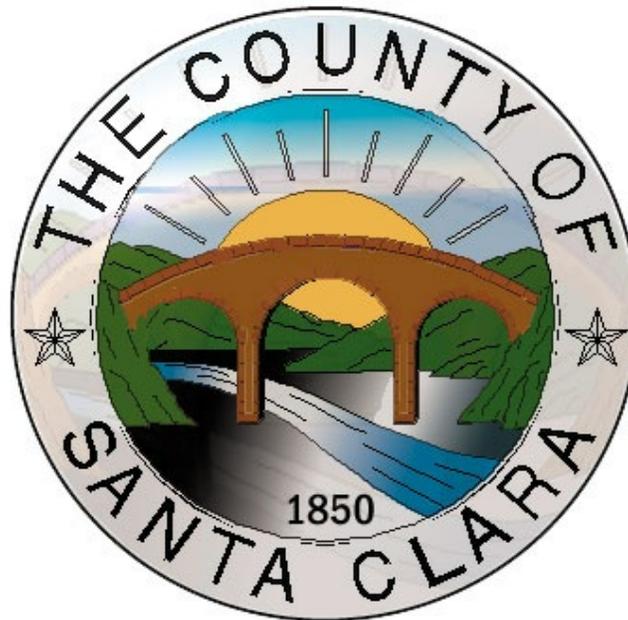


**California Child & Family Services Quarterly System
Improvement Plan (SIP) Progress Report**

**Santa Clara County
Department of Family and Children's Services**

Report Dated January 2015



**COMPLETED BY
SANTA CLARA COUNTY
DEPARTMENT OF FAMILY AND CHILDREN'S SERVICES**

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**SANTA CLARA COUNTY QUARTERLY SIP PROGRESS REPORT
JANUARY 2015**

Introduction:

This quarterly report provides the current update for Santa Clara County's Child Welfare Services System Improvement Plan (SIP) and the current performance on selected State and Federal indicators (goals) for child welfare, Santa Clara County's (SCC) current System Improvement Plan, which began in 2013 and is to be completed over the next five years through 2018. The key area of focus for the SCC SIP is the disproportionate number of children and families of African Ancestry and Latino ancestry within the Child Welfare System with a focus on prevention, safety and permanency. The SIP is a comprehensive plan that focuses on improvements in the following outcomes areas:

1. Address and eliminate the over-representation of African Ancestry and Latino families, as defined as "Within five years African Ancestry and Latino children will be no more likely than other children given the same risk or protective capacity factors, to enter the child welfare caseload or to exit the child welfare system".
 - a. Complete a full analysis to better understand factors related to the under-representation for Asian and Pacific Islander (API) families by looking at each individual Asian Ancestry cultural group represented in Santa Clara County and then work closely with those API groups to appropriately address those factors.
2. Address safety and ensure that children and families are assessed in a timely manner and those families are provided the necessary resources and supports so that children do not enter the children welfare system or re-enter the child welfare system.
3. Address permanency for children and families as defined by ensuring family reunification (children returning to live with one or both parents), or if this is not possible permanent placement with relatives or non-relatives in a legal guardianship or adoption situation.

This quarterly report provides a summary of areas of improvement and areas of challenge during the applicable reporting period. The report presents both Federal and State indicators, as linked to SCC System's Improvement Plan (SIP). This report measures indicators for the 2nd quarter of 2014 (April 2014 to June 2014) or the previous twelve months, June 2013 through June 2014, depending upon the methodology for the specific outcome measure. These measures are then linked with Santa Clara County's identified System Improvement Plan goals. This information was last presented to the Santa Clara County Board of Supervisors Children Seniors and Families Committee on September 29, 2014 for the 1st quarter of 2014 (January 2014 to March 2014) and SIP strategy improvements from January to June 2014.

CHILD WELFARE CURRENT PERFORMANCE ON FEDERAL AND STATE OUTCOME MEASURES

Santa Clara County (SCC) continues to do well in some performance measures as well as having both increased and decreased performance in specific areas. There have been a variety of challenges that have impacted performance on the State and Federal Outcome Measures. This data is for the 2nd quarter of 2014 (April through June 2014).

SCC Child Welfare Services performance exceeded the Federal (National) Goals in the areas of:

- Timely Monthly Caseworker Visits in Residence;
- Median Time to Reunification for all children in foster care for 8 days or longer [SIP Goal];
- Exits to Permanency (legally free for adoption at exit) [SIP Goal];
- Children with Two or Fewer Placements (in care 8 days to 11 months);
- Children with Two or Fewer Placements (in care 12 to 23 months);
- Children with Two or Fewer Placements (in care at least 24 months).

Improved or stable performance occurred, but still below Federal (National) or State Goals in the areas of:

- No Maltreatment in Foster Care (Federal Goal);
- Adoption within 24 Months (Federal Goal);
- Median Time to Adoption (Federal Goal) ;
- Adoption within 12 Months (17 Months in care) (Federal Goal);
- Legally Freed within 6 Months (17 Months in care);
- Exits to Permanency (24 Months in care) (Federal Goal) [SIP Goal];
- Children Receive Timely Medical Exams (State Goal).

Decreased performance occurred, but still above State Goals in the area of:

- Timely Responses to Immediate Response referrals [SIP Goal].

Decreased performance occurred, and still below Federal (National) or State Goals was noted in the areas of:

- No Recurrence of Maltreatment (Federal Goal) [SIP Goal];
- Timely Responses to Emergency Response (10 day) referrals (State Goal) [SIP Goal];
- Timely Social Work Visits with Child (Federal Goal);
- Reunification within 12 Months (Federal Goal) [SIP Goal];
- Reunification within 12 Months (entry cohort) (Federal Goal) [SIP Goal];
- Re-Entry following Reunification (Federal Goal) [SIP Goal];
- Adoption within 12 Months (legally freed)(Federal Goal);
- In Care 3 Years or Longer (at Emancipation or age 18)(Federal Goal) [SIP Goal];
- Children Receive Timely Dental Exams (State Goal).

In summary, SCC Child Welfare Services' best current performance is generally in the areas of Permanency and Placement Stability. Additional focus and work needs to be done in the areas of Child Safety and Timeliness to Reunification, as these areas are defined by the current Federal and State Performance Measures.

The Department of Family and Children's Services (DFCS) continues to be challenged in the area of staffing and retention in an effort to keep up with the demands, mandates, and court requirements associated with child welfare casework. Considerable efforts have been made to recruit and hire well qualified staff and 30 new Social Worker II and 30 new Social Worker III's were hired by the DFCS in 2014 (19 of which are Spanish speaking and 4 which are Vietnamese Speaking). However, retention of staff is an on-going issue, and getting staff hired and trained to support the work is still a slow process due to the extremely complex nature of the work. Additional social worker positions have been added to Emergency Response, Dependent Intake and Continuing Child Welfare Services and more positions are being requested as part of a Social Services Agency (SSA) 2014-15 mid-year budget proposal. In addition, the reality is that the DFCS has for the most part, become the gateway into County employment for social workers. For example, if Valley Medical Center creates a new medical social worker position, the position will likely be filled via the transfer process. While the initial transfer may be filled by a social worker from the Mental Health Department, which in turn creates a vacancy that may be filled by a social worker from the Department of Aging and Adult Services, which in turn creates a vacancy that is then filled by a DFCS social worker. Thus, the vacancy ends up being in and filled by the DFCS in most instances. The DFCS is not unique in these staffing and retention challenges as many (if not most) child welfare jurisdictions from within the State as well as those in other states have reported staffing, recruitment, hiring, and retention issues.

Attached to this report is a full summary report for all of Santa Clara County's State and Federal Outcome Measures by the Social Services Agency (SSA) Office of Research and Evaluation.

- Attachment B - Report dated October 2014 Child Welfare Services Quarterly Report (Data from 2nd Quarter - April to June 2014)
- Attachment C - Report dated October 2014 Child Welfare Services Outcomes and System Improvement Plan Snapshot (Data from 2nd Quarter April to June 2014)

CHILD WELFARE STRATEGIES STATUS AND CURRENT ACTION STEPS

Due to the number of SIP strategies, this section reviews only the Status and Action Steps for those Child Welfare Strategies in which there was improvement or barriers identified during this review period of January through December 2014.

Strategy 1

DISPROPORTIONALITY STRATEGIES

DISPROPORTIONALITY OUTCOME MEASURES

Priority Outcome Measure or Systemic Factor:

- Address and eliminate the overrepresentation of African Ancestry and Latino families, as defined as “Within five years African Ancestry and Latino children will be no more likely than other children given the same risk or protective capacity factors, to enter the child welfare caseload or to exit the child welfare system”.
- Complete a full analysis to better understand factors related to the under-representation for Asian and Pacific Islander (API) families by looking at each individual Asian cultural group represented in Santa Clara County and then work closely with those API groups to appropriately address those factors.
- Continue to actively monitor representation for all children within the Child Welfare System in an effort to monitor disproportionality at all times.

Table 1

Percentage (Number) of Referrals Received by Ethnicity, State of California, October 2013 to July 2014

	10/13	1/14	4/14	7/14
African American	14% (4034)	14% (4397)	14% (4712)	14% (4133)
Latino	45% (13162)	45% (14751)	45% (15668)	44% (12423)
Asian/Pacific Islander	4% (1091)	3% (1134)	3% (1154)	3% (864)
White	27% (7954)	28% (9132)	27% (9219)	27% (7751)

From SafeMeasures Data

Table 2

Open Child Welfare Cases by Ethnicity, State of California, October 2013 to July 2014

	10/13	1/14	4/14	7/14
African American	21% (20047)	21% (20214)	21% (20335)	20% (20267)
Latino	53% (51220)	53% (52358)	53% (52876)	53% (52783)
Asian/Pacific Islander	3% (2833)	3% (2699)	3% (2702)	3% (2630)
White	22% (21696)	22% (21544)	22% (21811)	22% (21617)

From SafeMeasures Data

Table 3
Percentage of Allegations by Ethnicity for State of California, 2010-2013

	2010	2011	2012	2013
African American	15% (66753)	15% (65337)	15% (65277)	15% (67954)
Latino	54% (239738)	54% (235734)	54% (240283)	53% (240234)
Asian/Pacific Islander	4% (16945)	4% (16710)	4% (17257)	4% (18377)
White	27% (120494)	27% (118237)	27% (118357)	27% (125423)

From University of California, Berkeley California Child Welfare Indicators Project (CCWIP) Data

Table 4
Percentage of Entries into Foster Care by Ethnicity, State of California, 2010-2013

	2010	2011	2012	2013
African American	19% (5756)	19% (5583)	18% (5644)	18% (5859)
Latino	51% (15635)	51% (15250)	51% (15562)	52% (16513)
Asian/Pacific Islander	3% (774)	3% (882)	3% (851)	3% (872)
White	26% (8007)	26% (7776)	26% (8085)	25% (8044)

From University of California, Berkeley California Child Welfare Indicators Project (CCWIP) Data

Table 5
Children with Entries to Foster Care, Child Population (0-17), and Incidence Rates, State of California, January 1, 2013 to December 31, 2013

Ethnic Group	Total Child Population	Children with Entries	Incidence per 1,000 Children
Black	498,866	4,506	9.0
White	2,482,493	6,499	2.6
Latino	4,718,118	14,013	3.0
Asian/P.I.	1,006,043	736	0.7
Nat Amer	36,446	276	7.6
Multi-Race	408,583	0	0.0
Missing	0	139	.
Total	9,150,549	26,169	2.9

Santa Clara County Current Performance:

According to the University of California, Berkeley California Child Welfare Indicators Project (CCWIP), Santa Clara County's 2014 child population projections by ethnicity were 2.2% African Ancestry, 31.2% Asian and Pacific Islander, 37.2% Latino, 0.2% Native American, and 23.4% White (with an additional 5.8% who identified as multi-race)*. These percentages reflect slight increases in the Latino, Asian and Pacific Islander, and multi-race categories and a decrease in the White category from the 2013 projections.

(*Please note: De-aggregation of Asian Ancestry ethnicities was not possible due to limitations with the data provided by the University of California, Berkeley Center for Social Services Research and draws from available CWS/CMS data and California Department of Finance Projections.)

A comparison of Santa Clara County's (SCC) child welfare population in relation to the statewide child population shows disproportionate numbers of Latino and African Ancestry children and families involved in the Child Welfare System. The entries into foster care in 2013 remains significantly higher for Latino and African Ancestry than the overall population as represented by the fact that 7.8% (57) African Ancestry and 68.2% (497) Latino children entered foster care. In comparison there is an under-representation for Asian and Pacific Islander children at 6.3% (46), 17.3% White (126) children, and 0.4% (3) Native American children who entered foster care.

Santa Clara County Child Welfare Services in comparison to the State's overall demographics in child welfare looks like the following:

- For percentages of referrals received by ethnicity, there are 44% Latino and 14% African Ancestry children in the child welfare system statewide in comparison to higher percentages for Latino children in SCC at 56% and slightly lower for African Ancestry children at 8%.
- For percentages of cases opened in child welfare statewide, the numbers increase for both Latino children to 53% and to 20% for African Ancestry children. For SCC the numbers are higher and increases to 70% for Latino children and 9% for African Ancestry families.
- Entry into foster care as noted above continues to show an increase in disproportionality with 52% Latino children and 18% African Ancestry for the State of California. For SCC, entries into foster care show that 68% are Latino children and 8% are African Ancestry children.
- The numbers for Asian and Pacific Islander children remain lower for both the State of California and SCC. However, as previously referenced, SCC also has a much higher proportion of Asian and Pacific Islanders in the general child population as compared to the State so for SCC it is a significant under representation of the population. This underrepresentation further accentuates and magnifies the disproportional representation of the African Ancestry and Latino children in the SCC child welfare system.
- This information also needs to be considered within the context that children enter the child welfare system as a first entry, at a much lower rate than for the State as a whole,

with the State incidence rate at 2.9 children per thousand while SCC has an overall incidence rate of 1.3 children per thousand. This lower rate of entry is true for all ethnic groups, with California having an incidence rate of 9.0 for African Ancestry, 3.0 for Latino, 0.7 for Asian and Pacific Islander, 2.6 for White and 7.6 for Native American children. In contrast, SCC rates are 3.8 for African Ancestry, 2.5 for Latino, 0.3 for Asian and Pacific Islander, 0.9 for White and 2.1 for Native American children.

Table 6
Percentage of Referrals by Ethnicity, Santa Clara County, October 2013 to October 2014

% of Referrals Received By Ethnicity Santa Clara County					
	10/13	1/14	4/14	7/14	10/14
African American	7% (55)	8% (70)	7% (67)	7% (48)	8% (82)
Latino	60% (449)	56% (492)	60% (552)	58% (394)	56% (541)
Asian/Pacific Islander	14% (107)	13% (111)	13% (120)	9% (60)	14% (137)
White	17% (129)	21% (180)	17% (158)	24% (163)	20% (190)

From SafeMeasures Data

Table 7
Percentage of Allegations by Ethnicity, Santa Clara County, 2010-2013

	2010	2011	2012	2013
African American	8% (1033)	8% (1041)	7% (966)	7% (967)
Latino	60% (7444)	61% (7650)	61% (8185)	62% (8218)
Asian/Pacific Islander	11% (1425)	12% (1490)	13% (1720)	13% (1693)
White	20% (2507)	19% (2364)	18% (2459)	18% (2378)

From University of California, Berkeley, California Child Welfare Indicators Project (CCWIP) Data

Table 8
Percentage of Cases (Number) Open in Specified Month by Ethnicity, Santa Clara County,
July 2013 to October 2014

	10/13	1/14	4/14	7/14	10/14
African American	8% (177)	8% (187)	9% (201)	9% (209)	9% (201)
Latino	70% (1573)	70% (1544)	70% (1546)	70% (1622)	72% (1689)
Asian/Pacific Islander	7% (151)	7% (156)	7% (155)	7% (151)	7% (173)
White	15% (342)	14% (302)	16% (303)	13% (297)	12% (278)

From SafeMeasures Data

Table 9
Percentage of Entries into Foster Care by Ethnicity, Santa Clara County, 2010-2013

	2010	2011	2012	2013
African American	11% (77)	11% (77)	10% (77)	8% (57)
Latino	63% (431)	66% (463)	64% (499)	68% (497)
Asian/Pacific Islander	7% (50)	5% (37)	9% (70)	6% (46)
White	17% (119)	17% (118)	17% (132)	17% (126)

From University of California, Berkeley, California Child Welfare Indicators Project (CCWIP) Data

Table 10
Children with Entries to Foster Care, Child Population (0-17), and Incidence Rates, Santa Clara County, January 1, 2013 to December 31, 2013

Ethnic Group	Total Child Population	Children with Entries	Incidence per 1,000 Children
Black	9,455	36	3.8
White	102,466	94	0.9
Latino	162,521	402	2.5
Asian/P.I.	138,190	44	0.3
Nat Amer	933	2	2.1
Multi-Race	25,754	0	0.0
Missing	.	.	.
Total	439,320	578	1.3

Action Steps

The goal to eliminate this disproportionality over the five year period of the SIP plan involves multiple strategies and as noted above, there has not been significant movement towards a decrease in the numbers of Latino and African Ancestry children and families being referred to or coming into the Child Welfare System. Although there appears to be some progress relative to the African Ancestry population, the overrepresentation of the Latino population is more pronounced. This is a very complex situation involving a combination of practice issues, organizational practices, social issues that may inadvertently perpetuate institutional racism, and complicating factors such as social and economic inequalities. It is also not solely a child welfare issue. It is a system and community issue as reflected by the fact that African Ancestry and Latino youth are overrepresented in the Juvenile Justice System and adults are overrepresented in the adult criminal justice system. As such, Santa Clara County is taking a system wide approach and a call to action on many of the SIP strategies to employ the help and support of the community based organizations and system partners for a system wide response within and outside of the child welfare system. The following SIP strategies are being implemented or worked on during this past review period.

Strategy 1A - *Increase the available slots and capacity to support the increase in demand to serve more children and families in Differential Response – Path I and II. (Increased slots should ensure available opportunities and services for the following at risk populations: Latino families, African Ancestry families, Asian and Pacific Islander families, young parents ages 18-24, immigrant families, parents struggling with mental health, developmental delays, substance abuse issues and battling domestic violence and those parents who have children 6 to 18 years of age with behavioral, medical, developmental, or mental health concerns.)*

- Based on average wait lists during the prior year of approximately 30 families at any point in time, and the number of referrals the DFCS receives, the Differential Response (DR) allocation was increased as follows: (a) fifty (50) additional slots for Latino families each fiscal year; (b) twenty-five (25) additional slots for African Ancestry families each fiscal year; (c) twenty-five (25) additional slots for all other families ensuring language and cultural expertise to support Latino, African Ancestry and the diverse Asian and Pacific Islander families. These slots were created because of a onetime allotment from Community Based Child Abuse Prevention (CBCAP) funding and slots were added to the existing DR contracts. While these slots did not specifically “carry over” into the new contracts that went into effect in September 2014, with the expansion of the contracts to serve 800 families, the numbers specified above will be met and exceeded.

- Re-evaluation of slots allocated and the progress of DR to be assessed at 6-month intervals. The DFCS is constantly evaluating the DR program especially since a new DR provider, Eastfield Ming Quong Families First (EMQFF) was added. The first quarterly DR reports are due at the end of January 2015 and will provide detailed information including the ethnicities of the families being served. The first quarter report will be for September 2014 to December 2014, as the new DR contracts began in September 2014.
- Family Flex funds for \$350.00 per family were added as part of the DR array of services and are to be used as a prevention tool to support the family's immediate needs, as determined to be a need to have emergency dollars readily available to support these families at risk. Initially, the amount of these flex funds was to be \$500.00 but after a discussion between the DFCS and the DR providers, the providers decided that they would like to cap the family fun to \$350.00 per family. If a family needs more than the \$350.00, the providers would contact a DR Coordinator to discuss the need for additional funding.
- Ensure the necessary bus passes and token allocation for all families with transportation barriers involved in DR in an effort for families to access prevention and family support resources. Bus passes or tokens are being provided to families in order to ensure that the lack of transportation is not a barrier to engagement in supports and services.

During this prior review period the DFCS increased funding for Differential Response (DR) through the Child Abuse Prevention (Community Based Child Abuse Prevention [CBCAP]) allocation and realignment funding aimed specifically at increases in services for African Ancestry and Latino families, so that family stressors can be addressed and families stabilized to prevent re-referrals or to prevent entry into care. An additional 155 slots were allocated for Differential Response providers in April 2014 to support decreases in the waitlist for DR services. The DR providers hired additional staff to increase their capacity to deliver services. Additional "flex funding" of \$350.00 per family was added to assist families in the areas of furniture, housing and electricity and water bills, as well as medical expenses.

This increase resulted in the elimination of the waitlist for DR services, as well as the following:

- From January to June 2014, there were 366 families referred for DR Path 1 services as compared to 240 families that were referred to DR Path 1 in 2012-2013 in the same time frame. An additional 126 families were referred this year to Path 1 services. Beginning April 1, 2014 all evaluated out families were eligible to receive DR Path 1 services. In the past, a family had to have a child under the age of five. This stemmed from the origination of DR services when First 5 was involved, which required that there be at least one child in the family five years of age or under. In September 2014, additional slots were added to the DR contracts. Since that point, and through December 31, 2014, Path 1 has not had a waitlist. Additionally, in the past, there were African American families who could not be served by Unity Care because Unity Care was at capacity. With the new contract and additional funding, more slots have been allocated towards African American families. Lastly, the new contract also specifies that more languages

will be served by the contracted agencies. In the past, families who spoke Mandarin or Korean were not able to be referred due to the lack of language availability of staff. Providers now have this capacity, although it is a struggle to maintain this (due to staff turnover and difficulty recruiting language staff) and the providers are brainstorming and working collaboratively to address this issue. For the period from July 2014 to December 2014, 468 families were referred for DR services.

- From January to June 2014, there were 379 families referred for DR Path 2 and 10 families for DR Path 4 to the previous DR contracted providers (as compared to January to June 2013, 328 families were referred to DR Path 2 and 5 for DR Path 4). Path 2 had previously and consistently had a waitlist due to providers being at capacity. Between the months of July and August 2014, with the temporary increase in slots due to the one time additional CBCAP funding allocation that was received, the wait time for families to receive services was significantly reduced. In July approximately 48 families had to wait 6 weeks or more (with the longest waiting over 10 weeks) for services as compared to August in which only 3 families had to wait more than 4 weeks. For the period from July 2014 to December 2014, 464 families were referred for Path 2 DR services and 7 families were referred for Path 4 DR services. During the period from September 2014 (when the new DR contracts took effect) to December 2014, only 30 families had to wait about 2 to 4 weeks to be assigned to a DR provider. All of the other families were assigned to a DR provider in 2 weeks or less.

As previously referenced, new DR contracts took effect in September 2014 in an effort to ensure consistent services throughout SCC for DR. The three new selected providers include: Eastfield Ming Quong Families First (EMQFF), Gardner Family Care Corporation, and Unity Care Group. All new contractors have the cultural and language capability necessary to provide culturally sensitive services to the children and families in SCC. Referrals are divided among the providers by zip codes for Gardner and EMQFF, and Unity Care will continue to serve the African Ancestry population. The three providers will collectively serve approximately 800 families for the fiscal year of 2014-2015.

- New providers were required to demonstrate their ability to meet the demands of our diverse populations in SCC in their description of services and staffing plans. Current staffing levels at each of the DR providers have considered and reflect culture and language of the children and families being referred:
 - Unity Care Group staffing:
 - 1 Director (0.2 Full Time Equivalent [FTE]) - Caucasian/ English and French speaking
 - 1 Manager (0.95 FTE) - African Ancestry/English speaking
 - 2 Case Managers (0.925 FTE each) - African Ancestry/English speaking
 - 1 Case Manager (0.925 FTE) - Latino/bilingual Spanish speaking
 - 1 Parent Partner (0.925 FTE) - African Ancestry/English speaking
 - 1 Parent Partner (0.925 FTE) - Latino/bilingual Spanish speaking
 - 1 Parent Educator (0.45 FTE) African Ancestry/English (this position is currently vacant and Unity Care is working to fill the vacancy)

- Gardner Family Care Corporation staffing:
 - 1 Coordinator (0.10 FTE) - Bicultural Asian/Caucasian English speaking
 - 1 Supervisor (0.45 FTE) - Filipina/bilingual Tagalog speaking
 - 1 Supervisor (1.0 FTE) - Caucasian/bilingual Spanish speaking
 - 2 Mental Health Therapists (1.00 FTE) - Latino/bilingual Spanish speaking
 - 9 Case Managers (1.00 FTE):
 - 7 Latino/bilingual Spanish speaking
 - 2 Vietnamese/ bilingual Vietnamese speaking
 - 1 Case Manager (0.80 FTE) - Chinese Peruvian/bilingual Spanish, English and some Chinese

- Eastfield Ming Quong Families First (EMQFF) has hired their “dedicated” DR staff, with one exception.
 - 1 Manager (1.00 FTE) - Caucasian/ English speaking
 - 2 Case Managers (1.00 FTE) – Latino/bilingual Spanish speaking
 - 1 Case Manager (1.00 FTE) - Vietnamese/bilingual Vietnamese speaking (This position is currently vacant and EMQFF is working on filling the vacancy)

The DFCS will continue to monitor to ensure that contracted DR provider staffing is reflective of the children and families being served in the Differential Response Program.

Strategy 1C - *Continue to monitor the overrepresentation of African Ancestry and Latino families and address the under-representation for Asian and Pacific Islander and Caucasian families in the DFCS through data analysis and to develop specific goals through data analysis to fold into the SIP:*

- *The DFCS will continue to contract with Mission Analytics for concentrated data analysis regarding disproportionality to be updated on a minimum quarterly basis.*
- *Data results to be shared through the Children of Color Task Force and other identified groups in order to identify any additional specific SIP goals to be developed*

Mission Analytics Group (MAG) continues to assist the Department of Family and Children Services (DFCS) in research and analysis to examine how disproportionality arises in the Santa Clara County child welfare caseload and to help guide efforts to eliminate it.

The Income Report completed by the MAG was reviewed by the Board of Supervisors and the implications discussed at the August 2014 meeting of the Children Seniors and Families Committee. MAG is in the process of conducting focus group meetings with staff from the Child Abuse and Neglect Center and from the Emergency Response function in order to learn about the decision making processes involved, specifically focusing on neglect cases.

MAG is also meeting with the Children of Color Task Force regarding the data and interpretation of the data for planning and strategy development purposes.

Strategy 1D - *Disproportionality Strategy for Office of Cultural Competency for Children's Services to Address and eliminate the over-representation of African American and Latino families in an effort to achieve parity through the creation of an Office of Juvenile Services Equity*

This new office has been created and the Director of Cultural Competence for Children has been hired and operates within the County Executive's Office. This is now the designated office responsible for the county wide implementation of policies and programs that address that racial and ethnic disparity that currently exists within the County's services. The Director is working to ensure that the issues of equity are dealt with in a manner that adheres to programmatic requirements and addresses equity as a critical priority countywide. The primary goal of this office is to eliminate disparity not only as it relates directly to client populations, but also disparity within both internal and external service providers. The Office Director is working closely with the County Executive, the Board of Supervisors, and various county agencies and community members in the effort.

The Director of Cultural Competency within the County Executive's Office has established relationships with key community leaders and convened community forums with respective cultural groups on "Disparity and Disproportionality". Several convening's were held with different cultural and faith based communities during the last quarter. These forums have been established to better understand the issue of disproportionality and to start to create solutions. Convening's entitled "Santa Clara County Forum on Ethnic Disproportionality of Children and Youth" and "Combating Ethnic Disproportionality of Children and Youth from a Faith Based Perspective" have been organized by the County Executive's Office in Coordination with the Silicon Valley of Non-Profits, Community Based Organizations such as Asian American for Community Involvement (AACI) and La Raza Roundtable, the South Bay Christian Ministers Union and various County agencies.

The Director of Cultural Competency is in the process of preparing the initial report on what has been learned through the various meetings and forums that have occurred.

Strategy 2

PREVENTION & SAFETY STRATEGIES

Increase the opportunities to support children and families at risk of abuse and neglect before entering the child welfare system and to support those families leaving the child welfare system from returning and to improve family sustainability. This will be accomplished through

increased community awareness of child abuse prevention and intervention and through the development or further promotion of innovative prevention strategies.

NO RECURRENCE OF MALTREATMENT OUTCOME MEASURE

Priority Outcome Measure or Systemic Factor: S1.1 No recurrence of maltreatment within 6 months of a substantiated maltreatment allegation. Of all children who were victims of a substantiated maltreatment allegation during the 6-month period, what percent were not victims of another substantiated maltreatment allegation within the next 6 months?

Federal (National) Standard (Goal): 94.6 % or greater.

Current Performance: According to the data provided by the University of California, Berkeley, California Child Welfare Indicators Project (CCWIP) for Santa Clara County Child Welfare for the period between July 2013 to December 2013, **91.9%** of children who had a substantiated maltreatment allegation did not have a recurrence of maltreatment within the following 6 months, as indicated by another substantiation for abuse or neglect within 6 months from the first substantiation of maltreatment. This measure has decreased after increasing to 93.1 % in the previous quarter. SCC is below the Federal Standard for Latino, African Ancestry and Asian and Pacific Islander children, and is above standard for Native American and White children. Performance on this measure by ethnicity is as follows: 91.8% of African Ancestry families did not have a recurrence of maltreatment within 6 months during the same time period. 90.5% of Latino children, 92.1% of Asian and Pacific Islander, 100.0% of Native American, and 97.4% of White children likewise did not have a recurrence of maltreatment within 6 months.

Table 11

*S1. Of all children who were victims of a substantiated or indicated maltreatment allegation during the first 6 months of a year, what percent were not victims of another substantiated or indicated maltreatment allegation within the next 6-month period?

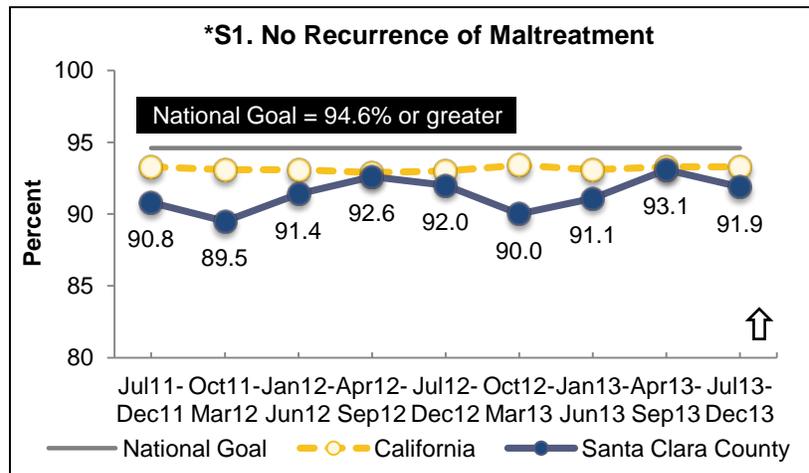


Table 11 (Continued)

*S1	National Standard	Last Year (Jul12- Dec12)		Most Recent Period (Jul13- Dec13)	
Ethnicity	Goal	Performance	Goal met (✓) or not (✗)	Performance	Goal met (✓) or not (✗)
Black	≥ 94.6%	84.7%	✗	91.8%	✗
White	≥ 94.6%	95.1%	✓	97.4%	✓
Latino	≥ 94.6%	90.9%	✗	90.5%	✗
Asian/ Pacific Islander	≥ 94.6%	97.3%	✓	92.1%	✗
Native American	≥ 94.6%	100.0%	✓	100.0%	✓
Overall Performance	≥ 94.6%	92.0%	✗	91.9%	✗

Target Improvement Goal: The County will improve performance on this measure from 91.9% (899 children) to 93.9% (918 children). This result can be obtained from a 25.3% (20 children) reduction in the number of children who have a recurrence of maltreatment within 6 months following a substantiated maltreatment allegation.

RE-ENTRY OUTCOME MEASURE

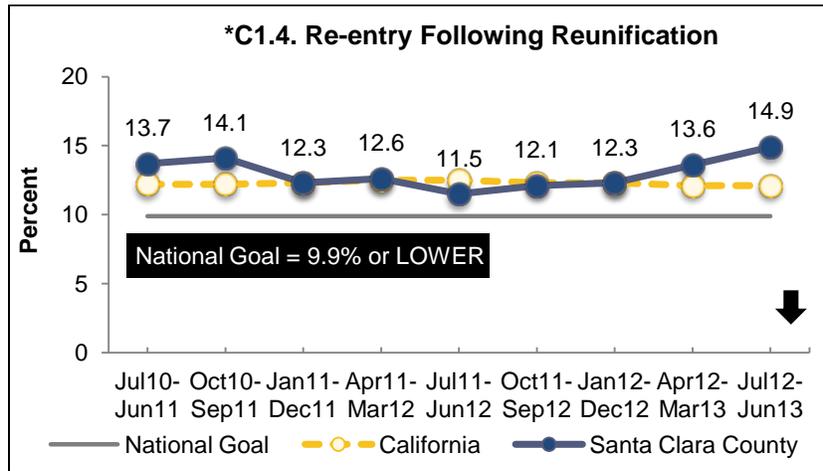
Priority Outcome Measure or Systemic Factor: C1.4 Reentry within 12 months following Reunification. Of all children discharged from foster care to reunification during the year, what percent reentered foster care in less than 12 months from the date of the earliest discharge to reunification during the year?

Federal Standard: 9.9% or lower.

Current Performance: According to the data provided by the University of California, Berkeley, CCWIP for Santa Clara County Child Welfare for the period from July 2012 to June 2013, **14.9%** of children who were discharged from foster care to reunification had a reentry to care within 12 months, which is higher than the Federal goal of 9.9% or lower. Unfortunately, SCC has been trending up in re-entry rates for the past four quarters. By ethnicity, SCC is only meeting this measure for Asian and Pacific Islander children at 5.9% and for White children at 3.4%. Of continuing concern are the rates of re-entry at 20.4% for Latino and 12.2% for African Ancestry children who reentered care in less than 12 months after being discharged from foster care.

Table 12

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



*C1.4	National Standard	Last Year (Jul11- Jun12)		Most Recent Period (Jul12- Jun13)	
Ethnicity	Goal	Performance	Goal met (✓) or not (✗)	Performance	Goal met (✓) or not (✗)
Black	≤ 9.9%	19.7%	✗	12.2%	✗
White	≤ 9.9%	11.5%	✗	3.4%	✓
Latino	≤ 9.9%	9.6%	✓	20.4%	✗
Asian/ Pacific Islander	≤ 9.9%	12.5%	✗	5.9%	✓
Native American	≤ 9.9%	NA	NA	0.0%	✓
Overall Performance	≤ 9.9%	11.5%	✗	14.9%	✗

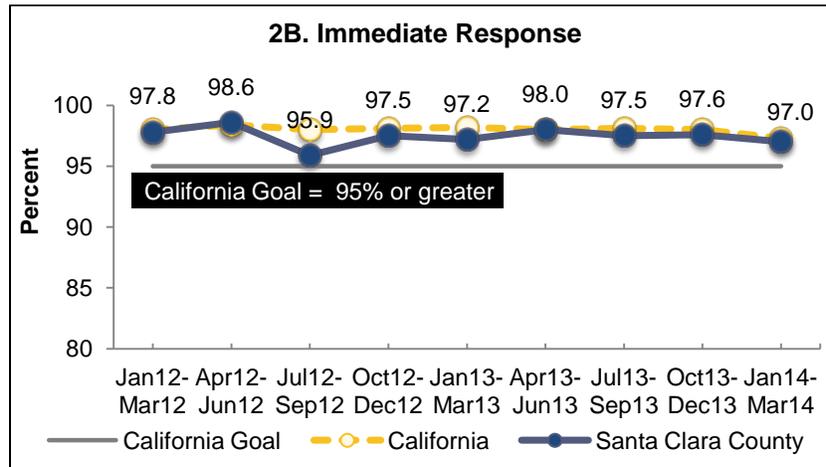
Target Improvement Goal: The County will improve performance on this measure from 14.9% (71 children) to 9% (43 children). This result can be obtained from a 39.4% (28 children) reduction of children who reunified and had a reentry to care within 12 months.

Safety Measures

IMMEDIATE AND 10-DAY RESPONSES

Table 13

2B. State Outcome indicator: Percent of immediate response referrals with a timely response

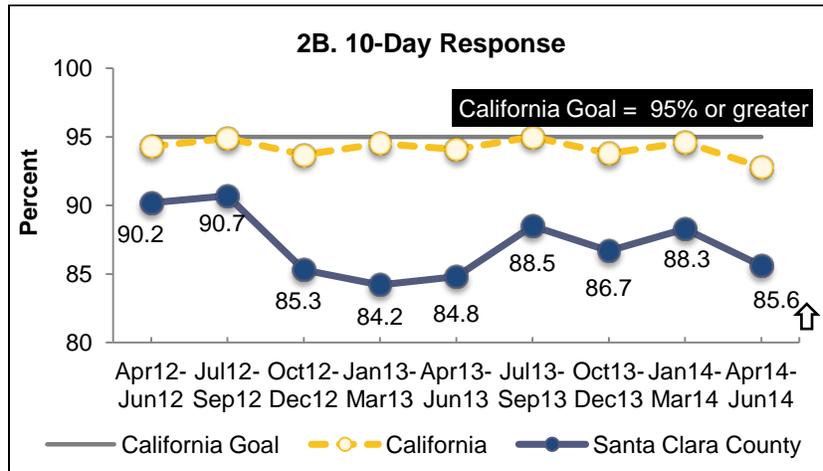


2B. Immediate Response	California Goal	Last Year (Apr13- Jun13)		Most Recent Period (Apr14- Jun14)	
		Performance	Goal met (✓) or not (✗)	Performance	Goal met (✓) or not (✗)
Ethnicity	Goal	Performance	Goal met (✓) or not (✗)	Performance	Goal met (✓) or not (✗)
Black	≥ 95%	97.4%	✓	95.8%	✓
White	≥ 95%	99.0%	✓	97.5%	✓
Latino	≥ 95%	97.2%	✓	97.2%	✓
Asian/ Pacific Islander	≥ 95%	100.0%	✓	97.2%	✓
Native American	≥ 95%	100.0%	✓	100.0%	✓
Overall Performance	≥ 95%	98.0%	✓	97.2%	✓

Immediate Response to Child Abuse and Neglect Referrals: Santa Clara County Child Welfare saw a decrease in the percentage of Immediate Response referrals with a timely response for the April 2014 to June 2014 quarter to 97.2%, down slightly from 97.7% for the January 2014 to March 2014 quarter. However, SCC is still exceeding the overall State goal for the Immediate Response measure and exceeds the State goal for each ethnic group as well.

Table 14

2B. State Outcome indicator: Percent of 10-day referrals with a timely response



2B. 10-Day Response	California Goal	Last Year (Apr13- Jun13)		Most Recent Period (Apr14- Jun14)	
		Ethnicity	Performance	Goal met (✓) or not (✗)	Performance
Black	≥ 95%	75.0%	✗	93.0%	✗
White	≥ 95%	84.8%	✗	85.5%	✗
Latino	≥ 95%	86.1%	✗	84.7%	✗
Asian/ Pacific Islander	≥ 95%	84.9%	✗	86.9%	✗
Native American	≥ 95%	75.0%	✗	100.0%	✓
Overall Performance	≥ 95%	84.8%	✗	85.6%	✗

10 Day Responses to Child Abuse and Neglect Referrals: The County’s performance on ten-day responses to child abuse and neglect referrals decreased during the April 2014 to June 2014 quarter to 85.6% which is below the California goal of 95% or better. SCC has analyzed the reasons for the decline and identified areas of improvement. Lack of timely paperwork completion and data entry into the Child Welfare Services/Case Management System (CWS/CMS) appears to be the primary factor which was further impacted by staff vacancies in the Emergency Response function, as well as an increase in the overall number of referrals. Nearly all the Emergency Response positions have now been filled and new staff completed their eight week Social Worker Induction training series on December 9, 2014. Therefore, it is anticipated that SCC should begin to see improvements for this data measure by the 4th quarter of 2014 and the 1st quarter of 2015.

Strategies:

The following SIP strategies are being employed:

- Increase staffing levels in all Front End Emergency Response functions and ensuring that staffing matches the cultural and language needs of the families being served. The DFCS prioritized the hiring of Emergency Response staff, so that timely responses to referrals and complete assessments for families could be achieved. As a result, the DFCS has not had to request mandatory overtime for Emergency Response social workers since May 2014, after having to mandate overtime for six consecutive months prior to that point in time.
- Ensuring the necessary funding for Differential Response, especially for African Ancestry and Latino families, so that family stressors can be addressed and families stabilized to prevent re-referrals and to decrease the numbers of families on the wait list for DR.

Action Steps

Strategy 2B - *Evaluate the effectiveness of Differential Response – Path I, II, and IV to better understand the components that contribute to positively support children and families for safety and well-being. Plan to increase those components that are proven effective with additional SIP goals.*

The SCC Social Services Agency Office of Research and Evaluation is continuing to work on data analysis of the re-referral rates in Differential Response. The purpose was to seek to understand the relationship between engagement in Differential Response (DR) services and child maltreatment re-referral rates for families at risk of entering the child welfare system. The goal of the analysis is to provide data to help the DFCS address the System Improvement Plan (SIP) Strategy 2B by taking an in-depth examination of DR services in relation to family engagement and re-referral rates. This analysis also attempts to provide insight on a) improving services and supports for diverse families and children, and b) increasing the capacity and resources for DR services. Data was gathered through the Community Approach towards Relating and Engaging (CARE) database.

During the prior review period, a Request for Proposal (RFP) for Differential Response (DR) was launched in an effort to ensure consistent services throughout SCC for DR services. The three selected providers were Eastfield Ming Quong Families First (EMQFF), Gardner Family Care Corporation, and the Unity Care Group. All three contractors have the necessary cultural and language capability necessary to provide services to the children and families in SCC. Referrals are divided among the providers by zip codes for Gardner and EMQFF, and Unity Care continues to serve the African Ancestry population. The three providers will collectively serve approximately 800 families for the fiscal year of 2014-2015. Of the 800 slots, Path 1 will receive approximately 275 slots or 35% of the total. Differential Response data showed that 58% of families referred to Path 1 were Latino, 10% were African American, 18% Caucasian and Asian and Pacific Islander families represented 11% of referrals. Therefore, there will be approximately, 159 Latino family slots, 33 African American family slots, 33 Asian Pacific Islander Slots, 28 Caucasian family slots, 8 Native American slots and 14 Other or Mixed Ethnicity family slots. These slots allocations are a general guideline and no family who needs Differential Response services will be denied services but services will be provided that are linguistically and culturally competent.

Strategy 2C - *Ensure adequate language and cultural expertise and sensitivity for staff at community based organizations providing Differential Response Services that matches the children and families served.*

As noted in the preceding section, all three of the community based organizations contracted to provide Differential Response services are required to have staffing that matches the population being served. Changes were made to the DR contract language which requires the providers to staff the services so as to reflect the population being served. In addition, each contractor has agreed to be trained in the Child and Family Practice Model (CFPM) principles and philosophy that guides children and family services in Santa Clara County. This will help to ensure that the DR agencies have an understanding of the practice behaviors they are expected to demonstrate when working with children and families and this also serves to build system integration and cohesion in both approach and service delivery.

Strategy 2G – *The Social Services Agency will ensure improved linkages for CalWORKS and other public benefits that families need to be connected to address factors that impact the economic vulnerabilities and to address the over-representation for Latino and African Ancestry families.*

Approximately eighty five percent of Child Welfare Staff were trained in the Cross Departmental training that has continued over the past several months with the Department of Employment and Benefits Services (DEBS) for Linkages, which promotes collaboration on self sufficiency for parents involved with both “systems” as a means to support protection of children. This is a substantial improvement from the thirty three percent that were trained and reported on in the prior quarters report.

Strategy 2I – *All contracts and Requests for Proposals that are created and/or renewed shall be evaluated to ensure that staffing provided through the community based organization contracted services matches the cultural and linguistic needs of the children and families being served.*

This action step was launched in July 2013 and contracts are being actively assessed and language and cultural requests with regards to staffing for agencies are being considered at times of contract renewals and for all new Requests for Contract (RFC) or Requests for Proposals (RFP).

Strategy 2J – *Increase partnership with public health, mental health and First 5 to support at risk families including the following:*

- *Children Birth through age 5*
- *Parents Under the age of 24 ↓*
- *Medically fragile/special needs children*
- *Teen parents*

- *Parents with disabilities*

The necessary primary action steps for this strategy was to ensure all children birth through age 5 receive a developmental, behavioral and social/emotional screening and are referred to the appropriate resources and interventions. This strategy has continued to move forward during the past year as Santa Clara County received a Federal Early Childhood grant that was aimed at improvements in the infrastructure supporting children being assessed and connected to resources and enrolled and participating in early childhood education programs. To date, the DFCS has partnered with Public Health to screen over 60% of children ages birth through age 5. Challenges exist with mandating social workers to complete the necessary releases and paperwork with the current high caseloads and additional demands on their time as well as overtime that have been necessary just to perform basic tasks. Meet and confers with the necessary labor organizations regarding the impacts associated with the additional tasks. All partner agencies involved including the Public Health Department, County Office of Education, County Mental Health, First 5 and Court partners are committed to making this process and support to young children successful.

Strategy 3

SAFETY STRATEGIES

- (1) *Address and eliminate the over-representation of African Ancestry and Latino families and*
- (2) *Better understand what is causing the under-representation for Asian Ancestry American families for referrals (*) received in the DFCS for suspected child abuse and neglect through enhanced collaboration, training education and accountability between the DFCS and its community partners*

(*) *Referrals is defined as the process from the CAN Center hotline call through the referral closing- Path 1, Emergency Response – Path 2, Voluntary or information Supervision Services or until case opening.*

Action Steps

Strategy 3A - *Revise the design, content and delivery of the mandated reporter training to ensure education about (1) disproportionality, (2) bias in work with children and families and (3) exploring the impact of poverty, cultural values and barriers to services.*

Changes have been made in the mandated reporter training curriculum and active outreach for education with the community is underway. Next steps are involvement with key community partners and cultural groups to ensure that messages for different cultural groups are appropriate. Targeted outreach and training for law enforcement, school personnel and medical personnel, which represents the three largest categories of mandated reporters, will begin in 2015.

Strategy 3F – *The DFCS to continue to fill all positions through hiring of well qualified staff that are culturally and linguistically able to serve Latino and African Ancestry families.*

The DFCS continues to believe that being adequately staffed is a critical part of sustaining an organization and is a key to ensuring other SIP strategies are operationalized. Active hiring for well qualified staff possessing the necessary language skills and cultural backgrounds and expertise to work with the children and families of African Ancestry, Latino and Asian and Pacific Islander ethnicities has had positive results over the past several months. The DFCS partnered with the Employment Services Agency (ESA) to prioritize hiring and improve outreach and recruitment. Since January 2014, sixty (60) social workers have been hired by the Department, which includes nineteen Spanish speaking and two Vietnamese speaking workers. As of December 9, 2014, the DFCS had twenty nine Social Worker II/III vacancies: thirteen monolingual positions, thirteen Spanish Speaking positions, and three Vietnamese speaking positions. This is a decrease in the number of vacancies that have existed over the past year, especially when considering that some new social worker positions were created through realignment and budget additions, within the DFCS as well as in other county agencies and departments. The reality is the DFCS has become the gateway into social work positions county-wide, due to contracted internal transfer processes that provide current county staff with priority in applying for transfer into social worker positions that become vacant within the department/agency and in other county agencies. As a result, almost all of the vacant social worker positions end up with the DFCS. This is further accentuated by the fact that the work in child welfare is very stressful, demanding, emotionally draining and continuously challenging.

In order to address and improve hiring and retention, the DFCS is working with ESA to modify the current job specifications for the social work series so that the application pool can be expanded. These potential modifications are currently in the meet and confer process. In addition, ESA is looking at how to ensure that Santa Clara County is able to compete with the community and other counties for well qualified staff to hire. The DFCS is also continuing to work with the Schools of Social Work at San Jose State University, University of California, Berkley, and California State University East Bay, to utilize our working relationships to encourage social work graduates from the class of 2015 to apply for DFCS positions. With respect to retention, the DFCS has requested additional Social Worker I positions in the mid-year budget process to provide additional supports for the case carrying child welfare social workers. The DFCS is also looking at creating a formal, internal mentoring program to better support staff. The DFCS also continues to focus on integrating reflective practice and coaching to assist and support staff with the difficult work in child welfare. Other system supports, such as pre-Licensed Clinical Social Worker (LCSW) group and individual hours and other training areas are being emphasized to help retain staff.

In addition, the following strategies will ensure that there are additional cultural resources and a cultural focus to better serve children and families:

- The DFCS has continued to move forward with the Integration Initiative Partnership, which is a collaboration with the Walter S. Johnson Foundation, the Center for the Study of Social Policy, and the University of Chicago School of Social Work. The goal of the Initiative is to transform child welfare policy and practice to more effectively serve Latino and Lesbian Gay Bisexual Transgender Questioning (LGBTQ) children and youth. Santa Clara and Fresno counties are participating as demonstration sites and actively participate to assist the Initiative to identify and understand the unique needs of our local target populations, core components of services effective in meeting their needs and core implementation drivers necessary to sustain culturally competent service provision. Focus groups for youth and staff are in the process of being set up for early 2015.
- The DFCS has held three open forums in August, September, and October 2014 with community stakeholders on the introduction of a newly proposed Cultural Brokers program (linking, bridging, or mediating groups or persons of different cultural backgrounds for the purpose of reducing conflict or producing change) in Santa Clara County. The DFCS is engaged with the community and seeking assistance with the design and development of this new service in an effort to strengthen partnerships between families and the DFCS, and build new connections within the diverse and evolving communities of Santa Clara County. The cultural brokers program is being introduced as a strategy to help break the cycle of disproportionality and outcome disparity, and provide greater opportunity and new avenues for success that may not have been tried before for families and youth involved in the Santa Clara County child welfare system. A procurement process has been initiated and community partners have been invited to submit proposals. Anticipated program start up is projected to be early to mid-2015.

Strategy 3E - *Ensure consistent assessment for referrals for General Neglect and* **Strategy 3G** - *Ensure consistent procedures to guide calls. Provide training and screen to ensure that consistent messaging to callers and consistent use of resources and information.*

Implementation of Reflective Supervision and elements of Safety Organized Practice (SOP) in the Child Abuse and Neglect Center (CANC)(Child Abuse and Neglect reporting line) in an effort to ensure consistent assessments for referrals. To date, all supervisors are trained and are implementing with their staff. The CANC staff have been involved in workgroups to develop a standardized screener narrative for all screeners to use in obtaining and writing of information from reporting parties. This new process is expected to launch by January 2015 and will lead to consistency in decisions and documentation with clear harm and danger statements. All staff and supervisors in the CANC have been trained in the Child and Family Practice Model (CFPM). In addition, to enhance the screening social workers' knowledge of community resources, the Director of 211 Santa Clara County came to unit meetings to give presentations on the 211

Resource Directory. The DFCS program manager for the CANC has also joined the quarterly 211 Advisory Committee meeting. All CANC supervisors have been trained and are utilizing Reflective Practice Supervision in which the supervisor and screening social worker sit together to review a recorded incoming call for supervision. The screening social workers self selects one or two recorded calls, preferably a call that was challenging and one that showcases their skill level. The goal of using reflective practice has been to allow the screening social worker to reflect and set personal goals to improve their phone communication, assessment and screening skills. The goal for the Department is to increase the consistency of assessment screenings at the CANC referral level. To date, there have been over twenty reflective practice sessions in the CANC.

Strategy 3H - *Determine how to increase the utilization of the Family Resource Centers*

Increase collaboration and partnership with the community and the available resources and increase utilization of the DFCS Family Resource Centers. The DFCS has worked with staff, community based organizations and the community to look at the available resources and partnerships available at the San Jose Family Resources Center, Gilroy Family Resources Center and the HUB Youth Center. An Open House and Resource Fair occurred September 18, 2014 for the San Jose Family Resource Centers and the Hub in an effort to showcase changes to better serve the families and community through increased partnerships and new programs. The Hub has added resources for substance abuse and a partnership with Second Harvest Food Bank for food over the past several months. More than 350 Social Services Agency, DFCS staff, county leaders, community partners, community members, and youth attended the Open House. Planning is underway for a large kick-off event to promote medical and dental health care for our children and families. This will be in partnership with the Gilroy Family Resource Center and with Santa Clara County's Healthier Kids' program.

In the area of parent education classes, the FRC's will be increasing and finalizing the Triple P (Positive Parenting Program) classes this year. The DFCS is working on finalizing the schedule and content with the vendor, Rebekah's Children's Services (RCS). In addition, the DFCS will be adding specialized parenting classes that focus on fathers, parenting special needs children (such as children with disabilities), teens, teen parents, co-parenting, parenting for young parents and classes in Spanish and Vietnamese. Triple P is a 15 week, 30 hour parent education program and is primarily for DFCS clients. The Triple P model is a parenting and family support system designed to prevent as well as treat behavioral and emotional problems in children and teenagers. It aims to prevent problems in families, schools and the community before they arise. Triple P creates family environments that encourage children to realize their potential. The Triple P system offers a multi-level framework that aims to tailor information, advice and professional support to the needs of individual families. DFCS clients will be receiving levels 4 and 5 of the

Triple P system, which targets broader family issues such as relationship conflicts, parental depression, anger and stress.

Focus groups and workgroups for the South County Family Resource Center will launch in early 2015 to determine the necessary partnerships and community resources. Initial focus groups were held with birth parents and foster parents, about the supports and resources needed. The focus groups with the community were pushed back due to changes in community partners and the focus on the work on the Cultural Brokers concept. To date, The DFCS has partnered with the District Attorney's Office, Morgan Hill Police Department, Gilroy Police Department, Community Solutions, the Probation Department, for the Family Justice Center in a community effort to support domestic violence in South County. The Family Justice Center is operational and serving the community. The partners continue to meet monthly and data regarding the number of families served should be available by Spring 2015. In addition, a partnership with Teen Force with funding from the Walter S. Johnson Foundation, the City of Morgan Hill and the City of Gilroy will support employment for youth both from the foster care system and from low income families. Teen Force began and an Employment Counselor started one day per week with this initiative in November 2014. The launch for youth employment occurred on December 16, 2014 with nine youth from Gilroy and Morgan Hill signed up to be trained on how to secure employment through Teen Force during January 2015. The County is supporting looking at the possibility of identifying and moving the DFCS and Gilroy Family Resource Center to a new location that is more family centered and inviting to the community. One of the goals in such a move would be to better support visitation in a more encouraging environment in an effort to better transition families into the community. Since September 2014, the Gilroy Family Resource Center has been open nearly every evening until 7 pm as well as every Saturday for visits and on several Sundays as well in order to better support visitation.

Strategy 4

FAMILY REUNIFICATION STRATEGIES

Better utilize formal and information supports, such as extended family and the faith based community to increase placement with relatives and Non-Relative Extended Family Members (NREFM), safely supports parents and children in family reunification

REUNIFICATION OUTCOME MEASURES

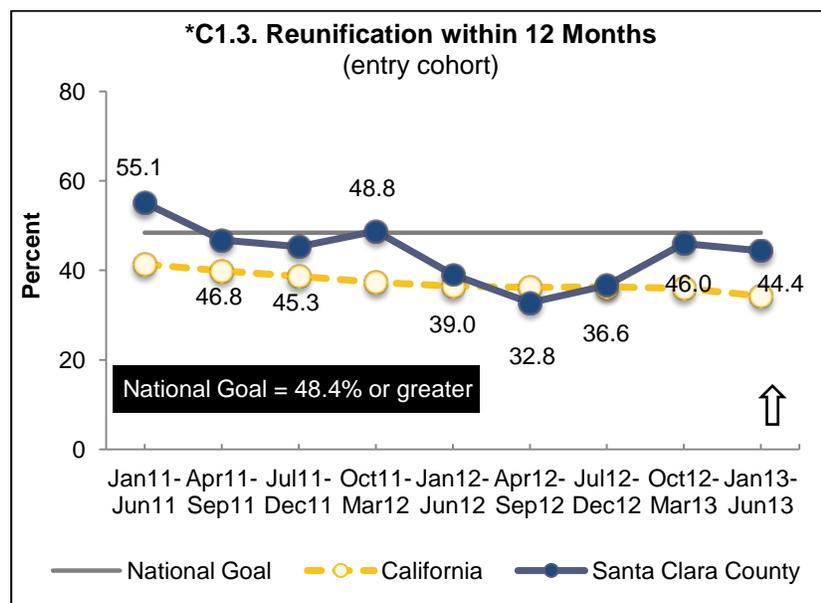
Priority Outcome Measure or Systemic Factor: C1.3 Reunification within 12 Months (6 Month Entry Cohort). Of all children entering foster care for the first time in the 6-month period who remained in foster care for 8 days or longer, what percent were discharged from foster care to reunification in less than 12 months from the date of latest removal from home?

Federal Standard: 48.4% or greater.

Current Performance: According to the data provided by SafeMeasures for the period between January 2013 and June 2013, a review of an entry cohort of children in Santa Clara County Child Welfare showed that **44.4%** of children who had first entries to foster care for 8 days or more were reunified in less than 12 months, as compared to the Federal goal of 48.4% or higher. By ethnicity, this goal was met only for White children at 59.0%. However, Latino and Asian and Pacific Islander children have been trending upwards on this measure as compared to the same period of the prior year. Of concern is that the percentage for African American children through this reunification measure is trending down. However, when considering other measure of reunification, specifically reunification within 12 months (exit cohort of children for reunification efforts) and median time to reunification (performance measures C1.1 and C1.2), SCC is meeting performance goals for African Ancestry children and families. For this measure, 33.3% African Ancestry, 42.4% Latino, 44.4% Asian and Pacific Islander and 59.0% of White children were reunified in less than 12 months during the same time period.

Table 15

***C1.3.** Of all children entering foster care for the first time in a 6-month period, and who remained in foster care for 8 days or longer, what percent were discharged from foster care to reunification in less than 12 months from the date of latest removal from home?



*C1.3	National Standard	Last Year (Jan12- Jun12)		Most Recent Period (Jan13- Jun13)	
		Performance	Goal met (✓) or not (✗)	Performance	Goal met (✓) or not (✗)
Ethnicity	Goal	Performance	Goal met (✓) or not (✗)	Performance	Goal met (✓) or not (✗)
Black	≥ 48.4%	35.3%	✗	33.3%	✗
White	≥ 48.4%	55.4%	✓	59.0%	✓
Latino	≥ 48.4%	34.9%	✗	42.4%	✗
Asian/ Pacific Islander	≥ 48.4%	25.0%	✗	44.4%	✗
Native American	≥ 48.4%	50.0%	✓	NA	NA
Overall Performance	≥ 48.4%	39.0%	✗	44.4%	✗

Target Improvement Goal: The County will improve performance on this measure from 44.4% (107 children) to 53.8% (130 children). This result can be obtained from a 17.4% (23 children) reduction of children with first entries into foster care of 8 days or more and still in care at 12 months. Although there was a slight decrease in performance during the January 2013 to June 2013 period, performance in this measure is significantly improved than for any period during 2012.

Strategy 5

FAMILY REUNIFICATION STRATEGIES

The DFCS will increase the number of children who are safely reunified with their families through increased support and engagement with parent(s)

REUNIFICATION OUTCOME MEASURES - Timeliness and Permanency of Reunification

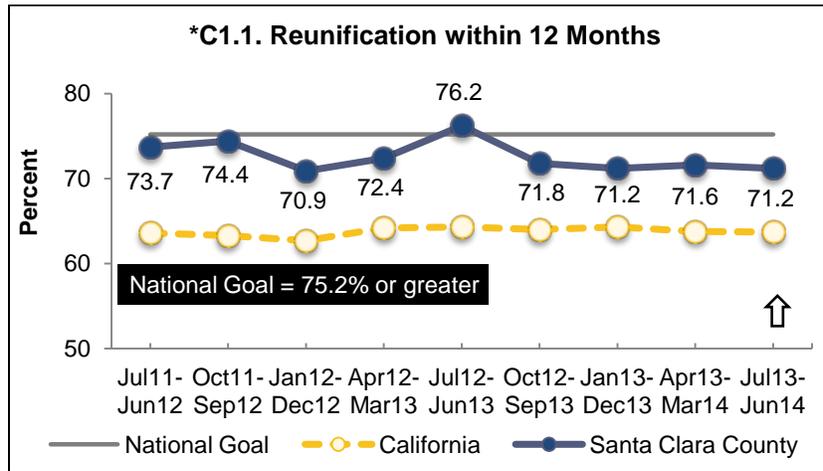
Priority Outcome Measure or Systemic Factor: C1.1 Reunification within 12 Months (exit cohort). Of all children discharged from foster care to reunification during the year, who had been in foster care for 8 days or longer, what percent were reunified in less than 12 months from the date of the latest removal from home?

Federal Standard: 75.2% or greater.

Current Performance: According to the data provided by SafeMeasures for the period between April 2013 and March 2014, in Santa Clara County Child Welfare, **71.2%** of children who were in foster care for 8 days or more were reunified in less than 12 months. This measure had started to trend upwards in the prior quarter, but has returned to the same rate as the January 2013 to December 2013 period. By ethnicity, this goal was met for African Ancestry, Native American and Asian and Pacific Islander, but not for Latino and White children. However, for White children were reunifying in less than 12 months at a 74.6% rate, which is just below the National Goal. Of concern is the downward trend of Latino children during the last quarter, decreasing from 73.4% for the preceding period to 68.6%. For the current period, 82.6% of Asian/Pacific Islander children were reunified in less than 12 months, 75.9% of African Ancestry children, and 74.6% of White children were likewise reunified in less than 12 months.

Table 16

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



*C1.1	National Standard	Last Year (Jul12- Jun13)		Most Recent Period (Jul13- Jun14)	
		Performance	Goal met (✓) or not (✗)	Performance	Goal met (✓) or not (✗)
Ethnicity	Goal				
Black	≥ 75.2%	86.2%	✓	75.9%	✓
White	≥ 75.2%	73.2%	✗	74.6%	✗
Latino	≥ 75.2%	73.4%	✗	68.6%	✗
Asian/ Pacific Islander	≥ 75.2%	91.2%	✓	82.6%	✓
Native American	≥ 75.2%	100.0%	✓	100.0%	✓
Overall Performance	≥ 75.2%	76.2%	✓	71.2%	✗

Target Improvement Goal: The County will improve performance on this measure from 71.2% (274 children) to 82% (316 children). This improvement can be obtained from a 37.8% (42 children) shift of children who reunify in more than 12 months to reunifying in less than 12 months.

Santa Clara County has engaged in the following activities during this past quarter toward the reunification improvement strategies:

Strategy 5A - *Increased visitation in a more natural and relaxed setting and increasing the number of visits available for families and children. Enforce the step down visitation model that would ensure visits occur in the least restrictive and supportive environment for families. Prioritize the increase in support staff, funding and resources needed to help with the visits, including the availability of in-home parenting support.*

The timeline for completion for increased visitation is the Spring of 2015. This strategy has been prioritized through the Strategic Planning process and workgroups aimed at further development of the necessary short and long term action steps have been actively engaged over the past few months. Additional staff to supervise visitations has been requested through the 2014-2015 mid-year budget process. Discussions are occurring with Seneca Foster Family Agencies for possible

therapeutic visitation resource funded through Adoption Wraparound reinvestment funds. Refocusing and supporting staff on the Department's existing visitation policy known as "step-down" or progressive visitation to have the least restrictive visitation possible that ensures the safety of the child and utilizes family and other natural support systems in more natural settings will be an emphasis in early 2015.

Strategy 5B -Continue to support staff through training in order to have the difficult conversations with families regarding trauma. Ensure trauma focused educational services for parents and caregivers, and staff and ensure language and ethnicity is included. Creation of an on-line policies and procedures manual of current licensed professionals and including coaching and mentoring for staff especially with regards to trauma and **Strategy 5E** –Continued participation in the California Partners for Permanency Project (CAPP) for Safety Organized Practice (SOP) and Coaching and Mentoring.

Strategies 5B and 5E are intertwined as both involve Agency wide training and system changes in the ways in the DFCS is supporting children and families and the ways in which the Department is supporting social workers working with families to develop training and system changes respective organizations and agencies on a trauma informed practice. Continued training is scheduled for all DFCS Social Workers in the Child and Family Practice Model (CFPM). The CFPM training has included specific modules on cultural humility, trauma focused efforts, teaming and elements of Safety Organized Practice. Current efforts are supporting workers in "teaming with families" more, having difficult conversations to better engage children and families, and helping to sort out true harm and danger for children versus other complicating factors for a family. To date, nearly three fourths of the workforce has been trained. Front End social workers in Emergency Response and Dependency Intake have begun training and it is anticipated that most of the remainder of the social workers will be trained by the end of February 2015. In addition, the County continues to support Reflective Supervision so that social workers are better supported by supervisors and supervisors better supported by managers. Discussions are continuing in an effort to build a Coaching Plan for consistent support by managers and supervisors for staff. Fidelity Assessments continue to be held to evaluate the effectiveness of the training and full implementation. A fidelity assessment tool is used by a trained supervisor or manager and community partner observing the social worker with the family in a "teaming event." Feedback from the Fidelity Assessments will inform the "system" about areas that need further training or support for social workers to best support families.

In addition, the Santa Clara County DFCS has obtained Board approval for participation in the Title IV-E Well-Being Demonstration Project (also known as the Title IV-E Waiver Project). This is an opportunity for Child Welfare and Probation Departments to use Title IV-E funding, which is the largest federal funding source for Child Welfare, more flexibly, to better meet the unique needs of the specific jurisdiction. The Title IV-E California Well-Being Project (Well-

Being Project) will allow the child welfare and probation departments to offer federal foster care funds to children and families not normally eligible for Title IV-E support, and also provides funding for certain services not normally covered under Title IV-E. The project over the next five years will focus on two components:

- **Prevention:** Wraparound for probation youth exhibiting delinquency risk factors that put them at risk of entering foster care.
- **Family Centered Practice:** Full implementation of Safety Organized Practice to further implement and enhance the Core Practice Model for child welfare, focusing on prevention services to prevent the need for removals from the home, and supporting less restrictive placement options.

The first year of participation will be largely focused on planning and stakeholder outreach. Initial positions to support planning, implementation and evaluation of the Title IV-E Well-Being Project have been approved by the Board of Supervisors and a recruitment to fill the positions is in process.

It should also be noted that the concepts and principles of the CFPM and SOP are in alignment with the concepts underlying reflective supervision and reflective practice, as well as “Just Culture” which will be rolled out in the Social Services Agency and in the DFCS in early 2015.

Strategy 6

PERMANENCY STRATEGY

Increase the number of youth in guardianships and children/youth in adoption placements and eliminate the barriers to support a stable placement for children/youth

PERMANENCY OUTCOME MEASURE

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

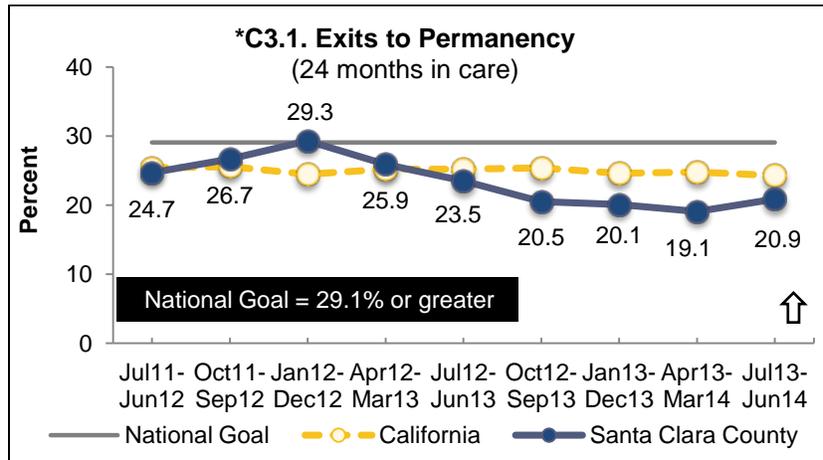
Federal Standard: 29.1% or greater.

Current Performance: According to the data provided by the University of California, Berkeley CCWIP for Santa Clara County Child Welfare for the period between July 2013 to June 2014, **20.9%** of children who were in foster care for 24 months or longer on the first day of the year were discharged to a permanent home by the end of the year and prior to turning 18. This measure is currently not meeting the Federal goal of **29.1%** or greater. Included in this percentage are children who exited to reunification, adoption, and legal guardianship. Not included are children who exited to non-permanency or were still in care. By ethnicity during the same time period, 11.1% of Asian/Pacific Islander Ancestry children who were in foster care on the first day of the year exited to a permanent home by the end of the year and prior to turning 18, 22.2% of Latino children, 19.5% of African Ancestry children, and 19.1% of White children

likewise exited to a permanent home by the end of the year and prior to turning 18. There was an increase in performance for African Ancestry and White children, but a decrease in this performance measure for Latino and Asian and Pacific Islander children.

Table 17

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



*C3.1 Ethnicity	National Standard Goal	Last Year (Jul12- Jun13)		Most Recent Period (Jul13- Jun14)	
		Performance	Goal met (✓) or not (✗)	Performance	Goal met (✓) or not (✗)
Black	≥ 29.1%	17.3%	✗	19.5%	✗
White	≥ 29.1%	14.0%	✗	19.1%	✗
Latino	≥ 29.1%	27.3%	✗	22.2%	✗
Asian/ Pacific Islander	≥ 29.1%	17.7%	✗	11.1%	✗
Native American	≥ 29.1%	66.6%	✓	0.0%	✗
Overall Performance	≥ 29.1%	23.5%	✗	20.9%	✗

Target improvement Goal: The County will improve performance on this measure from 20.9% (67 children) to 40.8% (131 children). This result can be obtained from a 25.7% (64 children) reduction in the number of children who are still in care. This increase stops a downward trend over the five preceding reporting periods.

Strategy 6B - *Concurrent Home Agreements are submitted, tracked and monitored for all children. Permanency Coordinator continues to send monthly report to Supervisors and Managers identifying those children who do not have Concurrent Home Agreements on file. Reinstate manager reviews for permanency and ensure all cases are transferred to finalization unit within 30 days of Parenting Rights being terminated.*

Strategy 6C - *Create a new assignment to track and monitor all external home studies to expedite completion and to better track and understand any delays.*

The Department has reinitiated tracking of concurrent plans for all children in care to ensure that every child has a plan for permanency in process through monthly reports being sent to supervisors and managers, as well as the implementation of manager reviews to ensure all cases where Parental Rights are terminated are transferred to the Adoption Finalization Unit to start the adoption process within 30 days. This began in the summer of 2013. As of November 2014, 50% of relative, non-relative extended family member (NREFM) and foster homes have a signed concurrency agreement in place. The Concurrent Homes Agreements (CHA) have improved substantially since May 2013, when only 26% of the placements had a Concurrent Home Agreement.

The Department also launched a strategic intensive effort starting in January 2014 to ensure timely adoptions for those children freed for adoption. Additional support staff persons were reallocated to assist with the necessary paperwork with families and helping to trouble shoot barriers to aid in the completion of all the steps toward adoption. Over 100 cases were identified. Due to the timelines involved in an adoption finalization, SCC should have the results of this initiative in the rates of timely adoption by the 3rd and 4th quarter data of 2014.

There were a total of 101 adoptions finalized during the July 2013 to June 2014 Fiscal Year. For the period from July 2014 to December 2014, there were an additional 67 adoption finalizations. Thirty six of these adoptions occurred on National Adoption Day on November 21, 2014.

Strategy 7

PERMANENCY, FAMILY REUNIFICATION AND WELL-BEING STRATEGY

Increase efforts to support children's well-being in order to stabilize and support children/youth in placement and support a parent(s) ability to reunify with their child(ren).

Action Steps

Strategy 7A – The Department continues education a priority and increase educational support to each student through the following action steps including hiring an additional staff in the Educational Services Unit to focus on the activities noted below. Due to delays in the movement of staff and the need to not remove another staff away from direct case carrying services, there was a delay in the hiring of an additional staff. However efforts are underway to move toward the following:

- Increase tutoring – County Office of Education has dedicated additional funding for children and youth and a process is being established to ensure success.
- Better support social workers and youth to understand and read transcripts – A plan will be developed and implemented by June 2015.
- Ensure the necessary support and classes for middle school students
- Decrease number of expulsions through advocacy and education
- Increase number of 3-5 year olds in Head Start, State preschool or other comparable preschool Early Education Environment.

- Increase partnerships with local colleges for opportunities for transitioned aged youth.

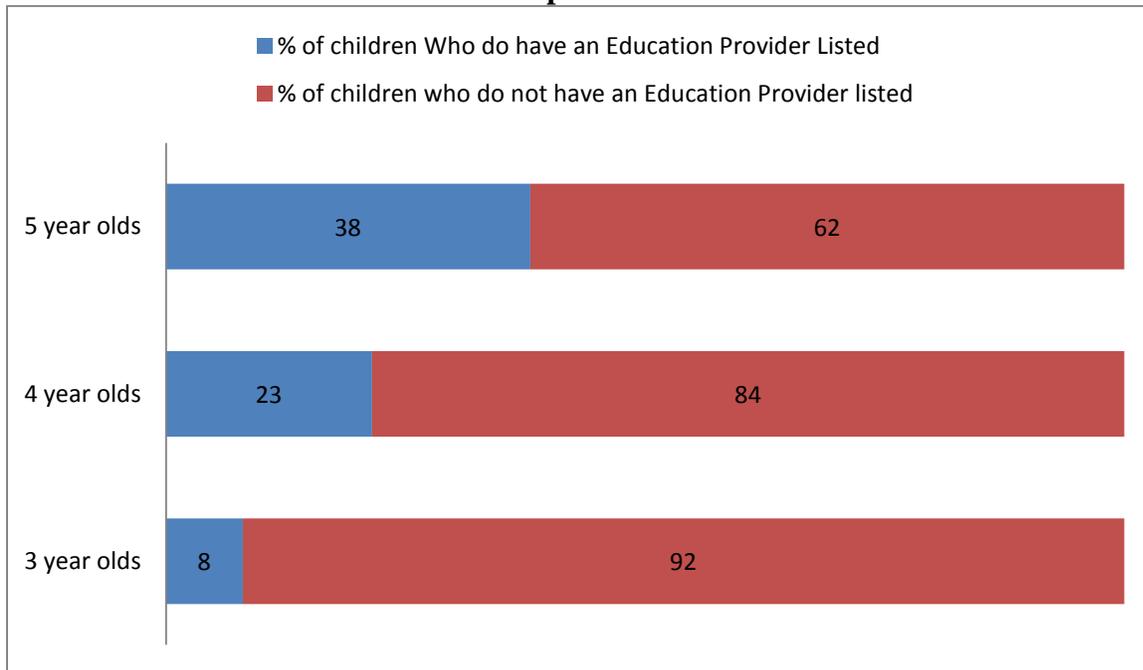
The Department has increased efforts to ensure educational well-being in the following ways:

(1) Participation in the Early Education Partnership Grant to increase the number of children ages 3-5 in preschool or Head Start. As of September 2014, about 33% of children ages 3-5 are enrolled in and participating in an Early Education Program. This represents 70 of 204 total children. As of September 2013, only 17% of the children ages 3-5 had an identified early education provider. In addition, another important goal for the Early Education Grant was to increase Early Education enrollment for foster youth ages 3-5 who reside in Santa Clara County (SCC), the majority of whom living in three identified geographic "hot spots" including the downtown, Eastside and Gilroy area. Enrollment in Head Start is actually low at this time and the Department is working to identify any additional geographical matches for children in need of Early Education enrollment in any of the areas with Head Start slots available.

The breakdown by age for those children 3-5 in Out-of-Home Placement (OHP) who have an education provider listed is 8% (11 children) of the children age 3; 23% (29 children) of the children age 4; and 38% (30 children) of the children age 5.

Overall, approximately 23% (50 children of a total 220) of children ages 3-5 have a listed education provider. This does represent an increase during the recent quarter, up from 17% on September 16, 2014.

Table 18
Number of Children With and Without an Early Education Provider Listed as of September 2014



As of December 15, 2014 there were a total of 235 children with open cases who did not have any education provider information listed in CWS. Forty six (46) children were enrolled in a Head Start Program. The remaining 66 children have other education providers listed (typically an elementary school).

(2) Sixty percent (60%) of DFCS children ages birth through age 5 have been screened by the Public Health Nurse (PHN) Visitation Program by a Public Health Nurse and medical, educational and mental health assessments were completed. Medical, educational, and/or mental health referrals have been made as needed, based on the specific assessments of the child's circumstances.

An additional goal for Santa Clara County through this partnership is to have 90% of the over 400 children in foster care (ages 0-5) receive assessment screenings by our Public Health Nurse (PHN) Home Visitation Program in an effort to screen for early identification of any needs and then make the appropriate referrals. Progress to achieve this is highlighted below:

As of December 29, 2014, there were a total of 420 children ages 0 to 5 in Out of Home Placement. Of those 420:

- Two hundred fifty (60%) of children ages birth through age 5 have been screened by a PHN since the program launch in November 2012. This represents an increase from 58% in August 2014.
- 170 children (40%) still need to be screened by a PHN.
- An additional PHN was hired and paid for in a public/private partnership through the Public Health Department and First 5 SCC in order to meet the growing demand and to allow for the expansion of public PHNs for children of young parents age 24 and younger who are currently or were previously in the foster care or juvenile probation systems.
- Santa Clara County is still in negotiations with the Union bargaining chapter to mandate social workers to obtain PHN screening for all children ages birth to age 5.
- Santa Clara County PHNs utilize the Ages and Stages Questionnaire: Social Emotional (ASQSE) for the screenings for children. Consideration was given to possibly use a Trauma Screening Tool but currently this tool is designed for use by Mental Health Professionals and is not a tool used by PHNs. In addition, the Omaha Documentation is used to document and rate the parent or foster parent's Knowledge, Behavior and Status of bonding issues for children.

(3) An additional social work coordinator was hired into the Educational Services Unit in order to support social workers for education for high school and post secondary education and vocational services for youth. Unfortunately, this individual was subsequently promoted into another position and there are meetings scheduled with Labor regarding the future use of this position. Once these discussions are complete, the Department will move forward with filling this position.

(4) The Emerging Scholars Program partnership with Silicon Valley Children's Fund has increased the numbers of interns working with high school aged youth ensuring educational mentorship and support. For the 2014-2015 Academic Year there are 13 graduate level social work interns (as compared to 10 interns the previous academic year who served 65 youth) from San Jose State University providing educational mentorship and support. The goal is to continue to build this program and increase the number of mentors and ultimately increase the number of foster youth served.

(5) Additional tutoring support is currently being provided through County Office of Education (COE) which funds tutoring services for children and youth who are in out of home placement including children and youth in foster homes and group homes up to age 19 years of age. Drop in tutoring is available at the Hub youth center Monday to Friday from 1:30 pm to 5 pm and plans are underway to provide drop in tutoring at the Gilroy Family Resource Center. In addition, in home tutoring or tutoring in the home can be provided for any children in need. Youth and children who are not eligible for tutoring services through COE are provided through tutoring funded by the DFCS through Team Up Tutor! COE has supplemented tutoring services that are available through the Department and has made this service available to the majority of families with open DFCS cases.

(6) The Silicon Valley Children's Fund (SVCF) in collaboration with the Family and Children's Services (FCS) Independent Living Program Coordination (ILP) and the DFCS ILP Coordinator, has created a joint effort to work in partnership with the local colleges to create opportunities and support transition aged youth. They meet monthly with the local colleges to discuss the number of youth enrolled, new legislation that impacts current and former foster youth, financial aid, share information regarding housing and employment resources and problem solve specific issues regarding individual youth.

(7) The Silicon Valley Children's Fund is partnering with TeenForce to create a pathway to Science Technology Engineering and Mathematics (STEM) Careers for local foster high school youth. The DFCS, working with SVCF and TeenForce will offer STEM career and workforce-readiness training to foster youth during the school year using the Mouse Squad STEM curriculum along with TeenForce's existing workforce-readiness curriculum. After completing the training, youth will be placed in paid summer internships at local tech companies such as Symantec, Xilinx, and SanDisk. Participating tech companies will also supply the "teachers" for the STEM training. The project reflects a three-year commitment to the Clinton Global Initiative to offer the program to all foster high school youth in Santa Clara County by the end of 2017. During the pilot year (2014-2015), the program will be offered to 50 foster high school youth, and the program has achieved this goal for the academic year. The program will then be expanded to serve 80 youth in 2016 and 130 youth in 2017 as capacity and partnerships are increased.

One of the goals is to learn how to open the vast STEM career possibilities available in the Silicon Valley to local foster youth, who have for the most part been excluded from the field because they lack the educational background, the support systems, and the human connections many others in the valley enjoy. In order to succeed and in order to achieve this goal, three things specifically need to be learned: a) How to excite young people's imagination and motivation to pursue the sciences; b) How to excite tech companies to assist in the training—both in the classroom and on the job; and c) How to encourage the natural human connections that emerge from contact with young people. In addition, determining how to bring this to scale in order to serve all interested foster high school students in the county by the end of 2017 will be a major challenge.

Well-Being Measures

Priority Outcome Measure or Systemic Factor: 5B.1 and 5B.2 Timely medical and dental exams for all children.

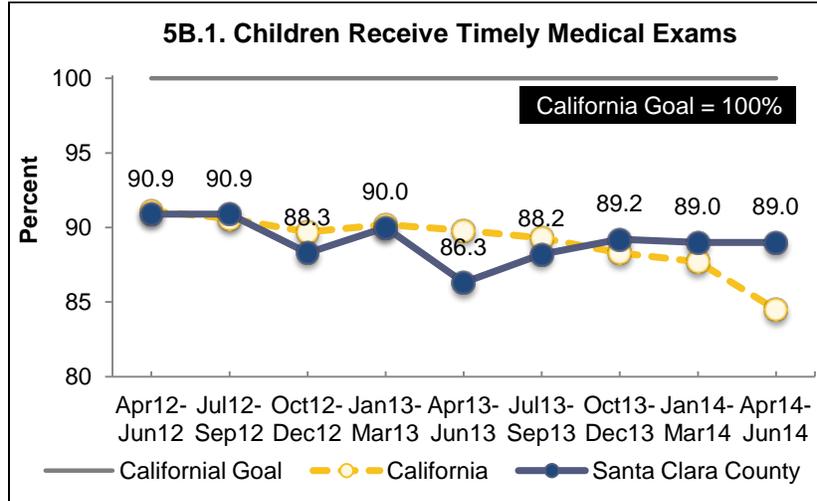
State Standard: 100%.

Current Performance: Timely medical and dental exams: Timely medical exams for all children for the period from April 2014 to June 2014 remained constant at 89% as compared to the prior quarter and performing below the 100% State goal. Latino and Asian and Pacific Islander children have a higher percentage of timely medical exams, at 89.6% and 92.8% respectively and above the county average. However, SCC performance in this area is well above the State average of 84.5%.

Timely dental exams for all children for the period from April 2014 to June 2014 decreased to 57.5% from 59.3% as compared to the prior quarter and performing below the 100% State goal. Latino, Asian and Pacific Islander, and White children have a higher percentage of timely dental exams, at 59.6%, 59.6% and 58.1% respectively, and are above the county average. Of great concern is the fact that only 44% of African Ancestry children are receiving timely dental exams, which is significantly below the county and State average. For SCC as a whole, the county is just under the State average on this performance measure.

Table 19

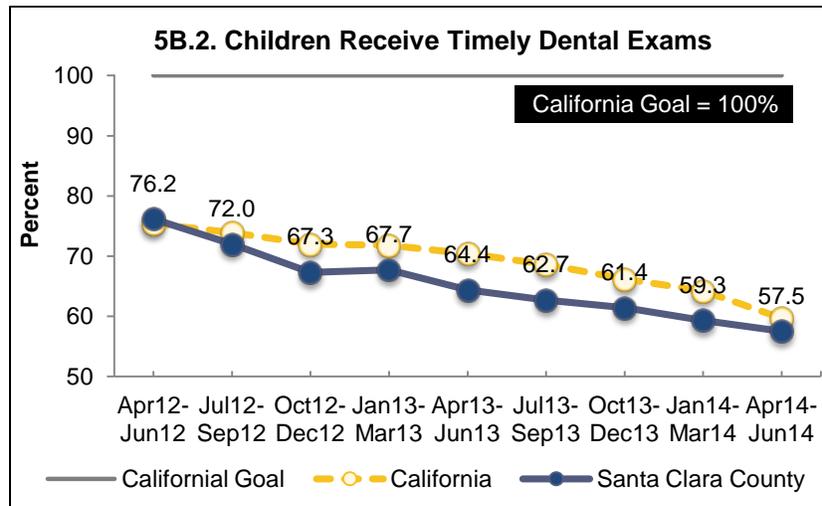
***5B.1 100% of the children receive timely medical exams**



5B.1. Children Receive Timely Medical Exams, April 2014 - June 2014						
Medical Exams	Black	White	Latino	Asian/ Pacific Islander	Native American	Overall Performance
Received a timely medical exam	84.4%	87.8%	89.6%	92.8%	88.9%	89.0%

Table 20

***5B2 100% of the children receive timely dental exams.**



5B.2. Children Receive Timely Dental Exams, April 2014 - June 2014						
Dental Exams	Black	White	Latino	Asian/ Pacific Islander	Native American	Overall Performance
Received a timely dental exam	44.2%	58.1%	59.6%	59.6%	50.0%	57.5%

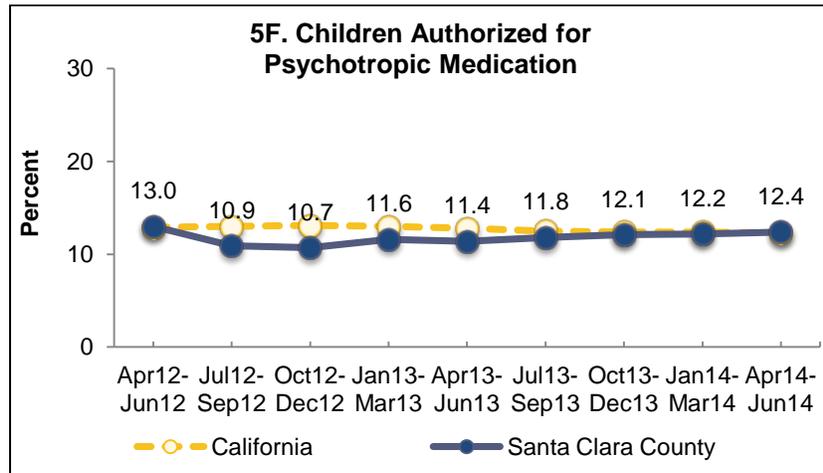
Strategy 8

Timely dental and medical exams for all children have continued to trend downward (for dental exams) or are consistent (for medical exams) and are below the State standard of 100%. SCC is at 89.0% for timely medical exams and 57.5% for timely dental exams. SIP strategies are currently aimed at increased partnerships with the Public Health Department and better identification of medical and dental resources to increase performance. The DFCS has seen an increase in the number of children birth through age 5 seen by a Public Health nurse, whose primary objective is to ensure a child is assessed and connected to the necessary resources, including a primary physician and regular physicals. To date, approximately 60% of the nearly 400 children ages birth through age 5 have been seen and screened by a public health nurse. However, increases in the number of youth (young adults) in extended foster care who can choose to go obtain medical care or not is impacting this measure. The DFCS is focused on increased support for caregivers, especially relatives in support of medical and dental exams, support for young adults to understand the implications if they do not seek regular medical and dental care. The Department is working to hire an additional Management Analyst position to ensure that necessary resources for tracking and evaluation for these goals and to identify additional barriers or strategies that may be needed.

The final measure noted here for well-being are children authorized for psychotropic medication. Santa Clara County's Child Welfare data looks very similar to the data from the State. However, during the period from July 2012 through December 2013, SCC was below the State average. Unfortunately, since January 2014, SCC rate on this performance measure virtually matches the State rate. Overall approximately 12.4% of children in out of home care in SCC are authorized for psychotropic medication. The DFCS is working with Mental Health Department, the Juvenile Court and other key partners including community based organizations to look at these rates and the diagnosis, the age and numbers of children receiving psychotropic medication, and the number of children being prescribed multiple psychotropic medications concurrently. The Mental Health Department is considering the possibility of contracting with an expert panel to perform case reviews to ensure that children are being appropriately and properly medicated to treat psychological issues rather than behavioral issues.

Table 21

***5F. Children authorized for Psychotropic Medications.**



5F. Children Authorized for Psychotropic Medication, April 2014 - June 2014						
Psychotropic Medication	Black	White	Latino	Asian/ Pacific Islander	Native American	Overall Performance
Authorized for psychotropic medications	10.4%	18.7%	12.0%	5.5%	20.0%	12.4%

Additional Strategies and Actions to Address Well-Being

Another area of well-being is the behavioral and emotional well-being of our youth, particularly those that are involved with both the Juvenile Dependency and Juvenile Justice systems. In Santa Clara County, the DFCS and Juvenile Probation Department (JPD) has created the Dually Involved Youth (DIY) Unit, which focuses on the well-being of youth who are involved with both systems. The DIY Unit, which consists of two DFCS Social Workers, two JPD Probation Officers (JPO), a DFCS Social Work Supervisor, a DFCS Manager, a JPD Supervisor, a JPD Manager and an Advocate from the Mental Health Department began working collaboratively and jointly on some of the cases involving youth who are involved in both the Juvenile Dependency and the Juvenile Justice Systems. The DIY Unit began taking joint cases in June 2014. This will ensure the necessary support and coordination for the youth who may be straddling (dually involved) both the Child Welfare System and the Juvenile Justice systems. The current staff is currently handling fifteen cases. Although it is too early to have significant quantitative data, initial results are extremely promising, and the DFCS has submitted mid-year budget requests to add three more social workers to the DIY Unit and the JPD has committed to reassigning two more JPO to the DIY Unit to better support these youth and to improve well-being and outcomes.

In addition, the Santa Clara County DFCS is meeting the necessary requirements from the California Katie A. lawsuit and settlement to ensure that children and youth are immediately

screened for and then connected with the necessary mental health resources for their social/emotional and behavioral well-being, and subsequently reassessed at regular intervals in the event there is not an immediate need for such services. The DFCS, in collaboration with the County Mental Health Department has developed a coordinated plan which resulted in mandated trainings for social workers, county mental health staff and contracted mental health providers. The end result will be that mental health services for all children and youth involved with the Child Welfare System will be identified and services put into place. A dedicated Katie A Coordinator from the Mental Health Department has been hired as of November 10, 2014 and is co-located at the DFCS as a resource for social workers to ensure connections with mental health service providers and programs.

The DFCS has also been taking the initiative to move child welfare in SCC towards becoming a trauma informed system and in recognizing the impact of trauma on our children and families. Several trauma focused trainings have been scheduled, including specific trainings such as Trauma and the Immigrant Experience; Trauma Informed Practice, Trauma Informed Services for Children and Youth, Parenting and Trauma; Transition Aged Youth: Trauma Informed Care; Trauma Communication and Death Notification; the Neurobiology of Trauma and Its Applications; and Resolving Unfinished Business: Healing the Loose Ends of Loss. In addition, through the work of the Cross Agency Service Team (CAST), the DFCS, Juvenile Probation Department, the Mental Health Department, and attorneys and Judges from the Juvenile Dependency and Juvenile Justice systems will be holding an initial series of joint trainings in January 2015 on Trauma Affect Regulation: Guide for Education and Therapy (TARGET). TARGET is a trauma-focused therapy for the concurrent treatment of posttraumatic stress disorder (PTSD) and substance use disorders (SUDs). The program, which has been used with adolescents and adults, is designed to serve individuals suffering from PTSD and SUDs. The goal of treatment is to help patients suffering from PTSD and SUDs to regulate intense emotions and solve social problems while simultaneously maintaining sobriety. TARGET's three main components can be delivered through group or individual therapy. These components include:

- Education about the biological and behavioral components of SUDs and PTSD
- Guided implementation of information/emotion processing and self-regulation skills
- Development of an autobiographical narrative that incorporates the trauma, PTSD, and SUD

The therapy focuses on the client's core values and hopes, resilience, and client strengths. Therapists reframe PTSD symptoms as healthy reactions to abnormal circumstance; in other words, the symptoms are a sign that the individual has coped well with the trauma. Clients learn that they can reset this "biological alarm" (Ford and Russo 2006, 342), which does not serve the individual well in ordinary life.

For both Child Welfare and Juvenile Justice, this model appears to hold promise in addressing

some of the numerous stressors, traumas and substances abuse issues facing many of our youth and their families and in creating a more responsive trauma informed system.