

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

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

**Report Dated April 2015**

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

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

## **Executive Summary**

In 2013 the Santa Clara County Social Services Agency Department of Family and Children's Services (DFCS), the local county child welfare agency, began its current five-year System Improvement Plan (SIP). The DFCS SIP is an ambitious comprehensive plan that focuses on improving outcomes in three primary areas: a) addressing and eliminating the over-representation of African Ancestry and Latino families in the child welfare system; b) 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; and c) 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 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. This quarterly update is for the 3rd quarter of 2014 (July 2014 to September 2014) or the previous twelve months, September 2013 through September 2014, depending upon the methodology for the outcome measure. As a result, this report assesses performance for prior data reporting periods, while discussing strategies and actions that are currently in progress. Thus, current strategies, actions, and progress will not be reflected on the Federal and State performance measures until a later period in time.

Based on the data for the current reporting period, the DFCS continues to exceed Federal and State goals for some performance measures and is working on improvements in order to meet performance measures in other areas. In general, the DFCS is meeting or exceeding Federal or State permanency measures in certain measures of Permanency and Placement Stability. Additional focus and work needs to be done in the areas of Child Safety, Timeliness to Reunification, and other, specific Permanency Measures, as these areas are defined by the current Federal and State Performance Measures.

The DFCS currently has both broad and specific initiatives which are designed to positively impact child welfare outcomes in the long term. Broad strategies include the continued implementation of the Child and Family Practice Model (CFPM); participation in the Title IV-E Well-Being Demonstration Project and use of Safety Organized Practice (SOP); utilization of reflective practice and supervision; utilization of coaching supports; and moving to become a trauma informed system. More specific strategies include increasing Differential Response (DR) services; increasing emphasis on visitation services; increased collaboration with other agencies/departments, such as County Office of Education, Silicon Valley Children's Fund, Public Health Nursing, Juvenile Probation Department, and the Department of Behavioral Health Services to improve educational, medical and mental

health services to children, youth and families; increased collaboration and partnerships for services at the San Jose and Gilroy Family Resource Centers; improved tracking of Concurrent Plans for children; implementation of the Positive Parenting Plus (Triple P) parent education program; and the development of the Dually Involved Youth Unit.

These strategies and actions have not as yet had a significant impact on overall disproportionality within the child welfare system or in increased safety and improved permanency outcomes as of this point in time. However, there has been a positive trend in that there has been a decrease in the number and the relative rates of African Ancestry children in the child welfare system, due to the implementation of some of the SIP strategies. These are very promising signs, as these are extremely complex and interrelated issues that are long standing and not easily changed. For example, disproportionality of African Ancestry and Latino children in the child welfare system is significant in terms of both rates and relative numbers. This disproportionality begins at the point of the initial report of suspected child abuse and neglect and continues throughout the child welfare system. The disproportionality is further magnified by the relatively small number of Asian and Pacific Islander children who enter the child welfare system as compared to their number and percentages within the overall child population. These disproportional issues are not unique to Santa Clara County or to the child welfare system, as there are disproportionate numbers of African Ancestry and Latino children and individuals in the Juvenile Justice system as well as in the adult criminal systems. Solutions to the disproportion number of African Ancestry and Latino children in the child welfare system will not be as a result of the DFCS strategies and actions alone, but as part of an overall community response to the issue.

Other factors also significantly impact the DFCS' ability to do well on Federal and State performance measures and to improve outcomes for children and families. A major challenge that is facing the DFCS is the recruitment, retention and stability of its social work staff. The DFCS, like many other child welfare agencies, has had difficulty retaining social workers and filling vacancies created by separation, transfers, and promotions. Some of this is due to the extremely challenging and difficult nature of the work in child welfare. Some of it is due to the variety of opportunities within the Department, in other parts of the Social Services Agency, and in other County agencies/departments. Some of it is also due to competitive challenges with other child welfare agencies in other jurisdictions. Regardless of the reason, the lack of stability of the social work staff results in higher caseloads, and most importantly, instability for the children and families in the child welfare system. Several reports have drawn a correlation between social worker consistency and improved child and family outcomes. For example, a United States General Accounting Office (GAO) report on child welfare dated March 2003 stated that "...high turnover rates and staffing shortages leave remaining staff with insufficient time to establish relationships with children and families and make the necessary decisions to ensure safe and stable permanent placements." They associate high caseloads, limited

training, and staffing shortages to Children Family Service Review (CFSR) child and family outcomes (page 22 and 23). A 2010 qualitative study (Strolin-Goltzman, Kollar, and Trinkle) where twenty five (25) foster youth were interviewed as to child welfare workforce turnover and number of foster care placements and the findings suggest that “youths experience multiple effects of workforce turnover, such as lack of stability, loss of trusting relationships. ...” A January 2010 Social Work Policy Institute report on high caseloads found that it “lead to increased staff turnover as well as increased cost and decreases in quality delivery of services. A January 2005 Children’s Home Society of Florida report (Flower, McDonald, and Sumski) looks at turnover, salary, and exits to permanency within one (1) year and found that fewer changes in caseworkers increases the chances of permanency for children. A recent SCC example of how staffing shortages impact child welfare performance measures is in the DFCS Emergency Response function. When the Emergency Response function was short staffed, performance measures on Timely Responses to Immediate Response and 10 Day Responses decreased. As staffing for the Emergency Response function was increased and vacancies minimized, recent performance on these measures has improved. Currently, the majority of the DFCS vacancies are in the Continuing Child Welfare functions, which impact the majority of the Federal and State performance measures. As a result, most of the staff is currently at or above contractual caseload standards and are struggling to accomplish the basic critical tasks. Structural supports such as expansion of the minimum qualifications for the Social Worker II/III classifications to expand the potential pool of qualified applicants and additional of a pay differential for case carrying functions should improve the long term prospects for reducing vacancies and workforce stability.

Another system issue that impacts the DFCS performance in different areas is the lack of family foster homes and placement options available for children who enter the child welfare system. While the DFCS does a good job placing children with relatives and non-relative extended family members as required by law (about 45% of the children in out of home placement are placed with relatives and non-relative extended family members), other placement options continue to be needed. The lack of family foster homes creates a domino effect in terms of potential impacts on placement stability and potentially long term permanency outcomes, as well as potentially resulting in higher level placements, such as a in a community care facility. Other issues created by the lack of family foster homes includes placement of children outside of their home communities, and in some instances out of county, placement of siblings in separate placements or in placements that do not reflect the child’s culture. This places increased pressure on the child welfare system such as increasing transportation services to and from the child’s school, transportation to and from visitation, etc..

The DFCS continues to exert a great deal of focus and work on the SIP and improving performance and outcomes. Much work still needs to be done to improve both performance and outcomes on a variety of measures. It should not be understated that the

SCC child welfare system has a significantly lower rate of entry than many other jurisdictions and that the Department is taking aggressive action steps throughout the child welfare system to improve outcomes. System barriers such as staffing instability and lack of family foster home and placement options greatly impact performance. As the DFCS works to stabilize and increase staffing levels and increases the pool of family (resource) homes available, there should be better positive movement on the performance indicators.

## **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 Federal and State indicators (goals) for child welfare. Santa Clara County's (SCC) current System Improvement Plan 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 notable 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 3rd quarter of 2014 (July 2014 to September 2014) or the previous twelve months, September 2013 through September 2014, depending upon the methodology for the 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 February 5, 2015 for the 2nd quarter of 2014 (April 2014 to June 2014) and SIP strategy improvements from January to September 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 3<sup>rd</sup> quarter of 2014 (July 2014 through September 2014).

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

- No Maltreatment in Foster Care (Federal Goal);
- Timely Response – Immediate Response referrals (State Goal) [SIP Goal];
- Timely Monthly Caseworker Visits in Residence (Federal Goal);
- Median Time to Reunification for all children in foster care for 8 days or longer (Exit Cohort) [SIP Goal];
- Exits to Permanency (legally free for adoption at exit)(Federal Goal) [SIP Goal];
- Children with Two or Fewer Placements (in care 8 days to 12 months)(Federal Goal);
- Children with Two or Fewer Placements (in care at least 24 months) (Federal Goal).

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

- Timely Responses to Emergency Response 10 day referrals (State Goal) [SIP Goal];
- Reunification within 12 Months (Exit Cohort) (Federal Goal) [SIP Goal];
- Median Time to Adoption (Exit Cohort)(Federal Goal);
- Legally Freed within 6 Months (17 Months in care)(Federal Goal);
- Exits to Permanency (24 Months in care)(Federal Goal) [SIP Goal];
- In Care 3 Years or Longer (at Emancipation or age 18)(Federal Goal) [SIP Goal].

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

- Children with Two or Fewer Placements (in care 12 to 24 months) (Federal 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 Social Work Visits with Child (Federal Goal);
- Reunification within 12 Months (Entry Cohort) (Federal Goal) [SIP Goal];
- Re-Entry following Reunification (Exit Cohort) (Federal Goal) [SIP Goal];
- Adoption within 24 Months (Exit Cohort)(Federal Goal);
- Adoption within 12 Months (17 Months in care)(Federal Goal);
- Adoption within 12 Months (legally freed)(Federal Goal);
- Children Receive Timely Medical Exams (State Goal);

- Children Receive Timely Dental Exams (State Goal).

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

On a very positive and encouraging note, there has been a decrease in the number and the rate of African Ancestry children in the child welfare system in SCC. This is likely related to the DFCS SIP strategies that have been implemented such as the Department's involvement with the California Partners for Permanency (CAPP) Project which included on-going community stakeholder involvement, the development of a child welfare Child and Family Practice Model (CFPM), use of a Fidelity Assessment process to inform and guide practice, and the beginning use of Safety Organized Practice (SOP) tools. Although the focus of the CAPP Project has been on the African Ancestry population, the basic principles regarding what has been learned is being expanded to all ethnic groups. In addition, the core practices that have been developed through CAPP are not specific to the African Ancestry population, so there is great promise that it will have the same long term impact on the entire system.

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 to non-case carrying social work positions that support processes such as the Resource Family Approval (RFA) process. The DFCS was able to add eleven (11) social worker positions (ten Social Worker I and one Social Work Supervisor positions) through the 2014-2015 Mid-Year Budget process to support the social work case carrying staff with visitation supervision, transportation, drug testing, and other direct service supports. Additional positions are being requested as part of a Social Services Agency (SSA) 2015-2016 Fiscal Year Budget proposal. These additional positions will hopefully help to reduce the current caseloads for staff so that workloads are more manageable and so that staff can better address the critical work that needs to occur with our families, which should then improve outcomes, as well as rebuilding the administrative infrastructure to support the case carrying staff and the administrative functions to support the high level work. The reality in Santa Clara County 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.

Regardless of the reason, the lack of stability of the social work staff results in higher caseloads, and most importantly, instability for the children and families and also poorer outcomes in the child welfare system. Several reports have drawn a correlation between social worker consistency and improved child and family outcomes. For example, a United States General Accounting Office (GAO) report on child welfare dated March 2003 stated that "...high turnover rates and staffing shortages leave remaining staff with insufficient time to establish relationships with children and families and make the necessary decisions to ensure safe and stable permanent placements." They associate high caseloads, limited training, and staffing shortages to Children and Family Service Reviews (CSFR) child and family outcomes (page 22 and 23). A 2010 qualitative study (Strolin-Goltzman, Kollar, and Trinkle) where twenty five (25) foster youth were interviewed as to the impact of child welfare workforce turnover and number of foster care placements and the findings suggest that "youths experience multiple effects of workforce turnover, such as lack of stability, loss of trusting relationships. ..." A Social Work Policy Institute report (January 2010) on high caseloads found that it "lead to increased staff turnover as well as increased cost and decreases in quality delivery of services. A January 2005 Children's Home Society of Florida report (Flower, McDonald, and Sumski) looks at turnover, salary, and exits to permanency within one (1) year and found that fewer changes in caseworkers increases the chances of permanency for children. A recent SCC example of how staffing shortages impact child welfare performance measures is in the DFCS Emergency Response function. When the Emergency Response function was short staffed, performance measures on Timely Responses to Immediate Response and 10 Day Responses decreased. As staffing for the Emergency Response function was increased and vacancies minimized, recent performance on these measures has improved. Currently, the majority of the DFCS vacancies are in the Continuing Child Welfare functions, which impact the majority of the Federal and State performance measures. As a result, most of the staff are currently at or above contractual caseload standards and are struggling to keep up with and accomplish the basic critical tasks.

In addition to rebuilding the DFCS infrastructure through addition of positions, other system level changes will help to improve recruitment and retention. Broadening the minimum qualification criteria should increase the potential pool of applicants for the Social Worker II/III classifications. The addition of a caseload differential for social workers in the Emergency Response, Dependency Investigations and Continuing Child Welfare functions should improve long term retention prospects.

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 January 2015 Child Welfare Services Quarterly Report (Data from 3rd Quarter - July 2014 to September 2014)
- Attachment C - Report dated January 2015 Child Welfare Services Outcomes and System Improvement Plan Snapshot (Data from 3rd Quarter July 2014 to September 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 April 2014 through March 2015.

#### **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, April 2014 to January 2015**

	<b>April 2014</b>	<b>July 2014</b>	<b>October 2014</b>	<b>January 2015</b>
<b>African American</b>	14% (4712)	14% (4133)	14% (5193)	14% (4335)
<b>Latino</b>	45% (15668)	44% (12423)	46% (17643)	44% (13983)
<b>Asian and Pacific Islander</b>	3% (1154)	3% (864)	4% (1413)	4% (1163)
<b>White</b>	27% (9219)	27% (7751)	26% (10044)	27% (8378)

From SafeMeasures Data

**Table 2**

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

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

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

**Table 3**

**Open Child Welfare Cases by Ethnicity, State of California, April 2014 to January 2015**

	<b>April 2014</b>	<b>July 2014</b>	<b>October 2014</b>	<b>January 2015</b>
<b>African American</b>	21% (20335)	20% (20267)	20% (20161)	20% (20006)
<b>Latino</b>	53% (52876)	53% (52783)	54% (54261)	54% (53146)
<b>Asian and Pacific Islander</b>	3% (2702)	3% (2630)	3% (2723)	3% (2585)
<b>White</b>	22% (21811)	22% (21617)	22% (21587)	22% (21279)

From SafeMeasures Data

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

	2010	2011	2012	2013
<b>African American</b>	19% (5756)	19% (5583)	18% (5644)	18% (5859)
<b>Latino</b>	51% (15635)	51% (15250)	51% (15562)	52% (16513)
<b>Asian and Pacific Islander</b>	3% (774)	3% (882)	3% (851)	3% (872)
<b>White</b>	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 American	36,446	276	7.6
Multi-Race	408,583	0	0.0
Missing	0	139	.
<b>Total</b>	<b>9,150,549</b>	<b>26,169</b>	<b>2.9</b>

**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), White children at 17.3% (126), and Native American children at 0.4% (3) 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 57% and slightly lower for African Ancestry children at 8% (as of January 2015).
- For percentages of cases opened in child welfare statewide, the numbers increase for both Latino children to 54% and to 20% for African Ancestry children. For SCC the numbers are higher and increases to 71% for Latino children and 9% for African Ancestry families (as of January 2015).
- 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 (as of January 2015).
- 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 of California 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 (based on 2013 Calendar Year data).

**Table 6**  
**Percentage of Referrals by Ethnicity, Santa Clara County, January 2014 to January 2015**

<b>% of Referrals Received By Ethnicity Santa Clara County</b>					
	<b>January 2014</b>	<b>April 2014</b>	<b>July 2014</b>	<b>October 2014</b>	<b>January 2015</b>
<b>African American</b>	8% (70)	7% (67)	7% (48)	8% (82)	8% (63)
<b>Latino</b>	56% (492)	60% (552)	58% (394)	56% (541)	57% (454)
<b>Asian and Pacific Islander</b>	13% (111)	13% (120)	9% (60)	14% (137)	14% (113)
<b>White</b>	21% (180)	17% (158)	24% (163)	20% (190)	19% (153)

From SafeMeasures Data

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

	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>African American</b>	8% (1033)	8% (1041)	7% (966)	7% (967)
<b>Latino</b>	60% (7444)	61% (7650)	61% (8185)	62% (8218)
<b>Asian and Pacific Islander</b>	11% (1425)	12% (1490)	13% (1720)	13% (1693)
<b>White</b>	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, January 2014 to January 2015**

	<b>January 2014</b>	<b>April 2014</b>	<b>July 2014</b>	<b>October 2014</b>	<b>January 2015</b>
<b>African American</b>	8% (187)	9% (201)	9% (209)	9% (201)	9% (214)
<b>Latino</b>	70% (1544)	70% (1546)	70% (1622)	72% (1689)	71% (1667)
<b>Asian and Pacific Islander</b>	7% (156)	7% (155)	7% (151)	7% (173)	8% (179)
<b>White</b>	14% (302)	16% (303)	13% (297)	12% (278)	12% (288)

From SafeMeasures Data

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

	2010	2011	2012	2013
<b>African American</b>	11% (77)	11% (77)	10% (77)	8% (57)
<b>Latino</b>	63% (431)	66% (463)	64% (499)	68% (497)
<b>Asian and Pacific Islander</b>	7% (50)	5% (37)	9% (70)	6% (46)
<b>White</b>	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 and Pacific Islander	138,190	44	0.3
Native American	933	2	2.1
Multi-Race	25,754	0	0.0
Missing	.	.	.
<b>Total</b>	<b>439,320</b>	<b>578</b>	<b>1.3</b>

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

**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. This overrepresentation in child welfare begins in the community with the initial reports of suspected child abuse and/or neglect to the Child Abuse and Neglect Center (CANC) reporting line and continues through the child welfare system. Similarly, in the Juvenile Justice and Adult criminal systems, there is an overrepresentation of individuals of color (particularly those of Latino and African Ancestry backgrounds) from the point of initial reporting and law enforcement contact that continues through those systems. 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 to 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 (2013-2014) of approximately thirty (30) families at any point in time, and the number of referrals the DFCS receives, the Differential Response (DR) allocation was increased in 2014-2015 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 eight hundred (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 six (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 were due at the end of January 2015 and provided 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.

Between September 2014 and December 2014, 877 referrals were made to the three DR providers. Of the 877 referred families, 435 families were referred to DR Path 1, 436 families were referred to DR Path 2, and 6 families were referred to DR Path 4.

Of the 877 referred families, 380 families were enrolled in DR services resulting in an overall engagement rate of 43.3%. Engagement by path was 28.5% for DR Path 1, 58% for DR Path 2 and a 50% engagement rate for DR Path 4.

The ethnicity data indicates that 58.6% of families referred to DR were of Latino ethnicity; 19.4% were White; 8.2% were African Ancestry; 3.5% were Vietnamese, 3.6% were Filipino, 1.1% were Chinese, 0.5% were Japanese, 2.2% were Other Asian/Pacific Islanders.

The language composition shows the primary language of families referred to DR was as follows: 65.5% English speaking; 30.7% Spanish speaking; 2.7% Vietnamese speaking; and 1.1% other.

Of the 380 families that actually enrolled in services (i.e. they completed an intake and agreed to DR services), 124 families were DR Path 1 families, 253 families were DR Path 2 families; and 3 families were DR Path 4 families.

The ethnicity data for the DR enrolled families was 70% Latino; 7.1% African Ancestry, 13.4% White; 4.2% Vietnamese; 2.1% Filipino; 1.1% Chinese; 0.3% Japanese; and 0.8% Other Asian/Pacific Islander.

The language composition shows the primary language of families enrolled in DR to be 50% English speaking, 46.1% Spanish speaking, 3.2% Vietnamese speaking, and 0.8% other language.

- 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 the prior review period in 2014, 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 during 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 originally 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 Ancestry 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 Ancestry 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 2014 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 2014 approximately 48 families had to wait 6 weeks or more (with the longest waiting over 10 weeks) for services as compared to August 2014 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.

Currently, there is no wait list for DR services. The DR providers are near capacity but are still able to respond to and accommodate referrals as they are made

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 during the 2014-2015 Fiscal Year.

In addition, the staffs from all three DR service providers are trained on the DFCS Child and Family Practice Model (CFPM) in order to promote system alignment and continuity. This is to ensure that the service work for all families at all levels of intervention is from the same values, principles, approach, behaviors, and practices.

- 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 staffing make-up of the DR providers has not changed in the last quarter, and 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 has conducted several 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, to determine how some referrals that are extremely low risk, can be redirected to a different intervention or to DR Path 1 services.

MAG is also continuing to meet 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. A draft of the initial report has been prepared and is being circulated for review and feedback.

## **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**

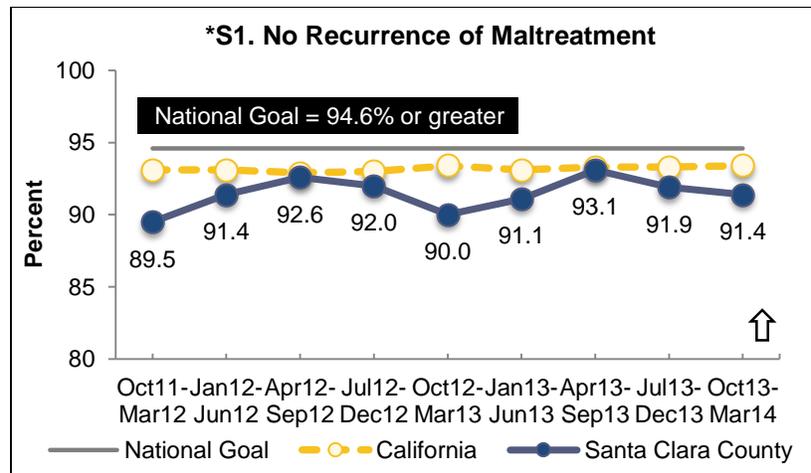
**Priority Outcome Measure or Systemic Factor:** S1.1 No recurrence of maltreatment within six (6) months of a substantiated maltreatment allegation. Of all children who were victims of a substantiated maltreatment allegation during the six (6) month period, what percent were not victims of another substantiated maltreatment allegation within the next six (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 October 2013 to March 2014, **91.4%** of children who had a substantiated maltreatment allegation did not have a recurrence of maltreatment within the following six months, as indicated by another substantiation for abuse or neglect within six months from the first substantiation of maltreatment. This measure has decreased after increasing to 93.1 % in the April 2013 to September 2013 period. SCC is below the Federal Goal for children from each of the ethnic groups. Performance on this measure by ethnicity is as follows: 92.3% of African Ancestry families did not have a recurrence of maltreatment within six months during the same time period. 91.7% of Latino children, 92.4% of Asian and Pacific Islander, 75.0% of Native American, and 89.4% of White children likewise did not have a recurrence of maltreatment within six months. In examining the trends on this measure for the preceding period from June 2014 to December 2014, African Ancestry, Latino and Asian and Pacific Islander children have had improved performance in that higher percentages did not have a recurrence of maltreatment within six (6) months, while White children had only a slight improvement in performance which tended to negate the performance improvements amongst the Latino, African Ancestry and Asian and Pacific Islander groups. Native American children had a substantial decrease in performance according to this measure, but given the small number in SCC, the impact on overall performance was minimal.

**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 (Oct12- Mar13)		Most Recent Period (Oct13- Mar14)	
Ethnicity	Goal	Performance	Goal met (✓) or not (✗)	Performance	Goal met (✓) or not (✗)
Black	≥ 94.6%	92.2%	✗	92.3%	✗
White	≥ 94.6%	89.2%	✗	89.4%	✗
Latino	≥ 94.6%	89.3%	✗	91.7%	✗
Asian/ Pacific Islander	≥ 94.6%	95.8%	✓	92.4%	✗
Native American	≥ 94.6%	100.0%	✓	75.0%	✗
Overall Performance	≥ 94.6%	90.0%	✗	91.4%	✗

**Target Improvement Goal:** The County will improve performance on this measure from 91.4% (898 children) to 94.0% (923 children). This result can be obtained from a 29.8% (25 children) reduction in the number of children who have a recurrence of maltreatment within six (6) months following a substantiated maltreatment allegation.

**RE-ENTRY OUTCOME MEASURE**

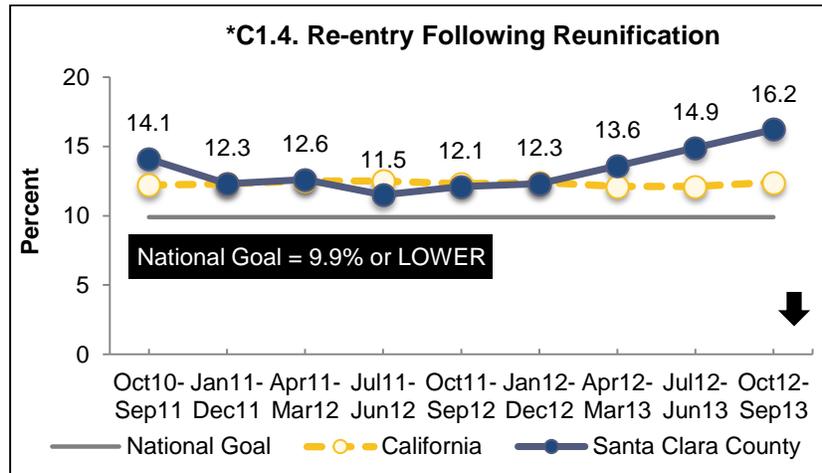
**Priority Outcome Measure or Systemic Factor:** C1.4 Reentry within twelve (12) months following Reunification. Of all children discharged from foster care to reunification during the year, what percent reentered foster care in less than twelve (12) months from the date of the earliest discharge to 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 October 2012 to September 2013, **16.2%** of children who were discharged from foster care to reunification had a reentry to care within twelve 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 five quarters. By ethnicity, SCC is only meeting this measure for Asian and Pacific Islander children at 6.1% and for White children at 6.2%. Of continuing concern are the rates of re-entry at 19.6% for Latino and 26.2% for African Ancestry children who reentered care in less than twelve 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 (Oct11- Sep12)		Most Recent Period (Oct12- Sep13)	
		Performance	Goal met (✓) or not (✗)	Performance	Goal met (✓) or not (✗)
Ethnicity	Goal	Performance	Goal met (✓) or not (✗)	Performance	Goal met (✓) or not (✗)
Black	≤ 9.9%	15.9%	✗	26.2%	✗
White	≤ 9.9%	8.0%	✓	6.2%	✓
Latino	≤ 9.9%	12.6%	✗	19.6%	✗
Asian/ Pacific Islander	≤ 9.9%	12.5%	✗	6.1%	✓
Native American	≤ 9.9%	0.0%	✓	NA	NA
Overall Performance	≤ 9.9%	12.1%	✗	16.2%	✗

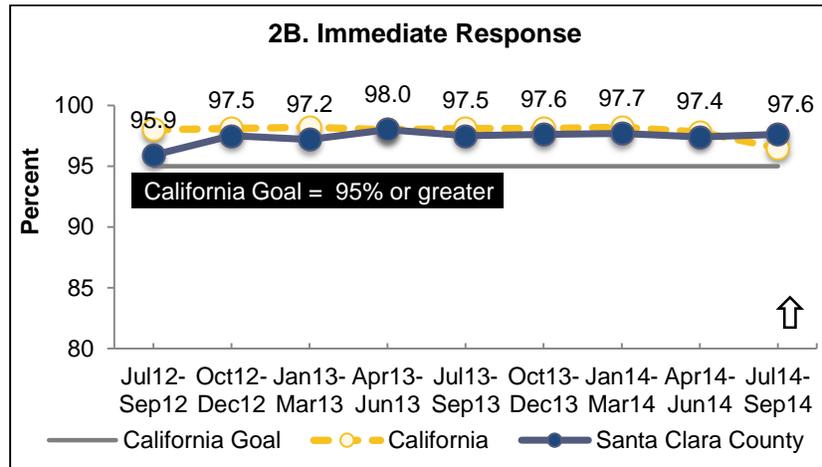
**Target Improvement Goal:** The County will improve performance on this measure from 16.2% (81 children) to 9% (49 children). This result can be obtained from a 39.5% (32 children) reduction of children who reunified and had a reentry to care within twelve (12) months.

**Safety Measures**

**IMMEDIATE AND 10-DAY RESPONSES**

**Table 13**

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

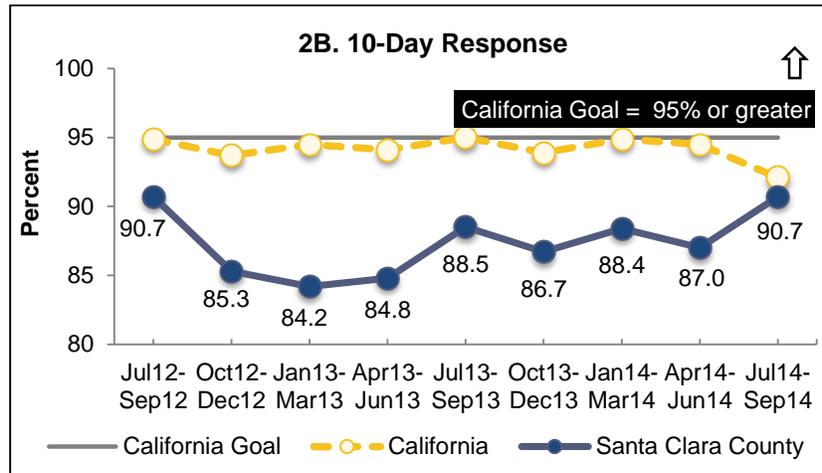


2B. Immediate Response	California Goal	Last Year (Jul13- Sep13)		Most Recent Period (Jul14- Sep14)	
		Performance	Goal met (✓) or not (✗)	Performance	Goal met (✓) or not (✗)
Ethnicity	Goal	Performance	Goal met (✓) or not (✗)	Performance	Goal met (✓) or not (✗)
Black	≥ 95%	97.1%	✓	93.5%	✗
White	≥ 95%	96.5%	✓	96.8%	✓
Latino	≥ 95%	97.8%	✓	99.0%	✓
Asian/ Pacific Islander	≥ 95%	97.7%	✓	96.2%	✓
Native American	≥ 95%	NA	NA	66.7%	✗
Overall Performance	≥ 95%	97.5%	✓	97.6%	✓

**Immediate Response to Child Abuse and Neglect Referrals:** Santa Clara County Child Welfare saw an increase in the percentage of Immediate Response referrals with a timely response for the July 2014 to September 2014 quarter to 97.6%, up slightly from 97.4% for the April 2014 to June 2014 quarter. SCC also exceeds the overall State average performance on this measure. SCC continues to exceed the overall State goal for the Immediate Response measure and exceeds the State goal for each ethnic group, except for African Ancestry and Native American children in the current quarter. However, the number of Native American children in any quarter is so small that any deviation will produce a skewed result.

**Table 14**

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



2B. 10-Day Response	California Goal	Last Year (Jul13- Sep13)		Most Recent Period (Jul14- Sep14)	
		Ethnicity	Performance	Goal met (✓) or not (✗)	Performance
Black	≥ 95%	84.1%	✗	86.2%	✗
White	≥ 95%	88.4%	✗	89.0%	✗
Latino	≥ 95%	88.7%	✗	92.0%	✗
Asian/ Pacific Islander	≥ 95%	89.7%	✗	90.6%	✗
Native American	≥ 95%	100.0%	✓	75.0%	✗
Overall Performance	≥ 95%	88.5%	✗	90.7%	✗

**10 Day Responses to Child Abuse and Neglect Referrals:** The County’s performance on ten-day (10 Day) responses to child abuse and neglect referrals increased substantially during the July 2014 to September 2014 quarter to 90.7%, which is still below the California goal of 95% or better, and also slightly below the overall state average performance on this measure. 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. Currently, the Emergency Response function has only two (2) vacancies and the number of referrals has stabilized. Therefore, it is anticipated that SCC should begin to see improvements for this data measure by the 4<sup>th</sup> quarter of 2014 and the 1<sup>st</sup> quarter of 2015.

## **Strategies:**

The following SIP strategies are being employed:

- Staffing levels in all Front End Emergency Response functions were increased and the DFCS is 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. Further analysis beyond the initial re-referral is also being looked at in terms of whether the re-referral results in a substantiated allegation and/or in a case opening. Data was gathered through the Community Approach towards Relating and Engaging (CARE) database. A new database has been developed, the Services and Outcomes for an Alternative Response (SOAR) which should assist in the ongoing analysis of DR services and its effectiveness.

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 2014-2015 Fiscal Year. 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 Ancestry; 18% Caucasian; and Asian and Pacific Islander families represented 11% of referrals. Therefore, there will be approximately, 159 Latino family slots, 33 African Ancestry family slots, 33 Asian Pacific Islander slots, 28 White 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 (85) percent of the SCC 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 quarter two 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 the

time 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 Santa Clara County Social Services Agency Department of Family and Children’s Services is in the third and final year for the Federal Early Education Grant (Circle of Care Project) from the Department of Health and Human Services Administration for Children and Families. The grant period will end on September 30, 2015. The overarching goal of the Circle of Care Project was to increase wellbeing and to build protective factors for these children, their families, and their caregivers through the enhancement and improvement of the collaborative multi-agency service delivery system. It is an infrastructure grant allowing the necessary time and resources to continue to build a strong infrastructure for this county by anchoring a child welfare system where children age birth through age five, who are involved in the system receive a full spectrum of the early intervention services needed to thrive. In addition, this project will result in increased capacity for collaborative practice in Santa Clara County to support comprehensive integration of services between the child welfare system and the early childhood education system. System goals include the following:

1. Strengthening existing collaborative partnerships by building a more formalized and tightly connected infrastructure to support coordinated care;
2. Enhancing services through the implementation of assessments and screening for children with significant adverse childhood experiences; and
3. Broadening the availability of high quality early childhood education/care through specialized training and professional development for caregivers to assure effective service delivery to children involved in the system.

The necessary primary action steps for this strategy was to ensure all children birth through age 5 receive a developmental, behavioral, social, and 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 made improvements in the infrastructure supporting children being assessed to connect them 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 previously existed 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 were recently concluded with concurrence that social workers would be required to complete the necessary documentation for all children ages birth through age 5. All

partner agencies involved including the Public Health Department, County Office of Education, the Department of Behavioral Health Services, First 5 and Court partners are committed to making this process and support for 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 and Pacific Islander 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 are defined as the process from the CAN Center hotline call through the referral closing- Path 1, Emergency Response – Path 2, Voluntary or Informal 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. This targeted outreach will focus on schools, law enforcement jurisdictions and hospitals/medical facilities in geographic areas (zip codes) that make a high rate of mandated reports on child abuse and neglect.

**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. During 2014, sixty (60) social workers have been hired by the Department, which includes nineteen Spanish speaking and two Vietnamese speaking workers. During the first three months of 2015, the DFCS has hired an addition ten (10) Social Worker II/III. Despite this, the DFCS has thirty nine (39) Social Worker II/III vacancies plus four (4) future vacancies: twenty four (24) monolingual positions, fifteen (15) Spanish Speaking positions, three (3) Vietnamese speaking positions and one (1) Cantonese or Mandarin speaking position as of March 20, 2015. This is an increase 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. New positions requested by the DFCS as well as new positions being added in the Department of Aging and Adult Services (DAAS) and other County departments will further add to the DFCS vacancy pool. Continuous recruitments for both the Social Worker II and Social Worker III classifications in various languages are in process and it is hoped that the upcoming graduate class of Masters in Social Work (MSW) candidates will create a deep pool of candidates to fill as many of these vacant positions as possible. However, 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 addition to the Social Worker II/III vacancies, the DFCS has fourteen (14) Social Worker I positions that are vacant as of March 20, 2015. Ten (10) of these vacancies are new positions approved by the Board of Supervisors as part of the 2014-2015 Mid-Year Budget process. All fourteen (14) of these positions are currently in the recruitment process. The Social Worker I positions provide critical support to the Social Worker II/III's in areas such as supervised visitation, transportation, welfare checks, and drug testing, thus freeing up the Social Worker II/III for more critical tasks. Improving the support for the Social Worker II/III through the Social Worker I positions should improve both morale and retention in the long term. The DFCS had also requested additional Social Worker I and Social Worker II/III positions as part of the 2015-2016 Budget Year requests.

In order to address and improve hiring and retention, the DFCS is working with the Employee Services Agency (ESA) to modify the current job specifications for the social work series so that the application pool can be expanded. These potential modifications were discussed with labor extensively through the meet and confer process. These discussions did not resolve the issues and labor and the County could not reach an agreement over changes to the job specification. The Employee Services Agency prepared a Board Transmittal for March 24, 2015 recommending proposed changes to the job specifications for the Social Worker II and Social

Worker III classifications, in order to broaden the pool of potential candidates for these positions. This action would allow the DFCS to hire not only MSW graduates, but those with Master degrees in related human services areas. This will allow the DFCS to hire individuals who have Master's degrees in related field who are working in child welfare agencies in other jurisdictions who are interested in relocating to SCC, amongst others. The matter was deferred to April 7, 2015 for further Board discussion.

Also on the April 7, 2015 Board of Supervisors agenda is a transmittal from the Employee Services Agency (ESA) to add a Differential of 1.55% for case carrying social workers (and their supervisors) in the Emergency response, Dependency Investigations, and Continuing Child Welfare functions. This Differential, if approved, should help with the long term retention prospects.

In addition, the 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. The DFCS as part of the 2015-2016 Budget Year request, is also looking at adding a Social Work Supervisor position to create, support and institutionalize 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. Case reviews and focus groups for staff were held in February 2015. Focus groups involving the youth who were part of the case reviews occurred on April 1, 2015 and April 2, 2015. A preliminary report should be available shortly.
- 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 will be initiated and community partners will be invited to submit proposals. Pre-proposal meetings will be set up to provide technical assistance to potential entities who may be interested in submitting a proposal to provide information regarding the Bid Sync process, contracting processes and County requirements to reduce barriers and increase potential interest. Anticipated program start up is projected to be middle to late 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 April 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 have participated in CANC 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 sixty two reflective practice sessions in the CANC.

The DFCS is also working on developing a review process for the referrals to CANC that are assessed to not need an "in person social worker response" and so the referral is "evaluated out". This will allow the DFCS to assess the criteria being used for "evaluate outs" to ensure

consistency and possibly safely increase the number of evaluate outs which can lead to increased use of Differential Response services.

**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 in an effort to increase utilization of the San Jose Family Resources Center (SJFRC), Gilroy Family Resources Center (GFRC) and the HUB Youth Center. As a result, the SJFRC has increased services and supports for families, including increases in the utilization of Linkages (CalWORKS/DFCS) resources, Dually Involved Youth services, Joint Decision making meetings, Differential Response services, educational and other support services. To highlight and celebrate our effort, the DFCS hosted an Open House and Resource Fair on September 18, 2014 for the San Jose Family Resource Centers and the Hub. The DFCS and SJFRC showcased changes to better serve the families and community through increased partnerships and new programs as well as showcasing the esthetic changes made to the SJFRC to make it more welcoming and inviting. 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 addition, the FRC's parent education continuum has increased to include the Triple P (Positive Parenting Program) classes this year. The DFCS has finalized a full schedule of classes and parent supports, which was a collaborative effort with the vendor, Rebekah's Children's Services (RCS). The DFCS has also added 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 fifteen (15) week, thirty (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 to determine the necessary partnerships and community resources have been held. Initial focus groups were held in the Fall of 2014 with birth parents and foster parents, about the supports and resources needed. The focus groups with the community were pushed back to early 2015 due to changes in community partners and the need to 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, and the Probation Department to develop 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. 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.

For the Gilroy Family Resource Center (GFRC), the past several months have been focused on partnerships, co-location and gathering the necessary feedback from stakeholders about the important next steps in the revitalization of the GFRC and increased utilization in partnership with existing resources in the community. The following efforts have occurred in the past few months in support of the Gilroy Family Resource Center:

- Space was redesigned in February 2015 to accommodate additional partners being co-located at the Gilroy Family Resource Center (GFRC). The following partners are currently co-located, providing classes at the GFRC, or utilizing conference rooms for meetings with families:
  - Eastfield Ming Quong Families First Differential Response
  - Unity Care- Resource Advocacy Support Services – Foster Parent Support Team
  - KAPFA- Kinship Adoptive Foster Parent Association
  - Victim Witness
  - Gardner – Differential Response
  - Alum Rock Counseling Center- Parent Advocate Program
  - Child Advocates
  - Teen Force
  - DFCS Youth Employment Counselor
  - DFCS CalWorks Linkages Employment Counselor
  - Family and Children's Services- ILP Case Manager
  - Rebekah Children's Center – Triple P parenting classes
  - In addition, DFCS provides co-location at the Family Justice Center one time per week at Community Solutions in Morgan Hill and monthly participation in partnership meetings focused on Domestic Violence efforts with the District Attorney's office and law enforcement jurisdictions, Probation Department and Community Solutions.

- A grant and three (3) year partnership with Teen Force and the City of Morgan Hill and City of Gilroy three year project to focus on employment for youth, ages 15-24. This program launched in late November 2014. To date, partnerships with five (5) local employers have been established and employment has been established for fifteen (15) low income youth, including eight (8) foster youth.
- Training and support groups for foster parents and caregivers were re-launched in November 2014. Education and support group meetings are being held every other month for foster parents with an average attendance of 10-12 caregivers at each meeting.
- A community project survey was conducted for foster parents serving the South County area in March 2015 to done to examine how satisfied foster care providers are with existing services and determine what supportive services are needed to support their role as foster parents and to determine next steps in support and partnership. Preliminary results have indicated the following:
  - Results appear to show that overall the foster parents are satisfied with how they are supported in their roles and responsibilities, as well as in the types of trainings being provided. They are also satisfied with existing supportive services. Findings show that the majority (62.5%) of the Foster Parents feel that the DFCS has provided somewhat or more than adequate support in their roles and responsibilities. Furthermore, approximately 75% feel that the DFCS listens to them and 62.5% feel as part of the team and are included in meetings that impact the children under their care.
  - In addition, most of the feedback provided by the survey suggests that foster parents perceive the DFCS and Social Workers in South County to be reliable and responsive to their needs. When foster parents were asked what the DFCS and Social Workers could do better at, the overall response was to improve communication and to better support them on their roles as foster parents.
  - With regards to training, survey results indicated that foster parents would like trainings to be more accessible and available on Saturdays or evenings to support working parents, as well as specifics topics about attachment, special education and for training to be more practical and “real-life like”. Additional training topics specified included: suicide prevention, depression/anxiety in youth, how to maintain positive working relationships between foster and bio parent(s), and how to especially handle difficult situations such as parents with substance abuse issues, besides specific trainings mentioned earlier.
  - Survey questions regarding support for foster parents indicated a need for the more communication regarding any child placed under their care (i.e. communicate about the child’s case planning, possible court recommendations, the children’s needs and support during their transition periods), as well as offering and connecting them to community resources.

- In addition, multiple focus groups with stakeholders were held during the months of February and March 2015 regarding what is working for the GFRC and what is needed as well as what partnerships are needed. Focus groups included meetings with foster parents, relative caregivers, birth parents both current and previous, foster youth both current and former foster youth, community partners and community members and stakeholders and South County DFCS staff. In addition, a survey to community partners is being conducted in early April 2015 for additional feedback. This information will be used to develop a work plan for 2015-2016 Fiscal Year to identify goals for the revitalization of the GFRC. Workgroup dates are planned for April 2015 and May 2015 to develop short and long term goals. In addition, approval to locate a new location for the DFCS South County office and the GFRC has been approved and will help to ensure some of the logistic goals noted in the stakeholder surveys and focus groups.
  - Preliminary themes indicate the following:

#### Classes and Program information

- Current classes and services being offered in the evenings and Saturdays are helpful, but more classes are needed and childcare being available for these classes is essential.
- Different types of parenting classes and parenting classes in Spanish.
- Alcoholic Anonymous (AA) and Narcotics Anonymous (NA) meetings are needed again.
- Support groups for parents are essential and should be led or co- led by a previous parent who has been in the system and who has been successful. This should be open to parents who may want to come back months or years later and include educational information.
- Access to computers and resources for parents.
- A lobby that is parent and child friendly and welcoming.
- More classes for foster parents.
- Continue to identify shared space and shared classes with community based organizations.
- More connection with housing and health related resources.
- More art and culture needed.

#### Visitation Information

- Appropriate visitation rooms with age appropriate toys and an outside area.
- Outside playground structures.
- Outside area for youth.
- Events for parents and youth and social workers to celebrate together – major events, holidays or a sports activity.
- Collection of used sports equipment for youth to encourage sports participation.
- Need for tutoring for the youth and allow the parents to help support.
- Healthy food provided and healthy nutrition supported.

#### Youth Information

- An area for older youth and teens that is “their space” and safe to hang out with computers and bean bags.
- Outside area for youth to use.
- Activities that are more about life.
- Tutoring.

In addition, the GFRC in partnership with the SJFRC and several key community partners are preparing for a Dental and Health event to be held in August 2015 in both San Jose and in Gilroy in support of Dental and Medical screenings for children. This is aimed at supporting the Department’s efforts toward improved Dental services for children.

The revitalization of the FRC’s has progressed to the point that the San Jose Family Resource Center is basically fully utilized and there is now a space issue with finding new spaces for staff and for co-located partners. The DFCS is working with SSA Central Services to look at standardizing and reducing individual work spaces at all SSA/DFCS locations, including the FRC’s.

#### 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 twelve (12) Months (Six Month Entry Cohort). Of all children entering foster care for the first time in the six (6) month period who remained in foster care for eight (8) days or longer, what percent were discharged from foster care to reunification in less than twelve (12) months from the date of latest removal from home?

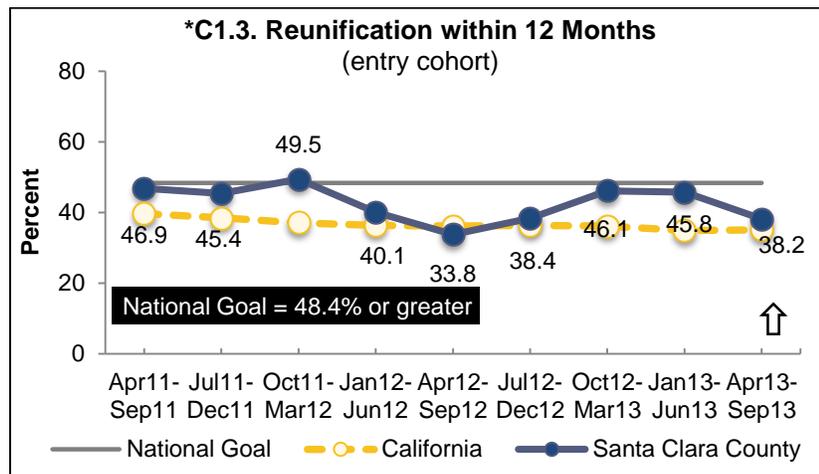
**Federal Standard: 48.4% or greater.**

**Current Performance:** According to the data provided by SafeMeasures for the period between April 2013 and September 2013, a review of an entry cohort of children in Santa Clara County Child Welfare showed that **38.2%** of children who had first entries to foster care for eight days or more were reunified in less than twelve months, as compared to the Federal goal of 48.4% or higher. SCC child welfare is performing slightly better than the overall State of California average on this performance measure. By ethnicity in SCC, this goal was met for White children at 58.7%, African Ancestry children at 50.0% and Asian and Pacific Islander children at 50.0%. The Federal goal was not met for Latino children on this measure, which was at 31.6% for the current reporting period. However, Latino children have been trending slightly upwards on this measure as compared to the same period of the prior year. However, when considering other measures of reunification, specifically reunification within twelve 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 Latino children and families on performance measure C1.2 and has been trending upward on performance measure C1.1. For performance measure C1.2 (Median Time to Reunification), all ethnic groups were meeting the Federal goal. For performance measure C1.1 (Reunification within twelve (12) Months), 85.7% African Ancestry, 70.8% Latino, 92.6% Asian and Pacific Islander and 73.6% of White children were reunified in less than twelve months during the same time period. As with performance measure C1.3, Latino children have been trending upward on this performance measure, improving from 68.2% for the preceding period to 70.8%, but still below the Federal goal of 75.2% or greater.

**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 (Apr12- Sep12)		Most Recent Period (Apr13- Sep13)	
Ethnicity	Goal	Performance	Goal met (✓) or not (✗)	Performance	Goal met (✓) or not (✗)
Black	≥ 48.4%	43.8%	✗	50.0%	✓
White	≥ 48.4%	43.1%	✗	58.7%	✓
Latino	≥ 48.4%	29.5%	✗	31.6%	✗
Asian/ Pacific Islander	≥ 48.4%	35.7%	✗	50.0%	✓
Native American	≥ 48.4%	NA	NA	NA	NA
Overall Performance	≥ 48.4%	33.8%	✗	38.2%	✗

**Target Improvement Goal:** The County will improve performance on this measure from 38.2% (91 children) to 53.8% (128 children). This result can be obtained from a 25.2% (37 children) reduction of children with first entries into foster care of 8 days or more and still in care at twelve months. Although there has been a decrease in performance during the April 2013 to September 2013 period, performance in this measure is significantly improved as compared to the corresponding period in 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

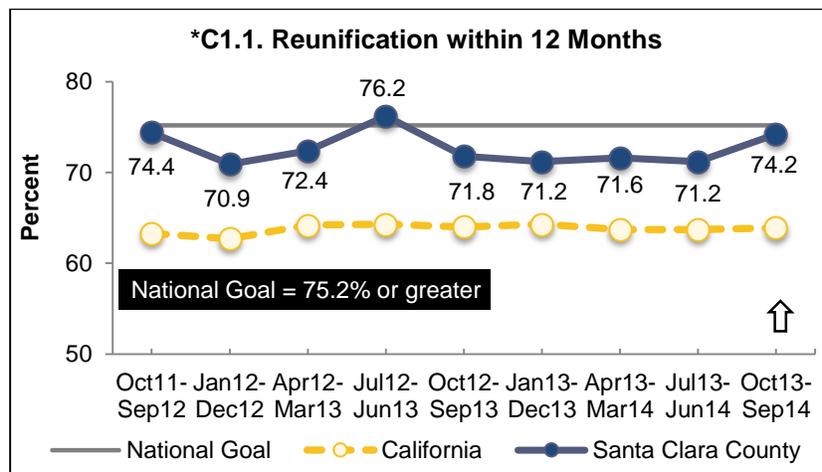
**Priority Outcome Measure or Systemic Factor:** C1.1 Reunification within twelve (12) months (exit cohort). Of all children discharged from foster care to reunification during the year, who had been in foster care for eight (8) days or longer, what percent were reunified in less than twelve months from 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 October 2013 and September 2014, in Santa Clara County Child Welfare, **74.2%** of children who were in foster care for eight days or more were reunified in less than twelve months, which is just below the Federal goal of 75.2%. This measure had started to trend downwards in the prior quarter and had returned to the same rate as the January 2013 to December 2013 period. Within California, SCC is performing well above the state average on this indicator. 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 twelve months at a 73.6% rate, which is just below the Federal goal. For Latino children during the last quarter, performance on this measure increased from 68.2% for the preceding period to 70.8%. For the current period, 92.6% of Asian/Pacific Islander children were reunified in less than twelve months, 85.7% of African Ancestry children, and 73.6% of White children were likewise reunified in less than twelve 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?



**Table 12 (Continued)**

*C1.1	National Standard	Last Year (Oct12- Sep13)		Most Recent Period (Oct13- Sep14)	
Ethnicity	Goal	Performance	Goal met (✓) or not (✗)	Performance	Goal met (✓) or not (✗)
Black	≥ 75.2%	81.8%	✓	85.7%	✓
White	≥ 75.2%	75.3%	✓	73.6%	✗
Latino	≥ 75.2%	68.2%	✗	70.8%	✗
Asian/ Pacific Islander	≥ 75.2%	80.6%	✓	92.6%	✓
Native American	≥ 75.2%	NA	NA	100.0%	✓
Overall Performance	≥ 75.2%	71.8%	✗	74.2%	✗

**Target Improvement Goal:** The County will improve performance on this measure from 74.2% (276 children) to 82% (305 children). This improvement can be obtained from a 30.2% (29 children) shift of children who reunify in more than twelve months to reunifying in less than twelve 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 Fall 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 approved through the 2014-2015 Mid-Year budget process. Discussions are continuing 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 and the alignment with the Child and Family Practice Model (CFPM) values, principles and behaviors will be an emphasis in 2015. The DFCS is also working on trying to identify an additional site that might be able to support increased visitation and offer some addition visitation options.

For the Gilroy Family Resource Center (GFRC) support of increased and improved visitation in South County is underway as follows:

- Two (2) additional Social Worker I staff have been added to the GFRC team to support the demand for visitation and to support successful visitation. All of the Social Worker I’s on the team are working to implement the Child and Family Practice Model using

coaching with families to help support modeling and redirection. Challenging cases are being staffed for consultation and in partnership with the Social Worker I supporting visitation and the case carrying social worker.

- Working to ensure that transportation is not a barrier for visits for caregivers or birth parents.
- A Domestic Violence training provided by Community Solutions is planned for May 2015 for staff to better prepare for situations involving Domestic Violence with families.
- The Gilroy Family Resource Center has ensured that the building is open in the evenings Monday through Thursday until 8:30pm and on Saturdays from 8am to 5:00 pm for a venue to have visits between parents and children.
- The DFCS has partnered with Rebekah Children’s Services to be able to use the First 5 Family Resource Center (FRC) in Gilroy for visits for parents with children birth to age 5. Plans are currently underway to look at the First 5 FRC being open on Saturdays in the 2015-2016 Fiscal Year to further support visits.
- Plans are underway to relocate the GFRC to a larger building that can provide greater capacity and flexibility as well as a safe and secure place for visits to occur inside and outside the building.

**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, solution focused interviewing, safety mapping, harm and danger statements, and other 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 eighty five percent of the social work staff have 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 middle of May 2015. In addition, the DFCS continues to support Reflective Supervision so that social workers are better supported by supervisors and supervisors better supported by managers. A Coaching Plan has been developed and finalized in order to ensure consistent support by managers and

supervisors for staff. Fidelity Assessments continue to be held to evaluate the effectiveness of the training, coaching, 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. Specific elements of Safety Organized Practice which will be utilized include Harm and Danger Statements, Safety Mapping, Planning and Goals, Solution Focused and motivational Interviewing, teaming, family engagement and assessment, behaviorally based case planning, transition planning, case monitoring, case adaptation, capturing the child and family’s voice, and identifying and utilizing the child and family’s circle of support.

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.

Title IV-E planning meetings are in process and focus on four functional areas: program, fiscal, communications, and data/evaluation. These planning sessions include the DFCS staff, Juvenile Probation staff, Social Services Agency Financial Management Services (FMS) and Office of Research and Evaluation, and Agency Office staff, and Office of Budget Analysis (OBA) staff.

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 starting March 24, 2015. The initial Just Culture training for DFCS social work coordinators, social work supervisors and managers occurred on March 24, 2015 and was well received. Just Culture

trainings for the social workers, and office professional and support staff will be scheduled in the next couple of months.

## **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**

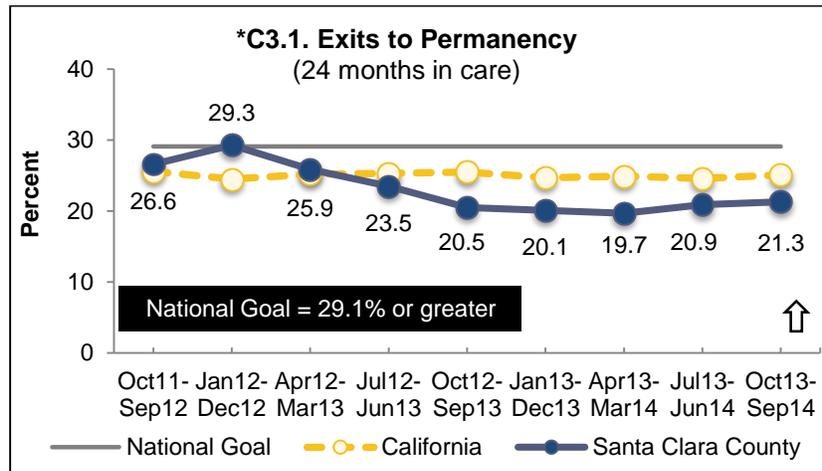
**Priority Outcome Measure or Systemic Factor:** C3.1 Exits to Permanency (twenty four (24) months in care). Of all children in foster care for twenty four months or longer on the first day of the year, what percent were discharged to a permanent home by the end of the year and prior to turning eighteen?

**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 October 2013 to September 2014, **21.3%** of children who were in foster care for twenty four 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 eighteen. 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. However, performance on this measure has been trending upwards during the last two reporting periods. Prior to that, performance on this measure had been decreasing during the prior five reporting periods. Not included are children who exited to non-permanency or were still in care. By ethnicity during the current reporting 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 eighteen, 22.4% of Latino children, 20.5% of African Ancestry children, and 19.2% of White children likewise exited to a permanent home by the end of the year and prior to turning eighteen. There was an increase in performance for African Ancestry, Asian and Pacific Islander, and White children, but a slight decrease in this performance measure for Latino children from 23.4% for the preceding period to 22.4% for the current period.

**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	National Standard	Last Year (Oct12- Sep13)		Most Recent Period (Oct13- Sep14)	
		Performance	Goal met (✓) or not (✗)	Performance	Goal met (✓) or not (✗)
<b>Ethnicity</b>	<b>Goal</b>	<b>Performance</b>	<b>Goal met (✓) or not (✗)</b>	<b>Performance</b>	<b>Goal met (✓) or not (✗)</b>
Black	≥ 29.1%	13.1%	✗	20.5%	✗
White	≥ 29.1%	17.2%	✗	19.2%	✗
Latino	≥ 29.1%	23.4%	✗	22.4%	✗
Asian/ Pacific Islander	≥ 29.1%	7.1%	✗	11.1%	✗
Native American	≥ 29.1%	50.0%	✓	0.0%	✗
Overall Performance	≥ 29.1%	20.5%	✗	21.3%	✗

**Target improvement Goal:** The County will improve performance on this measure from 21.3% (68 children) to 40.8% (131 children). This result can be obtained from a 25.0% (63 children) reduction in the number of children who are still in care. This increase reflects an upward trend over the last two 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. As of February 2015, 56% of relative, non-relative extended family member (NREFM) and foster homes have a signed concurrency agreement in place. The Concurrent Homes Agreements (CHA) has 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 3<sup>rd</sup> and 4<sup>th</sup> 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 March 2015, there have been an additional ninety-seven (97) adoption finalizations, including three (3) children who are Court Dependents from another state (Kentucky). Thirty six of these adoptions occurred on National Adoption Day on November 21, 2014. The DFCS is on pace to well exceed the total number of adoptions from the prior Fiscal Year period.

## **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 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.

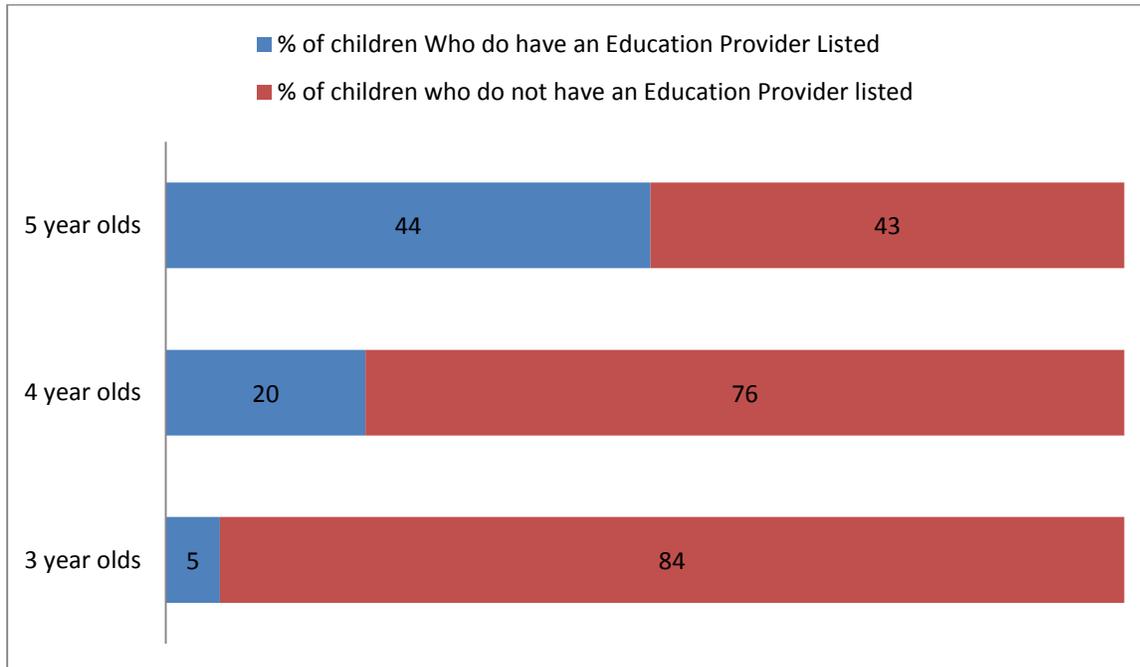
The Department has increased efforts to ensure educational well-being in the following ways:

(1) Participation in the Early Education Partnership Grant to increase the number of children ages 3-5 in preschool or Head Start. As of March 2015, about 23% of children ages 3-5 are enrolled in and participating in an Early Education Program. This represents 63 of 273 total children. As of September 2013, only 17% of the children ages 3-5 had an identified early education provider. Although the numbers have decreased from 33% as of September 2014 to 23%, it is believed that this decrease is due to data entry delays and lack of clerical support in the Education Services Unit for over the past six (6) months. 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 areas. 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. Currently, enrollment activities for the 2015-2016 academic year are underway starting in April 2015 and are expected to increase enrollment substantially. The Santa Clara County Office of Education (SCCOE) has guaranteed the DFCS that all children who are 4 years of age will have a "slot" for preschool before the start of Kindergarten. In addition, the DFCS will work with SCCOE to ensure that as children turn 3 years of age during the 2015-2016 academic year, they will be allowed to begin attendance in Head Start for the remainder of the year.

The breakdown by age for those children ages 3-5 in Out-of-Home Placement (OHP) who have an early education provider listed is 8% (5 children) of the children age 3; 22% (16 children) of the children age 4; and 44% (29 children) of the children age 5. For those children living at home, 0% (0 children) age 3 have a listed early education provider, 17% (4 children) for age 4, and 43% (9 children) for age 5 children have a listed early education provider.

Overall, approximately 23% (63 children of a total 273) of children ages 3-5 have a listed education provider. This represents an increase from 17% on September 16, 2014.

**Table 18**  
**Number of Children With and Without an Early Education Provider Listed as of March 13 2015**



As of March 13, 2015 there were a total of 205 children with open child welfare cases who did not have any education provider information listed in the Child Welfare System/Case Management system (CWS). Thirty-one (31) children were enrolled in a Head Start Program. The remaining thirty-seven (37) children have other education providers listed (typically an elementary school).

Efforts to ensure that children ages birth to age 5 receive these early education services are as follows:

- Priority enrollment for children into an appropriate Head Start, State Preschool or other preschool setting was launched in March 2015 for enrollment during the first week of April 2015 for the 2015-2016 academic year. Enrollment and preschool attendance is currently at 23% of all eligible children ages 3 to 5 years of age. However, the DFCS is making concerted efforts to engage with caregivers to ensure enrollment for the next academic year, including those children who will turn age 3 during the 2015-2016 academic year and could enroll and participate upon their 3<sup>rd</sup> birthday.
- Over sixty (60) Early Education Providers from the target areas of downtown San Jose, Eastside San Jose and Gilroy are being enrolled for the second cohort class for a specialized thirty six (36) hour training curriculum through DeAnza Community College to better understand child welfare and the impact on trauma to begin in May 2015, followed by participation in a “hands on curriculum” follow up training in their early education classroom setting. Fifty five (55) early education teachers completed this training during Spring 2014 and Summer 2014.

- Identification of system barriers and continued meetings with key partners to support this endeavor and partnership in support of early education and support. For instance, Early Education is now receiving referrals early for special education identified concern for children under 3 years of age and the Educational Services Unit is receiving all referrals where there are concerns by the Public Health Nurse team for any potential developmental, education or mental health issues to support the caregiver and the DFCS social worker for further follow up.
- Families and children are being connected to the First 5 Family Resource Centers and as well as ensuring that necessary medical and dental appointments for children are scheduled. Referrals to Kids Scope and other Mental Health (MH) supports are prioritized from the Public Health direct referrals to the MH Call Center.
- Training for caregivers and the DFCS social workers is being planned for Summer 2015.

(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.
- Continued screenings by PHN Visitation Program include administering trauma screenings and assessments for children with significant adverse childhood experiences (ACE's). Over 272 children ages birth to age 5 – up to 68% in February 2015 from 51% in October of 2014 of children have been screened by the public health nurse team since the launch in November 2013. In addition, a successful meet and confer with the labor has ensured that screenings will occur for all children ages birth to 5 in the child welfare system in SCC.
- 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 PHNs for children of young parents age 21 and younger who are currently or were previously in the foster care or juvenile probation systems. As of March 2015, the program was expanded to include pregnant and parenting youth in foster

care or in Extended Foster Care up to age 21 with children who are one year of age or under for screening and support from a public health nurse until the infant reaches one year of age.

- 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 have been multiple meetings with Labor regarding the future use of this position. Once these discussions are complete, the Department will move forward with filling this position. The expected completion date to fill this position is June 30, 2015.

(4) The Emerging Scholars Program, which is a partnership between the DFCS and the 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 to 85 youth. . A second round of case conferences is underway to review the work to date, ensure that youth who are eligible are on track with financial aid and college applications, and to discuss summer plans. Emerging Scholars is also in the process of interviewing prospective interns for the 2015-2016 academic year and is working on redesigning their intern training model. 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) Tutoring services are currently being provided by REACH tutoring program through the County Office of Education (COE). Tutoring services are offered to children and youth ages/grades Kindergarten to 21 in out of home care placed in resource family homes, group homes, transitional housing and Supervised Independent Living Placements (SILP). 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 by the next academic year. 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 Foster Youth Liaisons from 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.

In March 2015, the Silicon Valley Children's Fund launched their annual Youth Education Scholars (YES) Scholarship Program. Foster youth participating in post-secondary education or a vocational training program are eligible to receive financial assistance up to \$5,000 per year. Participants must apply every year and maintain a 2.0 Grade Point Average (GPA) to continue to receive financial assistance.

(7) The Silicon Valley Children's Fund is partnering with Teen Force to create a pathway to Science Technology Engineering and Mathematics (STEM) Careers for local foster high school youth. The DFCS, working with SVCF and Teen Force offered STEM career and workforce-readiness training to twenty eight (28) foster youth during the school year using the Mouse Squad STEM curriculum along with Teen Force'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 represents 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 was 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.

A field trip is being planned to the Tech Shop in the spring in order to give students a hands-on experience in robotics. Eleven volunteers from SanDisk rotate through the Saturday training sessions to serve as mentors, tutors and guides. In addition to the STEM training piece, the students have started their work-readiness training and are currently being interviewed and hired by Teen Force in preparation for their summer placements at a local tech company.

SVCF and Teen Force in collaboration with DFCS purchased laptops for STEM program participants through iFoster program. The laptops will be gifted to participants who complete the STEM and Work-Readiness training. The software and internet service are donations from Microsoft and Freedom Pop through iFoster which includes tech support for the life of the computer.

One of the goals of this collaboration 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.

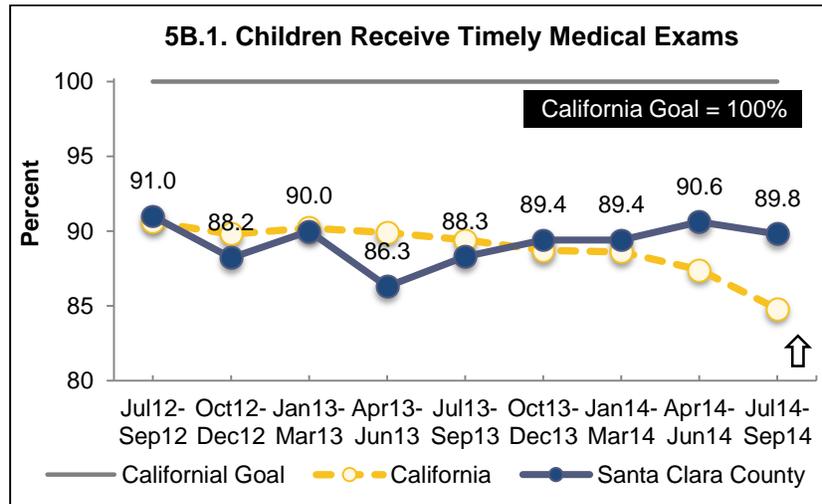
**State Standard:** 100%.

**Current Performance: Timely medical and dental exams:** Timely medical exams for all children for the period from July 2014 to September 2014 decreased slightly to 89.8% as compared to the prior quarter (90.6%) and performing below the 100% State goal. Latino, White, and Asian and Pacific Islander children have a higher percentage of timely medical exams, at 89.9%, 90.7% and 95.1% respectively and above the county average. However, SCC performance in this area is well above the State average of 85%.

Timely dental exams for all children for the period from July 2014 to September 2014 decreased to 59.5% from 60.0% as compared to the prior quarter and performing well below the 100% State goal. Latino and Asian and Pacific Islander children have a higher percentage of timely dental exams, at 62.6% and 58.0% respectively, and are above the County average. White children are receiving timely dental exams at 53.8%, which is below both the County and the State average. Of great concern is the fact that only 48.2% of African Ancestry children are receiving timely dental exams, which is significantly below both the County and State average. For SCC as a whole, the county is slightly above the State average on this performance measure.

**Table 19**

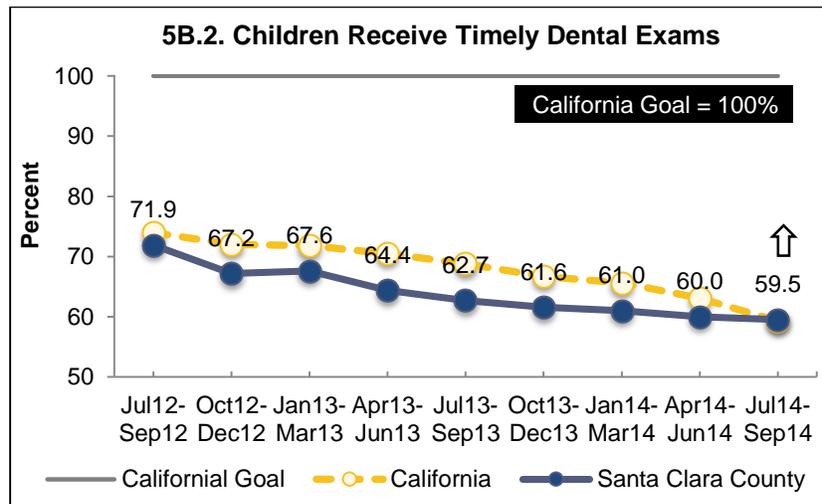
**\*5B.1 100% of the children receive timely medical exams**



Medical Exams	Black	White	Latino	Asian/Pacific Islander	Native American	Overall Performance
Received a timely medical exam	87.0%	90.7%	89.9%	95.1%	60.0%	89.8%

**Table 20**

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



Dental Exams	Black	White	Latino	Asian/Pacific Islander	Native American	Overall Performance
Received a timely dental exam	48.2%	53.8%	62.6%	58.0%	33.3%	59.5%

## **Strategy 8**

Timely dental and medical exams for all children have continued to trend downward (for dental exams) or have started trending down (for medical exams) and are below the State standard of 100%. SCC is at 89.8% for timely medical exams and 59.5% for timely dental exams. With respect to timely medical exams, SCC performance on this measure far exceeds the overall California average on this measure. In the area of timely dental exams, SCC performance is basically the same as the overall California average on this measure.

With respect to timely dental exams, it is of concern that the trend in Santa Clara County and for California as a whole is decreasing. 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 chose to go obtain medical or dental care or not may be impacting this measure. It is also possible that children and youth are receiving medical and dental care at a higher rate than reported, as necessary paperwork may not be provided to the medical or dental staff and/or such documentation is not being sent to or received by the appropriate DFCS staff. . Part of the issue may also be the lack of sufficient dental providers who accept Medi-Cal. The DFCS is focused on increased support for caregivers, especially relatives in support of medical and dental exams, and support for young adults to understand the short and long term 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.

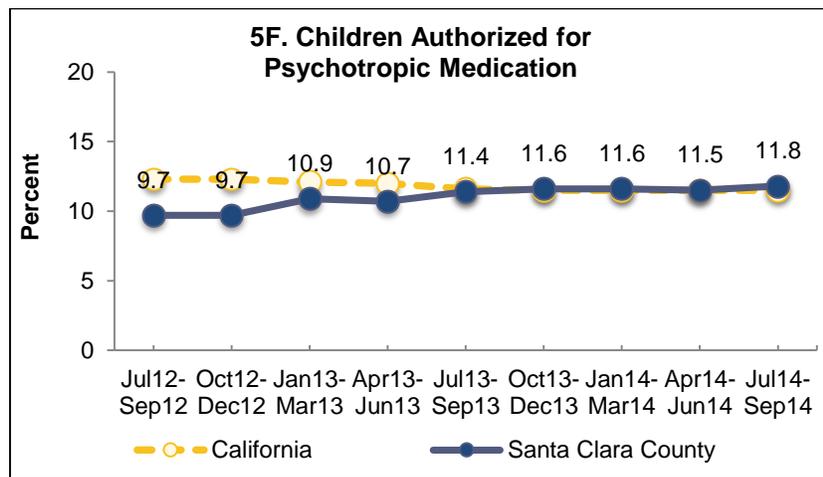
The final measure noted here for well-being are children authorized for psychotropic medication. Santa Clara County's Child Welfare data looks very similar to the data from the State. However, during the period from July 2012 through September 2013, SCC was below the State average. Unfortunately, since December 2013, SCC rate on this performance measure virtually matches the State rate. Overall approximately 11.8% of children in out of home care in SCC are authorized for psychotropic medication. In SCC, the DFCS follows Welfare and Institutions Code Section 369.5 and California Rules of Court 5.640, which requires Juvenile Court approval for a foster child to be authorized for psychotropic medications. This process involves not only Judicial review, but the possibility of having a contested hearing on the matter. The DFCS is continuing to work with the Behavioral Health Services 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. In addition, the use of psychotropic medications is not in isolation, but in conjunction with other treatment

regimes, including therapy, case management, and monitoring. The Department of Behavioral Health Services also conducts a 5% Audit on all of their cases, including the cases involving children who are prescribed psychotropic medications, to ensure that such medications are appropriately prescribed. 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.

In terms of psychotropic medications and ethnic groups, 17.7% of White children are approved for psychotropic medications, which is the highest for all ethnic groups except for Native American children at 33.3%. However, the number of Native American children is small, so any Native American child who is authorized for psychotropic medications will skew the percentages. Latino and African Ancestry children each have 11.5% of the children authorized for psychotropic medications. Asian American and Pacific Islander children have the lowest percentage authorized for psychotropic medications, at 8.3%.

**Table 21**

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



5F. Children Authorized for Psychotropic Medication, July 2014 - September 2014						
Psychotropic Medication	Black	White	Latino	Asian/Pacific Islander	Native American	Overall Performance
Authorized for psychotropic medications	11.0%	17.7%	11.0%	8.3%	33.3%	11.8%

Similarly, the most recent data available for the quarter ending December 31, 2014, on the Safe Measures website, an analytic service provided by the National Council on Crime and Delinquency, shows that the statewide average is 11.3% demonstrating that Santa Clara County currently has approximately the same percent of OHP youth on psychotropic medications as the state average.

**Table 22**

**Distribution of Foster Youth Authorized for Psychotropic Medication**  
**July 1, 2014 – February 28, 2015**

Age	1 Medication	2 Medication	3 Medication	4 Medication	5 Medication	6-7 Medication	Total
5	1	1	0	0	0	0	<b>2</b>
6	1	1	0	1	0	0	<b>3</b>
7	1	0	0	1	0	0	<b>2</b>
8	2	3	2	1	1	0	<b>9</b>
9	3	1	1	1	0	1	<b>7</b>
10	2	4	0	0	0	0	<b>6</b>
11	3	2	3	2	0	1	<b>11</b>
12	2	4	2	0	0	0	<b>8</b>
13	4	3	6	1	0	0	<b>14</b>
14	2	4	4	1	3	3	<b>17</b>
15	9	5	8	5	1	0	<b>28</b>
16	6	3	4	2	0	2	<b>17</b>
17	8	4	5	7	2	0	<b>26</b>
<b>Total</b>	<b>44</b>	<b>35</b>	<b>35</b>	<b>22</b>	<b>7</b>	<b>7</b>	<b>150</b>

From Psychiatric Medication Report, dated March 17, 2015.

As the table above indicates, approximately 29% of all children on psychotropic medications are authorized to take just one medication, with half of those children being ages 15 and above. Another 47% of children are authorized to take two or three medications and about 15% are authorized to take four medications. About 9% of children are authorized to take five or more medications.

It is important to note that authorization to take medication by the court is not the same as children taking those medications concurrently. Because the authorization is good for six months, some medications may not have been started or some may have been discontinued during that time period.

It is also important to reiterate that the prescription of psychotropic medications is not done in isolation. The prescription of psychotropic medication is as part of a broader treatment plan which includes therapy, monitoring, and case management services.

### **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 currently 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 Department of Behavioral Health Services 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 seventeen cases. Although it is too early to have significant quantitative data, initial results are extremely promising, and the DFCS has submitted 2015-2016 Fiscal 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 (which is also referred to as the Katie A. Core Practice Model) 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. After a year-long planning process involving the DFCS, the Department of Behavioral Health Services (BHS) and community and provider involvement, 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. In March 2014, the BHS released a Request for Proposal (RFP) for Katie A. Core Practice Model services and selected four (4) vendors (Community Solutions, Eastfield Ming Quong Families First, Gardner Family Care Corporation and Rebekah Children's Services) to provide these services. Following the planning process, a series of trainings with all DFCS Social Workers and mental health providers was conducted in July 2014 to provide an overview of the Core Practice Model, and implementation of the screening and assessment process that would be coordinated through the DFCS and the BHS. The DFCS and the BHS collaborated to develop a Katie A. screening and assessment form that is now used for each child entering the child

welfare system. Full implementation of the Katie A. Core Practice Model services in Santa Clara County began on August 11, 2014.

A dedicated Katie A Coordinator from the BHS 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 Katie A. coordinator works on a daily basis with social workers to ensure that they are completing Katie A. screening and assessment form which results in the child/youth being referred for mental health services. Completion of the screening and assessment form is a requirement for every child in the foster care system including those in voluntary cases. The Katie A. Coordinator screens the referrals and completes the qualification for mental health services within thirty-six (36) hours. A new Katie A. manager position was also created by funding through the BHS. The new Katie A. manager began on February 2, 2015. The implementation of Katie A. services is important to mention in this context as it provides a Core Practice Model that provides a coordinated care approach for each individual child involved in the child welfare system who exhibits potential mental health concerns. This level of coordinated care effort seeks to reduce the potential that any child entering the child welfare system with mental health concerns will be overlooked in addressing their mental health needs.

From September 1, 2014 through January 5, 2015, the DFCS and the BHS have screened and assessed the following numbers of children for subclass qualification:

**Table 23**

<b>Class Eligibility</b>	<b>Katie A. referrals</b>
Katie A. subclass	211
Class	445
No eligibility	120
<b>Total</b>	<b>776</b>

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.

Three two day TARGET trainings occurred in January 2015 (January 7-8, 13-14, and 21-22). The slots allocated for the training were 50% for Probation and their identified partners, 25% for the SSA/DFCS and their identified partners, and 25% for Behavioral Health Services and their identified partners. This translates to 124 total participants for the three trainings. The participants consisted of fifty-nine (59) Probation staff, twenty two (22) SSA/DFCS staff, and forty three (43) Behavioral Health staff. There were also two Leadership sessions held on February 4, 2015, with a total of thirty-nine participants, which were included Judicial Officers, attorneys, Cross Agency Service Team (CAST) members and Probation and SSA/DFCS Directors and managers.

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.

## **Conclusion**

Due to the way data is captured and when the data is available, current actions will not be substantially reflected in the Federal and State performance measures and outcomes until a couple of quarters in the future. The DFCS continues to do well on some measures and faces substantial challenges in others. The DFCS has a lower rate of entry than many other jurisdictions and is generally doing well in certain Placement Stability and Permanency

measures, as well as in Timely Face to Face Contacts for Children in Out of Home Placement and Timely Response to Immediate Response referrals. Additional work needs to be done in certain areas such as Safety, Permanency, and Child Well-Being measures to improve performance in these areas. With respect to disproportionality, some progress has occurred with respect to the number of and rate of African Ancestry children in the child welfare system. This is an extremely encouraging trend that reflects progress on some of the SIP strategies and steps such as CAPP, development of the CFPM, SOP, reflective practice and supervision, and partnership with community. The DFCS is engaged in and will continue a multidimensional, multifaceted approach towards improving service delivery and consistency, collaborating to build stronger partnerships with system partners, and leveraging services and programs to better meet the needs of a very complex clientele.

Significant progress on the SIP based on the performance measures has been slow, primarily due to systemic barriers. The current issues of social worker recruitment and retention create instability in the staffing levels which in turn leads to higher caseloads and ultimately contributes to poorer outcomes for children and families. Rebuilding the DFCS infrastructure is critical towards moving staff away from covering the bare essentials so that they can focus on building relationships with children and families in a meaningful way so that more positive outcomes can be achieved. The lack of family foster homes (resource homes) is also a systemic issue that negatively impacts SIP outcomes. While the DFCS places almost half of the children with relative or non-relative extended family members, the lack of family foster homes severely limits placement and permanency options and impacts children on many dimensions, such as placement away from their community, possible separation from siblings, travel time to and from school and visitation, potential placement in homes that are not cultural matches, and leads potentially to placement in higher levels of care. Hopefully the Foster Home Recruitment process and the Resource Family Approval (RFA) process will positively impact the pool of available family foster homes so that there are more placement, and thus permanency options available for children.

The DFCS will continue to work on addressing the staffing and placement resource issues and will continue working on the various areas that should lead eventually to improved outcomes, as well as looking for other actions that can continue to move the Department towards meeting the SIP goals.