

California Child and Family Services Review Santa Clara County System Improvement Plan

Department of Family and Children's Services Social Services agency

Background

Pursuant to AB 636, effective January 2004, a new Child Welfare Services Outcome and Accountability System began operating in California. It focuses primarily on measuring outcomes in the areas of Safety, Permanence and Child and Family Well Being. The new system operates on a philosophy of continuous quality improvement, interagency partnerships, community involvement, and public reporting of program outcomes.

A principal component of the new system is the County Self Assessment. Santa Clara County's 2004 Self Assessment was a focused analysis of data from the State of California Department of Social Services January 2004 report of the County's performance on State and Federal outcomes for the baseline measurement period from July 1, 2002 to June 30, 2003. This initial Self Assessment was completed in June 2004, and was conducted in partnership with public and private agencies and community members. The current April 2006 Self Assessment utilizes data from the State of California Department of Social Services report of the County's performance on State and Federal outcomes for the baseline measurement period from July 1, 2004 to June 30, 2005.

The County System Improvement Plan (SIP) follows the County Self Assessment in the California Child and Family Services Review process. The SIP was first developed in 2004, after the Self-Assessment, and is updated on an annual basis. It serves as the operational agreement between the County and the State, outlining how the County will improve its system of care for children. Quarterly County Data Reports are the mechanism for tracking the county's progress. The SIP includes milestones, timeframes and improvement targets. The Department of Family and Children's Services is responsible for developing and reporting on the SIP, but must consult representatives from a set of required stakeholders consistent with the Self Assessment.

In June 2005, Santa Clara County conducted the third component of the new Child Welfare Services Outcome and Accountability System, the Peer Quality Case Review (PQCR), and has incorporated recommendations from the PQCR into the current 2006 System Improvement Plan in the form of strategies, milestones, and activities in support of identified strategies and milestones.

I. System Improvement Plan Narrative

A. Local Planning Bodies

The Santa Clara County Social Services Agency, Department of Family and Children's Services conducted its initial Self Assessment in partnership with public and private agencies and community members.

The Department utilized a similar community involvement process in the development of the initial System Improvement Plan.

The current April 2006 Self Assessment, utilizing data from the State of California Department of Social Services report of the County's performance, was presented and discussed at a September 9, 2006 convening of the Child Abuse Prevention Community Collaborative, a local community planning body comprised of community members, tribal representatives, members of State and local government agencies and officials, practitioners, foundations, and representatives from local schools, and the faith-based community. (Please refer to Appendix A for a list of participant affiliations.) Potential strategies for SIP inclusion were identified through this process.

B. Findings that Support Qualitative Change

▪ Quantitative Analysis

The Department of Family and Children's Services analyzes its performance on the state-mandated California Child and Family Services Review (C-CFSR) outcome measures via data provided by the Center for Social Sciences Research, University of California, Berkeley, internal queries, focus groups, and case reviews.

The current April 2006 Self Assessment utilizes data from the State of California Department of Social Services report of the County's performance on State and Federal outcomes for the baseline measurement period from July 1, 2004 to June 30, 2005. The Self Assessment Summary is included in Appendix B.

This report also utilizes data obtained from the recently released California Department of Social Services July 2006 Quarterly Data Report covering outcomes data collected from July 2000 to July 2006 for Santa Clara County.

C. Self Assessment Summary

Appendix B, Santa Clara County Self Assessment Summary 2006

D. Conclusion

The current System Improvement Plan draws upon data obtained from the California Department of Social Services July 2006 Quarterly Data Report covering data collected from July 2000 to January 2006, input from local planning bodies, the 2006 Self Assessment, and the 2005 Peer Quality Case Review. The components of Santa Clara County's System Improvement Plan are outlined below, beginning on page 4.

II. System Improvement Plan Components

Following the Self Assessment, input from local planning bodies, and the PQCR, five California Child and Family Services Review outcome measures were selected for inclusion in Santa Clara County's System Improvement Plan, which are:

- **Overrepresentation of Children of Color upon First Entry into Foster Care**
- **Referrals with a Timely Response**
- **Timely Social Work Visits**
- **Multiple Placements**
- **Rate of Foster Care Re-entry**

Santa Clara County's past and present performance on each of these outcome indicators, improvement goals, strategies, rationales, and milestones are outlined in the attached System Improvement Plan Component Template, beginning on the following page. Systemic factors, education/training needs, technical assistance needs, the roles of other partners, and regulatory or statutory changes needed to support the accomplishment of the improvement goals are described as well.

Outcome/Systemic Factor: First Entries: Overrepresentation of Children of Color

County's Current Performance²

Santa Clara County's performance on this measure for the calendar year 2002 baseline measurement period was 2.2 per 1000, falling to 2.0 per 1000 in 2005, well below the statewide 2005 average of 3 per 1000. Although overall performance on this measure has been strong, Latino children and children of African Ancestry in Santa Clara County continue to be overrepresented relative to their proportion in the general population. For the initial baseline measurement period from July 1, 2002 to June 30, 2003, 57% of all first entries into care for five days or more were Latino children, and 12% were children of African Ancestry. The Center for Social Sciences Research, University of California, Berkeley has since revised this baseline measurement data to reflect a 59.8% rate of first entries into care for Latino children and a 10.9% rate of first entries for children of African Ancestry. Over the past three years, the proportion of first entries for Latino children has ranged between 59.8% and 53.5%, with performance most typically in the 57% range. During the same time period, the proportion of first entries for children of African Ancestry has ranged between 7.4% and 11.4%, with performance most typically in the 10% range. Santa Clara County's current performance (January 1, 2005 to December 31, 2005) on this measure is a 56.7% rate of first entries into care for five days or more for Latino children, and a 9.7% rate for children of African Ancestry. Areas for improvement identified in the April 2006 Self Assessment process include implementation of a standardized decision-making tool, increased utilization of Differential Response, continued mandated reporter training, and continued utilization of joint decision-making processes.

Improvement Goal 1.0 Reduce the proportion of first entries into care for Latino children in the foster care system from 56.7% to 50%, and and maintain reduced proportion of first entries for children of African Ancestry at or below 10%.

Strategy 1.1 Implement and monitor utilization of a standardized decision-making tool.

Strategy Rationale Standardized decision-making is a mechanism for achieving more uniform practice and accountability. The Self Assessment process identified a need for more effective decision-making tools and clearer definitions of risk and danger.

² Due to ongoing efforts by the Center for Social Sciences Research to improve and revise methodologies for data collection, there may be changes in data points between reporting periods that reflect changes in methodology, not performance.

Milestone	1.1.1 Perform staff training.	July 31, 2009	Assigned to	Department of Family and Children's Services
	1.1.2 Implement Comprehensive Assessment Tool standardized decision-making tool.	July 31, 2009		Department of Family and Children's Services
	1.1.3 Evaluate to determine compliance and effectiveness.	July 31, 2009		Department of Family and Children's Services
Strategy 1. 2 Increase utilization of Differential Response.				Strategy Rationale Increased utilization of Differential Response would offer more opportunities to provide prevention and diversion services to families, earlier involvement of community agencies, and better linkages of families to community resources, needs identified in the Self Assessment process.
Milestone	1.2.1 Develop methodology for identifying families for diversion and differential response.	July 31, 2009	Assigned to	Department of Family and Children's Services
	1.2.2 Identify needed services	July 31, 2009		Department of Family and Children's Services
	1.2.3 Develop case referral tracking and monitoring system.	July 31, 2009		Department of Family and Children's Services
Strategy 1. 3 Continue to increase awareness of child welfare system laws and practices.				Strategy Rationale Increased awareness will result in more appropriate use of the child abuse reporting system by mandated reporters.
Milestone	1.3.1 Continue to provide mandated reporter training for community and CWS staff	July 31, 2009	Assigned to	Department of Family and Children's Services
Improvement Goal 2.0 Continue to strengthen front-end practices that assist families to safely maintain children in their homes.				

Strategy 2.1 Continue to assess practices and patterns.		Strategy Rationale In depth knowledge of practices and patterns of removal will result in more relevant improvement strategies.	
Milestone	2.1.1 Continue to develop data collection tools.	Timeframe	July 31, 2009
	2.1.2 Continue to collect and analyze data.	Assigned to	Department of Family and Children's Services
Strategy 2.2 Continue to utilize joint decision-making practices.		Strategy Rationale Use of joint decision-making empowers families to make necessary changes on behalf of their children.	
Milestone	2.2.1 Continue to collect and analyze data on use, frequency and outcomes for removal decisions.	Timeframe	July 31, 2009
	2.2.2 Continue to identify barriers to utilization.	Assigned to	Department of Family and Children's Services
Strategy 2.3 Continue to improve utilization of available resources.		Strategy Rationale Improved utilization of resources ensures that families receive needed services.	
Milestone	2.3.1 Continue to identify barriers.	Timeframe	July 31, 2009
	2.3.2 Continue to perform staff training.	Assigned to	Department of Family and Children's Services
Describe systemic changes needed to further support the improvement goal.			
<ul style="list-style-type: none"> ▪ Case Review and Planning Factors: Continuing in-depth analysis of factors associated with removal for Latino children and children of African Ancestry is needed. ▪ Service Array: The Self Assessment identified a need for more prevention and diversion services to families, earlier involvement of community agencies and better linkages of families to community resources. ▪ Training Factors: The Self Assessment identified a need for continued mandated reporter training. Training for social workers will be necessary to ensure full and consistent utilization of decision-making tools. 			
Describe educational/training needs (including technical assistance) to achieve the improvement goals.			
<ul style="list-style-type: none"> ▪ None 			

<p>Identify roles of the other partners in achieving the improvement goals.</p> <ul style="list-style-type: none"> Continued collaboration with community based organizations will be necessary to achieve improvement goals. 					
<p>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</p> <p>None.</p>					
<p>Outcome/Systemic Factor: 2B: Child Abuse/Neglect Referrals with a Timely Response</p>					
<p>County's Current Performance: Santa Clara County's performance on this measure for the July 1, 2002 to June 30, 2003 baseline measurement period was 90.5% for immediate response compliance and 76.9% for 10-day response compliance. Data from the most recent AB 636 Quarterly Data Report (July 2006) indicates that Santa Clara County's performance on this measure for the fourth quarter period ending December 31, 2005 remains strong and continues to exceed the state target of 90%, with a 94.5% compliance rate for Immediate Response, and a 96.6% compliance rate for 10-Day Response. Areas for improvement identified in the Self Assessment process include continued emphasis on accuracy of data entry, continued clarification of policy and procedure guidelines, continued quality assurance activities, and ongoing staff training.</p>					
<p>Improvement Goal 1.0 Maintain immediate response compliance levels at or above 92% and 10-day response compliance levels at or above 90%.</p>					
<p>Strategy 1.1 Continue to improve accuracy of CWS date entry.</p>					
<p>Milestone</p>	<p>1.1.1 Continue to implement policies and procedures developed for CWS data entry.</p>	<p>Timeframe</p>	<p>July 31, 2009</p>	<p>Assigned to</p>	<p>Department of Family and Children's Services</p>
	<p>1.1.2 Continue to perform staff training.</p>		<p>July 31, 2009</p>		<p>Department of Family and Children's Services</p>
	<p>1.1.3 Continue to identify and monitor areas of non-compliance.</p>		<p>July 31, 2009</p>		<p>Department of Family and Children's Services</p>
	<p>Strategy 1.2 Continue to improve quality assurance practices.</p>				
<p>Strategy Rationale Improved quality assurance practices will result in services that more closely meet performance requirements by ensuring that uniform standards and procedures are adhered to.</p>					

Milestone	<p>1.2.1 Continue to develop policies and procedures developed for routine monitoring of response activity by supervisors and managers.</p> <p>1.2.2 Continue to ensure utilization of monitoring system.</p> <p>1.2.3 Continue to identify and monitor areas of non-compliance.</p>	Timeframe	<p>July 31, 2009</p> <p>July 31, 2009</p> <p>July 31, 2009</p>	Assigned to	<p>Department of Family and Children's Services</p> <p>Department of Family and Children's Services</p> <p>Department of Family and Children's Services</p>
Improvement Goal 2.0 Continue to assess and improve response and referral processes.					
Strategy 2.1		Continue to assess and streamline Immediate and 10-Day Response processes.	Strategy Rationale Development of more efficient and consistent internal processes will maximize available response time.		
Milestone	<p>2.1.1 Continue to identify points of delay.</p> <p>2.1.2 Continue to assess current staffing patterns.</p> <p>2.1.3 Continue to develop standardized agency wide referral and response processes.</p> <p>2.1.4 Continue to perform staff training.</p>	Timeframe	<p>July 31, 2009</p> <p>July 31, 2009</p> <p>July 31, 2009</p> <p>July 31, 2009</p>	Assigned to	<p>Department of Family and Children's Services</p> <p>Department of Family and Children's Services</p> <p>Department of Family and Children's Services</p> <p>Department of Family and Children's Services</p>
Describe systemic changes needed to further support the improvement goal.					
<ul style="list-style-type: none"> ▪ <u>Information Systems Factors:</u> The Self Assessment identified a need for continued focus on data entry accuracy. ▪ <u>Quality Assurance Practices:</u> Continued monitoring of compliance with Immediate and 10-Day Response timelines is needed. ▪ <u>Training Factors:</u> The Self Assessment identified a need for ongoing staff training on data entry. 					
Describe educational/training needs (including technical assistance) to achieve the improvement goals.					
<ul style="list-style-type: none"> ▪ Continued assistance from CDSS in developing standardized policies and procedures for CWS data entry. 					
Identify roles of the other partners in achieving the improvement goals.					
<ul style="list-style-type: none"> ▪ Continued assistance from CDSS to develop standardized policies and procedures for CWS data entry is requested. 					

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.
None.

Outcome/Systemic Factor: 2C: Timely Social Work Visits with the Child

County's Current Performance: Santa Clara County's performance on this measure for the April 1, 2003 to June 30, 2003 baseline measurement period was 71.8% for the month of April, 72.9% for the month of May, and 74.0% for the month of June. Improved performance on this measure when the review methodology is case review may be an indication that data entry practices are impacting performance on this measure. Quarterly 2005 performance on this measure was 92.2%, 92.8%, and 92.5%, ending with 92.1% for the fourth quarter. In the Self-Assessment process, areas identified for improvement include continued emphasis on accuracy of data entry, continued clarification of policy and procedure guidelines, continued quality assurance activities, and ongoing staff training.

Improvement Goal 1.0 Continue to maintain the proportion of timely social work visits at or above 90%.

Strategy 1.1 Continue to improve the accuracy of CWS-CMS data entry. **Strategy Rationale** Significant differences in performance when the review methodology is case review suggests that data entry significantly impacts performance on this measure.

Milestone	Timeframe	July 31, 2009	Assigned to
1.1.1 Continue to develop policies and procedures for data entry.		July 31, 2009	Department of Family and Children's Services
1.1.2 Continue to identify and monitor areas of non-compliance.		July 31, 2009	Department of Family and Children's Services
1.1.3 Continue to perform staff training		July 31, 2009	Department of Family and Children's Services

Strategy 1.2 Continue to improve quality assurance practices. **Strategy Rationale** Improved quality assurance practices will result in services that more closely meet performance requirements by ensuring that uniform standards and procedures are adhered to.

Milestone	1.2.1 Continue to develop policies and procedures for routine monitoring of response activity by supervisors and managers	Timeframe	July 31, 2009	Assigned to	Department of Family and Children's Services
	1.2.2 Continue to implement monitoring system.		July 31, 2009		Department of Family and Children's Services
	1.2.3 Continue to identify and monitor areas of non-compliance.		July 31, 2009		Department of Family and Children's Services
Improvement Goal 2.0 Continue to assess and improve social worker-child visit processes.					
Strategy 2.1 Continue to assess and streamline visit processes.		Strategy Rationale Development of more efficient and consistent internal processes will maximize available time to perform visits.			
Milestone	2.1.1 Continue to identify barriers to timely visit practices.	Timeframe	July 31, 2009	Assigned to	Department of Family and Children's Services
	2.1.2 Continue to assess current staffing patterns.		July 31, 2009		Department of Family and Children's Services
	2.1.3 Continue to develop standardized agency wide visit processes.		July 31, 2009		Department of Family and Children's Services
	2.1.4 Continue to perform staff training.		July 31, 2009		Department of Family and Children's Services
Strategy 2.2 Continue to maintain reduced social worker caseloads.		Strategy Rationale Reduced caseloads will afford social workers the opportunity to spend more time with families.			
Milestone	2.2.1 Continue implementation of caseload reduction plan.	Timeframe	July 31, 2009	Assigned to	Department of Family and Children's Services

Describe systemic changes needed to further support the improvement goal.

- Information Systems Factors: The Self Assessment identified a need for continued focus on data entry accuracy.
- Quality Assurance Practices: Continued monitoring of compliance with timelines for visits is needed.
- Training Factors: The Self Assessment identified a need for ongoing staff training on data entry.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.

- Continued assistance from CDSS in developing standardized policies and procedures for CWS data entry.

Identify roles of the other partners in achieving the improvement goals.

- Continued assistance from CDSS to develop standardized policies and procedures for CWS data entry is requested.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

None.

Outcome/Systemic Factor: 3B/3C: Multiple Foster Care Placements

County's Current Performance: Santa Clara County's performance on this measure for the July 1, 2002 to June 30, 2003 baseline measurement period was originally cited as 82.4% on the federal measure and 48.8% on the state measure. These figures were later revised by the Center for Social Sciences Research, University of California, Berkeley to reflect an 81.4% performance rate on the federal measure, and a 48.2% performance rate on the state measure during the initial baseline period. Since the initial baseline period, the County's performance as reflected by revised data, has fluctuated between 49.8% and 44.8% on the state measure. The most recent available data for this measure (January 1, 2004 to December 31, 2004) reflects a 47.4% performance rate on the state measure. Areas identified for improvement in the Self Assessment process include continued utilization of joint decision-making practices, continued emphasis on placement with relatives, continued evaluation of resource utilization and effectiveness, and continued efforts to provide improved supports for families and children in placement.

Improvement Goal 1.0 Increase the proportion of children with two or fewer placements within 12 months of placement from 47.4% to 54% on the state measure.

Strategy 1.1 Continue to assess practices and patterns.

Strategy Rationale Continued in depth data analysis is required to support recommendations and implementation plan.

Milestone	Timeframe		Assigned to
	Start	End	
1.1.1 Continue to develop data collection tools.		July 31, 2009	Department of Family and Children's Services
1.1.2 Continue to collect and analyze data.		July 31, 2009	Department of Family and Children's Services

² Due to ongoing efforts by the Center for Social Sciences Research to improve and revise methodologies for data collection, there may be changes in data points between reporting periods that reflect changes in methodology, not performance.

Strategy 1.2 Continue to utilize joint decision-making practices.		Strategy Rationale Use of joint decision-making will offer better identification of relatives and other placement resources, and affords an opportunity for broader participation, which leads to more appropriate placements.	
Milestone	1.2.1 Continue to collect and analyze data on use, frequency, and outcomes of joint decision-making practices for placement decisions.	Timeframe	July 31, 2009
	1.2.2 Continue to identify barriers to full utilization.	Assigned to	Department of Family and Children's Services
Strategy 1.3	Continue to increase efforts to find and place with relatives.	Timeframe	July 31, 2009
	1.3.1 Continue to define role and function of relative finding unit.	Assigned to	Department of Family and Children's Services
Milestone	1.3.2 Continue to develop protocol between parties involved in family (relative) finding.	Timeframe	July 31, 2009
	1.3.3 Continue to develop procedure with court systems to ensure early identification of relatives.	Assigned to	Department of Family and Children's Services
	1.3.4 Continue to monitor and evaluate family finding outcomes.	Timeframe	July 31, 2009
Improvement Goal 2.0 Continue to improve support for resource families and children in placement.			
Strategy 2.1 Continue to identify needs of resource families and children in placement.		Strategy Rationale Development of a thorough understanding of children's and resource families' needs and concerns will assist in identifying and accessing needed services and resources.	

Milestone	2.1.1 Continue to develop data collection tools.	Timeframe	July 31, 2009	Assigned to	Department of Family and Children's Services
	2.1.2 Continue to collect and analyze data		July 31, 2009		Department of Family and Children's Services
	Strategy 2.2 Continue to improve response to resource families in crisis.		Strategy Rationale Improved response will provide support for resource families in preserving placements.		
Milestone	2.2.1 Continue to identify barriers.	Timeframe	July 31, 2009	Assigned to	Department of Family and Children's Services
	2.2.2 Continue to develop standardized agency wide response protocols.		July 31, 2009		Department of Family and Children's Services
	2.2.3 Continue to perform staff training.		July 31, 2009		Department of Family and Children's Services
	Strategy 2.3 Continue to improve utilization of available resources.		Strategy Rationale Improved access to all available resources will assist to stabilize and preserve placements.		
Milestone	2.3.1 Continue to identify barriers.	Timeframe	July 31, 2009	Assigned to	Department of Family and Children's Services
	2.3.2 Continue to perform staff training.		July 31, 2009		Department of Family and Children's Services
Describe systemic changes needed to further support the improvement goal.					
<ul style="list-style-type: none"> ▪ <u>Service Array</u>: The Self Assessment identified a need for continued availability of intensive wraparound services to stabilize placements. 					
Describe educational/training needs (including technical assistance) to achieve the improvement goals.					
<ul style="list-style-type: none"> ▪ Training for relative caregivers. 					
Identify roles of the other partners in achieving the improvement goals.					

<ul style="list-style-type: none"> A community-based organization will continue to provide training to relative caregivers and training for staff and resource families on resource utilization. 			
<p>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</p> <ul style="list-style-type: none"> Increased financial support for relative and resource family caregivers. 			
<p>Outcome/Systemic Factor: 3F/3G: The Rate of Foster Care Re-entry</p>			
<p>County's Current Performance: Santa Clara County's performance on this measure for the July 1, 2002 to June 30, 2003 baseline measurement period was 13.3% on the federal measure and 14.4% on the state measure. These figures were later revised by the Center for Social Sciences Research, University of California, Berkeley to reflect a 13.6% performance rate on the federal measure, and a 15.1% performance rate on the state measure during the initial baseline period. Since the initial baseline period, the County's performance on the federal measure as reflected by revised data has fluctuated between 15.3% and 12.2%, with steady decreases in the rate of re-entry between January 1, 2004 and December 31, 2005. On the state measure, the County's performance as reflected by revised data has ranged from 15.4% to 17.2% between October 1, 2002 and December 31, 2003. The most recent available data (January 1, 2005 to December 31, 2005) indicates that the County's performance is 12..2% on the federal measure. Areas identified for improvement in the Self Assessment process include service utilization and decision-making practices.</p>			
<p>Improvement Goal 1.0 Maintain reduced rate of re-entry at or below 13% on the State measure.</p>			
<p>Strategy 1.1 Continue to assess practices and patterns.</p>			
<p>Strategy Rationale In-depth knowledge of reunification practices and re-entry patterns will result in more relevant improvement strategies.</p>			
<p>Milestone</p>	<p>1.1.1 Continue to develop data collection tools.</p>	<p>Assigned to</p>	<p>Department of Family and Children's Services</p>
	<p>1.1.2 Continue to collect and analyze data.</p>	<p>Timeline</p>	<p>Department of Family and Children's Services</p>
<p>Strategy 1.2 Implement and monitor utilization of standardized decision-making tool.</p>		<p>Strategy Rationale Implementation of standardized decision-making will assist in achieving more uniform practice and accountability. In the Self Assessment process, a need for improved decision-making was identified.</p>	

² Due to ongoing efforts by the Center for Social Sciences Research to improve and revise methodologies for data collection, there may be changes in data points between reporting periods that reflect changes in methodology, not performance.

Milestone	1.2.1 Perform staff training.	July 31, 2009	Assigned to	Department of Family and Children's Services
	1.2.2 Implement standardized decision-making tool.	July 31, 2009		Department of Family and Children's Services
	1.2.3 Evaluate to determine compliance and effectiveness.	July 31, 2009		Department of Family and Children's Services
Improvement Goal 2.0 Continue to improve support for families and children.				
Strategy 2.1 Continue to improve utilization of available resources.		Strategy Rationale Improved access to services will help ensure family stability and will assist in preventing re-entry to care.		
Milestone	2.1.1 Continue to identify barriers.	July 31, 2009	Assigned to	Department of Family and Children's Services
	2.1.2 Continue to perform staff training.	July 31, 2009		Department of Family and Children's Services
Strategy 2.2 Continue to increase individualization of case planning.		Strategy Rationale Individualization of case plans will assist in meeting each family's unique needs and in connecting families to appropriate resources/services.		
Milestone	2.2.1 Continue to identify strategies necessary to increase individualization.	July 31, 2009	Assigned to	Department of Family and Children's Services
	2.2.2 Continue to develop policies and procedures for individualized case planning.	July 31, 2009		Department of Family and Children's Services
Strategy 2.3 Continue to utilize joint decision-making practices.		Strategy Rationale Use of joint decision-making will assist in providing the support and resources needed to enable families to maintain their children at home.		

Milestone	2.3.1 Continue to collect and analyze data on use, frequency, and outcomes for reunification and re-entry decisions.	Timeframe	July 31, 2009	Assigned to	Department of Family and Children's Services
	2.3.2 Continue to identify barriers to full utilization.		July 31, 2009		Department of Family and Children's Services
<p>Describe systemic changes needed to further support the improvement goal.</p> <ul style="list-style-type: none"> ▪ <u>Information Systems Factors:</u> Changes to the CWS case plan to allow for greater individualization of case plans and expanded language capacity are needed. ▪ <u>Case Review and Planning Factors:</u> Improved parent assessments and more individualized case plans are needed. ▪ <u>Service Array:</u> The Self Assessment identified a need for improved service utilization in order to achieve improvement goals. ▪ <u>Training Factors:</u> The Self Assessment identified a need for improved decision-making practices in order to achieve improvement goals. 					
<p>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</p> <ul style="list-style-type: none"> ▪ Standardized decision-making training is needed in order to achieve improvement goals. 					
<p>Identify roles of the other partners in achieving the improvement goals.</p> <ul style="list-style-type: none"> ▪ Continued collaboration with community based organizations will be necessary to achieve improvement goals. 					
<p>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</p> <p>None.</p>					

APPENDIX A

Self Assessment and System Improvement Plan Participating Organizations

<ul style="list-style-type: none"> • Asian Americans for Community Involvement* • Assembly Member 23rd District • Bay Area Legal Aid • Bill Wilson Center • California Youth Connection • Catholic Charities* • Center for Spiritual Enlightenment • Child Abuse Council of Santa Clara County* • Child Advocates of Silicon Valley* • City of San Jose • Coakley and Heagerty Legal Firm • Community Solutions • Creative Solutions for Families & Children* • DeAnza College • East Side Neighborhood Center • Eastern European Services Agency • Emergency Housing Consortium • EMQ Children & Family Services • Evergreen Valley College • FamiliesFirst Foster Family Agency • Franklin-McKinley Educational Foundation • Friends Outside* • Future Families* • Gardner Family Care* • Girl Scouts of Santa Clara County • Juvenile Probation Department • Kaiser Permanente • Kids in Common* • Latinas Contra Cancer • Legal Aid Society • Loaves & Fishes Family Kitchen • Lucile Packard Foundation for Children's Health 	<ul style="list-style-type: none"> • Mayfair Improvement Initiative • Moss Beach Homes* • Next Door Solutions • O'Connor Hospital* • Office of Economic Development SVWIN • Offices of the Santa Clara County Board of Supervisors* • Project Cornerstone • Rebekah Children's Center* • Resources For Families and Communities • Sacred Heart Community Service • San José Police Department • San Jose State University • Santa Clara County Alcohol and Drug Services* • Santa Clara County DV Consortium • Santa Clara County Family Court • Santa Clara County First 5 • Santa Clara County Mental Health Department* • Santa Clara County Office of Education • Santa Clara County Office of Human Relations • Santa Clara County Public Health Department • Santa Clara County Social Services Agency* • Social Advocates for Youth* • Support Network for Battered Women • Rebekah Children's Center* • Trinity Episcopal Cathedral • Unity Care Foster Family Agency* • YMCA of Santa Clara Valley
--	--

*Represented at the September 9, 2006 Child Abuse Prevention Community Collaborative Meeting.

APPENDIX B

California's Child and Family Services Review Santa Clara County Self Assessment 2006 Summary

Background

Pursuant to AB 636, effective January 2004, a new Child Welfare Services Outcome and Accountability System began operating in California. It focuses primarily on measuring outcomes in the areas of Safety, Permanence and Child and Family Well Being. The new system operates on a philosophy of continuous quality improvement, interagency partnerships, community involvement, and public reporting of program outcomes.

A principal component of the new system is the County Self-Assessment. The original Self-Assessment was a focused analysis of data from the State of California Department of Social Services January 2004 report of the County's performance on State and Federal outcomes for the baseline measurement period from July 1, 2002 to June 30, 2003. The current County Self Assessment uses a baseline measurement period from July 1, 2004 to June 30, 2005.

Analysis of available data was sought through several sources, most notably the University of California at Berkeley's Center for Social Sciences Research, URL: <http://cssr.berkeley.edu/CWSCMSreports>. The data was analyzed in the outcome categories of Safety, Permanency and Well Being. Santa Clara County's data on the 14 state-mandated measures has been retrieved, analyzed and presented herein.

The Number and rate of first entries into Foster Care and Overrepresentation of Children of Color

Unduplicated count of children < age 18 entering a child welfare supervised placement episode of at least five days duration for the first time, per 1,000 children < age 18 in population.

Year	Number	Rate
2004	775	1.8 per 1000
2003	881	2.0 per 1000
2002	935	2.2 per 1000

URL: <http://cssr.berkeley.edu/CWSCMSreports/Pointintime/fostercare/childwel/prevalence.asp>

Santa Clara County's performance on the rate of first entries has steadily improved over the past three years. However, more attention to this measure is warranted, particularly with respect to the disproportionate representation of children of African descent and

Latino youth. The Department of Family and Children's Services has made disproportionate representation an agency priority and substantial efforts have been and continue to be made in this regard.

Strengths in this area include an Early Intervention Unit, Family Conferencing, the establishment and maintenance of culturally specific Emergency Response teams, the existence of a Weekend Diversion unit, usage of Informal Supervision services and Voluntary Family Maintenance; a multitude of outreach and educational programs housed at the four Family Resource Centers, the 1999 partial implementation of a Structured Decision Making tool, a Family Strengths-Based Services program that was launched in 2002 to serve families referred to the Department of Family and Children's Services for whom no case was opened, and an increase in culturally-oriented community partnerships, like Family-to-Family Community Action Teams. Additional efforts include the Unified Children of Color Task Force (created in November 2005), Enhanced Joint and Differential Response, and the development of a Standardized Risk Assessment Tool.

Areas for improvement include a better understanding of the high number of removals for four days or less, more training for mandated reporters to counter possible cultural and economic biases, more Social Worker and less law enforcement presence at the initial investigation, more opportunities for Social Workers to implement preventive action without opening a referral, more effective, comprehensive decision-making tools that provide clearer, specific definitions of risk and danger; more prevention and diversion services to families, earlier involvement of community agencies and better linkages of families to community resources, provision of information to diverse populations in a way that is trustworthy and understandable, particularly for new and small immigrant groups that are often overlooked; and more culturally and linguistically matched staff.

INCLUSION IN THE SYSTEM IMPROVEMENT PLAN? YES

1A/1B: The Recurrence of Maltreatment

Federal: Of all children with a substantiated allegation within the first six months of the study year, what percent had another substantiated allegation within six months? (Limited to dispositions within the study year, according to federal guidelines). Federal standard = 6.1% or less.

Percent recurrence of maltreatment (1A)

07/01/04-06/30/05	8.4%
07/01/02-06/30/03	8.8%

URL: http://cssr.berkeley.edu/CWSCMSreports/cjsrdata/standards/cfr_recurrence.asp

State: Of all children with a substantiated referral during the 12-month study period, what percent had a subsequent referral within 12 months?

Percent recurrence of maltreatment within 12 months (1B)

07/01/03-06/30/04	11.4%
07/01/01-06/30/02	10.4%

URL: <http://cssr.berkeley.edu/CWSCMSreports/Referrals/recurrence.asp>

State: Of all children with a *first* substantiated referral during the 12-month study, what percent had a subsequent referral within 12 months?

Percent recurrence of maltreatment with 12 months after first substantiated allegation
(1B)

07/01/03-06/30/04	10.9%
07/01/01-06/30/02	9.3%

URL: <http://cssr.berkeley.edu/CWSCMSreports/Referrals/recurrence.asp>

Santa Clara County's performance on the federal measure (1A) has remained relatively stable since 1999, fluctuating between 8-9% with the current rate at 8.4%. Performance on the state measure (1B), recurrence of maltreatment within 12 months of the first substantiated referral has fluctuated between close to 10% and 12% over the last 7 years.

Santa Clara County's strengths include the strong utilization of Informal Supervision and Voluntary Family Maintenance services, Family Group Conferencing and participation in the federal Greenbook Project, through which the County operates a protocol on child/parent safety plans. Although limited by budgetary constraints, Santa Clara County is fortunate to have the availability of a number of contracted community-based services for families who come to the attention of the Department of Family and Children's Services. Additional strengths include the Family Strength-Based Services program, the Intensive Family Services Unit, the YWCA in Home Visiting Services Program, California Connected by 25 Initiative, the Resource Family Support Team, the Relative Care Support Program, and the development of a Risk Assessment Tool.

Areas for improvement include reporting practices, caseload sizes, decision-making practices and quality assurance.

INCLUSION IN THE SYSTEM IMPROVEMENT PLAN? NO

1C: The Rate of Child Abuse and/or Neglect in Foster Care

Percent rate of child abuse and/or neglect in foster care (1C) (Fed)	
10/01/04-06/30/05	.14%
10/01/02-06/30/03	.26%

URL: <http://cssr.berkeley.edu/CWSCMSreports/cfsdata/standards/cfsr.asp>

This number has remained at 0.25% or less over the past 5 years and is currently down to 14%.

Santa Clara County's performance appears to be strong in this area. With the very small number, however, insufficient data exists to draw conclusions.

INCLUSION IN THE SYSTEM IMPROVEMENT PLAN? NO

2A: The Rate of Recurrence Where Children Were Not Removed

Percent rate of recurrence of abuse/neglect in homes where children were not removed
(2A)

07/01/03-06/30/04	7.0%
07/01/01-06/30/02	6.3%

URL: <http://berkeley.edu/CWSCMSreports/Ccfsr.asp#2A>

The number of children in Santa Clara County with an allegation who were not removed and had a subsequent substantiated allegation within 12 months has remained fairly constant since 2001 with a slight increase in 2003/2004.

Santa Clara County has strengths in this area. These include a strong pool of community-based service providers committed to working in the area of child abuse and neglect prevention and family strengthening; a pilot project with one Community Based Organization to serve families where children are not removed, Family Resource Centers, YWCA In Home Visiting Services, Community Action Teams, the Intensive Family Services Unit, the Greenbook Project, utilization of Parent Advocates, Family Group Conferencing and Team Decision Making.

Areas for improvement include caseload sizes.

INCLUSION IN THE SYSTEM IMPROVEMENT PLAN? NO

2B: Child Abuse Referrals with a Timely Response

Percent of child abuse/neglect referrals with a timely response (2B)

	Immediate Response Compliance	10-Day Response Compliance
Q2 2005	96.6%	96.2%
Q1 2005	94.4%	91.7%
Q4 2004	93.2%	88.7%
Q3 2004	91.8%	90.0%
Q2 2004	95.2%	85.3%
Q1 2004	91.5%	82.0%
Q4 2003	91.5%	74.2%
Q3 2003	90.4%	75.3%
Q2 2003	91.2%	74.7%

URL: <http://cssr.berkeley.edu/CWSCMSreports/Ccfsr.asp#2B>

Santa Clara County's performance on both immediate and 10-day response is currently above the state target. There has been consistent steady improvement in both categories during the past 8 quarters.

Strengths in this area include a dedicated workforce that desires improved performance and have responded to clear direction once policy was established. Past audits may underlie a general confidence that actual practice in Emergency Response is better than that reflected in the Child Welfare System /Case Management System database.

Areas for improvement include data entry, policies and procedures, quality assurance, and staff training.

INCLUSION IN THE SYSTEM IMPROVEMENT PLAN? YES

2C: Timely Social Worker Visits with the Child

Percent of timely social worker visits with child (2C)

Q2 2005	Apr 2005 92.2%	May 2005 93.0%	Jun 2005 93.3%
Q1 2005	Jan 2005 91.8	Feb 2005 92.1%	Mar 2005 92.8%
Q4 2004	Oct 2005 87.7%	Nov 2004 88.7%	Dec 2004 89.3%
Q3 2004	Jul 2004 85.8%	Aug 2004 86.3%	Sep 2004 86.6%
Q2 2004	Apr 2004 83.8%	May 2005 84.6%	Jun 2004 85.7%
Q1 2004	Jan 2004 81.0%	Feb 2004 81.6%	Mar 2004 83.2%
Q4 2003	Oct 2003 77.7%	Nov 2003 78.7%	Dec 2003 79.5%
Q3 2003	Jul 2003 75.4%	Aug 2003 76.2%	Sep 2003 77.1%
Q2 2003	Apr 2003 71.8%	May 2003 72.9%	Jun 2003 74.0%

URL: <http://cssr.berkeley.edu/CWSCMSreports/Ccfsr.asp#2C>

Santa Clara County's performance on this indicator has shown solid, steady improvement over the previous 8 quarters, to the point that the rate is well over 90% currently. Previous compliance rates appear to have been negatively influenced by deficits in data entry. However, internal reviews suggested that true performance may not have been accurately reflected in the Child Welfare System/Case Management System database.

One strength in this area is a dedicated workforce that desires improved performance and has responded to clear direction when a policy is established. Additionally, past audits underlie a general confidence that actual practice in making monthly contacts is better than that reflected in the Child Welfare System/Case Management System database. Training on monthly contacts has been provided.

Areas for improvement include data entry, clarification and ongoing training on policies and procedures, and quality assurance.

INCLUSION IN THE SYSTEM IMPROVEMENT PLAN? YES

3E, 3A: The Length of Time to Exit Foster Care to Reunification

Federal: Of all children who were reunified from child welfare supervised foster care during the 12 month study period, what percent had been in care for less than 12 months? Federal standard = 76.2% or more.

Percent reunified within 12 months (3E)

07/01/04-06/30/05	76.4%
07/01/02-06/30/03	80.2%

URL: http://berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr_standardsForm.asp

State: For all children who entered foster care for the first time (and stayed at least five days) during the 12 month study period, what percent were reunified within 12 months?

Percent reunified within 12 months (3A)

07/01/03-06/30/04	44.1%
07/01/01-06/30/02	45.5%

URL: <http://berkeley.edu/CWSSCMSreports/Cohorts/exits/>

Santa Clara County's performance on the state measure (3A) has dropped slightly since the original report, 45.5% in 2001/2002 versus 44.1% in 2003/2004. Performance on the federal measure continues to exceed the federal standard of 76.2% but has dropped slightly since the original report, 80.2% in 2002/2003 versus 76.4% in 2004/2005.

Strengths that impact this measure include Family Strengths Based Services, Drug Court, parent orientation to the Child Welfare System, utilization of Parent Advocates and Community Liaisons, the offering of Parent Orientation sessions, provision of Independent Living Program services, Team Decision Making and Family Conferencing; Family Resource Centers, Wraparound services, and Systems of Care.

Areas for improvement include clarification of the policy of concurrent planning, provision of adequate support services to birth families and resource families, and resource utilization, most specifically for Mental Health services.

INCLUSION IN THE SYSTEM IMPROVEMENT PLAN?

3D, 3A: The Length of Time to Exit Foster Care to Adoption

Federal: Of all children who were adopted from child welfare supervised foster care during the 12 month study period, what percent had been in care for less than 24 months? Federal standard = 32% or more.

Percent adopted within 24 months (3D)

07/01/04-06/30/05	37.3%
07/01/02-06/30/03	36.4

URL: http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr_standardsForm.asp

State: For all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12 month study period, what percent were adopted within 24 months?

Percent adopted within 24 months (entry cohort) (3A)

07/01/02-06/30/03	7.3%
07/01/00-06/30/01	6.6%

Santa Clara County has much strength that contributes to this measure: effective adoptive home recruitment, strong relationships with the Juvenile Court and a licensed, full-service adoption program. The Adoptions Program provides adoption assessments, child and adoptive family pre-placement preparation, placement, relinquishment counseling, national, state and local adoptive recruitment and selection and post-adoption services. The Adoptions Program conducts multiple community outreach, education and celebration events to support adoptions and encourage new families to adopt.

An area of improvement is training for relative caregivers and clarification of concurrency policy.

INCLUSION IN THE SYSTEM IMPROVEMENT PLAN? NO

3B, 3C: Multiple Foster Care Placements

Federal: For all children in child welfare supervised foster care for less than 12 months during the 12 month study period, what percent had no more than two placements? Federal standard = 86.7% or more.

Percent with 1-2 placements within 12 months (3B)

12 month study period	
07/01/04-06/30/05	82.7%
04/01/04-03/31/05	82.0%
01/01/04-12/31/04	80.5%
10/01/03-09/31/04	81.9%
07/01/03-06/30/04	82.0%
04/01/03-03/31/04	82.7%
01/01/03-12/31/03	81.5%
10/01/02-09/30/03	81.0%
07/01/02-06/30/03	81.4%

State: For all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12 month study period, and were in care for 12 months, what percent had no more than two placements?

Percent with 1-2 placements - if still in care at 12 months (3C)

12 month study period	
07/01/03-06/30/04	52.9%
04/01/03-03/31/04	54.8%
01/01/03-12/31/03	52.7%
10/01/02-09/30/03	48.7%
07/01/02-06/30/03	45.5%
04/01/02-03/31/03	44.6%
01/01/02-12/31/02	45.5%
10/01/01-09/30/02	48.2%
07/01/01-06/30/02	48.2%

URL: <http://cssr.berkeley.edu/CWSCMSreports/cohorts/stability/>

Santa Clara County's performance on this measure remains moderate and deserves further attention. There is a great emphasis on this measure currently in the Department of Family and Children's Services and strengths are many: efforts to increase relative placements, reduced reliance on the Children's Shelter, resource centers for foster parents and grandparent caregivers; Pride training for foster parents and community-based recruitment of foster parents through Community Action Teams. Family Conferences and Team Decision Making at possible placement change points shows promise in stabilizing placements. Wraparound services and Systems of Care also help stabilize children in their placements. In addition, California Connected by 25 programs as well as the development of the Resource Family Support Team and the Relative Family Support Team are focused on providing stability and permanence for youth.

Areas for improvement are youth participation in placement decisions, redefining matching practices with the use of Team Decision Making and concurrent planning, quality assurance, supports for children in placement and their caregivers and identification of more specialized placement resources.

INCLUSION IN SYSTEM IMPROVEMENT PLAN? Recommendation: YES

3F, 3G: The Rate of Foster Care Re-Entry

Federal: For all children who entered child welfare supervised foster care during the 12 month study period, what percent were subsequent entries within 12 months of a prior exit? Federal standard = 8.6% or less.

Percent of admissions who are re-entries (3F)

12 month study period	
07/01/04-06/30/05	12.0%
04/01/04-03/31/05	13.4%
01/01/04-12/31/04	14.2%
10/01/03-09/31/04	13.7%
07/01/03-06/30/04	14.2%
04/01/03-03/31/04	13.7%
01/01/03-12/31/03	13.3%
10/01/02-09/30/03	13.2%
07/01/02-06/30/03	13.6%

URL: http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/csrf_standardsForm.asp

State: For all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12 month study period and were reunified within 12 months of entry, what percent re-entered foster care within 12 months of reunification?

Percent who re-entered within 12 months of reunification (3G)

12 month study period	
07/01/02-06/30/03	15.1%
04/01/02-03/31/03	12.6%
01/01/02-12/31/02	13.5%
10/01/01-09/30/02	16.2%
07/01/01-06/30/02	15.2%
04/01/01-03/31/02	15.6%
01/01/01-12/31/01	15.7%
10/01/00-09/30/01	12.1%
07/01/00-06/30/01	14.4%

URL: <http://cssr.berkeley.edu/CWSCMSreports/Cohorts/reentries/>

Santa Clara County's strengths in this outcome measure include strong and multiple contracts and community collaborations, the existence of a strong provider community to meet needs, increased community-based services through Family Resource Centers, including the use of Parent Advocates, the Greenbook Project, Family Based Strengths Services, and the implementation of Drug Court.

Areas of improvement include service utilization, and decision-making practices.

INCLUSION IN SYSTEM IMPROVEMENT PLAN? YES

4A: Siblings that are Placed Together

For all children in child welfare supervised foster care on the point-in-time, of those with siblings in care, what percent were placed with some and/or all of their siblings?

Percent of children in foster care that are placed with all siblings (4A)

July 1, 2005	46.4%
July 1, 2003	42.3%

URL:

<http://cssr.berkeley.edu/CWSCMSreports/pointintime/fostercare/childwel/siblings.asp>

Percent of children in foster care that are placed with **some** or **all** siblings (4A)

July 1, 2005	70.3%
July 1, 2003	67.1%

URL: <http://cssrberkeley.edu/CWSCMSreports/pointintime/fostercare/childwel/siblings.asp>

Santa Clara County's strengths in this area are Family Conferences and implementation of Team Decision Making to help prevent sibling separations and maintain sibling connections. Use of joint decision making processes improves communication and makes for informed decision-making in the best interests of children. Additional strengths include continued collaboration with community placement partners to build greater capacity for sibling placements, existence of Wraparound and Systems of Care services that can provide supports to sibling groups and families, and Family Resource Centers and Community Action Teams that are actively involved in community-based efforts to strengthen and educate families, and recruit appropriate foster homes to meet needs.

Areas for improvement include improved resource utilization, increased resources for large sibling groups, and support to foster family and relative caregivers.

INCLUSION IN SYSTEM IMPROVEMENT PLAN? NO

4B: Foster Care Placement in the Least Restrictive Settings

For all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12 month study period, what percent were in kin, foster, Foster Family Agency, group, and other placements (first placement type, predominant placement type)? What percent of children in child welfare supervised foster care were in kin, foster, Foster Family Agency, group, and other placements in the specified point in time?

URL: (entry cohort) <http://cssr.berkeley.edu/CWSCMSreports/cohorts/firstentries/>

URL: (point in time)

<http://cssr.berkeley.edu/CWSCMSreports/pointintime/fostercare/childwel/ageandethnic.asp>

	Initial Placement 07/04/06-06/30/05	Primary Placement 07/01/04-0630/05	Point in Time (PIT) Placement 7/1/05
4B. Relative	9.0%	35.9%	43.5%
4B. Foster Home	26.5%	30.2%	18.1%
4B. FFA	4.0%	10.6%	19.5%
4B. Group/Shelter	59.6%	20.8%	11.1%

	Initial Placement 07/04/06-06/30/05	Primary Placement 07/01/04-0630/05	Point in Time (PIT) Placement 7/1/05
4B. Other	0.9%	2.5%	7.8%

	Initial Placement 01/01/03-12/31/03	Primary Placement 01/01/03-12/31/03	Point in Time (PIT) Placement 01/01/04
4B. Relative	7.9%	37.4%	43.8%
4B. Foster Home	21.2%	23.4%	14.7%
4B. FFA	4.1%	13.2%	22.6%
4B. Group/Shelter	64.7%	23.0%	9.6%
4B. Other	2.1%	3.0%	9.3%

Strengths that impact this measure include the availability of wraparound services, establishment of a regular workgroup comprised of community placement providers and the Department of Family and Children's Services to evaluate and improve placements; the establishment of the Resource Support Team, and the development of Community Action Teams. The Continuum of Care workgroup continues to meet monthly. The Committee was established in 2002 and involves over 60 individuals, representing community-based agencies and the Department of Family and Children's Services. Community Action Teams and the Resource Support Team are also working to build more effective networks for maintaining children in least restrictive settings. Department of Family and Children's Services, the Probation Department and service provider's meet weekly to review placement options for high-needs children in the Resources & Intensive Services Committee. The Department of Family and Children's Services has a Placement Review Committee which screens children going from foster care to a high level of care and Resources and Intensive Services Committee which reviews all level 13 and 14 placements and works in collaboration with Regional Centers for placements for developmentally disabled children.

Areas of improvement include greater engagement of youth in case planning, clearer expectations for resource homes, more services to support placement settings, and increased collaboration with other agencies.

INCLUSION IN SYSTEM IMPROVEMENT PLAN? NO

4E: The Rate of Indian Child Welfare Act Placement Preferences

State: Of those children identified as American Indian, what percent were placed with relatives, non-relative Indian and non-relative non-Indian families?

Q2 2005	
4E. Relative Home	18.8%
4E. Non-Relative Indian Family	0.0%
4E. Non- Relative Non-Indian Family	68.8%

URL: <http://cssr.berkeley.edu/CWSCMSreports/Ccfsr.asp#4E>

Q2 2003	
4E. Relative Home	54.5%
4E. Non-Relative Indian Family	0.0%
4E. Non- Relative Non-Indian Family	27.3%

URL: <http://cssr.berkeley.edu/CWSCMSreports/Ccfsr.asp#4E>

Santa Clara County's performance on this indicator suggests that improvement is needed.

Substantial efforts are already underway to improve performance on this indicator. County Counsel has received a significant amount of training on both the Indian Child Welfare Act and Native American history. There are six attorneys with expertise. In addition, local judges question parents at hearings regarding Native American heritage.

Areas for improvement include provider recruitment and identification of current Native American providers by licensing staff, improved early identification of eligible children by Social Workers, and data entry.

INCLUSION IN SYSTEM IMPROVEMENT PLAN? NO

8A: Children Transitioning to Self-Sufficiency

This data is based on hard copy reports submitted by counties to the California Department of Social Services for the time period covered by the report. URL: <http://www.dss.cahwnet.gov/research/SOC405A-In 415.htm>

Number of Children Transitioning to Self-Sufficient Adulthood with:

10/01/03-09/30/04	
8A. High School Diploma	141
8A. Enrolled in College/Higher Education	111
8A. Received Independent Living Program Services	554
8A. Completed Vocational Training	20
8A. Employed or other means of support	190

10/01/01-09/30/02	
8A. High School Diploma	90
8A. Enrolled in College/Higher Education	70
8A. Received Independent Living Program Services	549
8A. Completed Vocational Training	125
8A. Employed or other means of support	183

Areas of strength include a joint Department and Probation Department “Educational Rights Project”. The project seeks to ensure that children with special needs are assessed and provided with appropriate services and educates and informs parents and guardians of their children’s’ rights. Foster Youth Services, operated by the County Office of Education, helps expedite school enrollment for foster youth and Probation-supervised youth who are placed in Group Homes.

A dedicated group of community members that make up the Silicon Valley Children’s Fund sponsor a college scholarship program for Santa Clara County foster youth called, Youth Empowered for Success (YES). To date the Fund has sponsored over 60 foster youth with college application assistance, mentoring and tuition payments.

Areas for improvement include consistent referrals for Independent Living Program services, increased cultural diversity for Independent Living Program providers, improved data collection tools and mechanisms to track outcomes for youth after case closure.

INCLUSION IN SYSTEM IMPROVEMENT PLAN? NO.

Conclusion

Santa Clara County has placed an emphasis on the following areas:

1. Children are, first and foremost, protected from abuse and neglect.
2. Children are maintained safely in their homes whenever possible and appropriate.
3. Children have permanency and stability in their living situations without increasing re-entry into foster care.
4. The family relationships and connections of the children served by the Department of Family and Children’s Services will be preserved, as appropriate.
5. Children receive services adequate to their physical, emotional and mental health needs.
6. Children receive services appropriate to their educational needs.
7. Families have enhanced capacity to provide for their children’s needs.
8. Youth emancipating from foster care are prepared to transition to adulthood.

Additionally, there are three primary areas identified for further exploration: overrepresentation of children of color, decision-making practices, and emergency response referral processes and procedures.