

California - Child and Family Services Review

System Improvement Plan

JUNE 6, 2014 TO JUNE 6, 2019



Table of Contents

Signature Page.....	Page 1
Introduction.....	Page 2
Sip Narrative	Page 3-20
State and Federally Mandated Child welfare/Probation Initiatives	Page 21-25
Attachment 1: Five-Year SIP Chart	Page 26-52
Attachment 2: CAPIT/CBCAP/PSSF Expenditure Workbook	Page 53-54
Attachment 3: CAPIT/CBCAP/PSSF Program Description and Evaluation Plan	Page 55-71
Attachment 4: Notice of Intent.....	Page 72
Attachment 5: Board of Supervisors Minute Order/Resolution.....	Page 73

California – Child and Family Services Review Signature Sheet

County	Orange
CSA Period Dates	July 7, 2009 to January 6, 2014
SIP Period Plan Dates	June 6, 2014 to June 6 2019
Outcome Data Period	April 2008 to July 2013
County Child Welfare Agency Director	
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County Chief Probation Officer	
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Board of Supervisors (BOS) Signature	
BOS Approval Date	
Name	
Signature*	

*Signatures must be in blue ink

<p>Mail the original Signature Sheet to:</p>	<p>Outcomes and Accountability Bureau Children and Family Services Division California Department of Social Services 744 P Street, MS 8-12-91 Sacramento, CA 95814</p>
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Name	Gary Taylor
Signature*	<i>Carol Z. Ossema for Gary Taylor</i>
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Mailing Address	Orange County Probation 1535 E. Orangewood Avenue Anaheim, CA 92805
Board of Supervisors (BOS) Signature	
BOS Approval Date	<i>June 24, 2014</i>
Name	<i>Shawn Nelson</i>
Signature*	<i>[Signature]</i>

*Signatures must be in blue ink

FACSIMILE SIGNATURE AUTHORIZED
PER G.C. SEC. 25103, RESO 79-1535
SIGNED AND CERTIFIED THAT A COPY OF
THIS DOCUMENT HAS BEEN DELIVERED
TO THE CHAIR OF THE BOARD

ATTEST:



[Signature]
SUSAN NOVAK
CLERK OF THE BOARD OF SUPERVISORS
ORANGE COUNTY, CALIFORNIA

Introduction

The Orange County Social Services Agency and Probation Department have completed this System Improvement Plan (SIP) in accordance with the provisions of the Child Welfare Outcomes and Accountability System, referred to as the California-Child and Family Services Review (C-CFSR). The provisions of the C-CFSR require that Child Welfare and Probation Departments provide periodic reports to the California Department of Social Services (CDSS). These reports include the County Self Assessment (CSA), which includes the Peer Review (PR), the System Improvement Plan (SIP), and the annual updates, known as SIP Progress Reports. Each of these reports is completed on a 5-year cycle.

According to the Children's Services Outcomes and Accountability Bureau, Office of Child Abuse Prevention:

The C-CFSR process operates on a philosophy of continuous quality improvement, interagency partnership, community involvement, priority service provision, and public reporting of program outcomes. In addition to its focus on priority needs and improved outcomes, the C-CFSR maximizes compliance with federal regulations for receipt of Title IV-E and Title IV-B funds, which include the Promoting Safe and Stable Families (PSSF) program. Requirements for expending the Child Abuse Prevention, Intervention and Treatment (CAPIT), Community-Based Child Abuse Prevention (CBCAP) and PSSF funds continue to be integrated into the CSA and SIP components of the C-CFSR process.

This report was completed with the assistance of a core team of staff from Orange County Social Services Agency (SSA) and Probation Department and with input from many of our community partners, stakeholders, consumers, court personnel, service providers, staff, and foster and kinship care providers.

SIP Narrative

SIP DEVELOPMENT PROCESS

Orange County began decision-making for the System Improvement Plan (SIP) during 2012-2013 when the County Self Assessment (CSA) report was being prepared. As data was discussed for that report it became evident that there were, and still are, outcome areas that Orange County Children and Family Services (CFS) needed to address. In several of the Strategy meetings held during that year-long period (Redesign Planning Council, Eliminating Racial Disparity and Disproportionality, Foster Youth Outcomes, Resource Family Recruitment and Training, Self Evaluation Team, and others) discussions occurred with community partners to understand their concerns and ideas about the Federal Outcome measures and where they felt CFS should focus its energies. Additionally, in the process of preparing the CSA, hundreds of consumers, foster parents, relative caregivers, youth, and service providers were either interviewed, attended focus groups, or completed surveys providing ideas about areas that worked well for CFS, areas needing improvement and recommendations. Not surprisingly, the vast majority of our stake-holders requested that we focus on family reunification efforts as well as permanency for foster youth who cannot return home. These recommendations were in line with the tentative decision made by the CSA/SIP planning committee to focus on three measures: Reunification within 12 Months (Entry Cohort), Median Time to Reunification (Exit Cohort) and Exits to Permanency (24 Months in Care). These outcome areas were discussed with our CDSS Consultants, Sarah Davis and Irma Munoz, at a meeting on 12/4/13 at which time it was agreed that these three outcome measures would be appropriate as the focus of this SIP.

As indicated previously, during the preparation of the CSA, it became apparent that CFS needed to focus on the reunification composite and the exits to permanency, all of which were trending negatively over a period of time. This led to discussions with community partners, caregivers, staff, youth, parents, court and others to ask for input on how CFS could improve performance in these areas. This input was then reviewed by the SIP planning committee which led to further discussions about strategies that could reasonably be developed without major financial strain on the agency. The development of the strategies for this SIP were then outlined and found to be ones that could be implemented in a reasonable amount of time and with a positive impact on the focus outcome areas. Action steps were then assigned to each of the strategies, including assignment of those who would be responsible for development of the strategy.

The inclusiveness of so many CFS stakeholders in the development of the strategies resulted in strong support and commitment coming from all levels within and outside of CFS. Utilizing this dynamic and continuous feedback process will assure that CFS will be able to maintain effective, relevant strategies and action steps to contribute to improved outcomes.

In order to evaluate the effectiveness of the strategies developed for the SIP, various report methods have been created for each of the strategies. Both the Self Evaluation Team (SET) and CWS/CMS Reports Team will be responsible for some of the evaluation tools. Other evaluation processes will include self reports by involved parents, caregivers, social work staff and management. As strategies are evaluated for their effectiveness, necessary adjustments will be made and reported in the annual SIP Progress Reports including new goals for the outcome measures.

PROBATION SIP DEVELOPMENT PROCESS

The Orange County Probation Department engaged stakeholders in assisting with the development of the County Self Assessment and the System Improvement Plan (SIP). Probation utilized feedback from surveys, meetings with stakeholders and focus groups in determining the development of the SIP. Information and feedback was sought from members of the Health Care Agency (HCA), Juvenile Court personnel, Social Services Agency (SSA), Orangewood Children's Foundation, Department of Education and group home administrators that serve the youth from Orange County and probation youth. Stakeholders provided input about barriers and also suggested ideas as to how to improve performance in the selected outcome measures.

PRIORITIZATION OF OUTCOME MEASURES/SYSTEMIC FACTORS AND STRATEGY RATIONALE

Orange County CFS has selected outcomes C1.2, C1.3 and C3.1 as priorities for this SIP period for the following reasons: performance on the reunification measures C1.2 and C1.3 have been on the decline since 2012; performance on exits to permanency C3.1 has fluctuated from quarter to quarter without consistent improvement; most other outcome measures have shown consistently positive performance; the outcome measure which was the focus of the Peer Review, Placement Stability Composite C4, has steadily improved and does not require the same amount of attention as C1.2, C1.3 and C3.1.

C1.2 Median Time to Reunification

Orange County Children and Family Services (CFS) median time to reunification (exit cohort) as measured by the reunification measure C1.2 (Quarter 1 2013 Extract, October 2013 report) is 11.5 months. This current performance is slower than the state's median time of 8.5 months as

well as the National Standard of 5.4 months. The county has struggled to meet the standard for this measure. For the past 5 years, performance has mostly hovered around 9-11 months (approximately 50-60% of the National Standard). In 2009, time to reunification was around 10 months. There was gradual improvement reaching as low as reunification in 8.8 months in 2011. However, performance has been on the decline since 2012 with median time to reunification currently close to 12 months (45.8% of the National Standard). Although this measure is 21% of the weight of the overall Reunification Composite, performance on C1.2 is highly correlated with performance on C1.1 reunification within 12 months (exit cohort) since these measure both monitor the timeliness aspect of reunification for the same cohort of children for any given quarter. Together, these measures contribute to almost half (43%) of the reunification composite.

Statistics indicate that Latino children typically have the longest median time to reunification compared to other ethnic groups, whereas Asian/Pacific Islander children have the shortest median time to reunification. Boys typically have longer time to reunification compared to girls, though recently the difference in median time to reunification has been no more than a month. Historically, infants have the shortest median times (current performance = 4 months), followed by the oldest age group 16-17 year olds (current performance = 9.4 months).

C1.3 Reunification within 12 Months (Entry Cohort)

Orange County CFS performance on time to reunification (entry cohort) as measured by the reunification measure C1.3 is 33.7% (Quarter 1 2013 Extract, October 2013 report). This current reunification rate is lower than the state's rate of 37.4% as well as the National Standard of 48.4%. Typically this measure fluctuates from quarter to quarter with performance historically between 36-46% reunified within 12 months (approximately 75-95% of the National Standard). However, since 2011, performance on this measure appears to be on a constant decline which mirrors the overall decline of the performance in the state. This decline, along with the decline in other reunification indicators that measure the timeliness component of reunification (C1.1 and C1.2), explain the current overall decline in the Reunification Composite.

Statistics indicate that Latino children typically have the lowest percent reunified within 12 months compared to other ethnic groups, whereas Asian/Pacific Islander children have the highest percent reunified. The percent of Black children reunified within 12 months fluctuates drastically from quarter to quarter since the 6-month entry cohort groups are small for this ethnic group. Boys typically have a slightly higher reunification rate compared to girls however these differences are reduced when cohorts are followed until 24 months from time of entry. The youngest children in foster care, particularly infants who enter care under 1 month of age,

are particularly vulnerable and have the lowest reunification rate (currently 19%) but highest adoption rate.

Strategies to address Outcome Measures C1.2 and C1.3

The strategies that CFS has developed to improve the two reunification outcomes C1.2 and C1.3 range from early engagement to treatment services. Some of these strategies involve innovations that limit spending by creatively leveraging both staff and community resources. Other strategies have already demonstrated their effectiveness and will be expanded in order to touch more families and improve reunification outcomes.

CFS will focus on early engagement of families by providing services that that will support more positive reunification outcomes. Early engagement strategies include: (Strategy numbers correspond to numbering in the Five-Year SIP Chart)

- Strategy 1: Increasing the number of families who have a Family Reunification Team Decision Making (FR TDM) meeting within the first five months of their dependency will enable the family and their worker to identify any barriers to their reunification. This will provide a proactive approach to adjusting services, visitation schedules and timelines to increase the likelihood that the family will have a successful reunification within the goal set by this SIP.

Currently the TDM program is facilitating approximately two FR TDMs per month, which is far short of the number of cases which could benefit from a review of the family's reunification plan. Therefore the steps to increase these TDM meetings will be to assure that staff fully understand the benefits of this type of meeting and that program managers are encouraging their staff to schedule FR TDM's. The TDM program is developing a training program for all case carrying staff in which the advantages of the FR TDM will be discussed.

To evaluate the effectiveness of the FR TDM, a longitudinal study will be conducted to compare reunification outcomes of those families having an FR TDM to those who do not.

- Strategy 4: Increasing the number of Parent Mentors available to work with reunifying parents to assure a greater percentage of parents have the opportunity to be guided through the dependency process, from the dependency investigations stage to engagement in their reunification plan. Orange County CFS statistics have shown that those families with a Parent Mentor have a higher rate of reunification.

Currently the contract provider for the Parent Mentor Program, Family Support Network (FSN), employs six part-time (15 hours a week) Parent Mentors. Because of the limited number of hours that each mentor is able to work, FSN has had to limit the number of hours that the mentors meet with the parents, limit the types of cases that can be referred to a mentor, and, at times, delay response times to a referral. Increasing the number of Parent Mentors (or Parent Mentor hours) will allow for an increase in the time spent with each parent, quicker turn around in referral response time, and possibly extend the length of time that a Parent Mentor can keep a referral open. Currently Parent Mentors are required to close their referrals within six months.

In order to accomplish this increase in Parent Mentors a new study will be prepared which will compare the reunification rates of those families with a Parent Mentor to those without. SSA Research will need to evaluate the data from this study and also look at any other factors that might be contributing to the differences in reunification rates between these two groups. Once this evaluation is completed a proposal can be prepared to administration with recommendations for increasing the Parent Mentor contract.

- Strategy 6: Increasing the number of Icebreakers being held with parents, caregivers and social workers. The goal of the Icebreaker is to enhance the trust and communication between the parent and caregiver, leading to improved collaboration regarding the needs of the child, positive role modeling by the caregiver, placement stability and reduced time to reunification.

At the present time Icebreaker meetings are occurring in only 33% of placements. In order to understand the barriers to holding Icebreakers for every placement a workgroup will be formed to look at and discuss obstacles, develop action items to address these obstacles, including a review of the policy and procedure, and pilot a new process for Icebreakers to determine its effectiveness.

Monthly Icebreaker reports are already in place and the increase in percentages held will be the indicator that new procedures are working effectively.

- Strategy 9: Pre-assigning a continuing worker at the detention hearing, along with the dependency investigations worker, to assure a smoother transition for the family. This earlier involvement of the continuing worker will allow that worker to be involved with decision making, attend hearings, and meet the family prior to the dispositional hearing. It is believed that this pre-assignment will prevent a delay in services and contribute to the positive engagement with the worker who will be involved with the family during the reunification process. Research has demonstrated the importance of

the relationship between the parents and their worker, citing it as a major contributing factor to successful reunification. (Child Welfare Information Gateway, February 2012, "Supporting Reunification and Preventing Re-entry into Out-of-Home Care")

In order to accomplish this strategy a workgroup has been meeting to develop the process for pre-assigning a continuing worker, determining which units would be chosen to participate in the pilot, how cases would be chosen and at what point in time. Communication expectations between the Dependency Investigator and continuing worker the specific role of the pre-assigned continuing worker and caseload weights were also discussed. The pilot for this strategy began in January 2014 and concludes in April 2014. Following the conclusion of the pilot surveys will be provided to the families who had a pre-assigned worker and to families who did not have a pre-assigned worker, to compare their experiences. If this pilot demonstrates positive outcomes for the families, a recommendation will be made to implement this as a practice change.

Periodic reports will be provided comparing the reunification rates of those participating in the pre-assignment program and those who did not receive this service.

- Strategy 10: Providing a parenting program based on trauma informed practice to assist parents in understanding their children's behavior and the impact of their own trauma. Trauma informed practice is evidence based and will be the foundation for the development of parenting classes in this strategy. The expected outcome for parents participating in these classes will be increased compassion and competence in dealing with challenging behaviors. This will result in more positive interaction during visits between children and parents, more stabilized placements while the children remain in out-of-home care and increased likelihood of a successful reunification when children begin transitioning back home.

In order to develop a program such as this the assistance of the Mental Health Service Chief, who is co-located at CFS, has been requested. A preliminary discussion occurred during which the Chief offered her assistance in developing this parenting program. The Chief has been the primary mental health trainer for CFS and other community partners in Trauma Informed Practice and is a member of the Trauma Informed Practice Steering Committee (TIPS-C). At such time as the parenting program curriculum has been developed, the Service Chief will help CFS develop a process for referring reunifying parents.

In order to evaluate the effectiveness of these parenting classes on reunification efforts, a parent satisfaction survey and/or longitudinal studies of the families participating and their reunification rates could be developed.

On-going intervention strategies include:

- Strategy 2: Increase the involvement of fathers in reunification plans by creating a Father Liaison position within CFS to assist agency staff with strategies for father engagement. Increasing father involvement in reunification efforts and/or visitation will positively affect rates of reunification, placement stabilization, and may allow children who have been in long-term foster care to be returned to a parent.

The Father Liaison will be a case carrying Senior Social Worker (SSW) who will allocate approximately two hours per week to the Father Liaison role. Responsibilities will include researching resources in the community for fathers, providing consultation to peers regarding father engagement activities and resources, liaising with the Father Mentor Program including attending the father support group as a speaker and attending oversight committees on parent leadership and father engagement. A SSW has already been selected for this pilot and will serve in this capacity for the next twelve months. During the pilot period the role of Father Liaison will be refined to assure that responsibilities can be accomplished within the designated two hours per week. Further, if at the end of the pilot period this liaison position has been shown to be an effective resource for CFS, this role will be expanded to all court programs. It is believed that the development of this position within CFS will further the engagement of fathers in reunification plans, improve paternal relationships with their children, which will contribute to more positive outcomes for dependent children.

- Strategy 3: Development of an intensive supervision program for families currently under a reunification case plan to allow for the earlier reunification of children with their parents when risk is sufficiently reduced. Such a program already exists in the front end of the dependency system for families who have had a detention hearing and the court feels there is sufficient safety planning in place to allow the children to be in their home under CRISP (Conditional Release Intensive Supervision Program). This allows for the court to order a Family Maintenance plan rather than Family Reunification.

In order to accomplish this strategy a workgroup of managers and deputy directors, or designees, will be convened to discuss the parameters for eligibility for this program. A group to pilot this program will be identified and decisions made to determine who

would actually provide the intensive supervision, the on-going worker, the Family Services Worker or some other designated social worker. Once the procedure has been developed a pilot will be implemented and should last about six months to give a sufficient length of time to accurately evaluate the effectiveness. Assuming the pilot is successful the initial workgroup will reconvene and make recommendations to CFS Administration to implement this program as a practice change. Development of an evaluation tool will provide short-term and long-term outcome data focused on rates of reunification and no recurrence of maltreatment. It is expected that providing families with a safety plan along with the intensive supervision, will improve time to reunification and reduce the incidence of children being brought back into protective custody during this CRISP-like period.

- Strategy 5: Developing a Peer Mentor Program for new or challenged caregivers that will assure they have support in order to stabilize placements and improve communication with parents. Experienced caregiver mentors will provide advice, guidance and support to their protégée caregivers, and link them to resources to meet the needs of the children in their care.

This strategy came out of our agency's work with the Quality Parenting Initiative (QPI). The expected outcome of such a program is increased stabilization of placements and retention of foster parents. In developing this program a workgroup was convened which included foster parents, relative caregivers, placement staff, CASA staff, and program managers. This strategy began during Orange County's last SIP period but was not completed at that time. The workgroup completed development of the eligibility criteria for mentors and protégées in August of 2013 and began a pilot peer mentor program in September 2013. The completion of the pilot is expected to be sometime in March 2014 and the next step will be to evaluate the pilot program and make any changes before full implementation occurs. An annual report will be developed that will evaluate the expected outcomes of placement stabilization and retention of foster parents.

- Strategy 8: Increasing staff awareness and promoting the implementation of a standardized system to progress parents from monitored to unmonitored visits in a more proactive way and as an incentive to parents to keep on track with their reunification plan.

In developing this strategy supervisors and managers were interviewed to better understand barriers to reunification generally and also to reunifying within 12 months. One of the recommendations made was to better educate case carrying staff about

the benefits of moving parents from monitored to unmonitored visits in a more proactive way and as an incentive to the parents to keep engaged with their case plan. Therefore this strategy was developed with the expectation that reunification rates will be positively impacted.

The steps to accomplish this strategy will include the convening of a workgroup to survey case carrying staff and identify the barriers to liberalizing visits. The outcome of this survey will assist in developing training on the visitation policy and procedure, the effective use of progressive visitation and the potential positive outcomes for the family. In order to monitor the effective use of progressive visitation supervisors will survey their staff on an on-going basis to assure compliance and help staff make proactive decisions regarding visitation.

- Strategy 12: In addressing the disparity in the reunification outcomes for Latino children CFS continues to look at current barriers and challenges. In 2003 a focus group was done with Emergency Response workers to look at disproportionate numbers of Latino children being brought into protective custody. The area of most concern identified by the focus group was lack of resources, particularly affordable housing. More recently, as noted in the County Self Assessment (OC CSA 1/6/2014), lack of affordable housing, generally, is a barrier to reunification for many families. Additionally, the lack of funding for many of our community partners, such as the Family Resource Centers, has put a strain on available services to dependent families. However, one agency that is increasingly involved with one portion of the Latino community, Mexican Nationals, is the Mexican Consulate, which provides supportive services, financial resources, assists with reunification efforts for children who need repatriation with parents in Mexico, and assists CFS by attending TDM meetings.

The strategy that has been developed to address disparity in the reunification of Latino children involves conducting focus groups with case carrying staff in multiple programs, community partners and Parent Mentors to identify the current barriers and challenges. Once the focus groups have been conducted an evaluation will be completed by our Self Evaluation Team (SET) which will make recommendations to overcome the identified barriers.

- Strategy 13: Research and evaluate the impact that casework practices and other family and case related variables may have on reunification outcomes C1.3 and C1.2. This strategy was the result of concerns about Orange County's decline in reunification outcomes. As indicated in the 2014 CSA, Orange County has been challenged in the reunification outcome for the past several years. Studies began in 2013 to better understand why this might be happening. This strategy will be the project of the SSA

Research Team who will examine a sample of reunification cases for this study, collect and analyze data and develop recommendations based on the results of the study. It is believed that understanding case work practices and other variables will help us understand why our reunification outcomes have been below the state measure and lead to the development of additional strategies to improve these outcomes.

As noted in the discussion of C1.3 above, infants who enter foster care under the age of one month have the lowest rate of reunification. Many of these infants are removed either due to drug exposure. One strategy already in place to assist parents who are involved with substance abuse is the Parent Mentor program, which has a high success rate in working with this population of parents. CFS is proposing an increase in the number of Parent Mentors, which may positively impact this particular aspect of reunification. Further, increasing our Father Engagement efforts may also positively impact this outcome by increasing the early engagement of fathers in services and visitation with their infant children. Further study will help us understand what additional strategies need to be developed to assist the parents of these vulnerable children to reunify.

There has been discussion about the positive impact of regionalizing CFS contracted service provisions, such as parenting classes. This concept could be accomplished by moving these contracted services into communities and partnering with existing Family Resource Centers so services can be maximized and service duplication minimized. Dependent families would have easier access to their court ordered services, as well as to aftercare. As these discussions move forward and a regionalization plan is approved by administration, a strategy and action plan will be developed and included in future annual SIP Progress Reports.

C3.1 Exits to Permanency (24 Months in Care)

Orange County CFS performance on Exits to Permanency (24 months in care) as indicated in the CSA is 21.4% of children in long term foster care (LTFC) as measured by Long Term Care outcome C3.1 (Quarter 1 2013 Extract, October 2013 report). This performance falls short of meeting the state's performance of 24.9% as well as the Federal Standard of 29.1%. Historically, 24-28% of the Orange County's LTFC youth find permanency in the form of reunification, adoption, or guardianship. However, with the exception of the most recent quarter, this past year has shown a decline to 22% of LTFC youth reaching permanency (approximately 75% of the National Standard). This measure fluctuates quite a bit from quarter to quarter and no consistent improvement or decline appears to be present. Nonetheless, performance has not reached the standard for over a decade and deserves a closer focus.

Though for all ethnic groups permanency tends to be in the form of adoption, for LTFC youth there are ethnic differences in the breakdown of other permanency types. Black LTFC youth are most likely to find permanency in the form of reunification more than any other ethnic group, while Asian youth typically do not reunify after 24 months. Children who are less than 6 years old are most likely to be adopted after 2 years, and in fact more likely to be adopted than to stay in care. The oldest children are more likely to stay in care or to exit to a non-permanent home.

The strategies we have developed to increase the likelihood of permanency for children who have been in out-of-home care for 24 months or longer are as follows:

- Strategy 2: Increasing Father Engagement, with the assistance of the new Father Liaison, will lead to an increase in rates of reunification and will result in less children being in long-term foster care. See details about the Father Liaison position on page 9.
- Strategy 7: Expand the specialized service program (Multidimensional Treatment Individual Plan) for children who have had a difficult adjustment to foster care, which will provide placement stability, increase reunification rates and increase the probability for permanence. The strength of this program is the ability to provide intensive support and resources to help children overcome the impact of their initial trauma and the additional trauma of multiple placement failures, and to help provide consistent relationships, which is vitally important in finding permanence.

In order to accomplish this strategy the Program Manager for Multiagency Family Partnership and the Mental Health Service Chief, who developed this program, will attend all court program staff meetings to provide information about this program and encourage staff to utilize MTIP for appropriate children. Information from mental health reports and the CFS Multi-Agency Intervention Data System (MIDS) will be merged to track the outcomes for the children involved in this program and their reunification progress. An annual report will be provided to the CFS Director based on this outcome information.

- Strategy 11: The development of the Permanency Roundtable Program, in collaboration with Casey Family Services, is one strategy that CFS is excited to begin and which is believed to be the most important strategy for assisting older youth to find permanence. The Permanency Roundtable concept is to deconstruct a youth's history with CFS, in conjunction with a group of individuals who have played a major role in the youth's life, to assure that all possible avenues for permanent connections

and permanent placement have been explored, and to develop new pathways to permanence for the youth.

Once the MOU with Casey Family Services has been approved a workgroup will meet to develop the guidelines and timelines for the Permanency Roundtables and will include the selection of cases that will be staffed. An outcome report will be developed in the future to track the permanency progress of these cases.

PROBATION: PRIORITIZATION OF OUTCOME MEASURES/SYSTEMIC FACTORS AND STRATEGY RATIONALE

The Orange County Probation Department has chosen C1.3 Reunification within 12 months (Entry Cohort) as an outcome measure to focus on for the 2014 through 2019 System Improvement Plan (SIP). According to the Q4 2012 Data Report from January 1, 2012 to December 31, 2012, the Orange County Probation Department had eleven (11) youth, who were in the reunification phase. Of these 11 youth, one (1) youth reunified with a parent/primary caretaker, which means 9% reunified with a parent or primary caretaker in less than 12 months of removal. The Federal Standard for this outcome measure is greater than 48.4%.

The Probation Department's performance in this measure has been below the National Standard since the implementation of the previous SIP in 2009. Achieving timely reunification is the primary goal of the Probation Department and priority is given to the safe return of the youth to their homes and families if possible. There are a number of factors that could be affecting our ability to meet the standards. First, 25% of Placement youth are adjudicated sex offenders who are court ordered to complete sex offender treatment who are not able to be returned to their homes due to the victim residing in the home and there are no suitable relatives to care for the youth. These youth are placed in group homes that have 18-24 months of intensive sex offender therapy included in the program, which makes family reunification within 12 months difficult. There are many cases where family reunification is not an option because of the level of trauma to the victim and the family.

The second obstacle the Orange County Probation Department has to overcome is a lack of resources and training on Family Finding. We are limited to the information that is provided to the Investigation Unit and Placement Unit regarding viable options for relatives/family friends to consider making detailed exploration of potential caregivers very difficult. At this point the agency relies on the parents and youth to provide contact information.

Lastly, a number of Probation youth are given Placement orders because their behavior in the home has become so extreme that the family fears for their safety, making reunification

difficult. Our Placement unit and the group homes the youth are placed in focus on individual and family counseling; however, there are times when all efforts have not been successful and family reunification is no longer an option.

Because Orange County Probation has not met the national standard for the outcome of reunification within 12 months, an extensive analysis was conducted and strategies and action plans were created to improve performance. Specifically, the Probation Department created strategies to target those children at risk of failing to reunify with parents or primary caretakers. After full implementation of selected strategies targeted at reunification within 12 months for children entering foster care for the first time, the Probation Department expects to achieve its Target Improvement Goal of 14% by June 2019.

The Probation Department's first strategy, Strategy 1, is to improve the level of involvement with the parent/caretaker during the reunification phase following the removal of the child from the home. Research shows that frequent and regular parent-child visits help children, youth, and parents maintain continuity of their relationships, build more positive relationships, and help them prepare to reunite. Visits can provide parents with opportunities to learn and practice parenting skills and give caseworkers opportunities to observe and assess progress. Children and youth who have regular, frequent contact with their families are more likely to reunify and less likely to reenter foster care after reunification (Mallon 2011).

Deputy Probation Officers will be assigned the task of following up with families and their youth after a counseling session to evaluate progress and offer the parents resources for parenting classes in order to improve their interaction with their youth. Further, incentives will be provided to family and children for progress made during the reunification process. In that the Probation Department utilizes group homes located out of the county, transportation issues have arisen. The Probation Department and group homes will assist with transportation when possible to ensure families and youth are participating in counseling that will increase the chances of reunification in a timely manner.

A second strategy, Strategy 2, to improve reunification within 12 months is to add Family Reunification as a category to the Placement Incentive Program. The Supervising Probation Officer will be assigned the task of updating the incentive log to include reunification as a category and explaining to deputy probation officers the criteria for meeting and receiving incentives. The criteria that will need to be met in order to receive an incentive in the family reunification category will include parent(s)/guardian participation, participation by the youth, progress made during counseling sessions and positive interactions during home and community passes. Furthermore, the Supervising Probation Officer will track incentives given to minors and families and evaluate and monitor its implementation and effectiveness.

The Probation Department also intends to utilize the Youthful Offender Wraparound (YOW) program. This program provides in-home and intensive mental health rehabilitation and case management services to youthful offenders. YOW also provides assistance with housing, career readiness, life skills training and counseling. The criteria for acceptance into YOW are that the youth must be between the ages of 16-25, qualifying as Severely Emotional Disturbed or Chronically Mentally Ill and currently on juvenile probation. The department is hoping that resources from YOW while in Placement will help to stabilize the youth's behavior making reunification possible.

The Probation Department intends to continue to utilize the Wraparound program as a resource for the families once the youth are reunified with their family while home on a trial basis. This enables the families to have added support with the youth in the home while the Placement order is still in effect in order to get the family back on track in the beginning stages of reunification.

Strategy 3 is going to be to utilize the Family Finding resources through the Kinship Center. Since this has been an area that our department has not had resources for, this is going to be very helpful to search for family members for youth who have no other family options available to them.

The Orange County Probation Department has also selected C4.3 Placement Stability (At least 24 months in care) as an outcome measure to focus on for the 2014 through 2019 System Improvement Plan (SIP). As noted in the County Self Assessment (CSA), placement stability in this outcome has improved over two quarters since the CSA was written; however, the Probation Department remains below national standards. According to the Q4 2012 Data Report from January 1, 2012 to December 31, 2012, the Orange County Probation Department had 55 youth who were in foster care for 24 months or more. Of these 55 youth, 17 had 2 or fewer placements. This statistic shows that 30.9% of children who were in foster care had 2 or fewer placements. The national standard for this outcome measure is greater than 41.8%.

The reasons the Orange County Probation Department has been having a difficult time meeting the national standard stems from the population of youth in the Placement Unit and the needs/behaviors they exhibit when placed. There are a number of youth who are habitual runaways who decide to run soon after arriving to the group home or display extremely poor behavior in the group homes preventing the program from operating effectively. Each time a youth runs away, the Placement Unit has to find a new location for the youth to reside. If the youth's behavior becomes so poor after a number of informal interventions have been attempted, the group home will terminate the youth from the group home once they see that they are not able to meet the needs of the youth or if they feel the behavior of the youth is affecting the wellbeing of the other youth in the group home.

The Placement Unit has also noticed an increase in youth with mental health issues. There are times that the group homes realize they are not equipped to meet the special needs of the youth leading to the termination of the placement or refusal to accept the youth altogether. Resources are needed in order to better serve this population of youth.

Strategy 4, the Probation Department's first strategy to improve placement stability (At least 24 months in care) is increasing life-enriching opportunities in their communities. The youth will be encouraged to seek activities that will connect them to their school. For example, if they are involved in sports, arts, or music, this will provide a closer tie to their school, which should lead to placement stability. Further, the youth will be encouraged to seek support groups in their communities or group homes to assist with personal issues to promote placement stability. Deputy Probation Officers will give incentives to those youth participating in such activities.

Strategy 5, the second strategy the Probation Department will utilize to improve placement stability (At least 24 months in care), is to add Placement Stability as a category to the Placement Incentive Program. The Supervising Probation Officer will be assigned the task of updating the incentive log to include placement stability as a category and explaining to deputy probation officers the criteria for meeting and receiving incentives. The criteria that will have to be met to receive an incentive for placement stability will vary from youth to youth. For example, short-time goals will be set for chronic runaways where these youth will be incentivized for staying in a group home for a certain amount of days or weeks. Once the short-term goals are met, long term goals will be set by the probation officers to incentivize the youth who remain in group homes for longer periods of time. For those youth who do not present as chronic runaways, the probation officer will establish meeting specific time goals in a group home in order to receive an incentive for placement stability. Furthermore, the Supervising Probation Officer will track incentives given to minors and families and evaluate and monitor its implementation and effectiveness.

There are a number of systemic changes that the Orange County Probation Department has identified that need to be addressed in order to help reach the goals that have been set for Family Reunification and Placement Stability. The first change that is being addressed pertains to the lack of mental health information on some of our youth when they first enter the Placement Unit. The Division Director of the Juvenile Field Supervision Division has been working with the Presiding Judge of the Juvenile Court and the Executive Management of the Probation Department in order to implement the order of 730 mental health evaluations for each youth that may potentially receive a placement order. This will help to provide needed information up front in order to assist with the appropriate placement of the youth to ensure the placement has the ability to meet the needs of the youth.

The second area that the Probation Department is going to attempt to affect is the group homes that are on the department's approved list. The group home staff are going to be offered the opportunity to attend a training course offered by the Orange County Probation Department called Thinking for a Change. The course is designed to instruct staff on how to utilize an evidence-based program of cognitive restructuring in order to utilize the concepts within the group home setting.

Due to the ongoing needs for mental health services for our youth, the Department of Education is offering the services of Licensed Social Worker Interns who are currently working with youth in the institutional setting, in order to assist the group homes with added mental health services they may need. The Juvenile Field Supervision Division Director, Placement Supervisor and the Placement Group Home Monitor intend to meet with the Orange County group home managers in order to discuss the possibility of adding these services to the group homes for the youth. The Probation Department is also working with the Health Care Agency and group home administrators to create linkages to available mental health services in their areas.

PRIORITIZATION OF DIRECT SERVICE NEEDS

For CAPIT funded programs, various focus groups were conducted that included clients, agency social workers, and community partners to assess the needs of the populations to be served that would also meet the provisions of Welfare and Institutions Code (WIC) Sections 18960 and 18961, which cite evidenced-based home visiting programs, respite care, transportation, and family counseling as appropriate CAPIT programs. The needs assessment was conducted in 2004 with results submitted to CDSS/OCAP as part of the County's funding plan for the period of 2005-2008. With CDSS's approval, the County completed a competitive Request for Proposals (RFP) process resulting in contracts with nonprofit, community-based organizations to provide the following CAPIT funded services: in-home parental coaching, respite care, and parent education. Since 2005, the County has funded these services with CAPIT dollars, procuring new contracts through the RFP process in 2008 and 2013.

The County more recently received approval to add family counseling in 2013, and to add transportation for monitored and supervised visits in 2014. These services fit needs identified in the CSA completed in January 2014, specifically that the families served by Orange County Social Services Agency often lack a network of support, the skills needed to appropriately parent their children, have a history of domestic and/or substance abuse and lack private mode of transportation to access community resources. As a result of the challenges they face, these families are at greater risk of abuse or have a history of abuse leading to the children being

placed in out-of-home care. In-home coaching services, parent education, and family counseling are provided for Family Maintenance Services and also can be part of a court-ordered Family Reunification Plan. Respite care and transportation for monitored and supervised visits are provided for children in out-of-home care.

A requirement in the County's most recent procurement (2013) for in-home coaching programs was for contracted services to be designed on evidence-based models. As a result, several models are in use in Orange County's in-home coaching programs, including Nurturing Parent Program, Active Parenting, Incredible Years, and Common Sense Parenting. The County's upcoming procurement process for family counseling (2014) will require potential contractors to be trained in trauma-informed practice, and the upcoming procurement process for parent education services (2014) will require the curriculum to be designed on an evidence-based model.

The decision making process used to develop the service provision plans for CBCAP and PSSF (the funding for FaCT) funds include a variety of strategies with the community as well as child welfare social worker expertise. Orange County recently completed a Prevention Services Strengths and Needs Assessment with the community through an online survey, two focus groups, and a community forum where the findings and recommendations were shared. There are also ongoing program planning discussions with the FRC Council as well as the FaCT Leadership Council.

The Prevention Services Assessment highlighted Orange County's community's assets as well as gaps in services for children and families. This report was developed with the input of a diverse group of community agencies, government agencies, nonprofits and community partners, to shed light on the availability of prevention services and the state of the social sector, particularly those focused on serving children and families. The findings affirm that while there are a variety of resources available for a multitude of disparate groups, barriers to access, organizational challenges and external uncertainties create logistical problems in the delivery of service. On top of these difficulties, certain services remain out of reach, specifically mental health, housing, dental care and affordable health services, especially for immigrants.

Through the provider survey, as well as the targeted focus groups, community partners continually identified a lack of a referral infrastructure that has hampered the consistency of linkages across the sector. A large, and necessary, focus on Santa Ana has obscured the needs in other communities, causing transportation issues for those seeking services far outside their local community.

Orange County has a variety of unique needs. There remains a lack of centralized leadership and organization within the service sector, a dearth of year-round and/or affordable housing

for the homeless, and a lack of evening or weekend services. When taken together, the results indicate a healthy if disjointed social sector with a few critical gaps in service yet to be adequately addressed by government or community agencies.

According to the Center for the Study of Social Policy, Five Protective Factors have been identified in preventing child abuse and neglect. The following Five Protective Factors are the foundation of the Strengthening Families Approach:

- Provide Concrete Support in Times of Need
- Increase Parental Resilience
- Increase Knowledge of Parenting and Child Development
- Support the Social and Emotional Competence of Children
- Build Parents' Social Connections

Research studies support the common-sense notion that when these Protective Factors are well established in a family, the likelihood of child abuse and neglect diminishes. Research shows that these protective factors are also “promotive” factors that build family strengths and a family environment that promotes optimal child and youth development. Family Resource Center services are designed to build these Protective Factors thereby strengthening Orange County families and their children.

State and Federally Mandated Child Welfare/Probation Initiatives

CHILD WELFARE STATE AND FEDERALLY MANDATED INITIATIVES

Fostering Connections after 18 Program

In 2011, Orange County began preparing for implementation of AB12/Extended Foster Care. In 2012 CFS staff, as well as foster and relative caregiver, were provided information and training on all provisions of AB12 so that they would understand their roles and responsibilities. Meetings were also held with community partners, stakeholders, and court staff to educate and involve them in the process.

As of the development of this report, Orange County has approximately 211 non-minor dependents participating in extended foster care. Transitional Planning Services Program (TPSP) and assigned social workers work with Non-Minor Dependents (NMDs) to assist youth in making responsible and reasonable decisions concerning transition plans. This includes housing, employment and/or school, health decisions, and maintaining or developing permanent connections with committed and caring adults. Additionally, TPSP works with contracted service providers Aspiranet, New Alternatives and Olive Crest to explore their THP Plus programs to provide services for both emancipated youth and NMDs. There are additional provider applications pending submission and state approval at this time.

“Katie A”

Orange County has submitted its Katie A Service Delivery Plan and is summarized as follows:

- Social Service Agency (SSA) will conduct an initial screening to identify potential mental health needs for children in the general class then refer any identified children to the Health Care Agency (HCA) for assessment for mental health services and screening for the subclass.
- HCA will use a Sub-Class Eligibility Assessment Tool to identify children in the sub-class. The tool includes an eligibility checklist, services currently received and/or under consideration, identification of the child’s current living situation and quarterly tracking of 90 day assessments.

- HCA has developed a method of identifying sub-class youth in the local Medi-Cal tracking system using the state Katie A. Indicator and HCA Electronic Health Record and Billing System.
- Roll out began with foster youth referred to Continuing Care Placement Unit (CCPU) and will then expand to centralized programs and follow up with implementation in the regional clinics and contract agencies.
- SSA and HCA have established Memorandums of Understanding (MOU) related to screening, assessing and providing mental health services for children in foster care and at risk of foster/Kin care. SSA and HCA also have obtained Miscellaneous Orders from Juvenile Court that have aided in facilitating information sharing and coordination of such services.

PROBATION STATE AND FEDERALLY MANDATED INITIATIVES

As noted in the CSA, the Orange County Probation Department has implemented two Federal initiatives throughout our department starting in 2012. The first initiative was implemented on January 1, 2012 known as Extended Foster Care (State Initiative-AB12). Extended Foster Care allows youth who have active Placement orders on their 18th birthday to remain under Juvenile Court Jurisdiction until age 21 in order to continue to receive foster care benefits and services. In order for the youth to be eligible for the services at least one of the participation criteria must be met:

1. Completing high school or an equivalent program
2. Enrolled in post-secondary education or vocational school
3. Participating in a program or activity that promotes or removes barriers to employment
4. Employed at least 80 hours per month; or
5. Is incapable of participating in any activity as described in 1-4 due to a documented medical condition.

The second Federal initiative is The Prison Rape Elimination Act of 2003 (PREA), which was passed in 2003. The law created the National Prison Rape Elimination Commission (NPREC) and charged it with developing standards for the elimination of sexual abuse in confinement. The law required the Department of Justice (DOJ) to review the NPREC standards, make revisions as necessary, and pass the final standards into law.

The PREA Act applies to all public and private institutions that house adult or juvenile offenders and is also relevant to community-based agencies, including group homes. It addresses both youth-on-youth sexual abuse and staff sexual misconduct. The Orange County Probation Department is currently in the process of training our entire agency in order to be in compliance with PREA. PREA will also apply to all facilities that accept Placement referrals from the Orange County Probation Department's Placement Unit.

The agencies shall train all employees who may have contact with residents on:

1. Its zero-tolerance policy for sexual abuse and sexual harassment;
2. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
3. Residents' right to be free from sexual abuse and sexual harassment;
4. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
5. The dynamics of sexual abuse and sexual harassment in juvenile facilities;
6. The common reactions of juvenile victims of sexual abuse and sexual harassment;
7. How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents;
8. How to avoid inappropriate relationships with residents;
9. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents;
10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;
11. Relevant laws regarding the applicable age of consent.

The Probation Department does not have any pending lawsuits or settlements similar to the Katie A. lawsuit to note.

Since 2009, the Placement Unit has been using State funds to sponsor an incentive based program implemented as part of a formal "System Improvement Plan." This incentive-based program is used to reward youth for their progress and achieving certain goals.

The incentive program identifies specific activities to be incentivized in the areas of behavior, education, employment, emancipation preparation, socialization, self-esteem, motivation and other basic needs. Placement DPOs award incentives, usually in the form of gift cards, to youth for completion of specific tasks.

There is no argument that the Placement youth population is one of the most difficult to work with and most challenged. The success since the implementation of the incentive program is good evidence of the positive outcomes incentives can make and of the dedication and hard work of our Placement Unit DPOs.

Along with strategies to improve outcome measures, the Probation Department has implemented a system to better screen and treat youth detained in Juvenile Hall. Juvenile Hall administers a mental health assessment called the Massachusetts Youth Screening Instrument-2 (MAYSI-2). A policy has been created for administering the assessment to youth in Juvenile Hall. Scoring requires about 3 minutes and does not require clinical expertise to administer, score or interpret.

1. The assessment has 7 scales for boys and 6 scales for girls. Each scale has 5 to 9 items.
2. Youth that score in the "Caution" and "Warning" areas will be referred to the Clinical Evaluation and Guidance Unit (CEGU) for immediate attention and intervention. Results of all MAYSI-2 assessments will be forwarded to CEGU, regardless of the cut off scores.
3. Youth are generally assessed within three days after they have been admitted into Juvenile Hall.
4. Youth who are directly admitted into Juvenile Hall from a psychiatric hospitalization or youth who are placed on level II or III suicide status will not need to have the MAYSI-2 administered as they will automatically be referred and seen by a CEGU therapist within 24 hours.

If the screening staff becomes aware of a youth having extreme suicidal ideation a therapist is contacted immediately by phone for follow up intervention. If the youth discloses physical/emotional/sexual abuse that has never been reported a CAR report will be submitted.

A copy of all completed and scored MAYSI-2 assessments will be forwarded by Intake Services staff to the Clinical Evaluation and Guidance Unit (CEGU), which will be responsible for evaluating and responding to the mental health needs of each individual minor in Juvenile Hall. Based on the MAYSI-2 results and other available information (psychological history, previous CEGU consults, etc.) CEGU staff will triage each minor for the need/priority of follow up treatment intervention services. Treatment recommendations determined by CEGU staff will be submitted on a CEGU/Probation feedback form.

References

Child Welfare Information Gateway (2012). Supporting Reunification and Preventing Reentry Into Out-of-Home Care. Washington D.C.: U.S. Department of Health and Human Services, Children Bureau.

Mallon, G. (2011). Visiting the heart of reunification. Presentation retrieved from the National Resource Center for Permanency and Family Connections website:
<http://www.hunter.cuny.edu/socwork/nrcfcpp/infoservices/family-child-visiting.html>

5 – Year SIP Chart CFS

Priority Outcome Measure or Systemic Factor: C1.2 Median Time to Reunification (Exit Cohort)

National Standard: 5.4

Current Performance: 11.5

Target Improvement Goal: Orange County will increase performance on outcome measure C1.2 from 11.5 months (baseline) to 9.0 months by the end of the five year SIP period.

Priority Outcome Measure or Systemic Factor: C1.3 Reunification Within 12 Months (Entry Cohort)

National Standard: 48.4

Current Performance: 33.7

Target Improvement Goal: Orange County will increase performance on outcome measure C1.3 from 33.7% (baseline) to 38% by the end of the five year SIP period.

Priority Outcome Measure or Systemic Factor: C3.1 Exits to Permanency (24 Months in Care)

National Standard: 29.1

Current Performance: 21.4

Target Improvement Goal: Orange County will increase performance on outcome measure C3.1 from 21.4 % (baseline) to 26.0 % by the end of the five year SIP period.

Strategy 1: Increase the percentage of families having a reunification Team Decision Making (TDM) meeting within the first 5 months of dependency by 60 % in five years. This will improve C1.3 Reunification within 12 months and C1.2 Median Time to Reunification.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.3 Reunification within 12 months (Entry Cohort) and C1.2 Median Time to Reunification (Exit Cohort)
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Retrain staff on the benefits of the reunification TDM Including how and when to schedule a meeting.	Implementation: June 2014 Completion: March 2015	TDM Manager
B. Conduct a longitudinal study on families that have had a FR TDM to evaluate their effectiveness, and review need to mandate FR TDMs.	Implementation: January 2015 Completion: December 2015	TDM Manager SSA Research
C. Provide quarterly reports to court program managers with data regarding the number of FR TDMs held by their programs to encourage managers to work with their staff in order to increase numbers.	Implementation: July 1, 2014 Completion: On-going	TDM Manager

D. Consult with TDM liaisons at UC Davis Resource Center for Family Focused Practice for technical support regarding FR TDM's.	Implementation: June 1, 2014 Completion: On-going	TDM Manager
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Strategy 2: Increase the active engagement of fathers in FR plans. This will improve C1.3 Reunification within 12 months, C1.2 Median Time to Reunification C13.1 Exits to Permanency (24 Months in Care).	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.3 Reunification within 12 months (Entry Cohort) C1.2 Median Time to Reunification (Exit Cohort) C3.1 Exits to Permanency (24 Months in Care)
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Pilot a Father Liaison (FL) position within CFS whose role will be to provide information, resources, training, and consultation to staff as well as to fathers in the dependency system to improve engagement of fathers in FR services. <ul style="list-style-type: none"> Develop proposal for a pilot in consultation with Casey Family Programs who is providing technical assistance to CFS Appoint one SSW as a Father Liaison for 12 months to work 2 hours per week for this pilot. Evaluate expansion to all court programs at end of pilot 	Implementation: March 2014 Completion: March 2015	TDM Manager PSP Court Manager Casey Family Programs

B. Increase the referrals to father support groups by timely notifications to staff about up-coming support group programs.	Implementation: February 1, 2014 Completion: On-going	Parent engagement Coordinator
C. Continued training of CFS staff on the importance of finding fathers and father engagement.	Implementation: March 1, 2014 Completion: On-going	TDM Manager Parent Engagement Coordinator Father Liaison
D. Research and explore implementation of strategies used by counties and states where successful father engagement is occurring to discuss developing new strategies.	Implementation: December 2014 Completion: June 2014	Father Liaison TDM Manager
E. Evaluate participant satisfaction with father support groups and illicit suggestions for improving father engagement.	Implementation: April 2014 Completion: On-going	Parent Engagement Coordinator Family Support Network (Parent Mentors)

Strategy 3: Develop CRISP-like (Conditional Release with Intensive Supervision Program) services for FR cases to allow for earlier reunification. This will improve C1.3 Reunification within 12 months, C1.2 Median Time to Reunification.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.3 Reunification within 12 months (Entry Cohort) C1.2 Median Time to Reunification (Exit Cohort) S1.1 No Recurrence of Maltreatment
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Convene a workgroup of managers and supervisors from Integrated Continuing Services (ICS), Specialized Family Services (SFS) and Permanency Services Program (PSP) to develop program guidelines including: eligibility criteria for reunifying family, policy and procedures, and staffing guidelines.	Implementation: August 2014 Completion: February 2015	Deputy Director of Continuing Family Services Program Managers of Continuing Family Services
B. Pilot CRISP-like FR program. At end of Pilot evaluate process and make any needed changes to the policy and procedure.	Implementation: February 2015 Completion: August 2015	Deputy Director of Continuing Family Services Program Managers from Continuing Family Services

<p>C. Once pilot is completed and program is determined to be viable, program will be adopted by all continuing services programs</p>	<p>Implementation: August 2015 Completion: On-going</p>	<p>Deputy Director of Continuing Family Services Program Managers from Continuing Family Services</p>
<p>D. Develop an evaluation tool that will provide short-term and long-term outcome data focused on rates of reunification within 12 months and no recurrence of maltreatment This evaluation tool will be discussed in and developed during the workgroup process (See Action Step A above)</p>	<p>Implementation: August 2014 Completion: February 2015</p>	<p>Deputy Director of Continuing Family Services Program Managers from Continuing Family Services SSA Research CWS/CMS Reports Team</p>

Strategy 4: Increase the number of Parent Mentors available to work with reunifying parents by two full-time equivalent (FTE) positions in the next five years. This will impact C1.3 Reunification within 12 months (Entry Cohort) and C1.2 Median Time to Reunification (Exit Cohort)	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.3 Reunification within 12 months (Entry Cohort) C1.2 Median Time to Reunification (Exit Cohort)
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Update the data report that was completed in quarter one of 2010, which compared those families who had a parent mentor vs. those families without a parent mentor and their rates of reunification and time to reunification.	Implementation: January 22, 2014 Completion: March 15, 2014	CWS/CMS Reports Team
B. SSA Research to evaluate and interpret data in the above report and to compare the characteristics of families that reunified who had a parent mentor vs. those that did not. This study will help Orange County better understand contributing factors to rates of reunification.	Implementation: April 2014 Completion: January 2015	SSA Research

<p>C.</p> <p>Write a proposal to the CFS Director to increase the Parent Mentor contract, including data and outcome reports to justify this request.</p>	<p>Implementation: January 2015 Completion: May 2015</p>	<p>Manager for TDM/Parent Engagement Program</p>
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Strategy 5: Develop a Peer Mentor program for caregivers. This strategy was one that was not completed during the last SIP. Completion of this strategy will impact C1.2 and C1.3, as well as composite C4	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.3 Reunification within 12 months (Entry Cohort) C1.2 Median Time to Reunification (Exit Cohort) C4 – Placement Stability Composite
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Form a workgroup to develop a process for Mentorship and Protégé eligibility and assignment.	Implementation: August 2012 Completion: August 2013	Manager for Placement Program Placement Supervisor Orange County Licensed Foster Parents
B. Begin a pilot Peer Mentor Program with Orange County experienced licensed foster parents as Mentors with 3 newly licensed foster parents and 2 relative caregivers as protégés.	Implementation: September 2013 Completion: March 2014	Placement Program Supervisor OC Licensed foster parents
C. Evaluate pilot program at end of 6 months and make appropriate changes before full implementation occurs.	Implementation: March 2014 Completion: April 2014	Placement Program Supervisor Foster Parents involved in Pilot

<p>D.</p> <p>Fully implement the Peer Mentor Program for appropriate matching with any caregiver in need of support or special assistance</p>	<p>Implementation: April 2014 Completion: On-going</p>	<p>Placement Program Supervisor Foster Parents involved in Pilot</p>
<p>E.</p> <p>Develop an annual report that will evaluate outcomes regarding stabilized placements and retention of foster parents, have been accomplished.</p>	<p>Implementation: September 2014 Completion: On;-going</p>	<p>Placement Program Supervisor CWS/CMS Reports Team</p>

Strategy 6: Increase the use of Icebreakers to improve communication and flow of information between the caregiver and parents. This strategy is carried over from Orange County's 2009 SIP. This will improve outcomes C1.2, C1.3, and C4 Composite.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.3 Reunification within 12 months (Entry Cohort) C1.2 Median Time to Reunification (Exit Cohort) C4 Placement Stability Composite
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Form a workgroup with representation from Program Managers, supervisors, and line staff responsible for Icebreaker implementation to discuss the obstacles that may be inhibiting increased use	Implementation: June 2014 Completion: December 2014	Co-leaders of the Communication Workgroup
B. Develop action items to address Icebreaker obstacles, including a review of the policy and procedure to determine if changes need to be made.	Implementation: June 2014 Completion: December 2014	Co-leaders of the Communication Workgroup
C. Pilot these ideas with the Diversion program over a period of three months. At the end of the three-month period, an outcomes report will be prepared and the workgroup will review the report and discuss any continuing obstacles.	Implementation: January 2015 Completion: March 2015	Program Manager for Diversion/Placement Co-leaders of the Communication Workgroup

<p>D.</p> <p>At such time as the workgroup has determined the new procedure is viable and has increased Icebreaker usage, the process will be expanded to all programs responsible for completing Icebreakers.</p> <p>Continue the monthly Icebreaker report to evaluate continued progress with the newly developed processes.</p>	<p>Implementation: April 2015 Completion: On-going</p>	<p>Program Manager for Diversion/Placement</p> <p>Program Manager for Specialized Family Services</p>
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Strategy 7: Expand the Multidimensional Treatment Individual Plan (MTIP) process for the placement of children with specialized needs who may not qualify for MTFC. This strategy will improve outcomes C1.2, C1.3, C3.1 and C4 Composite.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.3 Reunification within 12 months (Entry Cohort) C1.2 Median Time to Reunification (Exit Cohort) C4 Placement Stability Composite C3.1 Exits to Permanency (24 months in Care)
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. CFS Manager of Multi-Agency Family Partnership and the Mental Health Service Chief will team to attend court program all staff meetings to provide information and encouragement to staff about MTIP and supporting programs in order to increase appropriate referrals.	Implementation: February 2014 Completion: On-going	Manager for Multi-Agency Family Partnership Mental Health Service Chief
B. Integrate information from Mental Health reports and CFS MIDS (Multi-agency Intervention Data System) data base in order to track outcomes for the children involved in this program and their reunification progress.	Implementation: January 2015 Completion: On-going	Manager for Multi-Agency Family Partnership Mental Health Service Chief
C. Provide annual report to CFS Director and Deputy Directors based on outcome information	Implementation: January 2015 Completion: On-going	Manager for Multi-Agency Family Partnership Mental Health Service Chief

Strategy 8: Increase staff awareness and promote compliance with visitation Policy and Procedures which allows for the progression of visitation for reunifying parents from monitored to unmonitored visits. This will improve the reunification outcomes C1.2 and C1.3.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.3 Reunification within 12 months (Entry Cohort) C1.2 Median Time to Reunification (Exit Cohort)
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Create a workgroup that will survey staff to identify barriers to liberalizing visits and develop a training plan for all court staff. Workgroup should include supervisors and line staff, Parent Mentors who are working with dependent families and representatives from agencies who supervise visitations.	Implementation: July 2014 Completion: December 2014	Managers for Court Programs
B. Conduct training of all court staff on visitation P&P, effective use of progressive visitation and the potential positive outcomes for families.	Implementation: January 2015 Completion: May 2015	Managers for Court Programs
C. Survey supervisors in the court programs, on a bi-annual basis, to monitor progress of staff compliance with visitation P&P.	Implementation: December 2015 Completion: On-going	Managers for Court Programs

Strategy 9: Pre-assign a continuing worker at the detention hearing concurrently with the assignment of a Dependency Investigations worker. On-going communication between investigations worker and continuing worker will enhance engagement and assist families to complete services and eventually reunify faster with their children. This will improve C1.2 and C1.3	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.3 Reunification within 12 months (Entry Cohort) C1.2 Median Time to Reunification (Exit Cohort)	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A		
Action Steps:	Timeframe:		Person Responsible:
A. Pilot pre-assignment program via a Plan Do Study Act (PDSA) with two units in Dependency Investigations and two units in the ICS program.	Implementation: January 2014 Completion: April 2014		Manager for Court Services Manager for ICS
B. Pre-selected families provided with a pre-assigned continuing worker will be asked to self-report their experience of transitioning from Investigations to continuing services through the Quarterly Contact Verification process. A control group of families without a pre-assigned worker will also self report their experience and the sets of responses will be compared.	Implementation: April 2014 Completion: on-going		Manager for Court Services Manager for ICS

<p>C.</p> <p>Implement pre-assignment program as a practice change upon the final evaluation of the efficacy of the program and approval of the pertinent managers and deputy directors</p>	<p>Implementation: June 2014 Completion: on-going</p>	<p>Manager for Court Services Manager for ICS Deputy Directors</p>
<p>D.</p> <p>Provide periodic reports of this program by comparing the reunification outcomes for those families with a pre-assigned worker and those who did not receive this service.</p>	<p>Implementation: December 2014 Completion: on-going</p>	<p>CWS Reports Team SSA Research</p>

Strategy 10: Provide Trauma Informed Parenting training to parents with a reunification plan. This will improve C1.2 and C1.3	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.3 Reunification within 12 months (Entry Cohort) C1.2 Median Time to Reunification (Exit Cohort)
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Develop a parenting program adapted from the Trauma Informed Practice Curriculum including who would conduct this training. Participants in planning this training could include FSN Parent Mentors, line staff and supervisors. Develop a satisfaction survey for parents.	Implementation: December 2014 Completion: August 2015	Mental Health Service Chief Selected CFS Managers
B. Develop a formal process for CFS staff to refer reunifying parents to Trauma Informed Parenting Classes beginning at the Dependency Investigations stage to encourage early engagement.	Implementation: September 2015 Completion: October 2015	Mental Health Service Chief Selected CFS Managers
C. Inform staff about the availability of classes and the importance of integrating this resource in supporting and equipping families towards more successful reunification.	Implementation: October 2015 Completion: On-going	Mental Health Service Chief Selected CFS Managers Resource Development and Management

Strategy 11: In collaboration with Casey Family Programs conduct Permanency Roundtables for all youth who have been in care 24 months or longer to increase the number of youth exiting to permanency by 10%. This will impact C3.1	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C3.1 Exits to Permanency (24 months in Care)
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Complete an MOU with Casey Family Programs to allow for the sharing of case information as required for Permanency Roundtables	Implementation: August 2014 Completion: December 2014	Director of CFS Casey Family Programs
B. Once MOU approved form workgroup in collaboration with Casey Family Programs to develop guidelines and timelines for Permanency Roundtables including selection of cases that will be staffed.	Implementation: December 2014 Completion: June 2015	Casey Family Programs Managers for Continuing Services Programs
C. Begin implementation of Permanency Roundtables	Implementation: July 2015 Completion: On-going until all children who have been out-of-home care for 24 months or longer have received a permanency roundtable	Casey Family Programs Managers for Continuing Services Programs
D. Develop outcome reports to track progress of staffed cases towards exits to permanency	Implementation: July 2015 Completion: On-going until all children who have been out-of-home care for 24 months or longer have received a permanency roundtable	Casey Family Programs Managers for Continuing Services Programs SSA Research

Strategy12: Conduct focus groups with Emergency Response, continuing service staff (ICS, SFS, PSP) and community partners (including Parent Mentors) to identify current barriers and challenges to Latino children reunifying with their parents.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.3 Reunification within 12 months (Entry Cohort) C1.2 Median Time to Reunification (Exit Cohort)
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Develop focus group questionnaire	Implementation: October 2014 Completion: November 2014	Self Evaluation Team
B. Identify staff and community partners who will participate in the focus groups, schedule dates for focus groups, and send invitations to those identified above.	Implementation: December 2014 Completion: January 2015	Self Evaluation Team
C. Conduct focus groups	Implementation: January 2015 Completion: July 2015	Self Evaluation Team TDM Facilitators
D. Evaluate responses from focus groups and discuss possible strategies to overcome barriers.	Implementation: July 2015 Completion: December 2015	Self Evaluation Team

Strategy 13: Research and evaluate the impact that casework practices and other family and case related variables may have on reunification outcomes C1.3 and C1.2.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.3 Reunification within 12 months (Entry Cohort) C1.2 Median Time to Reunification (Exit Cohort)
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Develop research methodology for evaluating the casework practices with large sibling sets.	Implementation: September 2014 Completion: December 2014	SSA Research CWS/CMS Reports Team
B. Draw a sample of children for the study, collect data and analyze data.	Implementation: January 2014 Completion: April 2014	SSA Research CWS/CMS Reports Team
C. Present results at SET Develop recommendations to CFS administration based on results of the study.	Implementation: June 2014 Completion: August 2014	SSA Research CWS/CMS Reports Team

5 – Year SIP Chart Probation

Priority Outcome Measure or Systemic Factor: C1.3 Reunification within 12 months (Entry Cohort)

National Standard: >48.4%

Current Performance: 9.1% (April 2013) During the CSA baseline time period, Quarterly Data Report (April 2013), there were 11 children, which entered foster care for the first time from January 1, 2012 to December 31, 2012. Of these 11 children, one child reunified with a parent/primary caretaker within 12 months of removal.

Target Improvement Goal: The Probation Department will increase performance on process measure C1.3 reunification within 12 months (Entry Cohort) from 9.1% (baseline) to 14% (improvement goal) by the end of the 5 year SIP Period.

Priority Outcome Measure or Systemic Factor: C4.3 Placement Stability (At least 24 months in care)

National Standard: >41.8%

Current Performance: 30.9% During the CSA baseline time period, Quarterly Data Report (April 2013), there were 55 children who were in foster care for 24 months or more from January 1, 2012 to December 31, 2012. Of those 55 children, 17 children had two or fewer placements.

Target Improvement Goal: The Probation Department will increase performance on process measure C4.3 placement stability (at least 24 months in care) from 30.9% (baseline) to 34% (improvement goal) by the end of the 5 year SIP Period.

Strategy 1: To improve the level of involvement with the parent/caretaker during the reunification phase following the removal of a minor from their home.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.3 Reunification within 12 months (Entry Cohort)
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Develop a procedure for points in time where minors and family are to be contacted by Deputy Probation Officers to monitor progress in reunification.	Start: June 6, 2014 Completion: August 2014	Supervising Probation Officer
B. Determine the criteria that will need to be met to merit an incentive for family reunification.	Start: August 2014 Completion: September 2014	Supervising Probation Officer
C. The Probation Department and group homes will assist with transportation to family counseling sessions when possible.	Start: October 2014 Completion: On-going	Deputy Probation Officer
D. Utilize the Probation Department's Integrated Case Management System to track collateral contacts with parents, guardians, group home staff and therapists.	Start: December 2014 Completion: On-going	Supervising Probation Officer

<p>E. The Probation Department will offer Youthful Offender Wraparound services to youth with mental health needs in order to help stabilize the youth's behavior while in the group home.</p>	<p>Start: January 2015 Completion: On-going</p>	<p>Deputy Probation Officer</p>
<p>F. The Probation Department will continue to offer the family Wraparound Services once the youth has been reunified with the family while they are home on a trial basis while the Placement order is still in effect.</p>	<p>Start: March 2015 Completion: On-going</p>	<p>Deputy Probation Officer</p>
<p>G. Track and evaluate the number of minors who receive incentives for meeting the criteria for family reunification.</p>	<p>Start: June 2015 Completion: On-going</p>	<p>Supervising Probation Officer</p>

Strategy 2: To add an additional category to the Placement Incentive Program to incentivize progress made with Family Reunification	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.3 Reunification within 12 months (Entry Cohort)
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. To update the incentive log to include reunification as an incentive category.	Start: July 2014 Completion: August 2014	Supervising Probation Officer
B. To explain to Deputy Probation Officers the criteria required for meeting and receiving incentives for participating in reunification.	Start: August 2014 Completion: September 2014	Supervising Probation Officer
C. To keep track of incentives given to minors and family for participating in family reunification services.	Start: December 2014 Completion: On-going	Supervising Probation Officer

Strategy 3: Utilize Family Finding resources through the Kinship/Seneca Center when youth have no other family options available.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.3 Reunification within 12 months (Entry Cohort)
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Contact Kinship/Seneca Center to develop a point of contact to facilitate family finding procedures.	Start: August 2014 Completion: October 2014	Supervising Probation Officer
B. Arrange a meeting with the point of contact from the Kinship/Seneca Center and the Probation Placement Unit to determine how the agencies will work together.	Start: October 2014 Completion: November 2014	Supervising Probation Officer
C. Develop a tracking log for referrals to the Kinship/Seneca Center.	Start: November 2014 Completion: December 2014	Deputy Probation Officer Supervising Probation Officer
D. Track the number of referrals that result in the identification of family members who are assessed for possible placement and/or become a positive connection for the youth.	Start: January 2015 Completion: On-going	Supervising Probation Officer

Strategy 4: To increase Life enriching opportunities to assist with placement stability.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C4.3 Placement Stability (at least 24 months in care)
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Seek activities to connect them to their school (i.e., sports, art, music).	Start: November 2015 Completion: On-going	Deputy Probation Officer
B. Seek resources for children within the community or group home (i.e. sports, music, LGBT)	Start: December 2015 Completion: On-going	Deputy Probation Officer
C. Provide materials and information on group homes prior to placement to reduce anxiety.	Start: January 2016 Completion: On-going	Deputy Probation Officers

Strategy 5: To add an additional category to the Placement Incentive Program to incentivize minors who have remained in placement for certain periods of time.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C4.3 Placement Stability (at least 24 months in care)
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. To update the incentive log to include placement stability as an incentive category.	Start: June 2015 Completion: August 2015	Supervising Probation Officer
B. To explain to Deputy Probation Officers the criteria required for meeting and receiving incentives for meeting placement stability.	Start: August 2015 Completion: September 2015	Supervising Probation Officer
C. To keep track of incentives given to minors for meeting placement stability criteria.	Start: October 2015 Completion: On-going	Supervising Probation Officer

CAPIT/CBCAP/PSSF Expenditure Workbook
Proposed Expenditures
Worksheet 1

Appendix X

(1) DATE SUBMITTED: 3/11/14 (2) DATES FOR THIS WORKBOOK 6/16/14 thru 6/16/19
(4) COUNTY: Orange (5) PERIOD OF SEP: 6/6/14 thru 6/16/19 (6) YEARS: 1, 2, 3, 4, 5

(3) DATE APPROVED BY OCAP
Internal Use Only

(7) ALLOCATION (Use the latest Fiscal or All County Information Notice for Allocation):

CAPIT: \$ 953,974 CBCAP: \$111,187 PSSF: \$1,965,093

No.	Program Name	Applies to CBCAP Programs Only	Name of Service Provider	Service Provider is Unknown, Date Revised Workbook to be Submitted to OCAP	CAPIT		CBCAP		PSSF						OTHER SOURCES	NAME OF OTHER	TOTAL
					Dollar amount to be spent on CAPIT Programs	CAPIT is used for Administration	Dollar amount to be spent on CBCAP Programs	CBCAP is used for Administration	Dollar amount to be spent on Family Preservation	Dollar amount to be spent on Family Support	Dollar amount to be spent on Time-Limited Remediation	Dollar amount to be spent on Adoption, Promotion & Support	Dollar amount of PSSF allocation to be spent on PSSF activities (Sum of columns G1-G4)	PSSF is used for Administration	Dollar amount from other sources	List the name(s) of the other funding source(s)	Total dollar amount to be spent on this Program (Sum of Columns E, F, G5)
A	B	C	D1	D2	E1	E2	F1	F2	G1	G2	G3	G4	G5	G6	H1	H2	I
1	Parent Leadership Activities	Direct Service	OCF		\$0		\$55,954	X	\$0	\$0	\$0	\$0	\$0		\$0		\$55,954
2	Public Awareness Activities	Outreach	OCF		\$0		\$55,954	X	\$0	\$0	\$0	\$0	\$0		\$0		\$55,954
3	FRC services		FaCT (12 FRC's)		\$0		\$0		\$491,273	\$687,782	\$393,019	\$393,019	\$1,965,093		\$0		\$1,965,093
4	In-Home Coach Services		Multiple		\$355,366		\$0		\$0	\$0	\$0	\$0	\$0		\$0		\$355,366
5	In-Home Focused Services		OC Child Abuse Prevention Center		\$316,063		\$0		\$0	\$0	\$0	\$0	\$0		\$7,622	CWS, STOP	\$323,685
6	Family Counseling		Multiple		\$80,334		\$0		\$0	\$0	\$0	\$0	\$0		\$0		\$80,334
7	Parent Education		Multiple		\$6,000		\$0		\$0	\$0	\$0	\$0	\$0		\$0		\$6,000
8	Respite Care		New Alternatives, Inc.		\$116,000		\$0		\$0	\$0	\$0	\$0	\$0		\$49,409	CWS	\$165,409
9	Transportation for Monitored and Supervised Visitation Sys.		Multiple		\$80,000		\$0		\$0	\$0	\$0	\$0	\$0		\$1,205,838	CWS, Children's Trust	\$1,285,838
10					\$0		\$0		\$0	\$0	\$0	\$0	\$0		\$0		\$0
11					\$0		\$0		\$0	\$0	\$0	\$0	\$0		\$0		\$0
12					\$0		\$0		\$0	\$0	\$0	\$0	\$0		\$0		\$0
13					\$0		\$0		\$0	\$0	\$0	\$0	\$0		\$0		\$0
14					\$0		\$0		\$0	\$0	\$0	\$0	\$0		\$0		\$0
15					\$0		\$0		\$0	\$0	\$0	\$0	\$0		\$0		\$0
	Totals				\$953,763		\$111,908		\$491,273	\$687,782	\$393,019	\$393,019	\$1,965,093		\$1,262,869		\$4,293,633
									25%	35%	20%	20%	100%				

Appendix X

(2) YEARS: _____

Page 54

CAPIT/CBCAP/PSSF PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION

PROGRAM NAME

Families and Communities Together of Orange County (FaCT): Family Resource Centers and Administrative Support Services

SERVICE PROVIDER

Various service providers (e.g. Children's Bureau of Southern California, Interval House, Child Guidance Center, Raise Foundation, Western Youth Services, Human Options, Community Services Programs) for Family Resource Center services & programs. Orangewood Children's Foundation is the current provider for FRC Network Administrative services. For more detailed service provider information, please refer to the FaCT website at www.factoc.org

PROGRAM DESCRIPTION

FaCT is a program comprised of 12 Family Resource Centers (FRCs) throughout Orange County, offering core services focusing on prevention and early intervention of Child Abuse. Core services include but not limited to Parenting, Counseling, Information & Referral, Case Management Team, individual Case Management/Family Advocacy, and Domestic Violence Education Personal Empowerment Program.

All of FACT's Core services are offered in multiple languages based on the need of the community, primarily Spanish.

According to the Center for the Study of Social Policy, Five Protective Factors have been identified in preventing child abuse and neglect. The following Five Protective Factors are the foundation of the Strengthening Families Approach:

- Provide Concrete Support in Times of Need
- Increase Parental Resilience
- Increase Knowledge of Parenting and Child Development
- Support the Social and Emotional Competence of Children
- Build Parents' Social Connections

Research studies support the common-sense notion that when these Protective Factors are well established in a family, the likelihood of child abuse and neglect diminishes. Research shows that these protective factors are also “promotive” factors that build family strengths and a family environment that promotes optimal child and youth development. FaCT Family Resource Center services are designed to build these Protective Factors thereby strengthening Orange County families and their children by offering the aforementioned core services.

Orangewood Children's Foundation provides Administrative services for the FRC network including but not limited to marketing, data & evaluation, training, parent leadership, and public awareness for FaCT. This helps ensure quality care through our Family Resource Centers offering services to Orange County's children and families.

As indicated below, Orangewood Children's Foundation activities will be funded by CBCAP and the 12 FRC's activities will be funded by PSSF. At times CBCAP funds may be used for FRC activities.

FUNDING SOURCES	
SOURCE	LIST ACTIVITIES
CAPIT	Home-Based Services, Parent Education, Respite Care, Family Counseling, Transportation for Clients to/from Monitored and Supervised Visits.
CBCAP	Parent Leadership, Public Awareness, Information & Referral, Network Development, and Administration

PSSF Family Preservation	FRC services. Examples include, but not limited to: counseling, family advocacy, parenting classes and case management team services
PSSF Family Support	Various FRC services. Examples include, but not limited to: support activities, counseling and information & referral.
PSSF Time-Limited Family Reunification	DV Personal Empowerment Program, Counseling and Parenting classes.
PSSF Adoption Promotion and Support	Various FRC services. Examples include, but not limited to Caregiver workshops, respite and family fun activities.
OTHER Source(s): (Specify)	

IDENTIFY PRIORITY NEED OUTLINED IN CSA

- High Poverty neighborhoods throughout Orange County
- 128,661 of Orange County's children are impacted by poverty and are at risk for not having their basic needs met
- The majority of child abuse reports are concentrated in Santa Ana, Westminster, Garden Grove, Anaheim, La Habra and Buena Park

TARGET POPULATION

Services are for families and children 0-18 years of age, who are at risk families and families involved with the Child Welfare System for child abuse and/or neglect.

TARGET GEOGRAPHIC AREA

Orange County high-need areas

TIMELINE

Present – June 30, 2015. A new RFP will be released in 2014, at which time new contracts will be in place for selected FRCs. The new contract timeline for the 12 newly funded FaCT Family Resource Centers and FaCT's FRC Network Administrative Services is July 2015 through June 2020.

EVALUATION

PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING

Desired Outcome	Indicator	Source of Measure	Frequency
Concrete support in times of need: Increase the proportion of families who are aware and utilize available resources.	80% of families will have information and referrals provided to them. Examples of indicators: Access to Transportation, Budgeting, Community Resource Knowledge, Clothing, Child care, Employment, Health Insurance, Health Services, Home Environment, Supervision, Stability of home/shelter	Protective Factors Survey and Family Development Matrix	Protective Factors Survey at beginning and end of service FDM assessment at 30 day and 90 day mark
<p>The current County FaCT data system is a web-based client management system, managed by County FaCT and its administrative contractor, which provides contractual and outcome based reporting for each FRC. Each FRC and its partners are responsible for submitting monthly client participation counts entered into the client database. The County reviews this data on a monthly basis.</p> <p>Various Outcome Measurement Tools are utilized. For detailed data and outcome information, please refer to the FaCT website at www.factoc.org</p>			

CLIENT SATISFACTION
(EXAMPLE* PROVIDED BELOW)

Method or Tool	Frequency	Utilization	Action
Multidisciplinary Team Meetings	Feedback from families is reviewed after each meeting. The meetings are held weekly at the FRC.	Families are invited to participate in multidisciplinary team meetings and given a form to discuss their progress, continued needs, and/or overall level of satisfaction.	Problem areas addressed by staff, as appropriate to resolve issues and ensure continuous quality improvement.

CAPIT/CBCAP/PSSF

PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION TEMPLATE

COUNTY: ORANGE

DATE APPROVED BY OCAP: JUNE 9, 2014

PROGRAM NAME

In-Home Focused Services

SERVICE PROVIDER

Orange County Child Abuse Prevention Center

PROGRAM DESCRIPTION

Services are provided to either support families that have recently reunified or to prevent the children from being removed from the home, or as part of the court ordered case plan to reunify parents with their children. The contractor implements parent education using the Nurturing Parent Program, employing Bachelors level counselors to make weekly visits to families in their homes to provide services. Role modeling appropriate parenting techniques, teaching child safety, problem solving, appropriate communication and discipline, household management, etc., are taught as necessary, to eliminate risk factors and maintain the family intact. During the initial assessment, the counselor addresses the family's immediate basic needs and gathers information to develop a treatment plan. Community resource linkages are provided throughout the service period and at termination to facilitate the family being able to obtain needed resources after services end. Each family receives four hours of in-home services per week, for at least six weeks, with a maximum of nine weeks of services possible. The contractor is required to provide services in English and Spanish.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Home Visiting
CBCAP	
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): (Specify)	1% STOP and 1% CWS funds.

IDENTIFY PRIORITY NEED OUTLINED IN CSA

Addresses the need to provide more specific and individualized plans to increase the likelihood of reunification and also the need to increase services and resources for families.

TARGET POPULATION

Services are provided to families referred by SSA that have either recently reunified or in need of support to keep the children from being removed from the home or are court-ordered to complete.

TARGET GEOGRAPHIC AREA

Throughout Orange County.

TIMELINE

The In-Home Focused Services contract will be in place through June 30, 2018. SSA will conduct a new Request for Proposal to include home-based services for the final year of the SIP.

EVALUATION
**PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING
(EXAMPLE* PROVIDED BELOW)**

Desired Outcome	Indicator	Source of Measure	Frequency
Family reunification.	At least 80% of families will reunify by 18 months after receiving services.	Contractor manually counts participants and reports to SSA monthly on a form provided by SSA. SSA reviews on a regular basis and does an annual review at the end of each fiscal year. CWS/CMS provides data for indicators.	Families that received services between July and December were followed through the following December.

CLIENT SATISFACTION**(EXAMPLE* PROVIDED BELOW)**

Method or Tool	Frequency	Utilization	Action
Contractor conducts client satisfaction surveys	Upon completion of services.	Determine successes and challenges in service delivery.	Contractor uses information internally.

CAPIT/CBCAP/PSSF

PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION TEMPLATE

COUNTY: ORANGE

DATE APPROVED BY OCAP: JUNE 9, 2014

PROGRAM NAME

Parent Education Services

SERVICE PROVIDER

1. Aspiranet
2. Boys & Girls Club of Garden Grove
3. Catholic Charities of Orange County
4. California Hispanic Council on Alcohol and Drug Abuse
5. FACES
6. KC Services

PROGRAM DESCRIPTION

Parent Education Services are provided to parents referred by SSA that have a history or are at risk of abuse/maltreatment of their children. Contractors employ Bachelors level parent educators that teach a curriculum based on Welfare and Institutions Code Section 16507.7, which requires the inclusion of specific topics in the curriculum in order to receive State funding. To comply with the WIC, parent education contractors are required to include those topics in their curricula; however, there is no current requirement to follow an evidence-based model. In the competitive process that will begin in the fall of 2014, the requirement will be for contractors to implement an evidence-based model of parent education.

Families attend three two-hour classes. Services are required to be provided in English and Spanish, with Vietnamese and other languages provided as needed. Contractors are also required to link families to community resources to ensure they have access to meet ongoing needs.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Parent Education
CBCAP	
PSSF Family Preservation	

PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): (Specify)	

IDENTIFY PRIORITY NEED OUTLINED IN CSA

Supports the need to increase services and resources for families and increase reunification.

TARGET POPULATION

Parents with a history or at risk of abuse/neglect/maltreatment, such their children could be removed from the home; and parents who must complete services in order to reunify with their children.

TARGET GEOGRAPHIC AREA

Throughout Orange County.

TIMELINE

Parent Education Services contracts will be in place through June 30, 2015. SSA will conduct a new Request for Application for the remaining three years of the SIP.

EVALUATION

PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING (EXAMPLE* PROVIDED BELOW)

Desired Outcome	Indicator	Source of Measure	Frequency
Family reunification and increased services and resources for families.	Approximately 50% of families will reunify by 18 months of receiving services.	Contractors manually count participants and report monthly to SSA. CWS/CMS tracks indicators.	Families that attended parent education between July and December, are followed through the following December.

CLIENT SATISFACTION

(EXAMPLE* PROVIDED BELOW)

Method or Tool	Frequency	Utilization	Action
The County will develop a client satisfaction survey for contractors to use.	Clients will complete the survey at the end of the service period.	To determine efficacy of curriculum in the immediate term.	The County will use the surveys as a quality assurance tool for service delivery and make improvements as needed and possible.

CAPIT/CBCAP/PSSF

PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION TEMPLATE

COUNTY: ORANGE

DATE APPROVED BY OCAP: JUNE 9, 2014

PROGRAM NAME

In-Home Coach Services

SERVICE PROVIDER

1. New Alternatives, Inc.
2. Orange County Child Abuse Prevention Center

PROGRAM DESCRIPTION

Services are provided to keep the family intact or as part of the court ordered case plan to reunify parents with their children. Contractors employ Bachelor's level counselors to make weekly visits to families to provide services in the home. The family is referred to one of two contractors by SSA. The contractor assesses the family to address immediate basic needs and identify service needs to develop a treatment plan. The contractors utilize an evidence-based model, such as Active Parenting, Incredible Years, Common Sense Parenting, and/or the Nurturing Parent Program.

Each family receives two to four hours of in-home coaching per week, for at least six weeks, with a maximum of nine weeks of services possible. Contractors are also required to educate families about community resources and to assist them in linking with accessible resources. Services are required to be provided in English and Spanish, with Vietnamese provided as needed.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Home visiting
CBCAP	
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): (Specify)	

IDENTIFY PRIORITY NEED OUTLINED IN CSA

Supports the need for increased services and resources for families and provide specific and individualized service plans to increase reunification.

TARGET POPULATION

Services are provided to the biological parents, relatives, and NREFMs of children that are at risk of or have a history of abuse, neglect and/or maltreatment. These parents and caregivers require a minimum level of intervention or very specific services to improve/strengthen parenting skills. Families may be referred to participate on a voluntary basis or they made be court-ordered to complete the program as part of their reunification plan.

TARGET GEOGRAPHIC AREA

Throughout Orange County.

TIMELINE

The In-Home Coach Services contracts will be in place through June 30, 2018. SSA will conduct a new Request for Proposal to include home-based services for the final year of the SIP.

EVALUATION
**PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING
(EXAMPLE* PROVIDED BELOW)**

Desired Outcome	Indicator	Source of Measure	Frequency
Family reunification.	98% of families will reunify by 18 months after receiving services.	Contractors count participants and report monthly to SSA. CWS/CMS tracks indicators.	Families that received services between July and December, were followed through the following December-

CLIENT SATISFACTION**(EXAMPLE* PROVIDED BELOW)**

Method or Tool	Frequency	Utilization	Action
Contractors conduct client satisfaction surveys.	Upon completion of services.	Determine successes and challenges in service delivery.	Contractor uses information internally.

CAPIT/CBCAP/PSSF PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION TEMPLATE

COUNTY: ORANGE

DATE APPROVED BY OCAP: JUNE 9, 2014

PROGRAM NAME

Monitored and Supervised Visitation with Transportation (MSVT) Services

SERVICE PROVIDER

1. New Alternatives, Inc.
2. Orange County Child Abuse Prevention Center

PROGRAM DESCRIPTION

Transportation services are provided to facilitate the court-ordered visitation when the child's social worker requests it for the child, or when the child, parent, or legal guardian resides outside the geographic boundaries of Orange County. Transportation is not provided when both the child and the visitor(s) reside within the borders of Orange County. Visitation and transportation can be referred for up to four times per week for a period of 26 weeks maximum. For the purposes of the CAPIT/CBCAP/PSSF Program Evaluation and Description, only the transportation component of this service is funded by CAPIT. Drivers must be assigned based on the language of the client being transported, with required languages being English and Spanish. Drivers with ability to speak in other languages must be made available as needed.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Transportation to monitored/supervised visits.
CBCAP	
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): (Specify)	

IDENTIFY PRIORITY NEED OUTLINED IN CSA

Due to limited transportation among target group there is a need for more transportation services for visitation.

TARGET POPULATION

Children in out-of-home placement and parents or legal guardians, under certain specified conditions.

TARGET GEOGRAPHIC AREA

Transportation is provided as needed or requested by the child's social worker, when the child or authorized visitor(s) reside in different counties.

TIMELINE

MSVT Services contracts will be in place through June 30, 2018. SSA will conduct a new Request for Proposal to include home-based services for the final year of the SIP.

EVALUATION
**PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING
(EXAMPLE* PROVIDED BELOW)**

Desired Outcome	Indicator	Source of Measure	Frequency
Provide more transportation services for families for visitation with their children.	Approximately 4,000 trips provided to and from visits.	Statistical reports submitted by contractors every month.	July 1 through June 30.

CLIENT SATISFACTION**(EXAMPLE* PROVIDED BELOW)**

Method or Tool	Frequency	Utilization	Action
There is no client satisfaction tool currently in place. SSA will work with our contractors to develop one.			

CAPIT/CBCAP/PSSF PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION TEMPLATE

COUNTY: ORANGE

OCAP APPROVED: JUNE 9, 2014

PROGRAM NAME

Respite Care Services

SERVICE PROVIDER

New Alternatives, Inc.

PROGRAM DESCRIPTION

The Respite Care Services program provides licensed foster parents with a short-term break from providing care to children placed in their care. Respite care is provided by other licensed foster parents trained in the operations of the program and cannot exceed 72 hours per request. In order for the foster parent providing the service to be reimbursed, the respite care must be coordinated by the contractor.

The contractor is obligated to promote the respite program; recruit licensed foster parents to become Respite Care Providers; provide orientation, training, and monitoring of Respite Care Providers to ensure quality services; and must coordinate respite between foster parents with consideration given to placing children with special needs in respite with a provider that is qualified to appropriate care.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Respite Care
CBCAP	
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): (Specify)	30% funded by CWS.

IDENTIFY PRIORITY NEED OUTLINED IN CSA

Increased services and resources for foster families to increase placement stability.

TARGET POPULATION

Children in foster placement and their caregivers. Non-dependent children from the community at risk of abuse can also be served (although the latter is very small).

TARGET GEOGRAPHIC AREA

Throughout Orange County.

TIMELINE

The Respite Care Services contract will be in place through June 30, 2016. SSA will conduct a new Request for Proposal for the last two years of the SIP.

EVALUATION
**PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING
(EXAMPLE* PROVIDED BELOW)**

Desired Outcome	Indicator	Source of Measure	Frequency
Placement stability	65% of foster children remain in the same placement for the subsequent six months.	CWS/CMS	Data reported covered the 6-month period after the child's first respite placement.

CLIENT SATISFACTION**(EXAMPLE* PROVIDED BELOW)**

Method or Tool	Frequency	Utilization	Action
Currently, client satisfaction is not measured; however, SSA will work with the contractor to develop a tool.			

CAPIT/CBCAP/PSSF

PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION TEMPLATE

County: Orange

OCAP Approved: June 9, 2014

PROGRAM NAME

Family Counseling Services

SERVICE PROVIDER

1. Aspiranet
2. Boys & Girls Club of Garden Grove
3. Catholic Charities of Orange County
4. California Hispanic Council on Alcohol and Drug Abuse
5. FACES
6. KC Services

PROGRAM DESCRIPTION

Family counseling is one of four counseling modalities provided. Individual, group and conjoint counseling are the other modalities, and while families may also receive a combination of any of the four, family counseling is the only one funded by CAPIT. Family counseling services are provided to address problems identified by the referring SSA social worker to reduce the risk of abuse/neglect utilizing behaviorally focused interventions. Contractors employ licensed counselors, Masters level unlicensed counselors, and Registered Interns to provide services. Families are referred by SSA to one of the six contractors to receive one hour of counseling per week for a 20-week period. Services must be provided in English and Spanish. The family is first assessed by the counselor, and goals are determined to align with the reasons for the social worker's referral. Throughout the service delivery period, contractors are also required to link families to community resources to ensure they have access to meet ongoing needs.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Family counseling
CBCAP	
PSSF Family Preservation	
PSSF Family Support	

PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): (Specify)	

IDENTIFY PRIORITY NEED OUTLINED IN CSA

Increased services and resources for families to increase family reunification..

TARGET POPULATION

Families at risk or with a history of abuse/neglect/maltreatment in which the children are at risk of being removed from the home or as part of a court-ordered case plan to reunify.

TARGET GEOGRAPHIC AREA

North, south, east and west regions of Orange County.

TIMELINE

Counseling services contracts will be in place through June 30, 2015. SSA will conduct a new Request for Application for the remaining three years of the SIP.

EVALUATION

PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING (EXAMPLE* PROVIDED BELOW)

Desired Outcome	Indicator	Source of Measure	Frequency
Increased services and resources to families to increase reunification.	50% of families reunify by 18 months of receiving services.	CWS/CMS	Families that received counseling between July and December were followed through the following December.
Contractors track the number of clients and families served by modality (individual, family/conjoint, and group) and report data to SSA Contract Services monthly. Participation rates are reviewed by SSA on a monthly or more frequent basis.			

CLIENT SATISFACTION

(EXAMPLE* PROVIDED BELOW)

Method or Tool	Frequency	Utilization	Action
Contractors currently do not conduct client satisfaction surveys, but SSA will develop a tool.			

CAPIT/CBCAP/PSSF PROGRAM FUNDING ASSURANCES

FOR ORANGE COUNTY

PERIOD OF PLAN (MM/DD/YY): 6/06/14 THROUGH (MM/DD/YY) 6/06/19

DESIGNATION OF ADMINISTRATION OF FUNDS

The County Board of Supervisors designates Social Services Agency as the public agency to administer CAPIT and CBCAP.

W&I Code Section 16602 (b) requires that the local Welfare Department administer the PSSF funds. The County Board of Supervisors designates Social Services Agency as the local welfare department to administer PSSF.

FUNDING ASSURANCES

The undersigned assures that the Child Abuse Prevention, Intervention and Treatment (CAPIT), Community Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) funds will be used as outlined in state and federal statute¹:

- Funding will be used to supplement, but not supplant, existing child welfare services;
- Funds will be expended by the county in a manner that will maximize eligibility for federal financial participation;
- The designated public agency to administer the CAPIT/CBCAP/PSSF funds will provide to the OCAP all information necessary to meet federal reporting mandates;
- Approval will be obtained from the California Department of Social Services (CDSS), Office of Child Abuse Prevention (OCAP) prior to modifying the service provision plan for CAPIT, CBCAP and/or PSSF funds to avoid any potential disallowances;
- Compliance with federal requirements to ensure that anyone who has or will be awarded funds has not been excluded from receiving Federal contracts, certain subcontracts, certain Federal financial and nonfinancial assistance or benefits as specified at <http://www.epls.gov/>

In order to continue to receive funding, please sign and return the Notice of Intent with the County's System Improvement Plan to:

California Department of Social Services
Office of Child Abuse Prevention
744 P Street, MS 8-11-82
Sacramento, California 95814

County Board of Supervisors Authorized Signature

Print Name

Shawn Nelson

Date

CHAIRMAN, BOARD OF SUPERVISORS

Title

6/24/14

¹ Fact Sheets for the CAPIT, CBCAP and PSSF Programs outlining state and federal requirements can be found at: <http://www.cdsscounties.ca.gov/OCAP/>



FACSIMILE SIGNATURE AUTHORIZED
PER G.C. SEC. 25103, RESO 79-1535
SIGNED AND CERTIFIED THAT A COPY OF
THIS DOCUMENT HAS BEEN DELIVERED
TO THE CHAIR OF THE BOARD

ATTEST:

Susan Novak
SUSAN NOVAK
CLERK OF THE BOARD OF SUPERVISORS
ORANGE COUNTY, CALIFORNIA

ORANGE COUNTY BOARD OF SUPERVISORS

MINUTE ORDER

June 24, 2014

Submitting Agency/Department: SOCIAL SERVICES AGENCY

Approve California-Child and Family Services Review System Improvement Plan, 6/6/14 - 6/6/19; authorize Director and Chief Probation Officer or designees to execute and update plan and submit to State of Department of Social Services - All Districts

The following is action taken by the Board of Supervisors:

APPROVED AS RECOMMENDED ☒ OTHER ☐

Unanimous ☒ (1) NGUYEN: Y (2) MOORLACH: Y (3) SPITZER: Y (4) NELSON: Y (5) BATES: Y

Vote Key: Y=Yes; N=No; A=Abstain; X=Excused; B.O.=Board Order

Documents accompanying this matter:

- ☐ Resolution(s)
- ☐ Ordinances(s)
- ☒ Contract(s)

Item No. 27

Special Notes:

Copies sent to:

SSA - Jill Borel - 2 orig. agree.
6/27/14

RECEIVED
JUL 01 2014
DIRECTORS OFFICE
SOCIAL SERVICES AGENCY



I certify that the foregoing is a true and correct copy of the Minute Order adopted by the Board of Supervisors, Orange County, State of California.
Susan Novak, Clerk of the Board

By: _____

Deputy



AGENDA STAFF REPORT

Item

ASR Control 14-000391

1141

2014 JUN 16 PM 1:15
CLERK OF THE BOARD
COUNTY OF ORANGE
BOARD OF SUPERVISORS

MEETING DATE: 06/24/14
LEGAL ENTITY TAKING ACTION: Board of Supervisors
BOARD OF SUPERVISORS DISTRICT(S): All Districts
SUBMITTING AGENCY/DEPARTMENT: Social Services Agency (Approved)
DEPARTMENT CONTACT PERSON(S): Gary Taylor (714) 541-7793
 Steven Sentman (714) 569-2000

SUBJECT: Approval of County of Orange System Improvement Plan

CEO CONCUR
Concur

COUNTY COUNSEL REVIEW
N/A

CLERK OF THE BOARD
Consent Calendar
3 Votes Board Majority

Budgeted: N/A **Current Year Cost:** N/A **Annual Cost:** N/A

Staffing Impact: No **# of Positions:** **Sole Source:** N/A

Current Fiscal Year Revenue: N/A

Funding Source: N/A

County Audit in last 3 years No
Year of Audit

Prior Board Action: 6/23/2009 #35, 5/15/2007 #21

RECOMMENDED ACTION(S):

1. Approve and authorize the Chairman of the Board of Supervisors to sign the California - Child and Family Services Review System Improvement Plan for Orange County for the period of June 6, 2014 to June 6, 2019.
2. Authorize the Director of the Social Services Agency and the Chief Probation Officer, or their designees, to sign and submit the California - Child and Family Services Review System Improvement Plan for Orange County to the California Department of Social Services.
3. Authorize the Director of the Social Services Agency and the Chief Probation Officer, or their designees, to update the California - Child and Family Services Review System Improvement Plan for Orange County under the same terms and conditions through June 6, 2019.

SUMMARY:

Approval of the County of Orange System Improvement Plan (SIP) will support compliance with the requirement to establish an operational agreement between the County and the State, outlining plans for continuously improving the system of care for children and youth and achieving desired outcomes.