain a copy of each county's procedures on Adoption and AAP to ensure appropriate policies are in place beginning 12/03. (06/05).</li> <li>• CDSS will track progress quarterly (12/03, 03/04, 06/04, 09/04, 12/04, 03/05, 06/05).</li> </ul>
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<p>6. The CDSS will work with the National Resource Center on Permanency Planning and/or Special Needs Adoptions around issues of recruitment of foster parents for older youth and to represent the ethnic and racial diversity of children in care. <b>(Cross-reference to Safety Outcome 1, Item 2b; Systemic Factor 5, Item 37)</b></p>			
<p>7. The CDSS will work with counties, the California Social Work Education Center (CalSWEC) and the Regional Training Academies (RTAs) to develop requirements and competencies for child welfare workers and supervisors with the goal of strengthening case practice. The CDSS will ensure that the contracts with the regional training academies include provisions requiring the academies to develop common core curricula to ensure training in comprehensive family needs assessments, including assessing educational and mental health needs of all children both in-home and out-of-home, and that training is consistent statewide. <b>(Cross-reference to Systemic Factor 2, Item 28; Systemic Factor 4, Item 32)</b></p>	<ul style="list-style-type: none"> <li>• Develop requirements and competencies for supervisors</li>   <li>• Develop a common core curriculum for supervisors</li> </ul>	<ul style="list-style-type: none"> <li>• 09/04</li>   <li>• 03/05</li> </ul>	<ul style="list-style-type: none"> <li>• CalSWEC will conduct a survey of county child welfare managers and supervisors to determine the competencies necessary for supervisors to support the goals of the PIP (09/04)</li> <li>• Using the results of the survey, CalSWEC will develop a framework for supervisor competencies and will solicit review and feedback from five regional groups including Los Angeles, to assure their efficacy in strengthening case practice (06/04)</li> <li>• The supervisor competencies will be revised and finalized</li> </ul>

	<ul style="list-style-type: none"> <li>• Monitor the implementation of supervisor training to the common core curriculum</li> <li>• Monitor the implementation of the early training effort for supervisors in new initiatives and program and policy changes required by the PIP and the Child Welfare Redesign</li> </ul>	<ul style="list-style-type: none"> <li>• 06/05</li> <li>• 06/05</li> </ul>	<p>(09/04)</p> <ul style="list-style-type: none"> <li>• CalSWEC and the RTAs will review and revise existing supervisory curricula in order to develop a common core curriculum that reflects the supervisory competencies and (03/05)</li> <li>• CDSS will instruct counties via ACL that all new child welfare supervisors must be trained to the new common core curriculum, effective 03/05</li> <li>• CDSS will report quarterly on completion of tasks and number of supervisors trained. (09/03, 12/03, 03/04, 06/04, 09/04, 12/04, 03/05, 06/05)</li> <li>• CalSWEC and the RTAs will develop an early training effort for supervisors, including training materials and</li> </ul>
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			<p>presentations on new initiatives and program and practice changes required by the PIP and the CWS Redesign, information on the adoptability of older children, the availability of post adoption services and financial assistance. RTAs, county training units, and the U.C. Davis Resource Center for Family Focused Practice will be required to use these presentations and materials to orient and train all child welfare and probation supervisors (12/03)</p> <ul style="list-style-type: none"> <li>• CDSS will include the role of the supervisor as mentor as a component of the early training on new initiatives (12/03)</li> <li>• CDSS will issue an ACL that requires that all supervisors receive the training in new initiatives and practice changes (12/03)</li> </ul>
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	<ul style="list-style-type: none"> <li>• Develop and implement a common core curriculum for line staff.</li> </ul>	<ul style="list-style-type: none"> <li>• 01/05</li> </ul>	<ul style="list-style-type: none"> <li>• Each county will be required to train at least 25% of its supervisors each quarter to assure completion of this training by 12/04.</li> <li>• CDSS will report quarterly on the achievement of these tasks and the number of supervisors trained in new initiatives and practice changes (09/03, 12/03, 03/ 04, 06/04, 09/04, 12/04, 03/05, 06/05)</li> <li>• In consultation with the statewide training taskforce, CDSS will update/revise the existing Standardized Core competencies and curriculum to incorporate policy and practice changes and to address areas needing improvement as identified in the PIP in order to develop a common core curriculum for child</li> </ul>
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	<ul style="list-style-type: none"> <li>• Monitor the implementation of line worker training to the common core curriculum.</li> </ul>	<ul style="list-style-type: none"> <li>• 06/05</li> </ul>	<p>welfare workers (03/04)</p> <ul style="list-style-type: none"> <li>• CDSS will disseminate the common core curriculum to all Regional Training Academies and county training units using various means, including ACIN, training for trainers, including specific sessions with training staff in Los Angeles, discussions with CWDA, etc. (06/04)</li> <li>• Counties will field test the curriculum and provide feedback for any needed revisions. (09/04)</li> <li>• CDSS will issue instructions via ACL that all new child welfare workers must be trained to the common core curriculum, effective (01/05)</li> <li>• CDSS will report quarterly on the achievement of these tasks and on the number of new workers trained in</li> </ul>
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			the common curriculum. (09/03, 12/03, 03/04, 06/04, 09/04, 12/04, 03/05, 06/05)
8. The CDSS will provide training to child welfare and probation supervisors on good case planning practice, including involvement all family members in case planning and the need to visit with parents when such visits are part of the plan; comprehensive assessment of all children's needs; assessing all in-home children's educational needs and assessing all in-home children's mental health needs <b>(Cross-reference to Well-Being Outcome 1, Items 17, 18 &amp; 20; Well-Being Outcome 2, Item 21; Well-Being Outcome 3, Item 23; Systemic Factor 2 Items 25 &amp; 28; Systemic Factor 4, Item 32)</b>	<ul style="list-style-type: none"> <li>• Develop training materials and curriculum.</li> <li>• Deliver training to all new and existing child welfare and probation supervisors.</li> <li>• CDSS will monitor implementation of this training</li> </ul>	<ul style="list-style-type: none"> <li>• 12/03</li> <li>• 12/04</li> <li>• 06/05</li> </ul>	<ul style="list-style-type: none"> <li>• CalSWEC and the Regional Training Academies will develop training materials for child welfare and probation supervisors including good case planning practice, involvement of all family members in case planning and need for parent visiting. (12/03)</li> <li>• Training provided to all new supervisors and existing supervisors beginning 12/03. (12/04)</li> <li>• CDSS will track number of supervisors trained and review training evaluations. Training will be incorporated into core curriculum. (06/04, 09/04, 12/04, 03/05, 06/05)</li> </ul>

<p>9. The CDSS will conduct focused training regarding Indian Child Welfare Act (ICWA) requirements and cultural considerations of Native American children for both county staff and tribal ICWA workers. The CDSS will measure ICWA compliance using the C-CFSR process. This training will include training for Indian tribes on their rights and responsibilities regarding intervention on Indian Child Welfare Act cases. <b>(Cross-reference to Permanency Outcome 1, Item 9; Permanency Outcome 2, Item 14; Systemic Factor 2, Item 28; Systemic Factor 2, Item 32)</b></p>	<ul style="list-style-type: none"> <li>• Curriculum for the training has been developed and is being tested by Sonoma State University in consultation with tribal representatives, county and State staff and trainers. Revisions will be made as needed.</li>   <li>• The CDSS will complete a series of five regional sessions for counties, regional training academy representatives and tribal social workers regarding the ICWA requirements.</li>   <li>• CDSS will monitor completion of regional training.</li> </ul>	<ul style="list-style-type: none"> <li>• 08/03</li>   <li>• 06/04</li>   <li>• 06/04</li> </ul>	<ul style="list-style-type: none"> <li>• Pilot Training session to 30 CDSS staff (05/03)</li> <li>• Pilot Training session to 1 County hosted by a tribe for 30 people.(06/03)</li> <li>• Pilot Training sessions at annual ICWA Conference for 20 people (07/03)</li> <li>• In cooperation with Sonoma State, ICWA subject matter experts, tribes, and key consultants, convene planning meeting to determine adequacy of curricula based on pilot training and to determine training sites. (08/03)</li>   <li>• Regional training centers develop curricula for ICWA training (01/04)</li> <li>• Deliver five ICWA regional training sessions beginning 01/04. (06/04)</li>   <li>• CDSS will track numbers trained at regional training sessions and review completed training</li> </ul>
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			assessments (06/04).
<p>10. The CDSS will work with counties to ensure that they integrate issues of fairness and equity toward racial or ethnic groups into all decisions made by the child welfare service system. This process will include ongoing technical assistance to the counties on issues such as cultural competence, intake processes, services designed to prevent entry into foster care, and foster parent recruitment <b>(Cross-reference to Well-Being Outcome 1, Item 17; Systemic Factor 2, Item 28; Systemic Factor 5, Item 37; Systemic Factor 7, Item 44)</b></p>	<ul style="list-style-type: none"> <li>• Recommendations for integrating the issues of fairness and equity into decision points within the child welfare service system from intake to disposition will be completed.</li> <li>• Ongoing technical assistance will be provided to the counties to work on fairness and equity issues such as cultural competence, intake processes and foster parent recruitment.</li> </ul>	<ul style="list-style-type: none"> <li>• 06/03</li> <li>• 06/05</li> </ul>	<ul style="list-style-type: none"> <li>• The concept of “fairness and equity” is defined and key decision points within the Child Welfare Services program that can reflect a fair and equitable system are identified (e.g., hotline, intake, case opening, placement, permanent plan) along with key services (e.g., family support, treatment, kinship care, permanency planning). (completed 5/02 – see <i>attached definition and decision matrix</i>)</li> <li>• Through Region IX, we will request technical assistance from the NRC on Permanency Planning. CDSS will provide technical assistance to counties regarding strategies for ensuring fairness and equity at all decision points in Child</li> </ul>

	<ul style="list-style-type: none"> <li>• Through the new quality assurance process, data will be provided to counties that will indicate where fairness and equity issues need to be addressed and training will be provided.</li> <li>• CDSS will monitor statewide implementation.</li> </ul>	<ul style="list-style-type: none"> <li>• 02/04</li> <li>• 06/05</li> </ul>	<p>Welfare beginning 09/03. (06/05)</p> <ul style="list-style-type: none"> <li>• County-specific data that provides baseline racial and ethnic data for all children in the Child Welfare Services program, by age and decision point, as reflected on the decision matrix, will be sent to counties and available on the web. (12/03)</li> <li>• With the assistance of the NRC on Permanency Planning, training curricula will be developed and tested. (12/03).</li> <li>• Strategies for ensuring fairness and equity into key decision points will be implemented by ACL (01/04)</li> <li>• Fairness and equity training will be incorporated into the core curriculum of the CWS Academies and on the CDSS web site. (02/04)</li> <li>• CDSS will track implementation by monitoring number of</li> </ul>
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			<p>counties trained and reviewing operating procedures. CDSS will maintain copies of procedures for each county beginning 03/04. (06/05)</p> <ul style="list-style-type: none"> <li>• CDSS will track data quarterly using the C-CFSR and will target technical assistance to counties where the baseline data show that children coming into and staying in the system are significantly disproportionate to their representation in the general public (03/04, 06/04, 09/04, 12/04, 03/05, 06/05).</li> </ul>
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Program Contact(s):

**Action Steps # 1-6**

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**Action Steps # 10**

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**Action Steps # 7, 8 & 9**

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**Permanency Outcome 1, Item 10**

**Improvement Goal:** We will reduce the proportion of children with a goal of long-term foster care at two years after entry from our baseline of 39.9% in calendar year 2002 by three percentage points by June 30, 2005.

**Measurement Method:** We calculate the baseline using calendar year 2002 data. The cohort represents the number of children in placements any time during 2002. The time in care calculation uses the placement end date, or 12/31/02, for open placements. We then calculate the ratio of children who have a goal of long term foster care to the total number of children in placements for the relevant period. There were 66,665 children in care for 2 years or more. We excluded 6,531 children with missing goal information for a total of 60,134 children with complete goal information. There were 24,013 children with long-term foster care goals out of the 60,134 placements open 2 or more years. We then divided 24,013 by 60,134 to get a ratio of 39.9%.

**Frequency of Measurement:** Progress will be tracked using quarterly reports from CWS/CMS data. By June 30, 2004, we will improve by 1.5 percentage points.

**Determination of Goal Achievement:** The goal will be achieved when the proportion of children in care more than two years with a goal of long-term foster care is reduced by three percentage points from the calendar year 2002 baseline data and by the completion of all action steps.

Action Steps	Benchmarks	Dates of Completion	Tasks
1. The CDSS will identify high priority (see glossary) counties and provide technical assistance using promising practices from high performing (see glossary) counties, specifically, the technical assistance will include strategies to ensure that all counties implement concurrent planning including the full implementation for all cases in Los Angeles County; and document compelling reasons for not filing TPRs. <b>(Cross-reference to Permanency Outcome 1, Items 7, 8 &amp; 9; Systemic Factor 2, Item 28)</b>			
2 The CDSS will develop a legislative			

<p>proposal to strengthen requirements that counties reconsider permanency options at each permanency planning review hearing for children who must remain in care, so if circumstances have changed, the child can be re-engaged in reunification or adoption services. Legislation is needed because no court rules exist to require reassessment of permanency every six months. Upon enactment, the CDSS will implement statewide. <b>(Cross-reference to Permanency Outcome 1, Item 7; Systemic Factor 2, Item 28)</b></p>			
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Program Contact(s):

**Action Steps # 1 & 2**

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**Permanency Outcome 2, Item 14**

**Improvement Goal:** We will increase from the baseline survey by three percentage points the percentage of children whose primary connections -- including extended family, friends, community, and racial heritage -- are preserved by June 30, 2005

**Measurement Method:**

- Data collection method: Telephone survey using structured questionnaire. Items on the survey to be developed and reviewed in conjunction with Region IX.
- Population to be interviewed for this item: foster parents and foster caregivers for children in out-of-home placements.
- Survey includes a set of questions about whether the child had contact during the current placement with: extended family members, friends, community of faith, groups related to racial heritage, and after school activities. If the child is American Indian, the survey will ask a subset of additional questions.
- Calculation of performance measure: A score will be computed, giving one point for each connection maintained (Possible range 1 to 5). A score of 3 or higher indicates successful preservation of primary connections.

**Frequency of Measurement:** Survey will be administered in three waves: Baseline at 120 days after PIP approval, at Year 1, and at Year 2.

**Determination of Goal Achievement:** The goal will be achieved when there is a three-percentage point improvement from the baseline survey in the percentage of children whose primary connections -- including extended family, friends, community, and racial heritage -- are preserved; and all action steps are complete.

Action Steps	Benchmarks	Dates of Completion	Tasks
1. The CDSS will provide technical (The CDSS will provide technical (see glossary) assistance to high priority counties (see glossary) to identify and implement promising practices that reduce multiple placements and improve continuity of family relationships and connections. The CDSS will develop a promising practices guide that will contain successful practices from high performing counties, such as using team			

<p>review process (including parents and child as appropriate) before a child is moved to a second placement and family engagement practices to improve case planning. Additionally, the State will work to increase the number of counties, including Los Angeles County, that use the Family to Family Initiative. <b>(Cross reference to Safety Outcome 1, Item 2b; Permanency Outcome 1, Item 6; Well-Being Outcome 1, Items 17, 18; Systemic Factor 2, Items 25 &amp; 28; Systemic Factor 7, Item 44)</b></p>			
<p>2. The CDSS will work with Indian tribes to ensure that tribal voice and involvement are integrated into training curricula.</p>	<ul style="list-style-type: none"> <li>• Convene a workgroup of State, regional training academy and tribal staff to make recommendations on ways that tribal voice and involvement can be integrated into training curricula.</li> <li>• Implement recommendations.</li> </ul>	<ul style="list-style-type: none"> <li>• 12/04</li> <li>• 06/05</li> </ul>	<ul style="list-style-type: none"> <li>• CDSS will convene the workgroup to identify issues and develop recommendations. (12/04)</li> <li>• CDSS will work with the regional training academies to ensure that all recommendations are integrated into training curricula. (06/05)</li> <li>• Training to new and ongoing social workers and probation officers will be provided using the revised curricula (06/05).</li> </ul>

<p>3. The CDSS will conduct focused training regarding Indian Child Welfare Act (ICWA) requirements and cultural considerations of Native American children for both county staff and tribal ICWA workers. The CDSS will measure ICWA compliance using the C-CFSR process. This training will include training for Indian tribes on their rights and responsibilities regarding intervention on Indian Child Welfare Act cases. <b>(Cross-reference to Permanency Outcome 1, Item 9; Permanency Outcome 2, Item 14; Systemic Factor 2, Item 28; Systemic Factor 2, Item 32)</b></p>			
<p>4. The CDSS will review policies and procedures with foster family agencies and group home facilities to ensure worker understanding of the need to maintain connections and to remove barriers to compliance so that agency social workers maintain a child's family and community connections. This action step will ensure that these activities do not conflict with certain case planning goals.</p>	<ul style="list-style-type: none"> <li>• The CDSS will conduct a review of existing policies and procedures regarding facility staff training on family involvement and engagement in the case plan process when consistent with the case plan goals.</li> </ul>	<ul style="list-style-type: none"> <li>• 09/04</li> </ul>	<ul style="list-style-type: none"> <li>• CDSS will review current foster family agency and group home policies and procedures for any barriers related to training of facility staff regarding family involvement consistent with the case plan. (09/04)</li> </ul>

	<ul style="list-style-type: none"> <li>• The CDSS will release ACL (or comparable communication) to agency and provider community regarding how to remove barriers to assisting children placed in facility settings in maintaining family connections.</li> <li>• The CDSS will provide technical assistance and/or training to counties, caregivers and facility staff regarding how to remove barriers to assisting children placed in facility settings in maintaining family connections.</li> <li>• CDSS will monitor changes in facility policies and provide technical assistance.</li> </ul>	<ul style="list-style-type: none"> <li>• 12/04</li> <li>• 01/05</li> <li>• 06/05</li> </ul>	<ul style="list-style-type: none"> <li>• CDSS will inform counties, foster family agencies, group homes and associations via ACL, or regulation change if necessary, of the need to train facility staff to ensure that important connections with extended family, friends, community, and racial heritage are maintained consistent with case plan goals. (12/04).</li> <li>• CDSS will provide written TA to all foster family agencies, group home providers and counties regarding implementation of new policies and procedures (01/05)</li> <li>• CDSS will track changes in policies through the Group Home/ FFA Rate approval process, by reviewing facility policies and procedures .to document implementation of</li> </ul>
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			<p>policy and procedure changes by foster family agencies, group home providers beginning 03/05. (06/05)</p> <ul style="list-style-type: none"> <li>• CDSS will provide TA to foster family agencies, group homes, or counties when monitoring information suggests need. (3/05, 6/05).</li> </ul>
<p>5. Develop and implement survey. In this phase, CDSS will review published and unpublished surveys and survey results related to the topics addressed in these PIP Items. A draft questionnaire will be prepared and reviewed by county program staff, CDSS program staff, and CDSS research staff. The content and format of the instrument will be revised to incorporate key issues identified during the review. In addition, the questions may be further modified to address problems identified during the field testing, to assure data quality. <b>(Cross-reference Well-Being Outcome 1, Item 17, 18, and 20, Well-Being Outcome 2, Item 21, and Well-Being Outcome 3, Item 23.)</b></p>	Field-tested survey is implemented	7/15/2003	<ul style="list-style-type: none"> <li>• Develop survey instrument in conjunction with and subject to approval of Region IX. (6/03)</li> <li>• Finalize agreement with interviewing service (6/03)</li> <li>• CDSS will complete draft questionnaire for use in telephone survey (6/03)</li> <li>• CDSS will provide listing of sample telephone numbers to interview service (7/03)</li> <li>• Interview Service will field test the questionnaire and work with CDSS to revise as needed (7/03)</li> </ul>
<p>6. Baseline Survey Report. The outcome measures will be calculated from the survey findings. Methodology and results will be reviewed by CDSS</p>	Baseline results and related documentation are submitted to Region IX	10/15/2003	<ul style="list-style-type: none"> <li>• Interview service will start the interviewing (7/15/03)</li> <li>• Interview service submits to CDSS (RADD) the cleaned data</li> </ul>

<p>and county staff to assure correct methods are used. The supporting documentation will report how the data were collected (questions used), how the measures were defined and calculated, and what the resulting number relates to the PIP. <b>(Cross-reference Well-Being Outcome 1, Item 17, 18, and 20, Well-Being Outcome 2, Item 21, and Well-Being Outcome 3, Item 23.)</b></p>			<p>file for interviews completed 7/15/03 to 8/15/03 (9/15/03)</p> <ul style="list-style-type: none"> <li>• RADD staff analyze data to produce outcome measures, as defined in PIP (10/01/03)</li> <li>• RADD staff prepare draft baseline report, including outcome measures and supporting documentation (10/5/03)</li> <li>• Draft report is reviewed and revised as needed (10/10/03)</li> <li>• Baseline report is submitted to Region IX (10/15/03)</li> </ul>
<p>7. Mid-PIP Survey Results. The same methods used in the Baseline Report will be applied to the Mid-PIP report. Data reported in the Mid-PIP Report include completed interviews of both the Baseline and Mid-PIP period. <b>(Cross-reference Well-Being Outcome 1, Item 17, 18, and 20, Well-Being Outcome 2, Item 21, and Well-Being Outcome 3, Item 23.)</b></p>	<p>Mid-PIP (Year 1) results and related documentation are submitted to Region IX</p>	<p>6/30/2004</p>	<ul style="list-style-type: none"> <li>• Interview service will start the interviewing (12/30/03)</li> <li>• Interview service submits to CDSS (RADD) the cleaned data file for interviews completed 2/30/04 to 4/30/04 (5/30/04)</li> <li>• RADD staff analyze data to produce outcome measures, as defined in PIP (6/15/04)</li> <li>• RADD staff prepare draft baseline report, including outcome measures and supporting documentation (6/20/04)</li> <li>• Draft report is reviewed and revised as needed (6/25/04)</li> <li>• Baseline report is submitted to Region IX (6/30/04)</li> </ul>

<p>8. End of PIP Survey Results. The same methods used in the Mid-PIP Report will be applied to the Final report. Data reported in the Final Report include interviews completed after the data reported in the Mid-PIP report.  <b>(Cross-reference Well-Being Outcome 1, Item 17, 18, and 20, Well-Being Outcome 2, Item 21, and Well-Being Outcome 3, Item 23.)</b></p>	<p>Final (Year 2) results and related documentation are submitted to Region IX</p>	<p>6/30/2005</p>	<ul style="list-style-type: none"> <li>• Interview service submits to CDSS (RADD) the cleaned data file for interviews completed 2/30/05 to 4/30/05 (5/30/05)</li> <li>• RADD staff analyze data to produce outcome measures, as defined in PIP (6/15/05)</li> <li>• RADD staff prepare draft baseline report, including outcome measures and supporting documentation (6/20/05)</li> <li>• Draft report is reviewed and revised as needed (6/25/05)</li> <li>• Baseline report is submitted to Region IX (6/30/05)</li> </ul>
<p>9. CDSS will study and report on the feasibility of surveying older youth in in- or out-of-home placements.</p>	<ul style="list-style-type: none"> <li>• CDSS will study the feasibility of a survey of older youth.</li> <li>• CDSS will include in the next quarterly report the results of our exploration into interviewing older youth.</li> </ul>	<ul style="list-style-type: none"> <li>• 07/03</li> <li>• 09/03</li> </ul>	<ul style="list-style-type: none"> <li>• CDSS will discuss with the CYC strategies for conducting this survey. (06/03)</li> <li>• CDSS will contact the National Resource Center for Organizational Improvement for advice on interviewing older youth (06/03).</li> <li>• CDSS will confer with its legal staff to obtain their analysis of the legal requirements for/or restrictions on interviewing minors (07/03).</li> <li>• CDSS will contact the California Health and Human Services Agency Committee for the Protection of Human Subjects</li> </ul>

			<p>to determine their requirements for interviewing minors (08/03).</p> <ul style="list-style-type: none"> <li>• CDSS will provide written results of the conversations with and analyses from those identified above (09/03).</li> </ul>
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**Well-Being Outcome 1, Item 17**

**Improvement Goal:** We will increase from the baseline survey by three percentage points the percentage of children, parents, and caregivers whose needs were assessed and who received services to meet those needs by June 30, 2005.

**Measurement Method:**

- Data collection method: Telephone survey using structured questionnaire. Items on the survey to be developed and reviewed in conjunction with Region IX.
- Population to be interviewed for this item: For FM case: parent. For FR case: parent as well as foster parent/caregiver. For PP case: foster parent.
- Survey includes a set of parallel questions for each of the parents/foster parents and relevant children in the family.

Calculation of performance measure: CDSS will calculate two performance measures: (1) Assessment percentage (number of persons receiving assessment divided by the number of persons identified as case/family members) and (2) a Services percentage (number of persons receiving services divided by number of persons assessed).

**Frequency of Measurement:** Survey will be administered in three waves: Baseline at 120 days after PIP approval, at Year 1, and at Year 2.

**Determination of Goal Achievement:** The goal will be achieved when there is a three percentage point increase above the baseline survey in the percentage of children, parents, and caregivers whose needs were assessed and who received services to meet those needs; and all action steps are complete.

Action Steps	Benchmarks	Dates of Completion	Tasks
<p>1. The CDSS will provide technical (see glossary) assistance to high priority counties (see glossary) to identify and implement promising practices that reduce multiple placements and improve continuity of family relationships and connections. The CDSS will develop a promising practices guide that will contain successful practices from high performing counties, such as using team review process (including parents and</p>			

<p>child as appropriate) before a child is moved to a second placement and family engagement practices to improve case planning. Additionally, the State will work to increase the number of counties, including Los Angeles County, that use the Family to Family Initiative. <b>(Cross reference to Safety Outcome 1, Item 2b; Permanency Outcome 1, Item 6; Permanency Outcome 2, Item 14; Well-Being Outcome 1, Item 18; Systemic Factor 2, Items 25 &amp; 28; Systemic Factor 7, Item 44)</b></p>			
<p>2. The CDSS will provide training to child welfare and probation supervisors on good case planning practice, including involvement of all family members in case planning and the need to visit with parents when such visits are part of the plan; comprehensive assessment of all children's needs; assessing all in-home children's educational needs and assessing all in-home children's mental health needs <b>(Cross-reference to Permanency Outcome 1, Item 9; Well-Being Outcome 1, Items 18 &amp; 20; Well-Being Outcome 2, Item 21; Well-Being Outcome 3, Item 23; Systemic Factor 2 Items 25 &amp; 28; Systemic Factor 4, Item 32)</b></p>	<ul style="list-style-type: none"> <li>• Develop training materials and curriculum.</li> <li>• Deliver to all new and existing child welfare and probation supervisors.</li> <li>• CDSS will monitor implementation of this training</li> </ul>	<ul style="list-style-type: none"> <li>• 12/03</li> <li>• 06/04</li> <li>• 06/05</li> </ul>	<ul style="list-style-type: none"> <li>• CalSWEC and the Regional Training Academies will develop training materials for child welfare and probation supervisors good case planning practice including involvement of all family members in case planning and need for parent visiting. (12/03)</li> <li>• Training provided to all new supervisors and existing supervisors beginning 12/03. (06/04)</li> <li>• CDSS will track number of supervisors trained and review training evaluations. Training will be incorporated into core curriculum. (06/04, 09/04, 12/04, 03/05, 06/05)</li> </ul>

<p>3. The CDSS will submit a legislative proposal to expand the time allotted to develop an appropriate case plan from 30 days to the federal requirement of 60 days. This will give social workers additional time to engage all family members, and to assess and address comprehensively child and family service needs. Upon enactment, the CDSS will implement statewide. <b>(Cross-reference to Well-Being Outcome 1, Items 18; Systemic Factor 2, Item 25)</b></p>	<ul style="list-style-type: none"> <li>• Develop important markers for 60-day timeframe (e.g., by day 30, will have face-to-face meeting with child regarding the case plan)</li> <li>• Submit legislative proposal.</li> <li>• If legislation passes, implement statewide through ACLs and regulation processes, as needed.</li> </ul>	<ul style="list-style-type: none"> <li>• 04/03</li> <li>• 05/03</li> <li>• 09/03 (assumes 07/1/03 passage)</li> </ul>	<ul style="list-style-type: none"> <li>• CDSS completed policy analysis as part of documentation of changes necessary for PIP (04/03).</li> <li>• CDSS completed fiscal analysis as part of May Revise to the Governor's Budget (05/03).</li> <li>• CDSS included language in budget trailer bill (05/03)</li> <li>• CDSS will identify implementation issues, including fiscal, claiming, regulation changes, initial and ongoing training needs and CWS/CMS changes (07/03).</li> <li>• CDSS will draft and issue an implementing ACL incorporating necessary initial implementation instructions including county level staff training instructions, procedures and system changes. ACL will instruct counties to ensure that all case carrying staff and supervisors be trained on this change within 30 days of receipt of letter. (09/03)</li> <li>• CDSS will initiate CWS/CMS change process request and include in first available system update, interim workaround instructions, if feasible, will be</li> </ul>
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	<ul style="list-style-type: none"> <li>• CDSS will incorporate into training program.</li> <li>• CDSS will monitor implementation.</li> </ul>	<ul style="list-style-type: none"> <li>• 12/03</li> <li>• 06/05</li> </ul>	<p>provided to the counties as appropriate (09/03) (Note-implementation will be delayed if CWS/CMS change requires Federal IT approval).</p> <ul style="list-style-type: none"> <li>• CDSS will begin regulation change process (09/03).</li> <li>• CDSS, in conjunction with Regional Training Academies and CWS/CMS staff, will develop and implement training and curricula for change in case plan timing (12/03)</li> <li>• CDSS will track the training of county staff and will review county procedures to ensure they re updated. CDSS will maintain a copy of county procedures at the state level. Progress will be reported quarterly (12/03, 03/04, 06/04, 09/04, 12/04, 03/05, 06/05).</li> </ul>
<p>4. The CDSS will develop and implement a framework for a differential response system as part of the CWS Redesign process. <b>(Cross-reference to Safety Outcome 1, Item 2A; Safety Outcome 2, Items 3 &amp; 4; Systemic Factor 5, Item 36)</b></p>			
<p>5. The CDSS will work with counties to ensure that they integrate issues of fairness and equity toward racial or ethnic groups into all decisions made by</p>			

<p>the child welfare service system. This process will include ongoing technical assistance to the counties on issues such as cultural competence, intake processes, services designed to prevent entry into foster care, and foster parent recruitment. <b>(Cross-reference to Permanency Outcome 1, Item 9; Systemic Factor 2, Item 28; Systemic Factor 7, Item 44)</b></p>			
<p>6. The CDSS, will work with the California Department of Mental Health, the California Department of Alcohol and Drug Programs, County Welfare Directors Association, Chief Probation Officers of California, the associations representing the county mental health directors, alcohol and drug program directors (Proposition 36 funding), and the local county First Five Association and the State First Five Commission to ensure that children and families in the California child welfare services system receive the appropriate priority for services across systems. The main part of this effort, however, will occur as part of the C-CFSR county self-assessment and planning process described in the introduction. The state will review and approve the county plans and use this information to identify and remove any systemic barriers identified by counties.</p>			

<p><b>(Cross-reference to Safety Outcome 1, Item 2a; Permanency Outcome 1, Item 5; Systemic Factor 5, Item 36)</b></p>			
<p>7. Develop and implement survey. In this phase, CDSS will review published and unpublished surveys and survey results related to the topics addressed in these PIP Items. A draft questionnaire will be prepared and reviewed by county program staff, CDSS program staff, and CDSS research staff. The content and format of the instrument will be revised to incorporate key issues identified during the review. In addition, the questions may be further modified to address problems identified during the field testing, to assure data quality. <b>(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 18, and 20, Well-Being Outcome 2, Item 21, and Well-Being Outcome 3, Item, 23.</b></p>			
<p>8. Baseline Survey Report. The outcome measures will be calculated from the survey findings. Methodology and results will be reviewed by CDSS and county staff to assure corrects methods are used. The supporting documentation will report how the data were collected</p>			

<p>(questions used), how the measures were defined and calculated, and what the resulting number relates to the PIP. <b>(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 18, and 20, Well-Being Outcome 2, Item 21, and Well-Being Outcome 3, Item, 23.</b></p>			
<p>9. Mid-PIP Survey Results. The same methods used in the Baseline Report will be applied to the Mid-PIP report. Data reported in the Mid-PIP Report include completed interviews of both the Baseline and Mid-PIP period. <b>(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 18, and 20, Well-Being Outcome 2, Item 21, and Well-Being Outcome 3, Item, 23.</b></p>			
<p>10. End of PIP Survey Results. The same methods used in the Mid-PIP Report will be applied to the Final report. Data reported in the Final Report include interviews completed after the data reported in the Mid-PIP report. <b>(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 18, and 20, Well-Being Outcome 2, Item 21, and Well-Being Outcome 3, Item, 23.)</b></p>			

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**Well- Being Outcome 1, Item 18**

**Improvement Goal:** We will increase from the baseline survey by three percentage points the percentage of children, parents, and caregivers involved in case planning by June 30, 2005.

**Measurement Method:**

- Data collection method: Telephone survey using structured questionnaire. Items on the survey to be developed and reviewed in conjunction with Region IX.
- Population to be interviewed for this item: parents and foster parents/caregivers for children in both in-home and out-of-home placements.
- Calculation of performance measure: CDSS will calculate: (1) Percentage of cases in which case plan was discussed at all. (2) Where the plan was discussed, the percentage discussed with (a) interviewee, (b) interviewee and case child.

**Frequency of Measurements:** Survey will be administered in three waves: Baseline at 120 days after PIP approval, at Year 1, and at Year 2.

**Determination of Goal Achievement:** The goal will be achieved when there is a three percentage point increase over the baseline survey in the percentage of children, parents, and caregivers involved in case planning and all action steps have been completed.

Action Steps	Benchmarks	Dates of Completion	Tasks
<p>1. The CDSS will issue an All County Information Notice clarifying that case plans require family engagement and clarifying the importance of documentation of child and family involvement in the case planning process. This engagement includes informing parents of their rights and responsibilities regarding the case planning process. <b>(Cross-reference to Systemic Factor 2, Item 25)</b></p>	<ul style="list-style-type: none"> <li>• Promising practices of high performing counties will be identified and documented.</li> <li>• ACIN will be issued.</li> <li>• CDSS will monitor to assess improved family engagement.</li> </ul>	<ul style="list-style-type: none"> <li>• 06/03</li> <li>• 09/03</li> <li>• 06/05</li> </ul>	<ul style="list-style-type: none"> <li>• Using survey data, CDSS will identify and develop a list of high performing counties in the area of family engagement (06/03).</li> <li>• Using both online (CWS/CMS) and onsite reviews, CDSS will identify successful family engagement procedures, systems and program practices (06/03).</li> <li>• CDSS will document the successful practices and issue them as an ACIN to counties. (09/03).</li> <li>• CDSS will track improvement through the survey to ensure that children and families are</li> </ul>

	<ul style="list-style-type: none"> <li>• Changes to the statewide curriculum will be incorporated.</li> </ul>	<ul style="list-style-type: none"> <li>• 06/04</li> </ul>	<p>engaged in the case planning process. Surveys will be conducted in 09/03, 06/04, and 06/05.</p> <ul style="list-style-type: none"> <li>• CDSS, CalSWEC and the Regional Training Academies will make required changes to statewide curriculum, in order to incorporate the strategies. (06/04)</li> </ul>
<p>2. The CDSS will provide technical (see glossary) assistance to high priority counties (see glossary) to identify and implement promising practices that reduce multiple placements and improve continuity of family relationships and connections. The CDSS will develop a promising practices guide that will contain successful practices from high performing counties, such as using team review process (including parents and child as appropriate) before a child is moved to a second placement and family engagement practices to improve case planning. Additionally, the State will work to increase the number of counties, including Los Angeles County, that use the Family to Family Initiative. <b>(Cross reference to Safety Outcome 1, Item 2b;</b></p>			

<p><b>Permanency Outcome 1, Item 6;  Permanency Outcome 2, Item 14;  Well-Being Outcome 1, Item 17;  Systemic Factor 2, Items 25 &amp; 28;  Systemic Factor 7, Item 44)</b></p>			
<p>3. The CDSS will provide training to child welfare and probation supervisors on good case planning practice, including involvement of all family members in case planning and the need to visit with parents when such visits are part of the plan; comprehensive assessment of all children’s needs; assessing all in-home children’s educational needs and assessing all in-home children’s mental health needs. <b>(Cross-reference to Permanency Outcome 1, Item 9; Well-Being Outcome 1, Items 17 &amp; 20; Well-Being Outcome 2, Item 21; Well-Being Outcome 3, Item 23; Systemic Factor 2, Items 25 &amp; 28; Systemic Factor 4, Item 32)</b></p>			
<p>4. The CDSS will submit a legislative proposal to expand the time allotted to develop an appropriate case plan from 30 days to the federal requirement of 60 days. This will give social workers additional time to engage all family members, and to assess and address comprehensively child and family service needs. Upon enactment, the</p>			

<p>CDSS will implement statewide.  <b>(Cross-reference to Well-Being Outcome 1, Items 17 &amp; 18; Systemic Factor 2, Item 25)</b></p>			
<p>5. The CDSS will work with California Youth Connection (CYC) to ensure that youth voice and involvement are integrated into the case planning process. <b>(Cross-reference to Systemic Factor 2, Item 25)</b></p>	<ul style="list-style-type: none"> <li>• The CDSS will convene a workgroup to include CYC, the CWDA and the CPOC to develop strategies to integrate youth voice.</li> <li>• CDSS will implement the strategies statewide through ACLs and/or regulation processes, as needed.</li> <li>• Training curriculum will be updated.</li> <li>• CDSS will monitor involvement of youth</li> </ul>	<ul style="list-style-type: none"> <li>• 12/03</li> <li>• 06/04</li> <li>• 07/04</li> <li>• 06/05</li> </ul>	<ul style="list-style-type: none"> <li>• CDSS will convene the workgroup. (12/03)</li> <li>• The workgroup will develop strategies to ensure youth voice and involvement are integrated into the case planning process, including strategies to eliminate any barriers to including youth in the case planning process. (12/03)</li> <li>• CDSS will implement the strategies statewide through an ACL or through regulations for county level changes. (06/04)</li> <li>• CDSS will incorporate changes into statewide training curriculum. (07/04)</li> <li>• CDSS will track and document implementation of youth involvement through the survey. Surveys will be conducted in 09/03, 06/04, and 06/05.</li> </ul>
<p>6. Develop and implement survey. In this phase, CDSS will review published and unpublished surveys and survey results related to the topics addressed</p>			

<p>in these PIP Items. A draft questionnaire will be prepared and reviewed by county program staff, CDSS program staff, and CDSS research staff. The content and format of the instrument will be revised to incorporate key issues identified during the review. In addition, the questions may be further modified to address problems identified during the field testing, to assure data quality. <b>(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 17, and 20, Well-Being Outcome 2, Item 21, and Well-Being Outcome 3, Item, 23.)</b></p>			
<p>7. Baseline Survey Report. The outcome measures will be calculated from the survey findings. Methodology and results will be reviewed by CDSS and county staff to assure corrects methods are used. The supporting documentation will report how the data were collected (questions used), how the measures were defined and calculated, and what the resulting number relates to the PIP. <b>(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 17, and 20, Well-Being Outcome 2,</b></p>			

<p><b>Item 21, and Well-Being Outcome 3, Item, 23.)</b></p>			
<p>8. Mid-PIP Survey Results. The same methods used in the Baseline Report will be applied to the Mid-PIP report. Data reported in the Mid-PIP Report include completed interviews of both the Baseline and Mid-PIP period. <b>(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 17, and 20, Well-Being Outcome 2, Item 21, and Well-Being Outcome 3, Item, 23.)</b></p>			
<p>9. End of PIP Survey Results. The same methods used in the Mid-PIP Report will be applied to the Final report. Data reported in the Final Report include interviews completed after the data reported in the Mid-PIP report. <b>(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 17, and 20, Well-Being Outcome 2, Item 21, and Well-Being Outcome 3, Item, 23.)</b></p>			

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### Well- Being Outcome 1, Item 20

**Improvement Goal:** (1) We will increase from the baseline survey the compliance by workers with planned parent visit schedules from the baseline by three percentage points by June 30,2005.

(2) We will increase from the baseline survey by three percentage points the percentage of parents whose ability to safely parent the in home child was promoted/assisted by the social work visits by June 30, 2005.

(3) We will increase from the baseline survey by three percentage points the percentage of parents whose ability to meet their case plan goals was promoted/assisted by the social work visits by June 30, 2005.

**Measurement Method:**

For all three goals we will use the following approach:

- Data collection method: Telephone survey using structured questionnaire. Items on the survey to be developed and reviewed in conjunction with Region IX.
- Population to be interviewed for this item: parents for children in FM and FR service components.

**(1):**

- Survey includes three items to measure this. These questions ask about the number of actual visits during the last two months, whether the SW established a regular visiting schedule, and, if so, how many visits were in the SW's schedule during the last two months.

**(2):**

- Survey includes one item to measure this: "Did the social worker help you become a better parent?" Yes / No
- Calculation of performance measure: A "yes" indicates that social worker visits promoted safe parenting.

**(3):**

- Survey includes two items to measure this:
  - A. " Did your social worker talk with you about what you need to do to get your children back?" Yes / No
  - B. If yes: Interviewee will indicate which services were received from a pick list of services.
  - If no: Interviewee will be asked choose from a pick list of barriers to services, including child care, transportation, and others.

Calculation of performance measure: A "yes" indicates that social worker visits promoted parent's ability to meet case plan goals. For program planning purposes, the lists of services and barriers will be analyzed to identify substantive issues.

**Frequency of Measurements:** Progress will be reported through quarterly reports. The reports will document progress towards completion of the action step and will report on the survey data. Survey will be administered in three waves: Baseline at 120 days after PIP approval, at Year 1, and at Year 2.

**Determination of Goal Achievement:** The goal will be achieved when : 1) We increase the compliance by workers with planned parent visit schedules from the baseline by three percentage points; 2) We increase from the baseline survey by three percentage points the percentage of parents whose ability to safely parent the in home child was promoted/assisted by the social work visits; and 3) We will increase from the baseline survey by three percentage points the percentage of parents whose ability to meet their case plan goals was promoted/assisted by the social work visits; and all action steps are complete.

Action Steps	Benchmarks	Dates of Completion	Tasks
<p>1. The CDSS will provide training to child welfare and probation supervisors on good case planning practice, including involvement all family members in case planning and the need to visit with parents when such visits are part of the plan; comprehensive assessment of all children’s needs; assessing all in-home children’s educational needs and assessing all in-home children’s mental health needs <b>(Cross-reference to Permanency Outcome 1, Item 9; Well-Being Outcome 1, Items 17 &amp; 18; Well-Being Outcome 2, Item 21; Well-Being Outcome 3, Item 23; Systemic Factor 2 Items 25 &amp; 28; Systemic Factor 4, Item 32)</b></p>			
<p>2. The CDSS, through the Redesign, will begin developing and implementing a statewide comprehensive assessment approach to safety and well-being that includes safety, risk, protective capacity and comprehensive family assessment approaches throughout the life of the case. <b>(Cross-reference to Safety Outcome 1, Items 2A&amp; 2B; Safety Outcome 2, Items</b></p>			

<p><b>3 &amp; 4; Permanency Outcome 1, Item 5; Systemic Factor 5, Item 37)</b></p>			
<p>3. Develop and implement survey. In this phase, CDSS will review published and unpublished surveys and survey results related to the topics addressed in these PIP Items. A draft questionnaire will be prepared and reviewed by county program staff, CDSS program staff, and CDSS research staff. The content and format of the instrument will be revised to incorporate key issues identified during the review. In addition, the questions may be further modified to address problems identified during the field testing, to assure data quality. <b>(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 17, and 18, Well-Being Outcome 2, Item 21, and Well-Being Outcome 3, Item, 23.)</b></p>			
<p>4. Baseline Survey Report. The outcome measures will be calculated from the survey findings. Methodology and results will be reviewed by CDSS and county staff to assure corrects methods are used. The supporting documentation will report how the data were collected (questions used), how the measures were defined and calculated, and what the resulting number relates to the PIP. <b>(Cross-reference Permanency Outcome 2, item 14, Well-</b></p>			

<p><b>Being Outcome 1, Item 17, and 18, Well-Being Outcome 2, Item 21, and Well-Being Outcome 3, Item, 23.)</b></p>			
<p>5. Mid-PIP Survey Results. The same methods used in the Baseline Report will be applied to the Mid-PIP report. Data reported in the Mid-PIP Report include completed interviews of both the Baseline and Mid-PIP period. <b>(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 17, and 18, Well-Being Outcome 2, Item 21, and Well-Being Outcome 3, Item, 23.)</b></p>			
<p>6. End of PIP Survey Results. The same methods used in the Mid-PIP Report will be applied to the Final report. Data reported in the Final Report include interviews completed after the data reported in the Mid-PIP report. <b>(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 17, and 18, Well-Being Outcome 2, Item 21, and Well-Being Outcome 3, Item, 23.)</b></p>			

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**Well-Being Outcome 2, Item 21**

**Improvement Goal:** We will increase from the baseline survey by three percentage points the percentage of all children in the home, or in out-of-home placement, who were assessed and received services for educational needs by June 30, 2005.

**Measurement Method:**

- Data collection method: Telephone survey using structured questionnaire. Items on the survey to be developed and reviewed in conjunction with Region IX.
- Population to be interviewed for this item: parents **and foster parents/caregivers for all children in the home, under age 18, in both in-home and out-of-home placements.**

Calculation of performance measure: CDSS will calculate: (1) Percentage of cases in which educational needs were assessed at all. (2) Percentage of children with educational needs who received services.

**Frequency of Measurement** Survey will be administered in three waves: Baseline at 120 days after PIP approval, at Year 1, and at Year 2.

**Determination of Goal Achievement:** This goal will be achieved when there is a three percentage point increase over the baseline survey in the percentage of all children in the home, or in out-of-home placement, who were assessed and received services for educational needs; and all action steps are complete.

Action Steps	Benchmarks	Dates of Completion	Tasks
1. The CDSS will provide training to child welfare and probation supervisors on good case planning practice, including involvement all family members in case planning and the need to visit with parents when such visits are part of the plan; comprehensive assessment of all children's needs; assessing all in-home children's educational needs and assessing all in-home children's mental health needs <b>(Cross-reference to Permanency Outcome 1, Item 9; Well-Being Outcome 1, Items 17, 18 &amp; 20; Well-Being Outcome 3, Item 23; Systemic Factor 2 Items 25 &amp; 28;</b>			



			procedures (09/04, 12/04, 03/05, 06/05).
3. The CDSS, including Cal WORKS and Cal Learn staff, will work with the California Department of Education to develop protocols for counties and local school districts to implement to improve educational services to children with identified needs.	<ul style="list-style-type: none"> <li>The CDSS will convene a workgroup to develop protocols and strategies.</li> <li>CDSS will implement statewide through ACLs and regulation processes, as needed.</li> <li>CDSS will monitor implementation of education service protocols.</li> </ul>	<ul style="list-style-type: none"> <li>06/04</li> <li>09/04</li> <li>06/05</li> </ul>	<ul style="list-style-type: none"> <li>CDSS will convene workgroup. (03/04)</li> <li>Workgroup will develop protocols and strategies to improve educational services for children. (06/04)</li> <li>CDSS will develop and issue an ACL, or regulations, to support development of protocols at county level, ACL will contain implementation instruction and model protocols for use with local school districts. (09/04)</li> <li>CDSS will provide T/TA to counties as they begin developing protocols with local education agencies (09/04)</li> <li>CDSS will report quarterly on the number of education protocols implemented. (12/04, 03/05, 06/05)</li> </ul>
4. Develop and implement survey. In this phase, CDSS will review published and unpublished surveys and survey results related to the topics addressed in these PIP Items. A draft questionnaire will be prepared and reviewed by county			

<p>program staff, CDSS program staff, and CDSS research staff. The content and format of the instrument will be revised to incorporate key issues identified during the review. In addition, the questions may be further modified to address problems identified during the field testing, to assure data quality. <b>(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 17, 18, and 20, and Well-Being Outcome 3, Item 23.)</b></p>			
<p>5. Baseline Survey Report. The outcome measures will be calculated from the survey findings. Methodology and results will be reviewed by CDSS and county staff to assure correct methods are used. The supporting documentation will report how the data were collected (questions used), how the measures were defined and calculated, and what the resulting number relates to the PIP. <b>(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 17, 18, and 20, and Well-Being Outcome 3, Item 23.)</b></p>			
<p>6. Mid-PIP Survey Results. The same methods used in the Baseline Report will be applied to the Mid-PIP report. Data reported in the Mid-PIP Report include</p>			

<p>completed interviews of both the Baseline and Mid-PIP period. <b>(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 17, 18, and 20, and Well-Being Outcome 3, Item 23.)</b></p>			
<p>7. End of PIP Survey Results. The same methods used in the Mid-PIP Report will be applied to the Final report. Data reported in the Final Report include interviews completed after the data reported in the Mid-PIP report. <b>(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 17, 18, and 20, and Well-Being Outcome 3, Item 23.)</b></p>			

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**Well-Being Outcome 3, Item 23**

**Improvement Goal:** We will increase from the baseline survey by three percentage points the percentage of all children in the home, or in out-of-home placement, who were assessed and received services for mental health services by June 30, 2005.

**Measurement Method:**

- Data collection method: Telephone survey using structured questionnaire. Items on the survey to be developed and reviewed in conjunction with Region IX.
- Population to be interviewed for this item: parents and foster parents/caregivers for children attending school, in both in-home and out-of-home placements.

Calculation of performance measure: CDSS will calculate: (1) Percentage of cases in which mental health needs were assessed at all. (2) Percentage of children with mental health needs who received services

**Frequency of Measurement:** Survey will be administered in three waves: Baseline at 120 days after PIP approval, at Year 1, and at Year 2.

**Determination of Goal Achievement:** This goal will be achieved when there is a three percentage point increase over the baseline survey in the percentage of all children in the home, or in out-of-home placement, who were assessed and received services for mental health services; and all action steps are complete.

Action Steps	Benchmarks	Dates of Completion	Tasks
<p>1. The CDSS will issue an All County Letter (ACL) that instructs counties to document how identified mental health needs are addressed. In addition, the ACL will instruct counties on the importance of assessing the needs of all children in families with in-home cases.</p>	<ul style="list-style-type: none"> <li>• CDSS will issue ACL.</li> </ul>	<ul style="list-style-type: none"> <li>• 05/04</li> </ul>	<ul style="list-style-type: none"> <li>• CDSS will issue an ACL instructing counties to document in case notes of CWS/CMS how mental health needs are assessed and addressed. (03/04)</li> <li>• CDSS will work with Cal SWEC and Regional Training Academies to ensure changes to statewide case planning and family engagement curriculum, including mental health assessments for all children in the home. (04/04)</li> <li>• CDSS will provide written TA to</li> </ul>

	<ul style="list-style-type: none"> <li>• CDSS will monitor training and delivery of services.</li> </ul>	<ul style="list-style-type: none"> <li>• 06/05</li> </ul>	<p>clarify policy and will ensure each county training plan includes, case practice training on assessing mental health needs of all children in home (05/04)</p> <ul style="list-style-type: none"> <li>• CDSS will track counties to ensure that all county training plans include components on assessing the families mental health needs. (09/04, 12/04, 03/05, 06/05)</li> <li>• CDSS will track improvement in the use of mental health services for in-home cases by reviewing quarterly CWS/CMS data (matched with the State Department of Mental Health data) (09/04, 12/04, 03/05, 06/05).</li> </ul>
<p><b>2.</b> The CDSS will provide training to child welfare and probation supervisors on good case planning practice, including involvement all family members in case planning and the need to visit with parents when such visits are part of the plan; comprehensive assessment of all children's needs; assessing all in-home children's educational needs and assessing all in-home children's mental health needs <b>(Cross-reference to Permanency Outcome 1, Item 9; Well-Being Outcome 1, Items 17, 18 &amp; 20;</b></p>			

<p><b>Well-Being Outcome 2, Item 21; Systemic Factor 2 Items 25 &amp; 28; Systemic Factor 4, Item 32)</b></p>			
<p>3. The CDSS will work with the State Department of Mental Health, County Welfare Directors Association, County Probation Officers Association and County Mental Health Directors Association to improve and expand access to mental health services. In addition, the CDSS will use this work group to improve access to data from the mental health system to ensure that children in in-home cases are linked to the system.</p>	<ul style="list-style-type: none"> <li>• Develop a systems match capacity between CWS/CMS case records and State Department of Mental Health Service payment records.</li>   <li>• Issue ACL guidelines on successful strategies for connecting families with mental health.</li>   <li>• Los Angeles County DCFS coordinate with Los Angeles County Mental Health on ensuring the deployment and development of mental health resources to ensure timely access to child welfare families in Los Angeles County.</li> </ul>	<ul style="list-style-type: none"> <li>• 12/04</li>   <li>• 03/04</li>   <li>• 06/04</li> </ul>	<ul style="list-style-type: none"> <li>• Develop a data plan proposal within the existing interagency CDSS - DMH data team to improve access to data. (06/04)</li> <li>• Determine costs/approval requirements necessary to implement data sharing proposal. (09/04)</li> <li>• Identify funding source. (12/04)</li>   <li>• CDSS in partnership with counties, local and state mental health, youth and providers will develop a guide on successful strategies (03/04).</li>   <li>• Monthly meetings between Los Angeles County DCFS and Los Angeles County Mental Health to identify (1) areas where services may not be as readily available and (2) gaps where services may be needed. beginning 6/03 (6/05).</li> <li>• Los Angeles County DCFS and</li> </ul>

	<ul style="list-style-type: none"> <li>• CDSS will monitor and provide TA to Los Angeles</li> </ul>	<ul style="list-style-type: none"> <li>• 06/05</li> </ul>	<p>Los Angeles County Mental Health will develop strategies to address the issues identified above, such as creating incentive to providers to provide services in a different geographic area, looking for funding sources to secure services for children who are not Medi Cal eligible (11/03).</p> <ul style="list-style-type: none"> <li>• Los Angeles County DCFS and Los Angeles County Mental Health will begin implementation of the strategies (6/04).</li> <li>• CDSS will consult with Los Angeles to determine any state level barriers to provision of services. Barriers will be identified and referred to the State Interagency Child Welfare Services Team for resolution. ( 6/03)</li> <li>• CDSS will track completion of action steps and implementation of successful strategies and report quarterly. (09/03, 12/03, 03/04, 06/04, 09/04, 12/04, 03/05, 06/05)</li> </ul>
<p>4. Develop and implement survey. In this phase, CDSS will review published and unpublished surveys and survey</p>			

<p>results related to the topics addressed in these PIP Items. A draft questionnaire will be prepared and reviewed by county program staff, CDSS program staff, and CDSS research staff. The content and format of the instrument will be revised to incorporate key issues identified during the review. In addition, the questions may be further modified to address problems identified during the field testing, to assure data quality. <b>(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 17, 18, and 20, and Well-Being Outcome 2, Item 21.)</b></p>			
<p>5. Baseline Survey Report. The outcome measures will be calculated from the survey findings. Methodology and results will be reviewed by CDSS and county staff to assure corrects methods are used. The supporting documentation will report how the data were collected (questions used), how the measures were defined and calculated, and what the resulting number relates to the PIP. <b>(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 17, 18, and 20, and Well-Being Outcome 2, Item 21.)</b></p>			
<p>6. Mid-PIP Survey Results. The same</p>			

<p>methods used in the Baseline Report will be applied to the Mid-PIP report. Data reported in the Mid-PIP Report include completed interviews of both the Baseline and Mid-PIP period. <b>(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 17, 18, and 20, and Well-Being Outcome 2, Item 21.)</b></p>			
<p>7. End of PIP Survey Results. The same methods used in the Mid-PIP Report will be applied to the Final report. Data reported in the Final Report include interviews completed after the data reported in the Mid-PIP report. <b>(Cross-reference Permanency Outcome 2, item 14, Well-Being Outcome 1, Item 17, 18, and 20, and Well-Being Outcome 2, Item 21.)</b></p>			

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**Systemic Factor 2, Item 25**

**Improvement Goal:** We will increase implementation of the Family to Family initiative. By June 30, 2005, Family to Family will be available in counties whose CWS caseload combined represents 60 percent of CWS caseload statewide. Family to Family will be implemented countywide in these counties. Please note, it is the State's intent to eventually implement Family to Family statewide.

**Measurement Method:** We will measure improvements in our case review process by measuring increases in the use of the Family to Family program, which emphasizes family engagement in the case planning. We also intend to capture qualitative information on county practice using our C-CFSR Peer Quality Case Review process. Together, these measures provide qualitative information on improved practice in family engagement in case planning to accomplish case plan goals.

**Frequency of Measurement:** The CDSS will also monitor improvement in case planning practice using quarterly county reports and the C-CFSR qualitative case review process.

**Determination of Goal Achievement:** The goal will be achieved when the percent of caseload covered by Family to Family has increased to 60 percent and all action steps are complete.

<b>Action Steps</b>	<b>Benchmarks</b>	<b>Dates of Completion</b>	<b>Tasks</b>
<p>1. The CDSS will provide training to child welfare and probation supervisors on good case planning practice, including involvement all family members in case planning and the need to visit with parents when such visits are part of the plan; comprehensive assessment of all children's needs; assessing all in-home children's educational needs and assessing all in-home children's mental health needs <b>(Cross-reference to Permanency Outcome 1, Item 9; Well-Being Outcome 1, Items 17, 18 &amp; 20; Well-Being Outcome 2, Item 21; Well-Being Outcome 3, Item 23; Systemic Factor 2 Item 28; Systemic Factor 4, Item 32)</b></p>			

<p>2. The CDSS will issue an All County Information Notice clarifying that case plans require family engagement and clarifying the importance of documentation of child and family involvement in the case planning process. This will include informing parents of their rights and responsibilities regarding the case planning process. <b>(Cross-reference to Well-Being Outcome 1, Item 18)</b></p>			
<p>3. The CDSS will provide technical (see glossary) assistance to high priority counties (see glossary) to identify and implement promising practices that reduce multiple placements and improve continuity of family relationships and connections. The CDSS will develop a promising practices guide that will contain successful practices from high performing counties, such as using team review process (including parents and child as appropriate) before a child is moved to a second placement and family engagement practices to improve case planning. Additionally, the State will work to increase the number of counties, including Los Angeles County, that have implemented the Family to Family Initiative. <b>(Cross reference to Safety Outcome 1, Item 2b; Permanency Outcome 1, Item 6; Permanency Outcome 2, Item 14; Well-Being</b></p>			

<b>Outcome 1, Items 17, 18; Systemic Factor 2, Item 28; Systemic Factor 7, Item 44)</b>			
4. The CDSS will work with California Youth Connection (CYC) to ensure that youth voice and involvement are integrated into the case planning process. <b>(Cross-reference to Well-Being Outcome 1, Item 18)</b>			
5. The CDSS will submit a legislative proposal to expand the time allotted to develop an appropriate case plan from 30 days to the federal requirement of 60 days. This will provide more opportunity to address child and family service needs and increase engagement of the child and family in the case plan. Upon enactment, the CDSS will implement statewide. <b>(Cross-reference to Well-Being Outcome 1, Items 17, 18 &amp; 20)</b>			

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**Systemic Factor 2, Item 28**

**Improvement Goal:** We will decrease the proportion of children in care for 17 of the last 22 months without a TPR from our baseline of 31.4 percent in calendar year 2002 by three percentage points by June 30, 2005.

**Measurement Method:** We calculated the baseline using calendar year 2002 data. This baseline calculation includes all children in the CWS/CMS system that had an open out of home placement on December 31, 2002. We calculated the length of stay during this period using the removal date (or March 1, 2001 for those placements that began 22 months before December 31, 2002) and the placement end date (or December 31, 2002 for those placements that had not ended at the end of the period). Using these cutoff dates, we looked backward from December 31, 2002 to identify the length of time these placements were open during this period. This produced 94,104 placements. We removed all placements where the child either was in relative care, was in a pre-adoptive placement or had a TPR. After removing these placements, we were left with 29,548 cases open for at least 17 months of this 22 month period, who were not in relative care, not in a pre-adoptive home and had no TPR. To compute this baseline, we divided 29,548 by 94,104 to get 31.4%.

**Frequency of Measurement:** Progress will be tracked using CWS/CMS, county quarterly reports, and JRTA information. The county and JRTA reports will document progress toward completion of the action steps. In addition, we will use qualitative information from the Peer Quality Case Review process. By June 30, 2004, we will show a 1.5 percentage point improvement.

**Determination of Goal Achievement:** This goal will be achieved when a three percentage point reduction in the number of children in out-of-home care for more than 17 out of the last 22 months without a TPR and all action steps are complete.

Action Steps	Benchmarks	Dates of Completion	Tasks
1. The CDSS, with the Judicial Council, will develop and implement an educational program through the CDSS' contract with JRTA to provide training to all judges on current law regarding TPR and concurrent planning. <b>(Cross-reference to Permanency Outcome 1, Items 7 &amp; 9)</b>			
2. The CDSS will identify high priority (see glossary) counties and provide technical assistance using promising practices from high performing (see glossary) counties, specifically, the technical assistance will include			

<p>strategies to ensure that all counties implement concurrent planning including the full implementation for all cases in Los Angeles County; and document compelling reasons for not filing TPRs. <b>(Cross-reference to Permanency Outcome 1, Items 7, 8, 9 &amp; 10)</b></p>			
<p>3. The CDSS will develop a legislative proposal to conform the currently separate statutory licensing and adoption approval processes into a consolidated home study process. This will speed up the time it takes to adopt a child and reduce the number of moves a child makes while in out-of home care. Upon enactment of this legislation, the CDSS will ensure that it is implemented statewide. <b>(Cross-reference to Safety Outcome 1, Item 2b; Permanency Outcome 1, Items 6 &amp; 9; Systemic Factor 7, Item 44).</b></p>			
<p>4. CDSS will issue an All County Information Notice (ACIN) to counties to clarify existing policy and to highlight importance of seeking adoptive homes for children of all ages and special needs; and availability of AAP payments to families when child is adopted regardless of age or special needs <b>(Cross-reference to Permanency Outcome 1, Item 9 and Systemic Factor 7, Item 44.)</b></p>			
<p>5. The CDSS will provide technical (The CDSS will provide technical (see</p>			

<p>glossary) assistance to high priority counties (see glossary) to identify and implement promising practices that reduce multiple placements and improve continuity of family relationships and connections. The CDSS will develop a promising practices guide that will contain successful practices from high performing counties, such as using team review process (including parents and child as appropriate) before a child is moved to a second placement and family engagement practices to improve case planning. Additionally, the State will work to increase the number of counties, including Los Angeles County, that use the Family to Family program. <b>(Cross-reference to Safety Outcome 1, Item 2b; Permanency Outcome 1, Item 6; Permanency Outcome 2, Item 14; Well-Being Outcome 1, Items 17, 18 Systemic Factor 2, Item 25; Systemic Factor 7; Item 44)</b></p>			
<p>6. As part of the C-CFSR self-assessment and planning processes, counties will identify unmet placement resource needs, including foster and adoptive parents for special needs and older children. Each county will develop a recruitment strategy as part of their plan. <b>(Cross-reference to Permanency Outcome 1, Item 6; Systemic Factor 7, Item 44)</b></p>			

<p>7. The CDSS will develop a legislative proposal to strengthen requirements that counties reconsider permanency options at each permanency planning review hearing for children who must remain in care, so if circumstances have changed, the child can be re-engaged in reunification or adoption services. Legislation is needed because no court rules exist to require reassessment of permanency every six months. Upon enactment, the CDSS will implement statewide. <b>(Cross-reference to Permanency Outcome 1, Items 7 &amp; 10)</b></p>			
<p>8. The CDSS will issue an All County Information Notice clarifying diligent recruitment efforts and strategies for improving recruitment. <b>(Cross-reference to Systemic Factor 7, Item 44)</b></p>			
<p>9. The CDSS will work with counties, the California Social Work Education Center (CalSWEC) and the Regional Training Academies to develop requirements and competencies for child welfare workers and supervisors with the goal of strengthening case practice. The CDSS will ensure that the contracts with the regional training academies include provisions requiring the academies to develop common core curricula to ensure training in comprehensive family needs assessments, including assessing educational and mental health needs of</p>			

<p>all children both in-home and out-of-home, and that training is consistent statewide <b>(Permanency Outcome 1, Item 9; Systemic Factor 4, Items 32)</b></p>			
<p>10. The CDSS will provide training to child welfare and probation supervisors on good case planning practice, including involvement all family members in case planning and the need to visit with parents when such visits are part of the plan; comprehensive assessment of all children's needs; assessing all in-home children's educational needs and assessing all in-home children's mental health needs <b>(Cross-reference to Permanency Outcome 1, Item 9; Well-Being Outcome 1, Items 17, 18 &amp; 20; Well-Being Outcome 2, Item 21; Well-Being Outcome 3, Item 23; Systemic Factor 2 Item 25; Systemic Factor 4, Item 32)</b></p>			
<p>11. The CDSS will conduct focused training regarding Indian Child Welfare Act (ICWA) requirements and cultural considerations of Native American children for both county staff and tribal ICWA workers. The CDSS will measure ICWA compliance using the C-CFSR process. This training will include training for Indian tribes on their rights and responsibilities regarding intervention on Indian Child Welfare Act cases. <b>(Cross-reference to</b></p>			

<b>Permanency Outcome 1, Item 9;          Permanency Outcome 2, Item 14;          Systemic Factor 2, Item 28; Systemic          Factor 2, Item 32)</b>			
12 The CDSS will work with counties to ensure that they integrate issues of fairness and equity toward racial or ethnic groups, specifically African and Native American children, into all decisions made by the child welfare service system. This process will include ongoing technical assistance (see glossary) to the counties on issues such as cultural competence, intake processes and foster parent recruitment. <b>(Cross-reference to Permanency Outcome 1, Item 9; Well-Being Outcome 1, Items 17; Systemic Factor 5, Item 37; Systemic Factor 7, Item 44)</b>			

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**Systemic Factor 3, Item 31**

**Improvement Goal:** California will develop and fully implement its new outcomes based quality assurance system (the C-CFSR system) in January 2004 and complete a review of at least 15 counties by June 30, 2005.

**Measurement Method:** This improvement goal was determined by State statute. We will track implementation of the C-CFSR system by completing at least 15 county, including Los Angeles, C-CFSR reviews by June 30, 2005. A complete C-CFSR review includes completing a county self-assessment, a system improvement plan, and a Peer Quality Case Review.

**Frequency of Measurement:** Implementation will be measured by completion of action steps and the number of county C-CFSR's. Progress will be reported quarterly.

**Determination of Goal Achievement:** This goal will be achieved when the C-CFSR is implemented and at least 15 counties have completed reviews by June 30, 2005.

Action Steps	Benchmarks	Dates of Completion	Tasks
<p>1. CHHS and CDSS will develop the C-CFSR system, and CDSS will implement the C-CFSR system. This process is described in more detail in narrative section this PIP, under Item 31, "Measurement Method" section.</p>	<ul style="list-style-type: none"> <li>Implement C-CFSR work plan developed in 04/03</li> </ul>	<ul style="list-style-type: none"> <li>06/05</li> </ul>	<ul style="list-style-type: none"> <li>Outcome and Accountability workgroup developed comprehensive work plan (04/03).</li> <li>CDSS identify legislative and regulatory changes (05/03).</li> <li>CDSS convene workgroups to develop tools and instruments for C-CFSR. Workgroups will include CDSS staff, and interested stakeholders from the AB 636 Workgroup. Workgroups will develop the following tools and instruments (06/03-08/03):               <ul style="list-style-type: none"> <li>A. Manual for C-CFSR</li> <li>B. County Self-Assessment</li> <li>C. Performance Baselines</li> </ul> </li> </ul>

			<p>and Performance Standards</p> <p>D. Peer Quality Case Reviews  E. Interviews and Surveys  F. County SIP,  G. Quarterly Management Reports,  H. Post-SIP Approval and Monitoring Process</p> <ul style="list-style-type: none"> <li>• CDSS develop an ongoing County review schedule for after the initial review cycle. (CWS and Probation) (06/03).</li> <li>• CDSS and Chief Probation Officers of California (CPOC) develop a proposal for better accessing data for Probation cases (06/03).</li> <li>• CDSS identify CDSS staff training needs, identify trainers, develop and conduct CDSS staff training on how to conduct the review (07/03).</li> <li>• CDSS conduct training on data management and analysis (08/03).</li> <li>• CDSS provide information to Counties through All County Letters/All County Informing Notices (08/03).</li> <li>• CDSS identify CWS/CMS enhancements (08/03).</li> </ul>
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	<ul style="list-style-type: none"> <li>• CDSS will train counties on the C-CFSR.</li> <li>• CDSS completes 1 ½ years of 1<sup>st</sup> C-CFSR 3 year cycle.</li> </ul>	<ul style="list-style-type: none"> <li>• 06/05</li> <li>• 06/05</li> </ul> <p><u>Co. / Dates</u></p> <p>1-3: 09/04  4-7: 12/04  8-11: 03/05  12-15: 06/05</p>	<ul style="list-style-type: none"> <li>• CDSS plan County training: sites, standardized materials, staffing, invitation letters, schedule (09/03).</li> <li>• CDSS test and complete tools and instruments (09/03).</li> <li>• CDSS will train county supervisors and case workers on: (1) using the C-CFSR Manual, (2) conducting the Self-Assessment and SIP, using the tools, (3) conducting the PQCR and using the tool, and (4) conducting the interviews and surveys. CDSS will begin training in regional sites in 9/03. (01/04)</li> <li>• CDSS will continue to train counties through the life of the PIP. (06/05)</li> <li>• CDSS commences the first 3-year cycle (1/04).</li> <li>• Counties will conduct their initial self- assessments and SIPs on a flow basis. All county self-assessments will be complete by 06/04, and all SIPs will be complete by (09/04).</li> <li>• CDSS will conduct a PQCR for 15 counties (between 3 and 4 counties each quarter). During</li> </ul>
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			<p>the initial review cycle, due to constraints around implementation, approximately 2/3 of counties will have to submit the SIP without having first undergone a PQCR. In these counties, the PQCR will follow later in the first cycle. Counties will be selected to undertake a full review during the initial cycle based on the assessment of measured outcomes provided by the CDSS. (06/05)</p> <p>(Note-For ongoing 3 yr review cycles, CDSS will conduct a PQCR in approximately 15-20 counties annually).</p>
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Program Contact:

**Action Step # 1**

Wesley Beers  
 Children Services Operations and Evaluation Branch  
 (916) 445-3146

**Systemic Factor 4, Item 32**

**Improvement Goal:** We will develop a common core curriculum for all new child welfare workers and supervisors that is delivered by all training entities statewide.

**Measurement Method:** We will measure improvement in this goal by reporting on completion of action steps. (06/05)

**Frequency of Measurement:** Progress will be tracked quarterly.

**Determination of Goal Achievement:** This goal will be achieved when a common core curriculum is implemented in every county to train all new child welfare workers and child welfare/probation supervisors.

Action Steps	Benchmarks	Dates of Completion	Tasks
<p>1. The CDSS will use the C-CFSR county self-assessment and System Improvement Planning processes to determine how initial and on-going training is provided in the counties. <b>(Cross-reference to Systemic Factor 4, Item 33)</b></p>	<ul style="list-style-type: none"> <li>CDSS will identify training concerns and/or disparities and make recommendations for improving training across the State, including the development of a common core curriculum for new workers and supervisors</li> </ul>	<ul style="list-style-type: none"> <li>06/04</li> </ul>	<ul style="list-style-type: none"> <li>CDSS will convene and support a statewide training task force that includes state staff, county staff and training staff. (06/03)</li> <li>CDSS, in consultation with the statewide training task force, will identify on-going training data for counties to include in the C-CFSR county self-assessment and develop an outline for counties to report the data. (10/03)</li> <li>CDSS will provide the counties, upon request, by telephone and e-mail, with technical assistance to resolve policy questions related to training data (12/03)</li> </ul>

	<ul style="list-style-type: none"> <li>• CDSS will assess effectiveness of training.</li> <li>• CDSS will monitor state training program.</li> </ul>	<ul style="list-style-type: none"> <li>• 12/04</li> <li>• 06/05</li> </ul>	<ul style="list-style-type: none"> <li>• CalSWEC and the RTAs will provide technical assistance to counties regarding the collection and reporting of the data (12/03)</li> <li>• The training task force will analyze the training data submitted by the counties in the C-CFSR, and the recommendations from California's Stakeholders Workforce Preparation and Support Group; and make recommendations to support the development of a standardized training program, including a common core curriculum, for new workers and supervisors (06/04)</li> <li>• In consultation with CalSWEC, CDSS will develop a common framework for assessing the effectiveness of training that is aligned with the federal outcomes (12/04)</li> <li>• CDSS will report quarterly on the completion of these tasks and TA provided (09/03, 12/03, 03/04, 06/04, 09/04, 12/04, 03/05,06/05)</li> </ul>
2. The CDSS will work with counties,			

<p>the California Social Work Education Center (CalSWEC) and the Regional Training Academies to develop requirements and competencies for child welfare workers and supervisors with the goal of strengthening case practice. The CDSS will ensure that the contracts with the regional training academies include provisions requiring the academies to develop common core curricula to ensure training in comprehensive family needs assessments, including assessing educational and mental health needs of all children both in-home and out-of-home, and that training is consistent statewide.  <b>(Cross-reference to Permanency Outcome 1, Item 9)</b></p>			
<p>3. The CDSS will provide training to child welfare and probation supervisors on good case planning practice, including involvement all family members in case planning and the need to visit with parents when such visits are part of the plan; comprehensive assessment of all children's needs; assessing all in-home children's educational needs and assessing all in-home children's mental health needs <b>(Cross-reference to Permanency Outcome 1, Item 9; Well-Being Outcome 1,</b></p>			

<b>Items 17, 18 &amp; 20; Well-Being Outcome 2, Item 21; Well-Being Outcome 3, Item 23; Systemic Factor 2 Items 25 &amp; 28)</b>			
<p>4. The CDSS will work with the regional training academies to ensure that child welfare managers and supervisors receive priority training, using standardized curricula, on evidence-based techniques for mentoring new and seasoned staff.</p>	<ul style="list-style-type: none"> <li>• CDSS will implement a mentoring component into supervisor training.</li>   <li>• CDSS will monitor the implementation of training for supervisors on their role as mentors.</li> </ul>	<ul style="list-style-type: none"> <li>• 06/05</li>   <li>• 06/05</li> </ul>	<ul style="list-style-type: none"> <li>• CDSS will include the role of the supervisor as mentor as a component of the early training on new initiatives that will be required to be provided to all supervisors (12/03)</li>   <li>• CalSWEC and the RTAs will utilize the results of the evaluation of the models of mentoring to develop a mentoring component which will be included in the supervisory common core curriculum (09/04)</li>   <li>• CDSS will report quarterly on the achievement of these tasks, including the number of supervisors receiving the training. (12/04, 03/05, 06/05)</li> </ul>
<p>5. The CDSS will work with the Resource Center for Family Focused Practice to ensure that relevant probation officers receive priority training on child welfare requirements including concurrent planning, and</p>	<ul style="list-style-type: none"> <li>• The existing curriculum for probation officers will be enhanced and updated.</li> </ul>	<ul style="list-style-type: none"> <li>• 09/03</li> </ul>	<ul style="list-style-type: none"> <li>• CDSS will facilitate activities between the Center for Family Focused Practice and the Chief Probation Officers of California (CPOC) to update and enhance the existing curriculum to</li> </ul>

<p>visitation requirements and the TPR process.</p>	<ul style="list-style-type: none"> <li>• CDSS will monitor the provision of technical assistance to counties to promote the application of quality case practice and development of systems of support to strengthen quality case practice.</li> <li>• CDSS will monitor the provision of training to probation officers.</li> </ul>	<ul style="list-style-type: none"> <li>• 06/04</li> <li>• 06/05</li> </ul>	<p>include concurrent planning and visitation requirements and TPR. (09/03)</p> <ul style="list-style-type: none"> <li>• The contract with the Center for Family Focused Practice will be modified to increase the number of days of consultation to county probation departments from 15 to 30 days (07/03)</li> <li>• The contract with the Center for Family Focused Practice will be modified to increase the number of days of training for probation officers from 10 to 20 days (07/03)</li> <li>• Each quarter, at least three counties will receive consultation to prepare for practice changes consistent with the PIP and the Child Welfare Redesign (06/04)</li> <li>• Each quarter, 75 probation officers will receive training on child welfare requirements, including concurrent planning, visitation requirements the adoptability of older children and availability of post adoption</li> </ul>
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			<p>services and financial assistance, and the TPR process (06/04).</p> <ul style="list-style-type: none"> <li>• The Center for Family Focused Practice will provide data regarding the number of counties receiving consultation and the number of probation officers receiving training each quarter (06/04)</li> <li>• CDSS will report quarterly on number of probation officers trained. (9/04, 12/04, 3/05, 6/05)</li> </ul>
<p>6. The CDSS will conduct focused training regarding Indian Child Welfare Act (ICWA) requirements and cultural considerations of Native American children for both county staff and tribal ICWA workers. The CDSS will measure ICWA compliance using the C-CFSR process. This training will include training for Indian tribes on their rights and responsibilities regarding intervention on Indian Child Welfare Act cases. <b>(Cross-reference to Permanency Outcome 1, Item 9; Permanency Outcome 2, Item 14; Systemic Factor 2, Item 28;</b></p>			

<b>Systemic Factor 2, Item 32)</b>			
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Program Contact(s):

Action Steps #1-6

Nina Grayson

Child Protection and Family Support Branch

(916) 445-2777

**Systemic Factor 4, Item 33**

**Improvement Goal:** We will establish and implement statewide minimum requirements for the ongoing training of existing staff by June 30, 2005.

**Measurement Method:** We will measure improvement in this goal by reporting on completion of action steps

**Frequency of Measurement:** Progress will be tracked quarterly.

**Determination of Goal Achievement:** This goal will be achieved when statewide minimum statewide training requirements for existing staff are in place.

Action Steps	Benchmarks	Dates of Completion	Tasks
<p>1. The CDSS will use the C-CFSR county self-assessment and System Improvement Planning processes to determine how on-going training is provided in the counties and to address gaps in ongoing training identified in the C-CFSR process. <b>(Cross-reference to Systemic Factor 4, Item 32)</b></p>			
<p>2. The CDSS will establish requirements for ongoing, consistent statewide training of existing staff, with a focus on areas needing improvement as identified by the C-CFSR including comprehensive family needs assessments, and assessing the educational and mental health of all children, both in-home and out-of-home.</p>	<ul style="list-style-type: none"> <li>• Develop requirements for annual ongoing training</li>   <li>• CDSS will implement training requirements.</li> </ul>	<ul style="list-style-type: none"> <li>• 03/04</li>   <li>• 07/04</li> </ul>	<ul style="list-style-type: none"> <li>• CalSWEC and CDSS will draft requirements for ongoing training in consultation with the statewide training task force (09/03)</li>   <li>• CDSS will finalize requirements for ongoing training, specifying content, number of hours, acceptable methods of training delivery, and county verification and reporting requirements and format (03/04)</li>   <li>• CDSS will issue instructions to</li> </ul>

	<ul style="list-style-type: none"> <li>• Monitor the implementation of ongoing training requirements.</li> </ul>	<ul style="list-style-type: none"> <li>• 06/05</li> </ul>	<p>counties via ACL that all child welfare workers must meet the ongoing training requirements (06/04)</p> <ul style="list-style-type: none"> <li>• CDSS will provide written technical assistance to facilitate implementation of the on-going training requirements (07/04)</li> <li>• CDSS will report quarterly on the achievement of these tasks and on the number of existing staff receiving the common curricula (09/03, 12/03, 03/04, 06/04, 09/04, 12/04, 03/05, 06/05)</li> </ul>
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Program Contact(s):

**Action Steps #1 &-2**

Nina Grayson  
 Child Protection and Family Support Branch  
 (916) 445-2777

**Systemic Factor 4, Item 34**

**Improvement Goal:** A standard core curriculum will be developed and used to train caregivers in all counties by June 30, 2005.

**Measurement Method:** We will measure improvement in this goal by reporting on completion of action steps.

**Frequency of Measurement:** Progress will be tracked quarterly.

**Determination of Goal Achievement:** The goal will be met when a standard core curriculum is developed and all caregivers are trained.

Action Steps	Benchmarks	Dates of Completion	Tasks
<p>1. The CDSS will work with the counties, community colleges, and other children’s stakeholders to develop a standard core curriculum for all caregivers. This process will consider differing needs of different caregiver groups.</p>	<ul style="list-style-type: none"> <li>• The CDSS will convene a workgroup to identify and assess caregiver training needs, existing statewide caregiver training including, training curricula and delivery systems.</li> <li>• The CDSS, in conjunction with the workgroup, will conduct a comprehensive statewide survey of current caregiver training programs. The survey will include information from the Chancellor’s office of Community Colleges Foster and Kinship Care Education Statewide Advisory Committee, Foster Parent Associations and all counties.</li> </ul>	<ul style="list-style-type: none"> <li>• 09/03</li> <li>• 12/04</li> </ul>	<ul style="list-style-type: none"> <li>• CDSS and the Chancellor’s Office will jointly identify members of the statewide caregivers training workgroup (09/03)</li> <li>• The workgroup will convene to develop the statewide survey and assessment (09/03)</li> <li>• The workgroup will convene to assess the survey information and begin the process of developing recommendations for the standard core curriculum and other training (12/03)</li> <li>• The CDSS will conduct a statewide caregiver training needs assessment. (03/04)</li> <li>• The CDSS will analyze and</li> </ul>

	<ul style="list-style-type: none"> <li>Standard Core Curriculum will be implemented for all caregivers.</li> </ul>	<ul style="list-style-type: none"> <li>06/05</li> </ul>	<p>make recommendations as to any needed changes to caregiver training. (12/04)</p> <ul style="list-style-type: none"> <li>In consultation with the workgroup, CDSS will adopt a standard core curriculum, that includes the caregiver's role in good case planning, and will develop materials and a training plan for implementation by the counties and the community colleges (06/04)</li> <li>CDSS will utilize the Chancellor's Office Foster and Kinship Care Education Program (FKCE) and other state and national resources to support implementation of the curriculum (06/04)</li> <li>A minimum of three counties/community colleges will field test the standard core curriculum and provide feedback on any needed revisions (12/04)</li> <li>CDSS will instruct counties via ACL that all new caregivers must be trained to the standard</li> </ul>
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	<ul style="list-style-type: none"> <li>The CDSS will monitor the delivery of caregiver training.</li> </ul>	<ul style="list-style-type: none"> <li>06/05</li> </ul>	<p>core curriculum beginning (03/05)</p> <ul style="list-style-type: none"> <li>CDSS will provide written technical assistance to facilitate implementation of the core curriculum (3/05)</li> <li>In the first year of implementation, the state's goal will be to train at least 2,500 new caregivers statewide, using the new standard core curriculum. (6/05)</li> <li>The CDSS will report quarterly on the achievement of these tasks and the number of caregivers trained (9/03, 12/03, 3/04, 6/04, 9/04, 12/04, 3/05, 6/05)</li> </ul>
<p>2. Ensure that county C-CFSR self-assessment and System Improvement Plans include ongoing assessment of strengths and needs of caregiver groups in their county.</p>	<ul style="list-style-type: none"> <li>The CDSS will provide technical assistance to help counties implement their plans.</li> <li>The CDSS will review and approve county plans after submittal and monitor implementation of the</li> </ul>	<ul style="list-style-type: none"> <li>06/05</li> <li>06/05</li> </ul>	<ul style="list-style-type: none"> <li>CDSS will develop instructions for counties regarding inclusion of caregiver needs in C-CFSR self-assessment and SIP processes. (01/04)</li> <li>CDSS will provide T/TA as requested by counties as they develop Self-assessments and SIPs (09/04)</li> <li>CDSS will review and approve county C-CFSR SIPs and report quarterly on county implementation of caregiver</li> </ul>

	caregiver component.		component (09/04,12/04,03/05, 06/05)
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Program Contact(s):

**Action Steps #1 & 2**

Nina Grayson  
Child Protection and Family Support Branch  
(916) 445-2777

**Systemic Factor 5, Item 36**

**Improvement Goal:** Of counties where service gaps are identified in the C-CFSR process, 20% of the counties will have addressed at least one identified service gap by June 30, 2005.

**Measurement Method:** As part of the C-CFSR, the County Self-Assessment will require all counties to identify service array practices, needs and issues. Subsequently, the C-CFSR SIPs will include strategies and actions counties will take to reduce those gaps. The CDSS will receive reports quarterly on county progress.

**Frequency of Measurement:** Progress will be tracked through the annually updated SIPs and the county C-CFSR quarterly reporting system.

**Determination of Goal Achievement:** The goal will be achieved when 20% of the counties have addressed at least one identified service gap by June 30, 2005.

Action Steps	Benchmarks	Dates of Completion	Tasks
<p>1. The CDSS will develop and implement a framework for a differential response system as part of the CWS Redesign process. <b>(Cross-reference to; Safety Outcome 1, Item 2a; Safety Outcome 1, Items 3 &amp; 4; Well-Being Outcome 1, Item 17)</b></p>			
<p>2. Each county, using the C-CFSR system, will identify its service gaps for youth, Native American children, and African American children, and develop county system improvement plans to address those gaps. This process also will include gap analysis for services needed to prevent removal and include steps to reduce those gaps <b>(Cross-reference to Systemic Factor 5, Item 37)</b></p>	<ul style="list-style-type: none"> <li>• All county Self Assessments will be complete by 06/04.</li> <li>• All county SIPs will be complete by 09/04.</li> </ul>	<ul style="list-style-type: none"> <li>• 06/04</li> <li>• 09/04</li> </ul>	<ul style="list-style-type: none"> <li>• Counties will identify strengths and/or weaknesses of their service array in each of the Self Assessments. The CDSS will review and approve county Self-Assessment plans. (06/04)</li> <li>• CDSS will compile the promising practices deployed in high performing counties as identified in their Self-Assessments.</li> </ul>

	<ul style="list-style-type: none"> <li>• CDSS will monitor and document county progress in transferring promising practices.</li> </ul>	<ul style="list-style-type: none"> <li>• 06/05</li> </ul>	<p>(07/04)</p> <ul style="list-style-type: none"> <li>• CDSS will provide technical assistance to assist high priority counties with the development and implementation of the strategies to address service needs in their SIPs, including the need for increasing specific services. TA will be based on promising practices learned through the Self-Assessments of high performing counties. (07/04-09/04)</li> <li>• High priority counties will include in their SIPs, actions to address service gaps for counties, as well as recommendations for the Federal and State governments regarding resource issues. (08/04)</li> <li>• CDSS will know when service gaps are addressed through the annually updated SIP and the quarterly C-CFSR reporting of progress on increased service capacity in accordance with the SIP defined targets. (09/04, 12/04, 03/05, 06/05)</li> <li>• Quarterly reports will also include well-being indicators on health and mental health services, and educational needs included in the C-CFSR Matrix, #5 and 6. (03/04,</li> </ul>
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			06/04, 09/04, 12/04, 03/05, 06/05)
<p>3. The CDSS will sponsor a Family Strengths Training Institute between the State, counties and interested stakeholders which will cover programs, policies, and current and pending legislation in child welfare, including the Independent Living Program, the Indian Child Welfare Act, Wraparound Services, culturally appropriate community based services and other initiatives. This Institute provides an opportunity to update and exchange information about promising practices among managers and staff from child welfare services, juvenile probation, and community based organizations.</p> <p><b>(Cross-reference to Systemic Factor 5, Item 37)</b></p>	<ul style="list-style-type: none"> <li>• Training Institutes will be held, and participant evaluations will be conducted of workshops, training tracks and the overall institutes to determine the effectiveness of the training and information exchange.</li> </ul>	<ul style="list-style-type: none"> <li>• 10/03</li> </ul>	
<p>4. CHHS will work with CDSS, California Department of Mental Health (DMH), the California Department of Alcohol and Drug Programs (ADP), Department of Health Services (DHS), Department of Developmental Services (DDS), Department of Justice, California Department of Education (CDE) County Welfare Directors Association (CWDA), Chief Probation Officers of California (CPOC), and the State First Five Commission to ensure that children and families in the California child welfare services system receive the appropriate</p>			

<p>priority for services across systems. In addition, as part of the C-CFSR county Self-Assessment process, the state will review and approve the county plans and use this information to identify and remove any systemic barriers identified by counties. <b>(Cross-reference to Safety Outcome 1, Item 2A; Permanency Outcome 1, Item 5; Well-Being Outcome 1, Item 17)</b></p>			
<p>5. The CDSS will create a clearinghouse to disseminate information to counties and provide technical assistance (see glossary) to help implement promising and evidence-based practices.</p>	<ul style="list-style-type: none"> <li>• A Request for Proposal (RFP) for an Evidence-Based Practice Clearinghouse will be issued.</li> <li>• An Evidence-Based Practice Clearinghouse and Advisory Body will be developed.</li> </ul>	<ul style="list-style-type: none"> <li>• 06/03</li> <li>• 09/04</li> </ul>	

Program Contact(s):

**Action Steps # 1 & 5**

Eileen Carroll  
Stakeholders Project  
(916) 657-1648

**Action Steps # 2, 3 & 4**

Nina Grayson  
Child Protection and Family Support Branch  
(916) 445-2777

**Systemic Factor 5, Item 37**

**Improvement Goal:** Of counties where improvement is needed, as identified in the C-CFSR process, for (1) service array for youth and Native American and African American children, and (2) case plans are generic and lack an individualized approach, 20% of the counties will have addressed at least one identified service gap by June 30, 2005.

**Measurement Method:** As part of the C-CFSR, the County Self-Assessment will require all counties to identify service array needs for youth and Native American and African American children, as well as individualized case plans. Subsequently, the C-CFSR SIPs will include strategies and actions counties will take to reduce those gaps. The CDSS will measure improvement in this goal by monitoring and documenting progress of county SIPs.

**Frequency of Measurement:** Progress will be tracked using the quarterly C-CFSR reports and completion of action steps.

**Determination of Goal Achievement:** The goal will be achieved when 20% of the counties have addressed at least one identified service gap in individualized case planning by June 30, 2005.

Action Steps	Benchmarks	Dates of Completion	Tasks
1. The CDSS, through the CWS Redesign, will begin developing and implementing a statewide comprehensive assessment approach to safety and well being that includes safety, risk, protective capacity and comprehensive family assessment approaches throughout the life of the case. <b>(Cross-reference to Safety Outcome 1, Item 2A &amp; 2B; Safety Outcome 2, Items 3 &amp; 4; Permanency Outcome 1, Item 5; Well-Being Outcome 1, Item 20)</b>			
2. The CDSS will work with counties to ensure that they integrate issues of fairness and equity toward racial or ethnic groups into all decisions made by			

<p>the child welfare service system. This process will include ongoing technical assistance to the counties on issues such as cultural competence, intake processes, services designed to prevent entry into foster care, and foster parent recruitment. <b>(Cross-reference to Permanency Outcome 1, Item 9; Well-Being Outcome 1, Item 17; Systemic Factor 2, Item 28; Systemic Factor 7, Item 44)</b></p>			
<p>3. Each county, using the C-CFSR system, will identify its service gaps for youth, Native American children, and African American children, and develop county system improvement plans to address those gaps. This process also will include gap analysis for services needed to prevent removal and include steps to reduce those gaps. <b>(Cross-reference to Systemic Factor 5, Item 36)</b></p>			
<p>4. The CDSS will sponsor a Family Strengths Training Institute between the CDSS, counties and interested stakeholders which will cover programs, policies, and current and pending legislation in child welfare, including the Independent Living Program, the Indian Child Welfare Act, Wraparound Services, culturally appropriate community based services and other initiatives. <b>(Cross-reference to Systemic Factor 5, Item</b></p>			

36)			
5. The CDSS will work with the National Resource Center on Foster Care and Permanency Planning and/or Special Needs Adoptions around issues of recruitment of foster parents for older youth and to represent the ethnic and racial diversity of children in care. <b>(Cross-reference to Safety Outcome 1, Item 2b; Permanency Outcome 1, Item 9)</b>			

Program Contact(s):  
**Action Steps # 1 & 2**  
 Eileen Carroll  
 Stakeholders Project  
 (916) 657-1648

**Action Steps # 3 & 4**  
 Nina Grayson  
 Child Protection and Family Support Branch  
 (916) 445-2777

**Action Step # 5**  
 Patricia Aguiar  
 Child and Youth Permanency Branch  
 (916) 651-7464

**Systemic Factor 7, Item 42**

**Improvement Goal:** The State will ensure that all State/County licensing and approving staff are trained on and apply the same licensing/approval standards to all foster family homes.

**Measurement Method:** CDSS will track the delivery of statewide training of staff performing relative approvals and licensing to ensure consistency and accuracy.

**Frequency of Measurement:** Progress will be reported quarterly

**Determination of Goal Achievement:** County and state staff receive consistent training and all action steps are complete.

Action Steps	Benchmarks	Dates of Completion	Tasks
<p>1. The State has instituted a formal process for relative approvals.</p>	<ul style="list-style-type: none"> <li>• CDSS developed and implemented the relative approval assessment process.</li>   <li>• CDSS will monitor the</li> </ul>	<ul style="list-style-type: none"> <li>• 06/03</li>   <li>• 06/05</li> </ul>	<ul style="list-style-type: none"> <li>• Developed comprehensive process including formal process to resolve correctable deficiencies, that the home can be approved with a corrective action plan put into place. (06/02)</li> <li>• The CDSS will promulgate new regulations to include relative assessment/approval process. (06/03)</li> <li>• CDSS issued ACL's and CFL's to provide instructions for the process until regulations are in place. Clients have a formal appeal process to resolve disputes. (08/02, 11/02, 12/02 &amp; 06/03)</li> <li>• CDSS is monitoring county</li> </ul>

	<p>effectiveness of county compliance with relative assessment criteria through long-term monitoring.</p>		<p>compliance online with relative approvals and assessments using CWS/CMS. (01/03)</p> <ul style="list-style-type: none"> <li>• Online review examines a statistically valid sample of all relative placement cases for compliance with Title IV-E regulations, and reviews for appropriate follow up on assessments and corrective action. (01/03)</li> <li>• Any case found to be out of compliance with Title IV-E requirements will be removed from the federal claim. CDSS will address problems that surface during foster family home approvals and report quarterly. (10/02; 12/03; 03/03; 06/03; 09/03; 12/03; 03/04; 06/04; 09/04; 12/04; 03/05; 06/05)</li> </ul>
<p>2. CDSS institutes a formal process to train all state and county foster care licensing/approval staff on applying the same licensing/approval standards.</p>	<ul style="list-style-type: none"> <li>• Training will be provided to all existing state and county foster care licensing/approval staff on the new licensing/approval standards for foster family homes.</li> </ul>	<ul style="list-style-type: none"> <li>• 06/05</li> </ul>	<ul style="list-style-type: none"> <li>• CDSS' Community Care Licensing completed 12 training sessions on licensing foster homes to train over 300 state and county licensing staff. (08/02)</li> <li>• The CDSS contracted with subject matter experts to provide technical assistance to the Department and</li> </ul>

	<ul style="list-style-type: none"> <li>• Training will be provided to all newly hired state and county foster care licensing staff on the licensing/approval standards for foster family homes.</li> </ul>	<ul style="list-style-type: none"> <li>• 06/05</li> </ul>	<p>counties on various aspects of continuing ASFA compliance implementation, including training counties statewide related to initial assessment/approval and annual re-assessment of relative caregiver homes begin 6/03. (06/05)</p> <ul style="list-style-type: none"> <li>• CDSS conducted 31 statewide training sessions for county staff related to the initial assessment/approval and annual reassessment of relative caregiver homes. Up to six more sessions will be offered as needed and ongoing training will be incorporated into staff training. (06/05)</li> <li>• CDSS will conduct at least three licensing staff training academies annually to train new staff. (09/03, 09/04)</li> </ul>
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Program Contact:

**Action Steps # 1 & 2**

Patricia Aguiar  
 Child and Youth Permanency Branch  
 (916) 651-7464

**Systemic Factor 7, Item 44**

**Improvement Goal:** Each county will implement a state-approved recruitment plan that reflects the racial and ethnic diversity of children in care by June 30, 2005.

**Measurement Method:** Through the County System Improvement Plan component of the C-CFSR system, the State will ensure that each County has a recruitment plan that will result in the recruitment of caregivers that reflect the racial and ethnic diversity of children in care.

**Frequency of Measurement:** Measurements of progress will be reported through the annually updated recruitment plans as part of the SIPs.

**Determination of Goal Achievement:** The goal will be achieved when each county has implemented a State approved recruitment plan that reflects the racial and ethnic diversity of children in care.

Action Steps	Benchmarks	Dates of Completion	Tasks
<p>1. The CDSS will provide technical (see glossary) assistance to high priority counties (see glossary) to identify and implement promising practices that reduce multiple placements and improve continuity of family relationships and connections. The CDSS will develop a promising practices guide that will contain successful practices from high performing counties, such as using team review process (including parents and child as appropriate) before a child is moved to a second placement and family engagement practices to improve case planning. Additionally, the State will work to increase the number of counties, including Los Angeles County, that use the Family to Family program. <b>(Cross-reference to Safety Outcome 1, Item 2a; Permanency Outcome 1,</b></p>			

<p><b>Item 6; Permanency Outcome 2, Item 14; Well-Being Outcome 1, Items 17, 18; Systemic Factor 2, Items 25 &amp; 28)</b></p>			
<p>2. The CDSS will develop a legislative proposal to conform the currently separate statutory licensing and adoption approval processes into a consolidated home study process. This will speed up the time it takes to adopt a child and reduce the number of moves a child makes while in out-of home care. Upon enactment of this legislation, the CDSS will ensure that it is implemented statewide. <b>(Cross-reference to Safety Outcome 1, 2b; Permanency Outcome 1, Items 6 &amp; 9; Systemic Factor 2, Item 28)</b></p>			
<p>3. The CDSS will issue an All County Information Notice clarifying diligent recruitment efforts and strategies for improving recruitment. <b>(Cross-reference to Systemic Factor 2, Item 28)</b></p>			
<p>4. To the extent permissible with the Multiethnic Placement Act and other state and federal statute, we will begin collecting race/ethnic information on</p>	<ul style="list-style-type: none"> <li>• Develop capacity to collect data.</li> </ul>	<ul style="list-style-type: none"> <li>• 12/03</li> </ul>	<ul style="list-style-type: none"> <li>• CDSS will coordinate with UC Berkeley, CDSS' Research and Development Division (RADD) and C-</li> </ul>

<p>foster and adoptive parents.</p>	<ul style="list-style-type: none"> <li>• Collect race/ethnic information on foster and adoptive parents.</li> <li>• Use data to assess the effectiveness of recruitment efforts, such as comparing the race/ethnicity of foster/adoptive families with the children in care within each county.</li> <li>• CDSS will monitor the counties' progress toward recruiting caregivers that reflect the racial and ethnic diversity of children in care.</li> </ul>	<ul style="list-style-type: none"> <li>• 06/05</li> <li>• 09/04</li> <li>• 06/05</li> </ul>	<p>CFSR staff to collect data in a useable format on all caregivers and children. (12/03)</p> <ul style="list-style-type: none"> <li>• Information will be collected quarterly by county and tracked at State and county level to ensure counties are aware of unmet needs in terms of caregivers. (12/03, 03/04, 06/04, 09/04, 12/04, 03/05, 06/05)</li> <li>• Information will be provided to counties as a part of the baseline data used to prepare their C-CFSR Self-Assessment and SIPs beginning 12/03. (09/04)</li> <li>• CDSS will track the recruitment plans in county SIP's. Data will be used to track progress quarterly. (06/04, 09/04, 12/04, 03/05, 06/05)</li> </ul>
<p>5. As part of the C-CFSR self-assessment and planning processes, counties will identify unmet placement resource needs, including foster and adoptive parents for special needs and</p>			

<p>older children. Each county will develop a recruitment strategy as part of their plan. <b>(Cross-reference to Permanency Outcome 1, Item 6; Systemic Factor 2, Item 28)</b></p>			
<p>6. The CDSS will work with counties to ensure that they integrate issues of fairness and equity toward racial or ethnic groups, specifically African and Native American children, into all decisions made by the child welfare service system. This process will include ongoing technical assistance (see glossary) to the counties on issues such as cultural competence, intake processes and foster parent recruitment. <b>(Cross-reference to Permanency Outcome 1, Item 9; Well-Being Outcome 1, Item 17; Systemic Factor 2, Item 28; Systemic Factor 5, Item 37)</b></p>			
<p>7. CDSS will issue a ACIN to counties to clarify existing policy and to highlight importance of seeking adoptive homes for children of all ages and special needs; and availability of AAP payments to families when child is adopted regardless of age or special needs. <b>(Cross-reference to Permanency Outcome 1, Item 9 and Systemic Factor 4, Item 28.)</b></p>			

Program Contact(s):

**Action Steps # 1, 2, 3, 4, 5 & 7**

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Child and Youth Permanency Branch  
(916) 651-7464

**Action Steps #**

Eileen Carroll  
Stakeholders Project  
(916) 657-1648

## **Glossary**

### CalWORKs Child Welfare Service Integration Project

Families who are recipients of both CalWORKs and Child Welfare Services receive coordinated services to leverage maximum effectiveness from each program.

### Consolidated Homestudy

Our current system licenses foster parents, and if a foster parent decides that they wish to adopt a foster child they have in their home, a separate process called an adoptive homestudy is completed. The consolidated homestudy is a one time study that would certify families for foster care and/or adoption, and would facilitate concurrent planning.

### Differential Response

Differential Response, as incorporated in the Redesign, is a system of responding differentially to all the referrals of child abuse and neglect made to the Hotline/Intake. Every referral will be evaluated in terms of statutory definitions for child welfare system (CWS) involvement for immediate safety considerations; for the choice of a response time for the initial face to face interview and for the path of response. There will be some referrals screened out as not appropriate for CWS. Others will be referred to a community network of response (after permission from the parents/caretakers is granted), and still others will be opened for CWS face to face assessment.

Some CWS face to face assessments will be done without anticipating court involvement, but with the expectation that the family will be engaged to participate in services to protect the children and strengthen parental protective capacity as well as child and family well-being. Some initial assessments will be handled by CWS alone, and some by a team including CWS and partner agencies from the community. The purpose of this initial assessment is to understand what is going on within the family, what has to be done immediately to assure child safety and to engage the family in services to support parenting responsibilities. All families not screened out will receive a comprehensive assessment as to their needs. This may be done by the community network of services and supports or by CWS – alone or in partnership with team members.

### Fairness and Equity In the Child Welfare Services System

A Child Welfare Services system characterized by:

- families whose children enter foster care are the same regardless of race or ethnicity;

- children's lengths of stay in foster care are not related to their race or ethnicity;
- children's rates of reunification with their birth families are the same regardless of race or ethnicity; and
- services are culturally competent and available in the languages of the families served.

### The Family to Family Initiative

The United States child welfare system faces serious challenges that have been growing for more than a decade. In response, the Annie E. Casey Foundation, in consultation with community leaders and child welfare practitioners nationwide, developed a reform initiative called Family to Family.

Family to Family was designed in 1992 and has now been field tested in communities across the country, including Alabama, New Mexico, Pennsylvania, Ohio, and Maryland. The Family to Family Initiative provides an opportunity for states and communities to reconceptualize, redesign, and reconstruct their foster care system to achieve the following new system-wide goals: to develop a network of family foster care that is more neighborhood-based, culturally sensitive, and located primarily in the communities in which the children live; to assure that scarce family foster home resources are provided to all those children (but to only those children) who in fact must be removed from their homes; to reduce reliance on institutional or congregate care (in shelters, hospitals, psychiatric centers, correctional facilities, residential treatment programs and group homes) -- by meeting the needs of many more of the children currently in those settings through relative or family foster care; to increase the number and quality of foster families to meet projected needs; to reunify children with their families as soon as that can safely be accomplished, based on the family's and children's needs -- not simply the system's time frames; to reduce the lengths of stay of children in out-of-home care; to better screen children being considered for removal from home, and to determine what services might be provided to safely preserve the family; to decrease the overall number of children coming into out-of-home care; to involve foster families as team members in family reunification efforts; and to become a neighborhood resource for children and families and invest in the capacity of communities from which the foster care population comes.

The new system envisioned by Family to Family is designed to better screen children being considered for removal from home, to determine what services might be provided to safely preserve the family and/or what the needs of the children are; be targeted to bring children in congregate or institutional care back to their neighborhoods; involve foster families as team members in family reunification efforts; become a neighborhood resource for children and families and invest in the capacity of communities from which the foster care population comes; and provide permanent families for children in a timely manner.

Family to Family is comprised of four core strategies: Recruiting, Training and Supporting Resource Families; Building Community Partnerships; Team Decision Making; and Self Evaluation. County staff must be trained, and county policies and procedures must be evaluated and modified, if necessary, to implement Family to Family. Planning also has a major role in implementing Family to Family as a comprehensive change to the county child welfare services system and philosophy.

The Annie E. Casey Foundation's role has been to assist states and communities with a portion of the costs involved in both planning and implementing innovations in their systems of services for children and families, and to make available technical assistance and consultation throughout the process. The Foundation also provided funds for development and for transitional costs that accelerate system change. The states, however, have been expected to sustain the changes they implement when Foundation funding comes to an end. The Foundation is also committed to accumulating and disseminating both lessons from states' experiences and information on the achievement of improved outcomes for children.

#### High Priority Counties

Using county specific data from the C-CFSR, high priority counties will be identified as those with performance indicators, in a specific improvement goal, that are at or below the 50<sup>th</sup> percentile in the most recent quarterly data. In order to impact the statewide performance indicators CDSS will prioritize targeted technical assistance, where required, to counties with the largest caseload.

#### High Performing Counties

Using county specific data from the C-CFSR, high performing counties will be identified as those with performance indicators, in a specific improvement goal, that are at or above the 75<sup>th</sup> percentile in the most recent two consecutive quarters data.

#### Medium Size Counties

Consistent with our Statewide Self Assessment, we define medium size counties as those counties with a population of between 500,000 and one million people.

#### Proposition 36

The Substance Abuse and Crime Prevention Act, also known as Proposition 36, was passed by 61% of California voters on November 7, 2000. This initiative allows first and second time non-violent, simple drug possession offenders the opportunity to receive substance abuse treatment instead of incarceration.

Proposition 36 allocates \$120 million annually for five and one half years to pay for treatment services, beginning January 2001. However, due to the large disparity between incarceration and treatment costs, this initiative is estimated to save California taxpayers \$1.5 billion over the five-year period of time.

### Quarterly Reports

Quarterly status reports will be submitted to the ACF Region IX Office within 30 days after the end of the first full quarter following the approval of the PIP. If, for example, the PIP is approved on June 23, 2003, the first reporting quarter will be comprised of July, August and September. A quarterly report will be submitted by October 30, 2003. Quarterly reports will contain a description of progress made during the previous quarter and any data about measurable factors.

### Risk, Safety and Needs Assessments

Assessments are an important component of the Redesign. After the initial face to face assessment, there will be subsequent meetings with the family to do a comprehensive assessment of strengths and needs, parental protective capacity, ongoing risks, and continued review of safety plans. If safety is a continuing concern and the case is being handled by the community network, the agency will re-refer the case to CWS. The nature of the case plan that emerges from the comprehensive assessment will differ based on what has to be done to assure safety, what the goals are for the case, and who should be involved in promoting the necessary changes within the family. The tools for the comprehensive assessment will apply for both in-home and out-of-home cases.

Safety assessments will be done at multiple times during the life of a case. The first face to face assessment will be done when direct information is gathered as to the current safety and risk. Based on this initial assessment, safety plans will be put into place immediately, as needed. By gathering information as to the concerns about the protection of the child, by exploring the protective capacity of the parents, and by preliminarily identifying needs for services, the worker will address risk. As the case moves forward to comprehensive assessment and service planning, a more thorough understanding will be obtained of family strengths and needs, as well as changes that must be made to assure the ongoing safety and protection of the child. Services and resources will be evaluated as to their effectiveness in reducing risk and in making an impact towards the needed changes. Decisions on case closure will also address safety, risk, and whether necessary changes to assure child safety have been made.

### Technical Assistance (TA)

Technical assistance to an individual county, as applicable to an action step, can include, but is not limited to: CDSS providing training, resources, problem

analysis, identification of systems improvements, policy development and interpretation, developing procedures, and the identification of and recommendation of practice changes that have demonstrated improved outcomes.

**State of California  
Child and Family Services Reviews  
Program Improvement Plan**

**I. PIP General Information**

ACF Region: IX

State: California

Lead ACF Regional Office Contact Person:

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California Department of Social Services

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**State PIP Team Members**

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Lou Del Gaudio, Kinship Care Policy and Support Unit, California Department of Social Services
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Kathy Watkins, San Bernardino County Human Services System
Kyle Weber, Estimates Branch, California Department of Social Services
Elizabeth White, Child Protection and Family Support Branch, California Department of Social Services
Joann Winterheimer, CWS/CMS Project, California Health and Human Services Agency Data Center
Marika Wolf, Recruitment Network Development Unit, California Department of Social Services

## Stakeholder Participants in California Redesign

Patricia Aguiar	Branch Chief, Child & Youth Permanency	California Department of Social Services
Evelyn Aguilar	Consultant / Educator	Children and Family Services
Robin Allen	Executive Director	California Court Appointed Special Advocate
Janet Atkins	Social Work Coordinator	SEIU, Local 535 and Santa Clara County, DFCS Placement Resource Unit
Wes Beers	Branch Chief, Children Services Operations & Evaluation	California Department of Social Services
Jill Duerr Berrick, Ph.D.	Director	U C Berkeley Center for Social Service Research
Lou Binninger	Community Liaison	Church of Glad Tidings
Carol Biondi	Board Commissioner	Children's Defense Fund, L.A. County Commission for Children and Families
Berisha Black	Youth Representative	California Youth Connection
Maureen Borland	Director	San Mateo Human Services Agency
Tania Bowman	Attorney	Youth Law Center
Jim Brown	Regional Advisor, Central Region	California Department of Social Services

## Stakeholder Participants in California Redesign

Catherine Camacho	Asst. Deputy Director Primary Care and Family Health	California Department of Health Services
Marty Cavanaugh (Alternate for Dave Gordon)	Chief of Staff	Elk Grove Unified School District
Charlene Chase	Director	Santa Barbara County Social Service Department
Miryam Choca	Director of Division Operations	San Diego Division, Casey Family Programs
Genie Chough	Assistant Secretary Program and Fiscal Affairs	California Health and Human Services Agency
Judith Chynoweth	Executive Director	Foundation Consortium
Sherrill Clark, Ph.D.	Research Specialist	California Social Work Education Center, University of California, Berkeley
Nina Coake	President	California State Foster Parent Association
Marge Dillard	Branch Chief, Fiscal Policy Bureau	California Department of Social Services
Dianne M. Edwards	Director	Sonoma County Human Services Department
Maryam Fatemi (Alternate for Marjorie Kelly)	Regional Director	Los Angeles County Dept. of Children and Family Services
Kim Gaghagen	Director	Glenn County Human Services Department

## Stakeholder Participants in California Redesign

Dave Gordon	Superintendent	Elk Grove Unified School District
Nina Grayson	Branch Chief, Child Protection & Family Support	California Department of Social Services
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Myeshia Grice	Youth Representative	California Youth Connection
Mary Lu Hickman, M.D.	Medical Consultant	California Department of Developmental Services
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Brandy Hudson	Youth Representative	California Youth Connection
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Penny Knapp, MD,	Medical Director	California Department of Mental Health
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Larry Leaman	Director	Orange County Social Services Agency
Andrea Margolis (Alternate for Deborah Ortiz)	Consultant	Senate Committee on Health and Human Services

## Stakeholder Participants in California Redesign

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Jesse McGuinn	Deputy Director, Program Operations Division	California Department of Alcohol and Drug Programs
Frank Mecca	Executive Director	County Welfare Director Association
Chris Minor (Alternate for Dan Scott)	Detective	Los Angeles County Sheriff Department
Fran Mueller (Alternate for Nick Schweizer)	Budget Analyst	California Department of Finance
Susan Niesenbaum	Bureau Chief, Office of Child Abuse & Prevention	California Department of Social Services
Ann Marie Occhipinti	Commissioner	Governor's Office of Service and Volunteerism
Kathleen O'Connor	Supervising Deputy County Counsel	California County Counsels' Association, Sacramento County Counsel
Deborah Ortiz	State Senator/ Chair, Health and Human Services Committee	Senate District 6
Karen Parker	Social Services Committee Chair	Department of Health and Human Services
Joan Pitcl	Director	The California Partnership for Children & California Children's Lobby
Sylvia Pizzini	Deputy Director	Children's Services Branch, California Department of Social Services

## Stakeholder Participants in California Redesign

David Rages	Social Worker III	American Federation of State, County and Municipal Employees
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Mardel Rodriguez	Manager	California Department of Alcohol and Drug Programs
Rita Saenz	Director	California Department of Social Services
Melissa Sakauye (alternate for Nora Suzuki)	Assistant Executive Director	Probation Officers of California
Deborah Samples	Children & Family Program Specialist	ACF Region IX
Carroll Schroeder	Executive Director	California Alliance of Child and Family Services
Nicolas Schweizer	Principal Program Budget Analyst	California Department of Finance
Dan Scott (Alternate: Chris Minor)	Sergeant	Los Angeles County Sheriff Department
Hemal Sharifzada	Youth Representative	California Youth Connection
Nora Suzuki (alternate: Melissa Sakauye)	Executive Director	Probation Officers of California
Alice Talavera	Social Worker	SEIU DSS-FCS

## Stakeholder Participants in California Redesign

Deanne Tilton-Durfee	Executive Director	Interagency Council on Child Abuse and Neglect
Ida Valencia	Relative Caregiver	Kinship Parent Association
Lyndalee Whipple	Deputy Director	Stanislaus County Community Services Agency
Charles Wilson	Director	Center for Child Protection, Children's Hospital and Health Center—San Diego
Graham Wright	Legislative Director	California Association of Adoption Agencies
Chris Wu (Alternate: Jennifer Walters)	Attorney	Judicial Council, Administration of the Courts
Tony Yamamoto (Alternate: Elinor Zorn)	Director of Suspected Child Abuse & Neglect Team	Valley Children's Hospital

**California Department of Social Services  
Child and Family Services Review  
Program Improvement Plan**

Period Under Review:

Federal Fiscal Year for On-Site Review Sample: FFY 2001  
Period of AFCARS Data: FFY 2000  
Period of NCANDS Data: Calendar 2000

Contact Person:

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**AGREEMENTS**

The Following Federal and State officials agree to the content of the and terms of the attached Program Improvement Plan (PIP):

\_\_\_\_\_  
RITA SAENZ, Director  
California Department of Social Services

\_\_\_\_\_  
Date

\_\_\_\_\_  
SHARON FUJII, Regional Administrator  
Administration for Children and Families

\_\_\_\_\_  
Date

**Amendments**

The content of the attached PIP was re-negotiated on \_\_\_\_\_ .  
The re-negotiated content of the attached PIP has been approved by State personnel and the ACF Regional Office with authority to negotiate such content and is approved by the following Federal and State officials:

\_\_\_\_\_  
RITA SAENZ, Director  
California Department of Social Services

\_\_\_\_\_  
Date

\_\_\_\_\_  
SHARON FUJII, Regional Administrator  
Administration on Children and Families

\_\_\_\_\_  
Date

# UC Berkeley Analysis of Minimum Improvement Requirements

## FEDERAL CHILD AND FAMILY SERVICES REVIEW OUTCOMES/NATIONAL STANDARDS

- **Recurrence of maltreatment**

Of all children who were victims of substantiated or indicated child abuse and/or neglect during the first six months of the reporting period, XX percent had another substantiated or indicated report within a six-month period.

National Standard:	6.1%	↓
Federal data for California:	10.7%	
UC-Berkeley for California:	10.9%	
Minimum improvement <sup>1</sup>	.90%	(down to 9.8%)
Estimated Sig. Improvement <sup>2</sup>	.24%	(down to 10.5%)

- **Incidence of child abuse and/or neglect in foster care**

Of all children in foster care in the State during the period under review, XX percent were the subject of substantiated or indicated maltreatment by a foster parent or facility staff.

National Standard:	0.57%	↓
CDS data for California:	.67%	
Minimum improvement	.1439	(down to 0.53%) <sup>3</sup>
Estimated Sig. Improvement	.0877	(down to 0.58%)

- **Foster care re-entries**

Of all the children who entered care during the year under review, XX percent re-entered foster care within 12 months of a prior foster care episode.

National Standard:	8.6%	↓
Federal data for California:	10.7%	
UCB data for California:	9.3%	
Minimum improvement	1.35%	(down to 9.4%)
Estimated Sig. Improvement:	.28%	(down to 10.4%)

- **Stability of foster care placement**

Of all children who have been in foster care less than 12 months from the time of the latest removal, XX percent had no more than two placement settings.

National Standard:	86.7%	↑
Federal data for California:	77.8%	
UCB data for California:	82.9%	
Minimum improvement	1.9%	(up to 79.7%)
Estimated Sig. Improvement:	.36%	(up to 78.2%)

- **Length of time to achieve reunification**

Of all children who were reunified with their parents or caretakers at the time of the discharge from foster care, XX percent were reunified in less than 12 months from the time of the latest removal from home.

National Standard:	76.2%	↑
Federal data for California:	53.2%	
UCB data for California:	53.7%	
Minimum improvement	2.42%	(up to 55.6%)
Estimated Sig. Improvement:	.56%	(up to 53.8%)

- **Length of time to achieve adoption**

Of all the children who exited foster care during the period under review to a finalized adoption, XX percent exited care in less than 24 months from the time of the latest removal from home.

National Standard:	32.0%	↑
Federal data for California:	18.0%	
UCB data for California:	16.4%	
Minimum improvement	2.9%	(up to 20.9%)
Estimated Sig. Improvement:	.86%	(up to 18.9%)

<sup>1</sup> USDHHS/ACF Information memorandum log no. ACYF-CB-IM-01-07, August 16, 2001

<sup>2</sup> 95% confidence interval around point estimate (Federal data) was computed; statistically significant improvement is defined as performance outside the boundaries of the confidence interval, in the appropriate direction, for each measure

<sup>3</sup> This data provided as an alternate data source, representing cohort of children reported as abused by foster parents in non-kin foster family homes

## C-CFSR Proposed Outcomes and Indicators Draft

Below is a proposed set of outcomes and indicators, developed by the Child Welfare Outcomes and Accountability Workgroup, in consultation with the Chapin Hall Center for Children.

- The far left column represents the outcome we would like to achieve.
- The second column, “Federal,” lists the measures included in the U.S. DHHS’ federal review of state child welfare programs, Child and Family Service Review.
- The middle column, “State Enriched,” describes the measures that the Workgroup is proposing to use. These measures will supplement the federal measures to provide a more comprehensive understanding of the State’s child welfare system.
- The fourth column, “Short-term Development,” are measures we hope to develop for the next cycle of the California Child and Family Service Review. For data reasons, these measures were not available for the first cycle, but are planned for CWS/CMS enhancements.
- The far right column, “Future Development,” includes measures we would like to develop for subsequent C-CFSR cycles. These measures are contingent upon larger system changes, such as the implementation of the CDSS CWS Stakeholders’ Group’s Redesign efforts.

### NOTES:

\* These indicators were taken directly or adapted from the CWDA list of outcome measures.

***Italicized & Bolded*** indicators measure process

Where possible, we propose that data be reported using these sub-populations.

- Age, by year and/or age group (under 1, 1-2, 3-5, 6-10, 11-15, 16+)
- Type of placement
- Race and ethnicity, and Native American/Indian heritage
- Children with disabilities+
- Types of abuse
- Perpetrator

C-CFSR Proposed Outcomes and Indicators  
Draft

PROFILE INFORMATION	Data Collected to Provide Background, Context and Demographics
	<p><u>A. Demographic and Census Information by county and/or zip code, including information such as:</u></p> <ul style="list-style-type: none"> <li>• age, race, ethnicity, or Native American/Indian heritage, income, other basic demographic characteristics</li> <li>• poverty rate</li> <li>• unemployment rate</li> <li>• rate of families with no health insurance</li> <li>• level of education for head of household</li> <li>• receipt of public assistance</li> <li>• active tribes</li> <li>• other</li> </ul> <p><u>B. Referral Information:</u> Rate of children with initial and/or substantiated report(s) of abuse and/or neglect per 1,000 children in child population by age group, type of abuse and disposition (e.g. substantiated, inconclusive, unfounded and evaluated out) county by county.</p> <p><u>C. Abuse in care:</u> Of all children in foster care during the period under review, what percent reported maltreatment by a foster care provider, and of those reports, what was the referral outcome?</p> <p><u>D. Foster care entries:</u> Rate of children entering out-of-home care per 1,000 children, county by county in aggregate form.*</p> <p><u>E. Placement type:</u> Percent of children entering care who are placed in kinship homes, foster family homes, FFA's and group homes for initial and overall placements.*</p> <p><u>F. Child Mortality information:</u> Number of child mortalities reported on CWS/CMS matched against vital statistics and other data sources. This data will come from the State Child Death Review Council Reconciliation Project, and will be made available on a flow basis.</p>

C-CFSR Proposed Outcomes and Indicators  
Draft

Safety Outcomes	Indicators			
	Federal	State Enriched	Short-term Development	Future Development
1. Children are, first and foremost, protected from abuse and neglect.	<p><u>1A. Recurrence of maltreatment:</u> Of all children who were victims of substantiated or indicated child abuse and/or neglect during the first six months of the reporting period, what percent had another substantiated or indicated report within a six month period?</p> <p><u>1C. Incidence of child abuse and/or neglect in foster care:</u> Of all children in foster care in the State during the period under review, what percent were the subjects of substantiated or indicated maltreatment by a foster parent or facility staff?</p>	<p><u>1B. Recurrence of maltreatment:</u> In the year under review, of all children who had a substantiated report of maltreatment, what percent had a subsequent substantiated report and did it occur within 3, 6, 12, or 24 months? Stratify by 1<sup>st</sup> report vs. 2<sup>nd</sup> or subsequent report.</p> <p><u>1D. Incidence of child abuse and/or neglect in foster care:</u> Same as 1C, but adjusted for time in care and type of placement.</p> <p><u>1E. Rate of abuse and/or neglect following permanency:</u> Percent of children with allegation/substantiated report of abuse or neglect, within 12 months following permanency (guardianship, kinship, reunification).*</p>		

C-CFSR Proposed Outcomes and Indicators  
Draft

Safety Outcomes	Indicators			
	Federal	State Enriched	Short-term Development	Future Development
2. Children are safely maintained in their homes whenever possible and appropriate.	Source: No quantifiable federal measure available; obtained during review of 50 cases statewide.	<p><u>2A: Recurrence of abuse/neglect in homes where children were not removed</u>: Percent of children with an allegation (inconclusive or substantiated) who were not removed and whose next event was a substantiated allegation.</p> <ul style="list-style-type: none"> <li>• Subsequent substantiated allegation at 3, 6, 12 months (a) after initial report, and (b) after case closure</li> <li>• By inconclusive vs. substantiated initial allegation</li> <li>• By abuse type</li> <li>• By perpetrator</li> <li>• By receipt of ER services</li> <li>• By receipt of remedial and rehabilitative services that are culturally appropriate</li> </ul> <p><u>2B: Percent of child abuse and neglect referrals that have resulted in an in-person investigation.</u></p> <ul style="list-style-type: none"> <li>• % of referrals that were responded to timely</li> <li>• % of referrals that have not been responded to.</li> </ul>	<p><b><u>2E. Assessment of kin and non-kin homes</u></b> <b>% of homes that had completed health and safety assessments within 1,3,6 or more months of being known to the agency.</b></p> <p>NOTE: 2E is pending CWS/CMS system change.</p>	<p><u>2D: Recurrence of abuse/neglect for at-risk children</u>: Of “enrolled” (i.e., open case with circumstantial abuse/neglect), children &amp; families receiving services, what percent went on to have a substantiated report/allegation?</p> <p>NOTE: 2D is contingent upon implementation of CWS Stakeholders differential response proposal, and defining and flagging “enrolled” children on CWS/CMS.</p>

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Safety Outcomes	Indicators			
	Federal	State Enriched	Short-term Development	Future Development
2. Children are safely maintained in their homes whenever possible and appropriate.		<p><b><u>2C: Social worker visits.</u></b>  <b><i>Stratified by visits with child, parents and caregivers.</i></b></p> <ul style="list-style-type: none"> <li>• <b><i>% of cases with 1-monthly social worker visits.</i></b></li> <li>• <b><i>% of cases with semi-annual visits</i></b></li> <li>• <b><i>% of cases with no social worker visits.</i></b></li> </ul>		

C-CFSR Proposed Outcomes and Indicators  
Draft

Permanency Outcomes	Indicators			
	Federal	State Enriched	Short-term Development	Future Development
<p>3. Children have permanency and stability in their living situations (State modification: without increasing reentry).</p>	<p><u>3B. Stability of foster care placement:</u> Of all children who have been in foster care less than 12 months from the time of the latest removal, what percent had no more than two placement settings?</p> <p><u>3D. Length of time to achieve adoption goal:</u> Of all the children who exited foster care during the period under review to a finalized adoption, what percent exited care in less than 24 months from the time of latest removal from home?</p> <p><u>3E. Length of time to achieve reunification:</u> Of all children who were reunified with their parents or caretakers at the time of the discharge from foster care, what percent were reunified in less than 12 months from the time of the latest removal from the home?</p> <p><u>3F. Foster care re-entries:</u> Of all the children who entered care during the year under review, what percent re-entered foster care within 12 months of a prior foster care episode?</p>	<p><u>3A. Length of time to exit foster care:</u> Of those children in an entry cohort, % exiting foster care within 3, 6, 12, 24, 36, 48 and 60 months of entry.*</p> <ul style="list-style-type: none"> <li>• % exiting to adoption</li> <li>• % exiting to Kin-GAP</li> <li>• % exiting to other guardianship</li> <li>• % exiting to reunification</li> <li>• % exiting to emancipation</li> <li>• % exiting to probation or incarceration</li> <li>• % exiting for other reasons</li> <li>• % still in care</li> </ul> <p><u>3C. Multiple placements:</u> Of those children in an entry cohort, % of those remaining in care with 3,4,5 or more placements within 12, 24, 36, 48 and 60 months.</p> <ul style="list-style-type: none"> <li>• Frequency and constellations of placements</li> <li>• Reasons for placement change(s)</li> </ul> <p><u>3G. Foster care re-entries:</u> Of children in an entry cohort, for those exiting to <i>reunification or guardianship</i>, % who re-entered care within 12, 24 and 36 months, stratified by time in care 3, 6, 12, 24 months (48 and 60 months for guardianship) of a prior foster care episode.*</p>	<p><u>3H. Foster care re-entries:</u> Of children in an entry cohort, for those exiting to <i>adoption</i>, % who re-entered care within 12, 24 36, 48 and 60 months of a prior foster care episode.*</p> <p><b><u>3I: Timely Court Hearings</u></b> <b><i>What % of children had timely court hearings after the 26-week permanency hearing?</i></b></p>	<p><u>3J. Foster care re-entries:</u> Note: need an enhancement to CWS/CMS to track severity of abuse allegation to access the severity of events that preceded re-entry</p>

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Permanency Outcomes	Indicators			
	Federal	State Enriched	Short-term Development	Future Development
4. The continuity of family relationships and connections is preserved for children.	Source: No quantifiable federal measure available; obtained during review of 50 cases statewide.	<p><u>4A. Sibling placements</u>: For each child entering care for the first time, % of their total time in foster care when all siblings were placed together (stratify by # of siblings, and full, ½ or step). Also collect for additional cohort: siblings placed together within 30 days.</p> <p>Of those not placed together, what % of the time were all of them placed with relatives?</p> <p><u>4B. Use of least restrictive care settings</u>: For children entering care, what is the predominant placement type?</p> <ul style="list-style-type: none"> <li>• By entry cohort</li> <li>• Stratify by distance</li> <li>• Identify by relative and non-relative placement type</li> </ul> <p>NOTE: 4B Program staff will provide methodology for restrictive placement types.</p> <p><u>4C. Identification of Indian heritage</u>: % of children identified as Native American within 1, 3, 6, 12, or 24 months of referral.</p>		

C-CFSR Proposed Outcomes and Indicators  
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Permanency Outcomes	Indicators			
	Federal	State Enriched	Short-term Development	Future Development
4. The continuity of family relationships and connections is preserved for children.		<p><u>4D. Notification to Tribes:</u> Of those children identified as Native American, % where Tribal notification occurred within 30, 60, or 90 days.</p> <p><u>4E. ICWA placement preferences:</u> Of those children identified as Native American:</p> <ul style="list-style-type: none"> <li>• % placed w/ extended family</li> <li>• % placed w/ other members of the child's Tribe</li> <li>• % placed w/ other Indian families</li> <li>• % placed w/ non-Indian families</li> </ul> <p><b><u>4F. Visitation between parents and children. Percent of children who visit their parents (stratify by visitation frequency i.e., weekly, monthly).</u></b></p>		

C-CFSR Proposed Outcomes and Indicators  
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Child & Family Well-Being Outcomes	Indicators			
	Federal	State Enriched	Short-term Development	Future Development
5. Children receive adequate services to meet their physical, emotional and mental health needs.	Source: No quantifiable federal measure available; obtained during review of 50 cases statewide.	<p><u>5A. Health information:</u> Percent children in care more than 30 days with a Health Passport.*</p> <p><u>5B. Receipt of health screenings:</u> percent children in care with CHDP, dental exams, psychotropic medications, and immunizations that comply with periodicity table.*</p> <p><u>5C. Receipt of mental health services among those referred:</u> Percent of CWS children with mental health referrals who receive mental health services. Stratify by in-home versus out-of-home care.</p> <p>NOTE: Recommend efforts focus on obtaining these data from health professionals/systems.</p>		<p><u>5D. Prevention services:</u> FM Children receive Health Passport and screenings.</p> <p><u>5E. Receipt of mental health screening:</u> Percent of children in care who received an initial mental health screening within 30 days of initial placement.</p>

C-CFSR Proposed Outcomes and Indicators  
Draft

Child & Family Well-Being Outcomes	Indicators			
	Federal	State Enriched	Short-term Development	Future Development
<p>6. Children receive appropriate services to meet their educational needs.</p>	<p>Source: No quantifiable federal measure available; obtained during review of 50 cases statewide.</p>	<p><u>6A. Education information:</u> % in care more than 30 days with an Education Passport, and % in care more than 180 days with a complete HEP.*</p> <p><u>6B. School stability, attendance:</u> For children in care for one or more school years*:</p> <ul style="list-style-type: none"> <li>• % of children enrolled in the same school</li> <li>• % with school change during year, and # of school changes</li> <li>• % of children with IEP who receive services</li> <li>• % of children performing below grade level</li> </ul> <p><u>6C. School enrollment:</u></p> <ul style="list-style-type: none"> <li>• % of entries enrolled within 1, 2,3, and 4 weeks or more of out-of-home placement</li> <li>• % enrolled within 1, 2, 3, and 4 weeks of a placement change.</li> </ul>	<p><u>6D. School stability, attendance:</u></p> <ul style="list-style-type: none"> <li>• % with adequate (TBD) yearly attendance</li> <li>• # of school days missed</li> <li>• % in non-public schools</li> </ul> <p>NOTE: 6D unavailable via CWS/CMS, and would require data match with education. May require MOU w/ CDE or statutory change.</p>	<p><u>6E. School performance:</u> Percentage of children in care at grade level on standardized state tests (requires match to planned statewide education data); stratified by special and regular education (by entry cohort, age, and placement type).</p>

C-CFSR Proposed Outcomes and Indicators  
Draft

Child & Family Well-Being Outcomes	Indicators			
	Federal	State Enriched	Short-term Development	Future Development
7. Families have enhanced capacity to provide for their children's needs.	Source: No quantifiable federal measure available; obtained during review of 50 cases statewide.		<p>7. Receipt of support services: Percentage of parents able to access and use support services identified in case plans, by case closure.</p> <p>NOTE: Post exit survey needed to access 7.</p>	

C-CFSR Proposed Outcomes and Indicators  
Draft

Child & Family Well-Being Outcomes	Indicators			
	Federal	State Enriched	Short-term Development	Future Development
8. Youth emancipating from foster care are prepared to transition to adulthood.		<p><u>8A. Of youth emancipating from foster care, the percentage *:</u></p> <ul style="list-style-type: none"> <li>• with High School diploma or GED</li> <li>• enrolled in college or higher education program</li> <li>• with ILP training</li> <li>• who completed a vocational training program</li> <li>• are employed or have other means of support</li> </ul> <p>NOTE: Data source for this measure is the county ILP report</p> <p>RECONCILE THIS LIST W/ NATIONAL STANDARDS TO BE RELEASED BY ACF (ie, Chaffee requirements and probation)</p>	<p><u>8B. Of youth emancipating from foster care, the percentage *:</u></p> <ul style="list-style-type: none"> <li>• with an emancipation hearing</li> <li>• with the documents required by AB 686</li> </ul> <p><u>8C. Of youth in foster care, % w/ complete Living Skills Assessment: % who are identified as needing self sufficiency skills training.</u></p> <p>NOTE: 8C is contingent upon implementation of Transitional Independent Living Plan form and changes to CWS/CMS.</p>	<p><u>8D. Of youth in foster care, the percentage *:</u></p> <ul style="list-style-type: none"> <li>• who are on probation or incarcerated.*</li> <li>• who are transferred into the juvenile justice system.</li> </ul> <p>NOTE: This measure would require a data match the Department of Corrections.</p>

**California's Child Welfare System – Moving Towards Redesign**  
**EARLY INTERVENTION & DIFFERENTIAL RESPONSE**  
**Decision Points Where Fairness & Equity can be Addressed & Evaluated**

<p><b><u>Point in Case Flow:</u></b></p> <p>Hotline: Early Intervention</p> <p>Differential Response</p>	<p><b><u>Decision Options:</u></b></p> <p>Offer services/Not offer services</p> <p>Refer to Emergency Response</p> <p>Refer to Community-Based Agency</p>	<p><b><u>Decision Makers:</u></b></p> <p>Hotline worker</p> <p>Mandated Reporters</p> <p>Family</p> <p>Community Partners: Schools, Health Community, Mental Health, Substance Abuse Treatment Community, Faith Community, Domestic Violence Counselors, Other CBOs.</p>
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<b>F&amp;E Practice Issues:</b>	<b>Strategies:</b>
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<p>Fewer calls from wealthy areas (including fewer hospitals drug screening tests done on newborns) in wealthy areas, greater awareness of prevention services in wealthy areas, more community services available there.</p> <p>Bias against single parents, teenaged parents.</p> <p>Judgments are made by social workers and the legal dependency system about fitness of kin, neighborhood location of kin, and/or the community.</p> <p><b>Core Issue:</b> There isn't equal opportunity for accessing culturally competent services. Children of color are disadvantaged by the lack of language proficient service providers for non-English fluent families, practices that ignore or misinterpret families' culturally-specific strengths, and mismatches between the cultural background or expertise of foster parents and the children placed in their care.</p>	<ul style="list-style-type: none"> <li>❑ Child abuse prevention, child safety programs outreach campaign</li> <li>❑ Develop new collaborations for prevention: minority-defined and minority-based models of family preservation and early intervention.</li> <li>❑ Expand kinship policy to extended family and non-blood relations.</li> <li>❑ Develop poverty-targeted intervention and support strategies CWS/TANF Partnership with community-based agencies; CWS must learn how to work with other systems.</li> <li>❑ Decision makers learn how to engage, assess, and motivate (assess motivation of) parents from the beginning.</li> <li>❑ New options for services are offered: Teaching homemaker, Family resource worker, Home visitor.</li> <li>❑ Intercultural communication training.</li> <li>❑ Multidisciplinary team training, ongoing.</li> <li>❑ CWS located in neighborhood schools, community centers.</li> <li>❑ Safety planning.</li> </ul>
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## PERMANENCY & CHILD WELL BEING

### Decision Points Where Fairness & Equity can be Addressed & Evaluated

<p><b><u>Point in Case Flow:</u></b></p> <p>Case Plan Actions/Goal: Optimal Initial Placement (After face-to-face) a.k.a. “Foster Care Entrance”</p>	<p><b><u>Decision Options:</u></b></p> <p>Remain Home</p> <p>Placement with:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Shelter</td> <td style="width: 50%;">Shared Family Care</td> </tr> <tr> <td>Kin Care</td> <td>23 hr place of safety</td> </tr> <tr> <td>Foster Care</td> <td>Institutional Care</td> </tr> <tr> <td>Group Home</td> <td></td> </tr> </table>	Shelter	Shared Family Care	Kin Care	23 hr place of safety	Foster Care	Institutional Care	Group Home		<p><b><u>Decision Maker:</u></b></p> <p>Social Worker +/-or Team Members May include police May include supervisor</p>
Shelter	Shared Family Care									
Kin Care	23 hr place of safety									
Foster Care	Institutional Care									
Group Home										
<b>F&amp;E Practice Issues:</b>		<b>Strategies:</b>								

**Core Issue: Children of color (especially African-American) enter foster care at higher rates, even when they and their families have the same characteristics as comparable white children and families.**

**Individual Child Welfare Worker/Team Bias:**

- Judgment of kin/neighborhood location of kin/community (Bias against kin “apple does not fall far from the tree”; expectation/obligation to care for family w/out govt. help; judgment of neighborhood as “unsafe”
- Neighborhood context (afraid to go into neighborhood)
- Stereotyping on the basis of ethnicity, race, age, gender, sexual orientation, economic class, religion, substance abuse status, other
- Inability to speak the family’s language and/ or unavailability of bilingual staff or translators
- Gang membership bias (“break up the gang” rationale might be used to cover bias)
- To “improve” child’s “quality of life” through placement in “safer” neighborhood +/- or with more “financially secure” caretakers, 2-parent families (see also system bias below)
- Transference/countertransference
- Single decision-maker may enhance bias:
  - No checks and balances
  - Desire to avoid exposure

**Safety planning, removal may not always be needed.**

**System Bias:**

- To “improve” child’s “quality of life” through placement in “safer” neighborhood +/- or with more “financially secure” caretakers, 2-parent families (see also individual bias above)
- Constrained timeframes
- Most readily available placement versus the best placement (include ICPC)
- Protect the system as opposed to best interest of the child/best practice
- Judicial culture/bias
- Equally skilled baseline of child welfare team members not in place
- Shared costs—funds travel with the child

**To Address Individual Child Welfare Worker/Team Bias:**

- ❑ Collaborative supervision to identify and address biases
- ❑ Expand kinship to extended family & non-blood relations
- ❑ Team approach required; min. of 2 agency staff for all emergency responses
- ❑ Standardize safety decision making tool and provide training on how to use
- ❑ Expectations/requirement for family inclusion
- ❑ Engage community as part of the “solution”
- ❑ Utilizing community leaders as resources and/or to engage community members
- ❑ Require Cross-Systems Training specific to fairness and equity; include:
  - ❑ Interactive Intercultural Communication training, including dynamics of communities
  - ❑ Access to experts, including birth parent advocates
  - ❑ Training of community members, paraprofessionals (including birth parent advocates)
  - ❑ Training in navigating dangerous environments
- ❑ Recruit and retain staff from the community, and that reflect community
- ❑ Identify Indian heritage if not identified earlier and comply with ICWA
- ❑ Clarify shared responsibilities

**System Bias:**

- ❑ Organizational culture that promotes “healthy skepticism”, (meaning staff have the agency’s “permission” to question assumptions) and models, principles, practices of fairness & equity
- ❑ Expectation of the worker modeled at all levels of organization (parallel process)
- ❑ Community capacity building
- ❑ Neighborhood-based services, family resource centers in self-identified communities
- ❑ Co-locate staff in community to engage and welcome; architecture matters, needs to be approachable and accessible layout; welcoming (Drug Endangered Children team process is a valuable collaborative model)
- ❑ Need written policies and strategies to address political pressures
- ❑ Use data to identify specific concerns at individual and system level

<p><b><u>Point in Case Flow:</u></b></p> <p>Case Planning: Plan Development/Evaluation <a href="#">Reunification Services</a></p>	<p><b><u>Decision Options:</u></b></p> <p><u>Placement:</u> -Family restoration -Continue initial placement -Change placement</p> <p><u>Focus of Services:</u> -Family restoration -Early reunification -Alternate perm planning -Fast track -Successful youth transition</p>	<p><b><u>Decision Maker:</u></b></p> <p>Team and family Attorney for family &amp; minor(s) CASA <a href="#">AOD Counselors</a> The Court</p>
<b>F&amp;E Practice Issues:</b>		<b>Strategies:</b>
<p><b><u>Core Issue: Length of Stay.</u></b> <u>Children of color remain in foster care for longer periods of time than white children.</u></p> <p><i><u>Fairness in Differential Response Track Assignment:</u></i></p> <ul style="list-style-type: none"> <li>▪ Who gets the case plan created outside the court process &amp; who has to go to court? Are these biases toward certain groups regarding likelihood of cooperation vs. resistance? (<a href="#">by-pass biases</a>)</li> <li>▪ Who is involved in team decision-making?</li> </ul> <p><b><u>Core Issue: Limited Services.</u></b> <u>Families of color, when compared with white families, receive fewer services and have less contact with child welfare staff members.</u> <a href="#">Consequently reunification services are less available to families of color.</a></p> <p><i><u>Fairness in Resource Distribution:</u></i></p> <ul style="list-style-type: none"> <li>▪ Equal access to services by group</li> <li>▪ Availability of services by neighborhood</li> <li>▪ Unequal enforcement of children’s legal rights to services</li> </ul>	<ul style="list-style-type: none"> <li>❑ Designate a team member to reviews plan &amp; process for F &amp; E</li> <li>❑ Raise question of F &amp; E verbally to team for feedback</li> <li>❑ Set of written F &amp; E issues to be addressed/issues to be examined</li> <li>❑ Written policies promoting F &amp; E and guiding action/practice</li> <li>❑ Needs-driven case plan vs. service availability-driven case plan (law protects children who because of disability are entitled to certain services)</li> <li>❑ Develop service availability/resources</li> <li>❑ <b><a href="#">Decision makers learn how to engage, assess, and motivate (assess motivation of) parents from the beginning.</a></b></li> </ul>	

<p><b><u>Point in Case Flow:</u></b></p> <p>Permanency Planning Outcomes: Permanency Outcomes</p>	<p><b><u>Decision Options:</u></b></p> <p><u>Permanency Options:</u></p> <ul style="list-style-type: none"> <li>-Family Restoration</li> <li>-Adoption-Kin</li> <li>-Adoption-Non-Kin</li> <li>-Guardianship-Kin</li> <li>-Guardianship-Non-Kin</li> <li>-Other new permanency possibilities</li> </ul> <p><u>Alternative Permanency:</u></p> <p>Successful transition to adulthood</p>	<p><b><u>Decision Maker:</u></b></p> <p>Team, <a href="#">including the Family</a>, The Court</p>
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<b>F&amp;E Practice Issues:</b>	<b>Strategies:</b>
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<p><b>Core Issue: Family Reunification.</b> Children of color experience reunification at lower rates than white children.</p> <p><b>Core Issue: Adoption Processes.</b> Children of color who are legally available for adoption wait longer for an adoptive placement when compared with white children, and they are less likely to be placed at all.</p> <p><u><i>Fairness in Pursuit of Permanency Options:</i></u></p> <ul style="list-style-type: none"> <li>▪ Are older kids of certain groups less likely to have a permanence outcome than kids of other groups? (Adoption of African American males over 2 years of age is less likely.)</li> <li>▪ Children of color and older kids considered less likely for adoption (anti-adoption bias)</li> <li>▪ Angry kids w/ behavioral problems or placed in group homes are less likely to be seen as adoptable</li> </ul> <p><u><i>Fairness in Preparation for Successful Transition:</i></u></p> <ul style="list-style-type: none"> <li>▪ Probation kids excluded from STEP &amp; THPP</li> <li>▪ Resources allocated to “most adoptable”</li> <li>▪ Probation kids excluded from STEP, THPP and THPP Plus</li> </ul>	<ul style="list-style-type: none"> <li>• Full implementation of concurrent planning</li> <li>• Reassess the level of risk reduction for reunification of youth aged 12 and over (e.g., is it safe for youth to reunify now?)</li> <li>• Continue to assess relationships of youth aged 12 and over and continue to work towards permanency on their behalf</li> <li>• Make non-relative guardianship a more available option by considering emotional permanency for youth and the commitment of the prospective guardian.</li> <li>• Remove financial disincentives for caregivers and youth to exit.</li> <li>• Fund specialized recruitment of resource families at the state and local levels</li> <li>• Educate the community-at-large to the adoptability of all children</li> <li>• Expand training and support for resource families</li> <li>- Reexamine individual agency policies that reflect bias</li> <li>- Provide training to workers to address biases re: <ul style="list-style-type: none"> <li>▪ Adoptability of all children</li> <li>▪ Out of state/out of county adoptions</li> <li>▪ Placements with single/working/gay/lesbian parents</li> </ul> </li> </ul> <p><b><a href="#">Offer Independent Living Programs to all eligible foster youth.</a></b></p>
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<p><b><u>Point in Case Flow:</u></b></p> <p><b>Transition out of the system</b> Post-Permanency Supports</p>	<p><b><u>Decision Options:</u></b></p> <p><b>Services for education past age 18</b></p>	<p><b><u>Decision Makers:</u></b></p> <p><b>Family</b> <b>Community Partners</b></p>
<p><b>F&amp;E Practice Issues:</b></p>		<p><b>Strategies:</b></p>
<p><b>Core Issue: Lack of Culturally Competent Services.</b> Children of color are disadvantaged by the lack of language proficient service providers for non-English fluent families, practices that ignore or misinterpret families’ culturally-specific strengths, and mismatches between the cultural background or expertise of foster parents and the children placed in their care.</p> <p><b>Youth of color (dependents) are disproportionately represented in the juvenile justice system.</b></p>	<ul style="list-style-type: none"> <li>❑ <b>Develop minority-defined and minority-based models of family preservation and aftercare; including post-adoption wraparound services.</b></li> <li>❑ <b>Develop poverty-targeted intervention and support strategies CWS/TANF Partnership.</b></li> <li>❑ <b>CWS University/College Partnerships must be developed.</b></li>   <li>❑ <b>Collaborate with juvenile justice probation officers and others (e.g., substance abuse treatment personnel).</b></li> <li>❑ <b>Training for social workers and foster parents to help youth avoid “blowing” placements.</b></li> </ul>	