OC County Self Assessment

Our Community, Our Commitment

OCSSA

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California- Child and Family Services Review Signature Sheet

County	Orange
CSA Period Dates	January 6, 2019-January 5, 2024
SIP Period Plan Dates	2019-2024
Outcome Data Period	
County Child Welfare Agency Director	
Name	Anne Bloxom
Signature*	
Phone Number	(714) 541-7793
Mailing Address	Social Services Agency 500 N. State College Blvd. Orange, CA 92868
County Chief Probation Officer	
Name	Steven J. Sentman
Signature*	
Phone Number	(714) 645-7001
Mailing Address	Orange County Probation P.O. Box 10260 Santa Ana, CA 92711-0260
Board of Supervisors (BOS) Signature	
BOS Approval Date	
Name	
Signature*	

*Signatures must be in blue ink

Mail the original Signature Sheet to:	**Outcomes and Accountability Bureau** **Children and Family Services Division** **California Department of Social Services** **744 P Street, MS 8-12-91** **Sacramento, CA 95814**

|		
Child Welfare Agency	Name	Rita Rangel
	E-mail address	Rita.Rangel@ssa.ocgov.com
	Phone Number	(714) 704-7908
	Mailing address	ORANGE COUNTY CHILDREN & FAMILY SERVICES 800 N. ECKHOFF STREET BLDG. 121 ORANGE, CA 92868
Probation Agency	Name	Anna Ruiz
	E-mail address	Anna.Ruiz@prob.ocgov.com
	Phone Number	(714) 935-7551
	Mailing address	Orange County Probation P.O. Box 10260 Santa Ana, CA 92711-0260
CAPIT Liaison	Name	Ericka Danczak
	E-mail address	Ericka.Danczak@ssa.ocgov.com
	Phone Number	(714) 566-2828
	Mailing address	888 N. MAIN STREET SANTA ANA, CA 92701
CBCAP Liaison	Name	Ericka Danczak
	E-mail address	Ericka.Danczak@ssa.ocgov.com
	Phone Number	(714) 566-2828
	Mailing address	800 N. ECKHOFF STREET ORANGE, CA 92868
PSSF Liaison	Name	Ericka Danczak
	E-mail address	Ericka.Danczak@ssa.ocgov.com
	Phone Number	(714) 566-2828
	Mailing address	800 N. ECKHOFF STREET ORANGE, CA 92868

2. Introduction

CSA Planning Process

The County of Orange (Orange County) Social Services Agency (SSA), Children and Family Services division (CFS) and Probation Department have completed this County Self-Assessment (CSA) 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 and the System Improvement Plan (SIP). Each of these reports is completed on a five-year cycle, with annual SIP updates. This CSA report will inform the development of the 2019-2024 SIP report.

According to the CDSS Children's Services Outcomes and Accountability Bureau and the Office of Child Abuse Prevention, the C-CFSR process operates on a philosophy of continuous quality improvement (Exhibit 1), 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.

**Exhibit 1. C-CFSR Process**
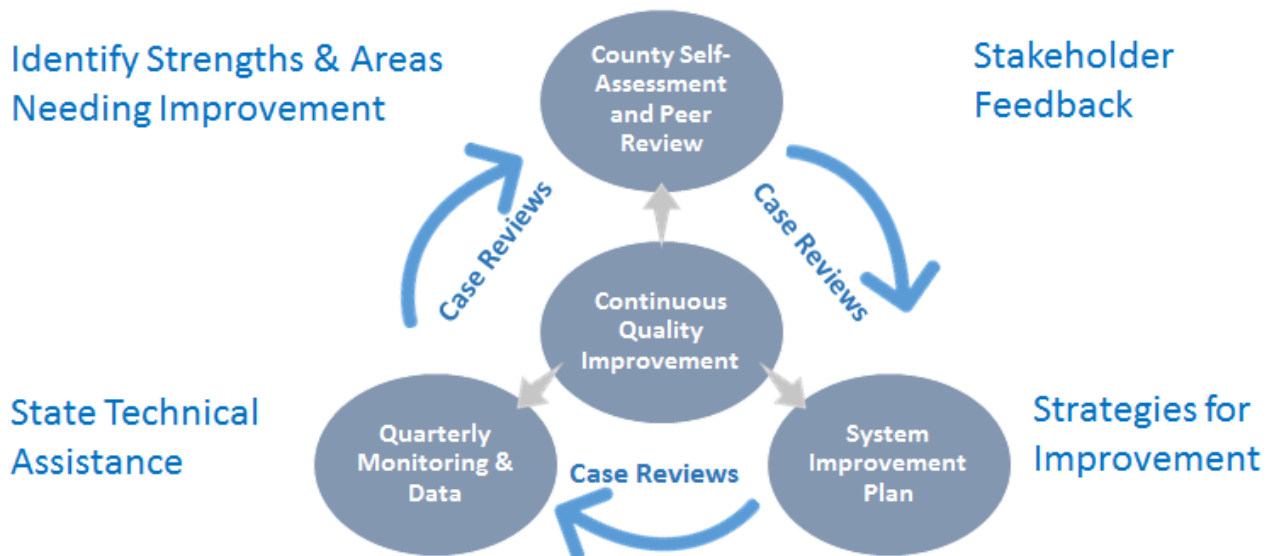
This report was completed with the assistance of a core team of staff from Orange County SSA and Probation Department and with input from community partners, foster parents, current and former foster youth, probation youth, Orange County Mental Health, relative and non-relative caregivers, Juvenile Court personnel, birth parents, and CFS and Probation staff. Between the months of March and September 2018, nearly 600 individuals participated in various stakeholder input processes or completed a survey for this report.

CSA Methods

Exhibit 2 depicts the Orange County's CSA engagement process and timeline.

Exhibit 2. Orange County CSA Engagement Process and Timeline
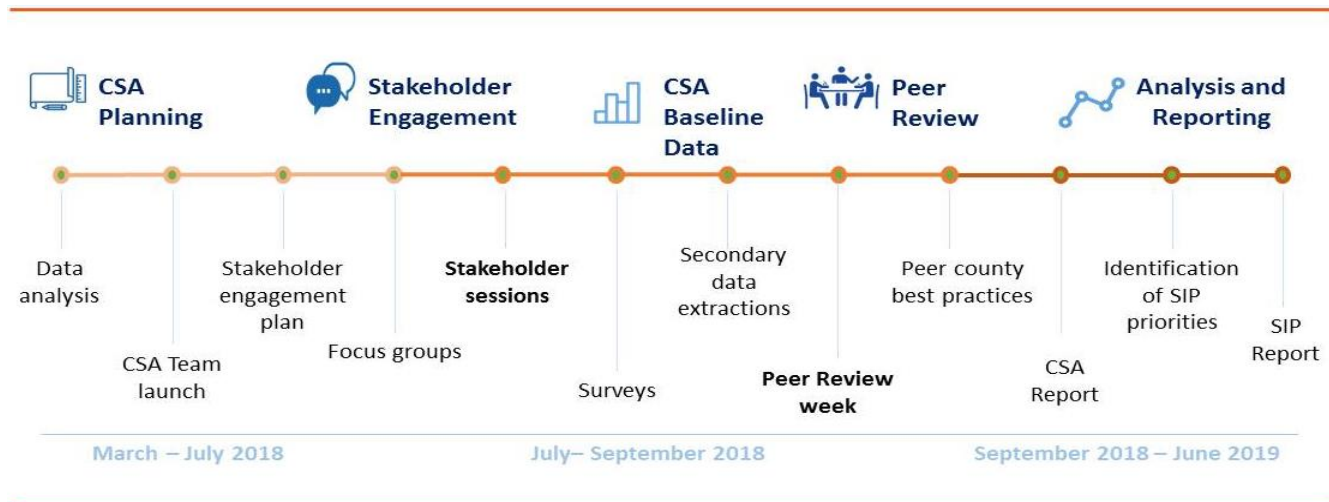
CFS managers and other staff provided information regarding CFS policy and practice for each of the systemic factors. This information was evaluated to determine the impact of practice on outcome data. Staff from the Orange County SSA Research Department, along with staff from CDSS and Harder+Company Community Research (Harder+Company), worked collaboratively and analyzed the outcome data, identifying contributing factors impacting performance.

Stakeholder Feedback

A key priority for the CSA Planning Team was to ensure a thoughtful and community focused approach was designed for engaging stakeholders in the CSA process. In addition, it was essential to create an environment where participants could engage with the information and provide authentic feedback on their experience and recommendations. Thus, a key contribution of Harder+Company was to design the engagement process to maximize stakeholder input. Exhibit 3 below details three key elements that guided the stakeholder engagement.

Exhibit 3. Hallmark of stakeholder engagement approach

Culturally-responsive	Developmental	Engaging
We constantly challenge ourselves to make sure our methods and consulting practices reflect diverse perspectives and help our clients address issues of equity and justice.	We root our community engagement, learning and evaluation in a developmental approach, combining high-intensity evaluative rigor with an ongoing feedback loop that connects learning to action.	We believe that lasting change requires active engagement. We integrate culturally-responsive approaches and human-centered design strategies to demystify data and enable community stakeholders to have a voice in design and interpretation.

This approach guided the development of the focus group protocols, interactive and learning-focused stakeholder sessions, and an online survey to gather input as follows:

- **Focus groups:** Between the months of July and September 2018, eight focus groups were organized and facilitated by stakeholder type (e.g., CFS and Probation youth, youth providers, current and formerly involved child welfare and probation families, peer support specialists, and foster parents). One focus group was conducted in Spanish.
- **Interactive stakeholder sessions:** Four interactive sessions were designed and facilitated with a broad array of CFS and Probation stakeholders, partners, contracted service providers, as well as CFS and Probation staff. The sessions were held between the months of July and September 2018. The below images were taken during stakeholder sessions.
- An **online survey** was developed and disseminated via email to CFS, Probation, and court staff. A total of 215 responses were submitted to the survey between the months of August and September 2018.
- Several **reflective sessions** throughout the course of the CSA engagement timeline were facilitated with CFS and Probation staff to review emerging findings and support the interpretation of data.
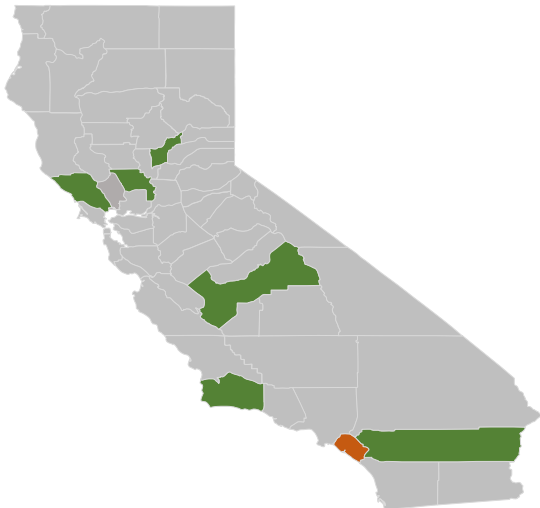

These pictures were taken during some of the CSA stakeholder sessions. CFS obtained photo releases prior to taking the pictures.

Peer Review Process

The Peer Review is a qualitative examination of the County's Child Welfare Services and Probation practices. It is driven by the idea that social workers and probation officers have valuable insights on how the system works and how to affect change in the outcomes for children, youth, and families. Orange County's Peer Review was conducted the week of September 10-14, 2018 and was a collaborative effort between the CFS and Probation Departments. Child Welfare peer reviewers represented Fresno, Santa Barbara, Sonoma, and Yuba counties, while Probation peer reviewers represented Riverside and Yolo counties (Exhibit 4). In addition to the Peer Review county representatives, Harder+Company served as scribe and provided all around support during the week. CFS and Probation staff provided key logistical and communication support for County of Orange staff participating in the Peer Review. A total of 27 cases were reviewed during the Peer Review week. The Peer Review Summary is included in section 10 of this report.

Exhibit 4. Peer Review Counties

3. C-CFSR Team and Core Representatives

C-CFSR Planning Team

A planning committee was assembled to oversee the C-CFSR process (Exhibit 5). The team members included consultants from CDSS Outcomes and Accountability Bureau and the Office of Child Abuse Prevention, Orange County CFS Division, Orange County Probation Department, and Orange County SSA Administrative Services Division, including the Quality Services Team (QST) members. The CFS team members included a Deputy Director, one Manager, three Senior Social Services Supervisors, a staff specialist, and an office specialist. Representatives from Probation included the Supervisor of the Placement Unit/Dual Handling Program, a Research Analyst, and the Division Director. Participants from Administration included one Financial Administrator, a Procurement Administrator, a Research Administrator, and three Senior Social Services Supervisor from QST. The Planning Team met weekly beginning in March 2018, reviewed data, gave input on the various stakeholder engagement processes, and set timelines for completing each key activity while ensuring a quality assurance process was in place for the completion of the CSA report. Additionally, the Planning Team organized the Peer Review Week and the focus group/stakeholder meetings.

Core Representatives

Exhibit 5. C-CFSR Planning Team Representatives by Affiliation	
Organization	**Name**
Social Services Agency, Children and Family Services	Rita Rangel Ken Santini Cynthia Barrientos-Galvez Leticia Galvez Mark Boyce Monica Rondan Anna Greenwell Apple Nguyen
Social Services Agency, Administration	Alin Buna Cynthia Grace Laura Todd Laura Turtzer Lillian Chang Mary Mialma Cantoran Pam Miller Tassiana Mervilus
Orange County Probation	Anna Ruiz Tim Todd Lisa Sato Robert Balma Public Information Officer
California Department of Social Services	Stevie Rodgers
Harder+Company Community Research	Cristina Magaña Casey Mackereth Taylor Shrum Mildred Ferrer

Participation of Core Representatives

All core representatives invited to participate in the CSA process attended (see Appendix E for a list of all participating entities) with each participant representing their area of expertise. To best determine the focus areas for the CSA, CFS and Probation staff reviewed data on the CFSR measures for both Probation and CWS. The CWS data were reviewed by CFS, and the Probation data were reviewed by Probation. This process included taking the information to the executive level and other managers and supervisors. After this review and level of input, CFS determined to focus the CSA on reentry into Care, while Probation would focus on Permanency from 12-23 months.

4. Demographic Profile

General County Demographics

According to the 2017 Census estimates, Orange County's population numbers 3,190,400, making it the third largest county in California, and the sixth largest county in the nation. The population growth has remained relatively steady with only a 0.4 percent increase within the past year. Looking ahead, the population of Orange County is projected to grow by an estimated 10 percent by 2040.[4] Nearly six percent (5.9%) of Orange County's population is under the age of five (Exhibit 6).

Orange County's population is relatively diverse with high Latino and Asian populations (Exhibit 7). In 2017, Latinos comprised 34.2 percent of the total population, Whites 59.5 percent, Asians 20.6 percent, and Black or African-Americans 1.8 percent. Among the 94 percent of residents in the age range of 5 years and older, 46 percent spoke a language other than English (Exhibit 8).

In 2017, 30 percent of people living in Orange County were foreign born. Of this subset, over 40 percent of

Exhibit 6. Population by Age Range[2]		
	2014[a]	2017
Under 5 years	6.1%	5.9%
Persons 5 to 19 years	19.5%	18.8%
Persons 20 to 64 years	61.3%	61.1%
Persons 65 years and over	13.1%	14.4%

Exhibit 7. Population by Race and Ethnicity[1]		
Race	2014	2017
White alone	62.9%	59.5%
Black or African-American	1.6%	1.8%
American Indian or Alaskan Native	0.4%	0.5%
Asian alone	18.6%	20.6%
Native Hawaiian and Other Pacific Islander	0.3%	0.3%
Some other race	12.5%	13.1%
Two or more races	3.6%	4.2%
Ethnicity		
Hispanic or Latino	34.0%	34.2%
Non-Hispanic or Latino	66.0%	65.8%

Exhibit 8. Population by Language (5 years and over)[3]		
	2014	2017
English only	54.4%	54.0%
Language other than English	45.6%	46.0%
Spanish	26.5%	25.4%
Other Indo-European languages	4.2%	4.3%
Asian and Pacific Islander languages	14.0%	15.3%
Other languages	0.9%	1.0%

people were born in Latin American countries (not shown). The impact of Latino immigrants on Orange County creates a special challenge for CFS. Prevention and intervention programs that meet the language and cultural needs of this community continue to be a focus. One way this need was addressed was through the development of collaborations with the Mexican Consulate, Latino Health Access, Family Resource Centers, and other service providers. Furthermore, CFS has partnered with Casey Family programs to look at

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[a] Exhibits with percentages may not add up to 100 percent due to rounding.

systemic factors to better understand barriers to reunification with Latino families. Additionally, CFS continues to hire bilingual and bicultural social workers.

Income and Housing

The median household income for Orange County in 2017 was $86,217, which is a 10 percent increase since 2014 when adjusted for inflation (Exhibit 9). Specific to the Native American population, which is disproportionality represented within child welfare, the median income was $65,811, which is 24 percent less than the county median. While the county's overall population is seeing a general increase in household income, the cost of housing is also drastically increasing.

Exhibit 9. Orange County Household Income[5]		
	2014	**2017**
Median Income	$75,998	$86,217
Less than $10,000	4.4%	4.2%
$10,000 to $14,999	3.4%	2.9%
$15,000 to $24,999	7.2%	6.4%
$25,000 to $34,999	7.5%	6.1%
$35,000 to $49,999	10.7%	8.9%
$50,000 to $74,999	16.1%	15.1%
$75,000 to $99,999	13.1%	13.2%
$100,000 to $149,999	17.7%	19.0%
$150,000 to $199,999	9.1%	10.3%
$200,000 or more	10.6%	13.9%

In December 2017, the median home sale price in Orange County was $785,500, which was a 15 percent increase from 2014 (Exhibit 10). Moreover, according to the 2018 Orange County Community Indicators Report, housing prices in Orange County were 356 percent higher than the national average and increased five percent from December 2016 to December 2017. Due to the high cost of housing in Orange County, families involved with CFS or Probation often experience challenges in finding affordable housing, which can impact the reunification process. To address the disparities of housing in Orange County for CFS-involved families, programs such as Bringing Families Home have been a strategy to improve reunification. Furthermore, in the Child and Family Team Program there are discretionary funds to help families obtain housing.

Exhibit 10. Orange County Housing Cost[6]		
	2014	**2017**
Median monthly housing cost	$1,721	$1,887
Median monthly cost to own	$1,985	$2,088
Median monthly cost to rent	$1,572	$1,786
Median single-family home cost[7]	$683,490	$785,500
Total owner occupied units[8]	1,759,967	1,782,227
Total renter occupied units	1,342,559	1,365,946

This increase in housing costs has also led to a three percent decrease in the number of first-time homebuyer sales. In general, a first-time home buyer would need a minimum annual income of $102,000 to purchase an entry level home.[9] Due to the high costs associated with home ownership, 43 percent of people living in Orange County rent their home. On any given month, the average monthly cost to rent in Orange County is $1,786, which is a 14 percent increase from 2014. Lack of affordable housing can lead to crowding, household stress, and difficulty for renters trying to save for home ownership. On a grander scale, a shortage of affordable housing for renters can bring about a cycle of poverty. Lack of affordable housing will also have an impact on families being able to meet the Resource Family Approval process to serve as relative placement caregivers.

"As immigrants, we are frustrated and feel helplessness in our ability to keep our children and neighborhoods safe and healthy."

-**Parent/Caregiver**

Finally, the cost of housing can be especially impactful on the immigrant and undocumented populations of

Orange County such that, they may not qualify for government assistance or may be hesitant to seek assistance and struggle to find affordable and safe housing in Orange County.

Poverty

The impact of poverty in Orange County also creates a considerable challenge for many families who are involved with CFS and Probation. According to the US Census Bureau's 2017 American Community Survey, 11.5

percent of Orange County residents are currently living below poverty level (Exhibit 11). Moreover, nearly 16 percent of children in Orange County are impacted by poverty and are at risk of not having their basic needs met. California and the United States have higher rates of related child living in poverty, at 21.5 and 20.0 percent respectively as compared to Orange County.[11]

Exhibit 11. Poverty in Orange County[10]		
	2014	**2017**
All ages	12.8%	11.5%
Under 5 years	Not available	13.6%
Under 18 years	17.9%	15.8%
Related children under 18 years	17.5%	15.4%
18-64 years	11.9%	10.6%
65 years and over	8.8%	8.8%
50% below poverty level	5.3%	4.9%
125% below poverty level	17.2%	15.3%
Worked full time, year round in the past 12 months, but living in poverty.	3.2%	2.7%
Worked less than full time, year round in the past 12 months, but living in poverty	34.0%	31.2%

Further, according to the 24th Annual Conditions of Children Report, 49 percent of children are eligible for free or reduced lunches and 18 percent are receiving CalFresh.[12] Both of these indicators have increased over the past ten years (42 and 8 percent, respectively). The cost of living in Orange County combined with low minimum wage could be a contributing factor to this phenomenon. The cycle of poverty for those families involved in the CFS system becomes a barrier to reunification even though poverty in and of itself is not a reason for families to stay involved in the CFS system. Families in this socio-economic demographic tend to have fewer resources and safety networks established by the time they reach CFS. Therefore, CFS is then tasked to establish and create safety nets in collaboration with the families to help them reunify with their children and create a safety net outside of CFS.

The Orange County regions (see blue color on map) that report the highest percentage of children under 18 living in poverty were concentrated in Staton (36.2%), Santa Ana (30.9%), Anaheim (24.4%), Westminster (22.1%), and Garden Grove (21.1%).[13] Of these cities, Anaheim and Santa Ana experienced the highest rates of substantiated child abuse allegations (12.7 and 11.9, respectively). Lastly, nearly 20 percent of Latino children living in Orange County were living in poverty.[14]
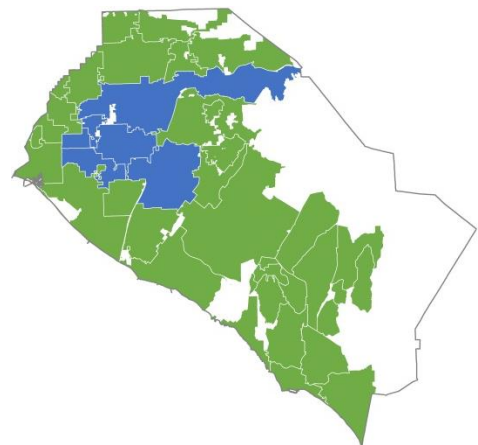
Orange County Map

Thorough the monthly Child Welfare System Improvement Partnership (CWSIP), CFS and its many partners continually review and study the demographics of Orange County to identify the areas of high risk for abuse and neglect and develop strategies to address prevention and intervention services. The partnerships consists of CFS Leadership, community partners, Health Care Agency, Probation, Court personnel as well as some Faith In Motion partners that come together to address the needs of the children in care and monitor our progress towards our strategies. One of these strategies is the "City by City" report updated annually by the CFS reports team. These reports provide an overview of the population and child abuse information for each Orange County city, as well as for the county as a whole. SSA also uses GIS mapping

for resource determination, data driven decisions, and service delivery to meet client regional needs of the county.

Unemployment Data

In 2017, unemployment in Orange County was 4.2 percent (Exhibit 12). Between 2014 and 2017, the unemployment rate in Orange County decreased and has been the lowest rate since December 2000.[16] The four largest sectors employing people in Orange County are Tourism, Business and Professional

Exhibit 12. Unemployment in Orange County[15]		
	2014	2017
Unemployed (population 16 and over)	6.4%	4.2%

Services, Health Services, and Construction—all employing between 40,000 and 200,000 people. Of these four large sectors, the average salaries for the tourism and construction sectors have seen an increase between 2007 and 2016[17].

Homeless Data

According to the 2017 2-1-1 Homeless County and Survey Report, it is estimated that 4,792 unduplicated persons experience homelessness on any given night in Orange County, with 54 percent living unsheltered (Exhibit 13). Children under 18 years old make up 16 percent of the entire homeless population (not shown). While neighboring counties have seen an increase in their homeless population between 2015 and 2017, the percent of homeless persons in Orange County has decreased by 8 percent (not shown). This decrease in homeless in Orange

Exhibit 13. Homelessness in Orange County[18]	
	2017
Total homeless	4,792
Percent living unsheltered	54%
Total number of homeless children (under 18)	754
Percent of all homeless that are veterans	10%
Unsheltered homeless people by service planning area	
North Orange County	936
Central Orange County	1,362
South Orange County	286

County could be attributed to various efforts. For example, in addition to connecting people with resources, 2-1-1 Orange County is working diligently to end homelessness in Orange County. Since 1998, 2-1-1 Orange County has helped acquire $116 million for county housing programs and has created the Ten Year Plan to End Homelessness in Orange County. 2-1-1 Orange County is also the lead agency responsible for implementing Orange County's Homeless Management Information System and is responsible for managing the county's Coordinated Entry System.

Another significant effort is countywide collaborative launched in 2017 to bring services to homeless population living in encampments along the Santa Ana Flood Control Channel (FCC). The project partners include county agencies such as OC Public Works (OCPW), Health Care Agency (HCA) Behavioral Health, Social Services Agency, Sheriff's Department, Probation, County Counsel, Orange County Health Care Agency Outreach and Engagement, and Adult and Older Adult Behavioral Health among others. In addition, the Social Services Agency developed a Mobile Response Vehicle (MRV) to deploy approximately 30 staff to the FCC to help people apply for critical assistance programs such as Medi-Cal, CalFresh, Cal WORKS and General Relief. The MRV worked alongside HCA with the common goal of ensuring individuals residing in the FCC were placed in a shelter setting and received needed services. For some people at the FCC this was their first time connecting with needed services. The efforts were successful in finding shelter for this population. This effort has been able to connect 730 people with a motel vouchers and other shelters. HCA staff completed more than 625 assessments and made over 1500 referral to other agencies such as SSA, City Net and Veteran's Affairs.

The Board of Supervisors also approved the conversion of the Orange County Transportation Authority building in Santa Ana into Courtyard Transitional Center that provides meals and shelters. Since Courtyard Transitional Center and Bridges at Kraemer Place have opened in 2017, 625 beds have been provided.

When looking at homelessness by service planning area, Central Orange County experienced more homeless persons than North and South Orange County combined. Cities in the Central area are Tustin, Santa Ana, Newport Beach, Costa Mesa, Huntington Beach, Fountain Valley, Garden Grove, Seal Beach, and Westminster. Some of the cities within this planning area, as well as Anaheim, represent the area of largest CFS referrals.

Tribal Affiliations

There are no federally recognized active tribes in Orange County; however, CFS has a unit of social workers who are dedicated to complying with the Indian Child Welfare Act (ICWA) regulations and notify any tribe with which a family identifies. Section 5 of the report describes in further details the efforts taken by CFS and Probation to support the needs of tribal families who come into contact with the departments.

Child Maltreatment Indicators

Low Birth Weight[19]

For the past nine years, the percentage of births in which newborns weighed less than five pounds, eight ounces, or were considered to have a low birth weight, has remained relatively steady. In 2016, 6.3 percent of newborns were considered low birth weight babies. During that same time, less than one percent of newborns (0.9 percent) were considered to have very low birth weight, or weigh less than three pounds, five ounces. Babies born with low birth weight are at risk for health complications and often require intensive and specialized medical care. In Orange County, the areas experiencing the highest percentage of low birth weight babies are Lake Forest (7.9 percent), Westminster (7.8 percent), and Mission Viejo (7.3 percent). Since Orange County's last SIP, the rates of low birth weight and very low birth weight have remained relatively consistent.

Birth to teens

Teen birth has implications for both the mother and child. For the mother, pregnancy and delivery can hinder their own physical, social, and educational development. For the child, newborns born to teenage mothers have a higher likelihood of being born preterm or having a low birthweight.[20] The rate of teen births in Orange County in 2017 was 12.2 live births per 1,000 females aged 15 to 19.[21] Although this is lower than the state and national rates (17.6 and 22.3, respectively), there are still areas of Orange County with teen birth rates much higher than the national average. Specifically, Santa Ana (39.0), Anaheim (28.6), and La Habra (23.9) are the areas of Orange County that experience the highest teen birth rates. Since Orange County's last SIP, the teen birth rate has remained relatively consistent.

Family Structure

In 2017, there were 745,349 households with children in Orange County; and nearly one-quarter (24.2%) of these households were headed by a single parent (male or female, Exhibits 14 and 15). This is consistent with data from 2015, when 24 percent of households were single-parent households. Thus, one in four households have only one parent to shoulder the financial and parenting responsibilities for the family.

Exhibit 14. Orange County Family Structure- Total Households[22]		
	2014	2017
Total Families	738,178	745,349
Average Family Size	3.53	3.52
Age of Children		
Under 18 years	329,145	322,107
Only children under 6 years of age	19.3%	20.8%
Children 0-17 years	17.3%	17.0%
Only children aged 6-17 years	63.5%	62.2%

Multiple studies have shown that children raised in single-parent households are at greater risk for poorer social and emotional development in early childhood, poor school achievement, teen pregnancy, and poorer health. These outcomes are the result of complex and interacting factors that include reduced family income and family instability. In addition, researchers have found that both single-mother families and cohabiting families, where the mother is living with a man who is not the biological father of all her children, are at higher risk for being reported for abuse or neglect than families where the mother is living with the biological father of all her children.

Exhibit 15. Orange County Family Structure- Breakdown by Household Type[23]						
	2014			2017		
	Married Couple Family Household	Male Householder, no wife present	Female Householder, no husband present	Married Couple Family Household	Male Householder, no wife present	Female Householder, no husband present
Total Families	551,625	57,756	128,797	565,167	58,236	121,946
Average Family Size	3.56	3.35	3.47	3.56	3.36	3.43
Age of Children						
Under 18 years	248,949	22,103	58,093	243,669	25,078	53,360
Only children under 6 years of age	21.3%	17.5%	11.4%	22.3%	24.2%	12.3%
Children 0-17 years	18.5%	12.9%	13.8%	18.5%	13.4%	12.0%
Only children aged 6-17 years	60.3%	69.6%	74.7%	59.2%	62.4%	75.7%

2-1-1 Orange County

2-1-1 Orange County runs a comprehensive information and referral system that provides people with a prolific resource database that includes health and human services support and disaster response information. Services are available through a cost-free, stigma-free confidential phone service that is available 24 hours per day, seven days per week. The mission of 2-1-1 Orange County is to "to help people find the help they need by eliminating the barriers to finding and accessing social services in Orange County. For over 28 years, [they] have connected residents in need to critical social services in Orange County such as housing, job placement, food, and health insurance. With the inception of 2-1-1 in Orange County in 2005, a simple toll-free, three-digit phone number that is easy to remember, [they] now connect thousands of individuals and families to needed community-based programs, including where to find a community clinic, dental care, immunizations, prescription assistance, food, homeless shelters, elder and child care, legal services, and other resources offered by local nonprofits and government agencies."[24] 2-1-1 Orange County serves the entire county and also maintains a searchable online database available at www.211oc.org. In 2017, 2-1-1 Orange County helped 68,000 people. Of those served, 40 percent were Latino, 35.7 percent were White, and 9.4 percent were African American. The most common referrals include housing, utility assistance, food/meals, and health care.

Substance Abuse and Mental Health Data[25]

In 2016, hospitalizations for substance abuse-related diagnoses accounted for two percent of all admissions for children under the age of 15. Moreover, during the past decade, the rate in which children are admitted to a hospital for substance abuse-related instances decreased 70 percent from 1.7 per 10,000 children in 2006 to 0.5 per 10,000 children in 2016.

While the rate of hospitalization due to substance abuse-related diagnoses decreased in recent years, the rate in which children ages 0-17 are hospitalized due to serious mental illness has increased. In 2008, 11.3 per 10,000

children were hospitalized for a mental health-related incident. In 2016, that number rose 73 percent to 19.9 per 10,000 children. The most common mental health diagnoses were: major depression and mood disorders accounting for 66 percent of all hospitalizations; bipolar diagnoses (10%); schizophrenia/psychoses (4%); and schizoaffective disorders (3%). White youth accounted for 42 percent of all mental illness and substance abuse-related hospitalizations, and Latino youth accounted for 41 percent.

Child Fatalities[26]

The rate of infant mortality continues to be one of the most widely used indicators of the overall health status of a community. The leading causes of death among infants are birth defects, preterm delivery, low birth weight, Sudden Infant Death Syndrome (SIDS), and maternal complications during pregnancy. Currently, the infant mortality rate in Orange County is 3.2 deaths per 1,000 live births. Overall, Orange County's infant mortality rate is less than both the statewide and national rates (4.6 and 5.9, respectively). This could be in part to the Safely Surrender Law that was permanently signed into law in January 2006. Orangewood Children's and Family Center is a safely surrendered location along with many others in the County. The cities in Orange County experiencing the highest infant mortality rates are Westminster (6.3), Tustin (5.4), and Huntington Beach (4.2) per 1,000 live births. Lastly, Hispanic infants (2.2) followed by White (1.6) and Asian infants (1.6) had the highest infant mortality rates among all races and ethnicities per 1,000 live births. Between 2014 and 2017, Orange County documented a total of 24 children near fatalities resulting from abuse or neglect. Fifty-eight percent of those children were of Latino descent.

Children with Disabilities[27]

In 2016, 9,688 Orange County children utilized services through the Regional Center of Orange County (RCOC). Of these children, 6,761 (70%) were diagnosed with a developmental disability and 36 percent were under the age of four years old. In 2016, the racial and ethnic breakdown of children receiving services for developmental disabilities was White (26%), Latino (41%), Asian (19%), Black (2%), and Other (12%).

Truancy, Suspension, and Expulsion

During the 2016-17 school year, Orange County experienced a nearly three percent suspension rate. This rate was highest for Latino students (65.3%), followed by White students (20.8%), and Asian students (6.1%).[28] The districts with the highest suspension rates were Anaheim Union High (5.8%) and Fullerton Joint Union High (4.0%).

During the same school year, less than one percent (0.04%) of all students were expelled from school, with Saddleback Valley Unified and Fullerton Joint Union having the highest expulsion rates (.20% and .15%, respectively). The expulsion rate was highest for African-American students (0.16%), followed by American Indian or Alaskan Native students (0.07%), and Hispanic or Latino students (0.06%).[29]

During the 2015-16 school year, Orange County had 137,901 truant students out of a total of 509,039 students, indicating that nearly one-third (27.1%) had been truant at least once during the school year. Fullerton Joint Union High (54.55), Orange Unified (39.99), and Anaheim Elementary (35.63), were the districts with the highest truancy rates.[30]

Rates of law enforcement calls for domestic violence[31]

Domestic violence incident could include violent crime (e.g., homicide) or some type of property crime (e.g., burglary). The number of domestic violence incidents for Orange County has varied from a high of 11,003 in 2010 to a low of 7,928 in 2014. In 2017, a total of 8,452 incidents were reported to law enforcement, a 3 percent decrease from 2016 when 8,732 incidents were reported. Orange County reported incidents of domestic violence trend lower than San Diego County which has similar population size to Orange County.

Child Welfare and Probation Placement Population

Child Welfare Population

The statistics provided in this section were retrieved from the California Child Welfare Indicators Project website, a joint venture of the California Department of Social Services and the University of California, Berkeley (http://cssr.berkeley.edu/ucb_childwelfare). The source for program data is the Child Welfare Services Case Management System (CWS/CMS), an administrative data system used by all counties in the State of California (used 2017 Quarter 4 extract for CWS as baseline). For child population data, the website reported statistics from the California Department of Finance: 2010-2060 - Population Projections.[32]

Children with Allegations of Abuse and Neglect

Exhibit 16. Child Welfare Population Rates for CY 2012 and 2017				
	2012		**2017**	
	Number	**Rate per 1,000**	**Number**	**Rate per 1,000**
Child Population (age 0 to 17)	732,869	----	723,961	----
Children with Allegations of Abuse/ Neglect	24,568	33.5	31,726	43.8
Children with Substantiated Allegations	5,819	7.9	4,895	6.8
Children Entering Out-of-Home Care for First Time	999	1.4	1,058	1.5
Children Entering Out-of-Home Care for Subsequent Time	159	0.2	175	0.2

Exhibit 16 above shows that the number of children referred to CFS due to abuse or neglect allegations has increased since 2012, while the overall child population has decreased. The rate per 1,000 children has been fairly stable for the past three years. Infants continue to have the highest rate of child abuse allegations (49.1 per 1,000 for infants compared to 43.8 per 1,000 for all youth). The rate per 1,000 youth with substantiated child abuse allegation is continuing to decline over time (12.9 per 1,000 in 2007 vs. 7.9 per 1000 in 2012 vs. 6.8 per 1,000 in 2017). Also, the percent of allegations that are substantiated is also continuing to decline over time (35.2% of allegations were substantiated in 2007 vs. 23.7% in 2012 vs. 15.4% in 2017). Similar to allegation trends, infants, black, and female youth are more likely to have substantiated child abuse allegations. The local decrease in substantiated allegations may be due, in part, to the ongoing focus on early intervention and prevention and developing strong collaborative relationships with our stakeholders and families. Furthermore, the implementation of Safety Organized Practice (SOP), which includes improvements in Social Worker training/assessment tools, could also be a contributing factor to the decrease in substantiated allegations.

Exhibit 17. Orange County Number and Rate of Children with Abuse/Neglect Allegations, Substantiations, and Entries by Age, CY 2017								
Age Group	Total Child Population	Children with Allegations	Incidence per 1,000 Children	Children with Substantiations	Incidence per 1,000 Children	Children with Entries	Incidence per 1,000 Children	% of Substantiations
Under 1	36,905	1,811	49.1	609	16.5	331	9	54.4
1-2	75,893	2,706	35.7	664	8.7	148	2	22.3
3-5	116,187	4,612	39.7	845	7.3	179	1.5	21.2
6-10	201,406	9,529	47.3	1,368	6.8	262	1.3	19.2
11-15	208,419	9,272	44.5	1,048	5	224	1.1	21.4
16-17	85,151	3,796	44.6	361	4.2	89	1	24.7
Total	**723,961**	**31,726**	**43.8**	**4,895**	**6.8**	**1,233**	**1.7**	**25.2**

In 2017, children under the age of one had the highest rate of allegations and substantiated allegations (49.1 per 1,000 for infants compared to 43.8 per 1,000 for all youth, Exhibit 17, previous page). Younger children are more likely to be at risk and victims of abuse/neglect as reflected by statewide and national data.

Black youth tend to have a significantly higher rate of child abuse allegations compared to other racial/ethnic groups (107.3 per 1,000 for Black youth compared to 43.8 per 1,000 for all youth). Females are consistently slightly more likely to have child abuse allegations (45.9 per 1,000 for females compared to 41.7 per 1,000 for males). Similar to allegation trends, infants, and black and female youth are more likely to have substantiated child abuse allegations. Black children represent 1.2 percent of youth in the County population but make up 4.9 percent of youth in foster care. Latino children represent 47.9 percent of youth in the County population but make up 68.1 percent of youth in foster care. Underrepresented populations include Asian/Pacific Islander children representing 15.9 percent of youth in the Orange County population but only 3.4 percent of youth in foster care.

Exhibit 18. Orange County Number and Rate of Children with Abuse/Neglect Allegations, Substantiations, and Entries by Ethnicity , CY 2017								
Ethnic Group	Total Child Population	Children with Allegations	Incidence per 1,000 Children	Children with Substantiations	Incidence per 1,000 Children	Children with Entries	Incidence per 1,000 Children	% of Substantiations
Black	9,036	970	107.3	148	16.4	72	8	48.6
White	212,668	7,709	36.2	967	4.5	256	1.2	26.5
Latino	346,913	19,547	56.3	3,395	9.8	836	2.4	24.6
Asian/P.I.	114,833	2,273	19.8	284	2.5	47	0.4	16.5
Native American	900	62	68.9	9	10	3	3.3	33.3
Multi-Race	39,611	0	0	0	0	0	0	.
Missing	0	1,165	.	92	.	19	.	20.7
Total	723,961	31,726	43.8	4,895	6.8	1,233	1.7	25.2

As it related to referrals (Exhibit 19), general neglect comprises the most common allegation, followed by at risk, sibling abuse. The fact that general neglect comprises the most common allegation seems to be in alignment with the opioid epidemic that is affecting all Public Child Welfare agencies throughout the nation. This is also true for the children under the age of one having the highest number of allegation and sustained rates. Positive toxicology results for newborn children continue to rise, and allegations of general neglect continue to increase.

Orange County is focused on public education to raise awareness in the community, such as the medical community, community stakeholders that work with children, law enforcement, and probation. Specifically, the Social Services Agency has a Medical Director that works on global initiatives of educating the public. The

Exhibit 19. Orange County Number and Rate of Children with Abuse/ Neglect Allegations, Substantiations, and Entries by Type , CY 2017		
Type	Allegations	Substantiated
Sexual Abuse	3,530	191
Physical Abuse	5,626	165
Severe Neglect	578	233
General Neglect	12,851	3,204
Exploitation	52	27
Emotional Abuse	940	10
Caretaker Absence/ Incapacity	265	139
At Risk, Sibling Abuse	6,783	482
Total	30,625	4,451

Medical Director formed the WE CAN Coalition with representatives from all departments of the County as well as community partners and the medical community who educate the various communities in Orange County on the needs of the children in care.

First Entry into Care

Despite a decrease in the overall child population between 2010 and 2017, the rate of first entry into care has increased from 1.4 to 1.6 per 1,000 children. As Exhibit 20 illustrates, children under the age of one have the highest entry rate at 8.9 per 1,000 children. Approximately 43 percent (459 out of 1,058) of the children entering care for the first time are under the age of three, and approximately 58 percent (609 out of 1,058) are under six. The next largest age group, six- to ten-year olds, accounts for 20 percent (214 out of 1,058 children) of first entries into care.

Exhibit 20. Orange County First Entry into Care by Age, CY 2017			
Age Group	Total Child Population	Children with Entries	Incidence per 1,000 Children
Under 1	36,905	327	8.9
1-2	75,893	132	1.7
3-5	116,187	150	1.3
6-10	201,406	214	1.1
11-15	208,419	162	0.8
16-17	85,151	73	0.9
Total	**723,961**	**1,058**	**1.5**

Black children/youth have the highest rate of entry into care (5.4 per 1,000 children), followed by Native American and Latino (3.3 per 1,000 children) (Exhibit 21). CFS and its partners have made great strides in exploring the disproportionality of these groups into care (e.g., Eliminating Racial Disparities/Disproportionality Advisory Group); however, given the ongoing challenges, this is an area that requires further strategies and efforts to ameliorate the imbalance.

Exhibit 21. Orange County First Entry into Care by Ethnicity, CY 2017			
Ethnicity Group	Total Child Population	Children with Entries	Incidence per 1,000 Children
Black	9,036	49	5.4
White	212,668	229	1.1
Latino	346,913	719	2.1
Asian/Pacific Islander	114,833	43	0.4
Native American	900	3	3.3
Multi-Race	39,611	0	0
Missing	0	15	.
Total	**723,961**	**1,058**	**1.5**

Subsequent Entries into Care

Among all age groups, infant children are most likely to have a reentry into care (13.2%) (Exhibit 22); and Latino children have the highest reentry rate among the ethnic groups (Exhibit 24). For the upcoming SIP, CFS is focusing on reentry to care because that is where CFS has the most work to do related to reaching state/federal standards. In the last SIP cycle, barriers to reunification for Latino families were explored. Focus groups were identified to include internal groups of Emergency Response and Continuing Court staff and external groups to include the Child Welfare System Improvement Partnership, Eliminating Racial Disparity and Disproportionality strategy group, and Parent Mentors. These focus groups were held from January 2015 to July 2015 both internally and in the community with our community partners.

Some of the findings and barriers were:

- • Gender Roles: participants indicated that Latino fathers often display a resistance to cooperate due to their "machismo" attitudes, while women are often more "passive."

OCSSA

- Assimilation: recently immigrated Latinos may find it challenging to assimilate in the United States.
- Immigration status: factors associated with undocumented Latinos were one of the most often cited comments throughout all eight focus groups, expressing the fear of deportation.
- Mental health stigma: within the Latino culture there are often stigmas associated with receiving mental health and counseling services.
- Language: the inability to speak English is a barrier for family reunification among Latino families. It was noted that the court/legal process is challenging enough for English speakers but clearly must be extremely complicated for non-English speakers.

Reentries are attributed to factors such as drug relapse, parent unable to care for a difficult child, and return of a child to parents who are unable to properly care for the child. Thus, from a prevention lens, CFS will continue to examine how to improve the aftercare supports in order to ensure families sustain the improvements they made while under CFS care and have strong formal and informal supports. With Safety Organized Practice (SOP), CFS anticipates improvement with safety planning to prevent subsequent entries into care once children return home.

"I played a big role in placement decision. The SW wanted to pull me out of family and I said no and she respected that."

-Youth

Exhibit 22. Orange County Reentry into Care by Age (July 1, 2015- June 30, 2016)

Percent	Age Group							
	<1 mo	1-11 mo	1-2 yr	3-5 yr	6-10 yr	11-15 yr	16-17 yr	ALL
	%	%	%	%	%	%	%	%
Children with re-entries	13.2	3.1	10.5	9.3	8.1	4.2	9.1	8.1
Children with no re-entries	86.8	96.9	89.5	90.7	91.9	95.8	90.9	91.9
Total	100	100	100	100	100	100	100	100

Exhibit 23. Orange County Reentry into Care (July 1, 2015- June 30, 2016)

Count	Age Group							
	<1 mo	1-11 mo	1-2 yr	3-5 yr	6-10 yr	11-15 yr	16-17 yr	ALL
Children with re-entries	5	1	6	7	9	3	2	33
Children with no re-entries	33	31	51	68	102	68	20	373
Total	38	32	57	75	111	71	22	406

Exhibit 24. Orange County Reentry into Care by Ethnicity (July 1, 2015- June 30, 2016)

Percent	Ethnic Group						
	Black	White	Latino	Asian/PI	Native American	Missing	Total
	%	%	%	%	%	%	%
Children with re-entries	.	3.3	10.2	.	.	100	8.1
Children with no re-entries	100	96.7	89.8	100	.	.	91.9
Total	14	92	285	14	.	1	406

Exhibit 25. Orange County Reentry into Care by Ethnicity (July 1, 2015- June 30, 2016)

Count	Ethnic Group						
	Black	White	Latino	Asian/PI	Native American	Missing	Total
	n	n	n	n	n	n	n
Children with re-entries	.	3	29	.	.	1	33
Children with no re-entries	14	89	256	14	.	.	373
Total	14	92	285	14	.	1	406

Children with Open Cases

The County's rate of children in out-of-home care has decreased slightly to 3.0 per 1,000 children in 2018 from 3.1 in 2015, with a total number of children in care of 2,149 (Exhibits 26 and 27). In 2018, children under the age of one had the highest out-of-home care rates, while children ages 6 - 10 and 11 - 15 had the lowest rates per 1,000 children. Of all youth in care on July 1, 2018, 15 were ICWA Eligible and 34 had tribal affiliations. Multiple practice changes, including improved investigations and the implementation of Safety Organized Practice (SOP), have led to fewer children in out-of-home care.

Exhibit 26. Orange County Number in Care by Age, July 1, 2018

Age Group	Total Child Population	Children with Entries	Incidence per 1,000 Children
Under 1	36,394	258	7.1
1-2	74,272	317	4.3
3-5	116,709	302	2.6
6-10	199,831	490	2.5
11-15	210,051	497	2.4
16-17	83,424	285	3.4
Total	**720,681**	**2,149**	**3**

Exhibit 27. Orange County Number in Care by Ethnicity, July 1, 2018

Ethnicity Group	Total Child Population	Children with Entries	Incidence per 1,000 Children
Black	8,949	133	14.9
White	211,442	477	2.3
Latino	344,862	1,440	4.2
Asian/Pacific Islander	113,727	73	0.6
Native American	880	6	6.8
Multi-Race	40,821	0	0
Missing	0	20	.
Total	720,681	2,149	3

Exhibit 28. Orange County Number with Open Cases by Service , July 1, 2018

	Voluntary Status			
	Court Ordered	Voluntary	Missing	Total
Emergency Response/Intake	13	.	59*	72
No Placement FM	364	198	9	571
Post-Placement FM	427	13	1	441
Family Reunification	1,141	4	.	1,145
Permanent Placement	861	79	.	940
Supportive Transition	310	14	.	324
Total	3,116	308	69	3,493

*In Orange County, Emergency Response includes cases within the intake process.

Probation Population

As of June 2018, there were 92 Probation Officers supervising 2,270 youth; and the Probation population has remained fairly constant over the past few years. These numbers would have decreased had it not been for the implementation of AB12 – Extended Foster Care, which has allowed 18-year-olds, who would have emancipated, to remain in care until the age of 21 in order to receive further services. The Orange County Probation

Department has also put a significant emphasis on Wraparound Services in order to provide services to the families while the youth are still in the home. This effort has prevented a number of other cases from being assigned to the Placement Unit by keeping families together.

The Orange County Probation Placement Unit receives youth with placement orders who are newly adjudicated or under field supervision. Newly adjudicated youth are those who are declared wards of the court and are either WIC 300 dependents when declared wards, or a change of circumstance occurred when the youth was arrested that prevented the youth from returning home upon adjudication. Youth under field supervision include youth who are wards of the court and placed at home upon adjudication. These youth were supervised in the field until a change of circumstance occurred in the home that led to the youth being returned to court and a placement order being made. Over half of youth under placement order with first placement entry are between the ages of 13-18 years old and Latino (Exhibit 29).

On January 7, 2013, the Orange County Probation Department and the Orange County Social Services Agency created a Dual Handling Team that is responsible for consulting with Deputy Probation Officers (DPO), Social Workers (SW), and the families they work with in order to prevent the cross-over to delinquency for the dependents and the need to remove the Probation youth from their homes. This program is still in its infancy stage and data have not yet been collected.

Exhibit 29. Orange County Probation Youth with Placement Order						
FY 2017-18	Youth with First Placement Entry		Youth with Subsequent Placement Entry		TOTAL	
Age Group	#	%	#	%	#	%
13-18 years old	67	60.4%	2	66.7%	6	60.5%
19 years old and older	44	39.6%	1	33.3%	4	39.5%
Total	**111**	**100.0%**	**3**	**100.0%**	**114**	**100.0%**
Ethnicity						
Latino	62	55.9%	1	33.3%	63	55.3%
White	35	31.5%	1	33.3%	36	31.6%
Black	8	7.2%	1	33.3%	9	7.9%
Asian	2	1.8%	0	0.0%	2	1.8%
Other/Unknown	3	2.7%	0	0.0%	3	2.6%
ICWA Eligible	1	0.9%	0	0.0%	1	0.9%
Total	**111**	**100.0%**	**3**	**100.0%**	**114**	**100.0%**

"I had a probation officer who knew my situation and allowed me to make the decision and provided opportunity to connect with her to figure out the next step. I am not some statistic in the system. I am able to communicate." -**Youth**

5. Public Agency Characteristics

Political Jurisdictions

Board of Supervisors

The Orange County Board of Supervisors (BOS) is comprised of five elected officials based on five supervisorial districts who oversee the management of the County government. The Board, in its legislative duties, provides input and oversight to support SSA in meeting federal and state regulations and outcomes. As an executive body, the Board approves SSA's annual budget supporting contracted services, projects, and staff positions. The Board also provides support to SSA by authorizing the use of County General Funds to ensure the provision of responsive services to its clients. The Orange County Probation Department works closely with the Board, and their involvement supports the Department's continuum of care. The Board meets weekly to approve or reject agenda items submitted by SSA. Organizational charts of county, CFS, and Probation are included as Appendices A-C.

> **Orange County Mission Statement**
>
> *Making Orange County a safe, healthy and fulfilling place to live, work and play, today and for generations to come, by providing outstanding, cost-effective regional public services*

Orange County is a diverse region comprised of over 3 million residents and spanning nearly 800 square miles, with the county seat located in Santa Ana (see Appendix D). In total, there are 34 cities and large unincorporated areas located within Orange County. Due to the diversity of residents living within the county boundaries, socio-economic status and health outcomes of residents vary from city to city. For instance, the percentage of Orange County children living in poverty is more highly saturated in Santa Ana, Stanton, and Anaheim.

Federally Recognized Tribes within the County/Other Tribes Served by the County

While Orange County does not have any federally-recognized tribes on reservations, the County does have a large population of relocated urban Native Americans. Many of these Native American families are not enrolled with their identified tribes but claim Native American heritage. Many clients are found to be eligible for membership when CFS notices tribes.

In August 2003, CFS formed an ICWA Notification Unit designed specifically to ensure adequate and uniform notification to the Tribes and Bureau of Indian Affairs (BIA). The ICWA Unit researches Native American ancestry of dependents at the time of detention, and contacts and interviews relatives and others who might have information. Contacts are made with all tribes with whom the child may be affiliated. Other efforts to serve our Native American communities include:

- ICWA unit members and designated social workers trained by the Tribal Star Program, who then provide ongoing training for CFS staff;
- Tribal Star members participating in the Eliminating Racial Disparity and Disproportionality (ERDD) Advisory group;
- ne Orange County staff member as a certified National Tribal Indian Social Worker;
- Orange County representation for ICWA at the state conference, other ICWA meetings and non-state conferences; and
- Orange County hosting the 7th Generation Workgroup meeting in April 2018 to address disproportionality.

School Districts/Local Educational Agencies

Child Welfare

CFS works with 28 local school districts to facilitate children's educational needs and provide social workers access to children for service provision. CFS social workers also provide preventive services through a collaborative partnership with the Santa Ana Unified School District called Healthy Tomorrows. The program delivers early intervention services to children at risk for school failure due to health and social issues. The primary goal of this program is to assist families before serious problems develop by providing support and intervention to students (grades K through 5). The program utilizes graduate student interns who provide counseling, intervention, school-linked social services, referrals, and child abuse prevention. SSW staff and interns are co-located at these schools. Families are linked to a community service called "Padres Unidos" where they are provided with parenting education and support. Currently, Healthy Tomorrows serves six elementary schools and has four Senior Social Workers and four graduate student interns. Feedback from focus groups conducted as part of the CSA recommended that CFS and Probation continue to leverage community services such as Healthy Tomorrows and Padres Unidos to support parents' abilities to effectively parent and promote positive youth development.

Strong collaboration also exists with Foster Youth Services (FYS), an Orange County Department of Education (OCDE) program, co-located with CFS. Initially, the program consisted of two staff in 2009 and has now expanded to a total of five educational liaisons that interface with CFS staff to assist in educational planning and assessment of School of Origin. They also have one Program Specialist who is assigned to work with the foster youth under Boys Court and Girls Court. FYS assists CFS staff and parents to communicate with school districts to successfully navigate the education system on behalf of the children with whom CFS works. They also assist with decisions about School of Origin, the need for Individual Education Plans, special education services, and determining the best school program for youth who are not performing well in traditional school programs. OCDE/FYS creates an Educational Progress Report for social workers to learn more about the youth in and out of home care. The report is completed prior to the student's six-month status review hearing. This report shares a summary of the youth's academic performance so the social worker can provide accurate and timely information to the court through the court report. This report is also shared with the Court Appointed Special Advocate (CASA), youth, and caregiver.

Probation

The Probation Department currently has a Truancy Response Program, which is a collaboration with the court, the District Attorney's office, the Public Defender's office, Orange County school districts, and the Probation Department in order to combat severe truancy issues. They have weekly staffing to address specific case dynamics and quarterly meetings with the school district administrators. Although, Probation staff are not co-located at any school sites, the Truancy Response Unit is housed in the building across from the Juvenile Court Building.

The Department of Education has been instrumental in providing educational services to youth in the Juvenile Institutions along with Youth Reporting Centers in Anaheim and Santa Ana. The Department of Education also has a Foster Youth Services unit that has provided extra assistance to the Placement Unit in order to assist Placement youth to ensure all of their educational needs

> *"We would like to see more parent engagement opportunities within the schools that not only increase our understanding and rights as parents but that also help keep our children and youth away from negative influence. We would like better after school programs and skills building classes that lead to employment opportunities."*
>
> *-Parent/Caregiver*

are met and to notify Probation staff when Placement youth qualify to graduate under AB 167. They have also been very helpful with working with the different school districts in order to ensure that special education needs of youth are being met.

Law Enforcement Agencies

Child Welfare Services

CFS works with 18 police jurisdictions, including the Sheriff's Department, and has 20 co-located Emergency Response staff in all those jurisdictions (two staff are co-located in Santa Ana and Anaheim as these are the areas with our largest number of referrals). CFS has space agreements with 17 of those police departments. The co-located CFS staff work closely with the detectives and often attend patrol briefings and team cases with their assigned police jurisdiction. CFS continues to practice the Field Response Protocol (FRP), a rapid response protocol that brings social workers to police officers in the field for a joint child abuse investigation and exploration of the most appropriate protective interventions for the individual family. A joint field assessment is conducted by social services and law enforcement. This assessment includes identifying placement alternatives for children requiring protective custody, which reduces the number of placements in foster or shelter care. This also maximizes the flow of information between the agencies and increases the opportunity for children to remain in their community and school settings. To facilitate this practice, a dedicated Child Abuse Registry (CAR) phone line is available for the exclusive use of law enforcement.

CFS continues to partner with law enforcement in the investigation of sexual and physical abuse allegations at the Child Abuse Services Team (CAST) facility by providing a child-centered forensic and child welfare investigative process. This program has resulted in a significant reduction in investigation-involved trauma for child victims, as it reduces the number of interviews and required testimony in court.

The Orange County Family Justice Center (OCFJC) opened in 2004 to provide a collaborative and multiagency approach to serving victims of domestic violence, child abuse, sexual assault, and elder/dependent adult abuse. OCFJC provides for the co-location and coordination of services by a multidisciplinary team of professionals. The team includes police officers, a district attorney, civil legal service providers, CalWORKs, social services, probation, and community-based advocates. The core concept is to provide a place where victims can go to talk to an advocate, plan for their safety, interview with a police officer, file a restraining order, receive information about shelters, and get help with transportation.

Probation

The Probation Department collaborates well with law enforcement agencies. Probation gang officers are co-located in some of the Police Departments in Orange County and are assigned to specific task forces. Officers assigned to the gang violence suppression unit have both adult and juvenile offenders on their caseload. There are three officers assigned to Anaheim Police Department and four officers assigned to Santa Ana Police Department. There is an officer assigned to police departments in Garden Grove, Fullerton, Costa Mesa, Westminster, La Habra and at Orange County Sherriff's Department. Other field officers may see youth on their caseload at a police department as it may be closer to their home and more convenient. However, these situations are not assignments and vary from city to city. The Probation Department has the ability to call on local law enforcement whenever the need arises within the office setting or field setting. Police jurisdictions have also been able to assist the Probation Department with looking for missing youth. Probation is not a first responder unless it involves adjudicated wards. When Probation becomes aware of child welfare concerns regarding dependent youth, deputy probation officers will comply with required reporting requirements and assist SSA and law enforcement to the extent Probation's services are needed. Lastly, Probation has various stakeholder meetings that law enforcement personnel are invited to attend on a quarterly basis.

Public Health

Child Welfare Services

Public health nurses (PHNs) work on site with CFS to identify health care needs of children in the foster care system and assist with the coordination and continuity of care. PHNs provide health care oversight by working collaboratively with the child's social worker as a team to ensure that children in foster care receive needed health services. PHN services include facilitating and assisting in scheduling medical, mental, and dental appointments, arranging transportation, referral to developmental screening, and follow-up appointments. Nurses are assigned and co-located to ER, Court Services, Specialized Medical & Continuing Services, Integrated Continuing Services, Permanency Services, and RFA programs.

Probation

The public health nurse is located in a county building next door to the probation placement unit. They are co-located with CFS and provide services to placement youth. PHN's are available for consultation and assistance related to health or mental health resources. Specifically, they provide health care oversight by creating the Health and Education Passport (HEP) in CWS/CMS after Probation staff notify them of a youth with new placement orders and provide psychotropic medication monitoring and oversight. PHN's do not make appointments or arrange transportation for probation youth. Finally, PHN's provide training to probation staff on legislative or procedural changes related to psychotropic medication.

Child Welfare Infrastructure

Workforce Analysis

The CFS staff is made up of 1,212 employees, comprised of various levels of clerical support staff, group counselors, various social worker categories, various social services class supervisors, administrative managers, deputy directors, and a division director. SSA embraces the "No Wrong Door" approach. The No Wrong Door expectation is for every SSA division to provide services at every location in order to best serve the community. There are currently seven CFS locations providing services as described below.

Location	Services offered
City of Orange (Echkoff)	CFT, Investigations/Continuing Court services, CAR hotline, Visitation, Permanency Services, Transitional Permanency Services, Resource Family Approval, Emergency Response
Cypress (CHP)	CFT, Emergency Response
SSA South County (Aliso Viejo)	CFT, Emergency Response, Differential Response
Santa Ana (Differential Response/Healthy Tomorrows)	Differential Response, Voluntary Family Services, Preventative Services/Community Services, CFT
City of Orange Court Services (Manchester Office Building)	Investigation Services, Court Officers, CFT
City of Orange (Orangewood Family Visitation Center)	Visitation, Resource Family Approval, 10-day shelter, CFT
Tustin (Tustin Family Campus)	Emergency Response, FACT, CFT

CFS offers a robust and comprehensive initial training curriculum for entry social work staff, which is part of the Social Worker Training Course, and incorporates topics specific to Orange County. Likewise, CFS offers a complete training curriculum for newly promoted supervisor/managers, which incorporates the core training model.

Training is primarily offered by SSA's Training and Career Development Department in conjunction with the Southern California Public Child Welfare Training Academy, Northern Public Child Welfare Training Academy, and Casey Family Foundation, as well as the supported attendance at conferences in the areas of child welfare.

Training is continuously offered year round and monitored by supervisory staff, as each staff member is required to work 40 hours bi-annually.

CFS has had various recruitments in the last several years and has filled 274 positions as of November 2018. The number of total case carrying social workers is unknown. CFS only tracks number of SSW positions and does not differentiate by case-carrying vs. non case carrying. There is a current open recruitment for various positions as of September 2018. The most recruited position has primarily been for the Senior Social Worker classification. This particular position has been most affected by high staff turnover and incremental leaves of absences. Historically, the Senior Social Worker position in Orange County is the case-carrying position across programs; and as such, the position requires the ability to handle multiple demands and be well informed of court mandates, agency expectations, client resources, and child advocacy simultaneously. As such, Orange County Senior Social Workers are repeatedly applauded for being very well trained and are continuously implementing client-centered initiatives. With these demands and expectations, Senior Social Workers are also affected by primary and secondary trauma. In the section titled, *Impact of Staff Turnover and Changes in Staffing Structure on County Operations, Practice, Service Delivery, and the Outcome Data*, we describe efforts CFS is making to address trauma and support staff well-being and retention.

> *"An ongoing systemic challenge for us is how to manage competing priorities to meet the needs of families and setting realistic goals. How do you provide services within the traditional working hours?"*
>
> *-CSA Stakeholder*

Methods for Assigning Cases

CFS cases and referrals are assigned to social workers based on multiple criteria, with the best interest of the family and child as the primary factors for assignment. When a family comes to the attention of CFS, an initial front-end assignment is made as detailed below. Should a continuation be needed, the family is transitioned to a continuing caseworker with case review criteria being reviewed for assignment at that time as well.

Initial Front End Assignment

After determination of a child welfare report generating an in-person response, several factors are reviewed prior to the multiple-step procedure that is followed during referral/case assignment. Initially, the referral/case is reviewed against internal staff availability (including staff rotation procedures, staff vacation/leave calendars, and verification with the assignment log). The initial staff determination is completed initially to ensure staff is readily available to complete the in-person response as mandated within the timeline. After the first initial staff step is completed, the case/family is reviewed for language need, specialized assignment need, and the mandated in person response time need. Should the referral elevate to a case status, the case is then re-evaluated for assignment. The above factors are re-reviewed for staff needs; and in addition, family language and family residence geographical needs are evaluated, as are specific family needs that may benefit from specialized case assignment. There is one hotline where initial referrals are received. Once a referral is received, it is assigned to Emergency Response Workers who are regionalized throughout the County. If a referral is advanced to a case, the case is assigned to a Dependency Intake worker and the two units are located in the City of Orange. After the Intake worker writes the petition, a detention hearing report is prepared and detention hearing is held. At that point, the case is transferred to another unit and worker called the Dependency Investigator (DI). The DI is assigned to the case until it reaches disposition. The DI is responsible for the investigations and writing of the Jurisdictional/Dispositional Report. When the DI is assigned a Family Services Worker (FSW) is also assigned to help with engaging the families in service as quickly as possible. The FSW is responsible for services referrals and stabilizing or finding placement.

Continuing Case Assignment

Should a case require a continuing caseload worker, the case is initially considered for Voluntary assignment or Court assignment (Exhibit 30). The case type is the initial determinant in case assignment at this juncture. Once Court or Voluntary assignment is determined, the case is compared against language need, caseload weights, geographical location, and specialized case assignment need. Specialized assignments are continuously evaluated and, if needed, cases are reassigned as CFS continually assesses families for specific needs that may be best served by staff in a specialized unit/program. Examples of such programs include: Child Abuse Service Team, Commercially Sexually Exploited Children (CSEC), Specialized Family Services, Permanency Service needs, ICWA specialized staff, Non-Minor Dependent Specialized staff, and LGBTQ specialized staff for Non-Minor Dependents. The service components responsible for assessments and court reports include Specialized Family Service (SFS), Integrated Continuing Services (ICS), Permanency Placement Services (PSP), Resource Family Approval (RFA), and Collaborative Court.

Exhibit 30. Pathways of program assignment
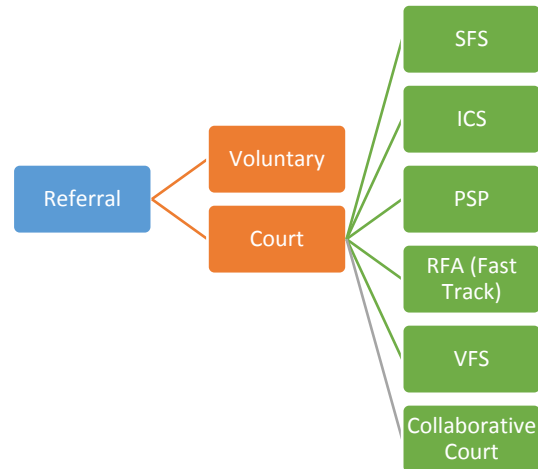
Structure of Agency and Service Components

As mentioned earlier, the Orange County Social Services Agency operates under the policy direction of the Orange County Board of Supervisors and the California Department of Social Services and Health Care Services. CFS is one of four divisions of the SSA, with the others being Family Self-Sufficiency and Adult Services, Assistance Programs, and Administrative Services. The SSA is committed to deliver quality services that are accessible and responsive to the community, encourage personal responsibility, strengthen individuals, preserve families, and protect vulnerable adults and children. The SSA emphatically believes Orange County is "*our community and our commitment.*"

The CFS division is comprised of four large sections: Intervention & Prevention Services, Planning & Permanency Services, Family Assessment & Shelter Services, and Continuing Family Services. Within each of the four subdivisions of CFS there are various subspecialty programs and services offered to best support the community needs. The stated purpose of CFS is to *"protect children through prevention and intervention services to remedy conditions which may result in abuse and neglect."* Additionally, the agency also aims to *"promote maintaining family relationships and fostering positive, permanent connections that enable children to remain in, or return to, their homes and safeguard their safety and well-being."* (See Appendix B for the CFS organizational chart.)

Intervention & Prevention Services

The Intervention and Prevention Services division includes the Child Abuse Registry/Adult Protective Services Registry; three Emergency Response programs; and Family Maintenance Collaborative Services/Child Abuse Services Team.

Planning & Permanency Services

The Planning and Permanency Services division includes the Policy Development Unit; Child & Family Team Program; Operational Support Services; Tustin Family Campus/ Families and Communities Together (FACT)/ Resource Development and Management; Transitional Planning Services; and the Multi-Agency Family Partnership units.

Family Assessment and Shelter Services
Family Assessment & Shelter Services encompasses the Resource Family Approval Program (including Application and Assessment, Retention and Support, Placement Services, and Recruitment and Training), and Orangewood Children and Family Center (OCFC).

Continuing Family Services
The Continuing Family Services division includes Integrated Continuing Services; Visitation and Supportive Services Program; Permanency Services Program; Specialized Family Services/Special Medical; Court Services; Specialized Family Services; Continuing & Court Officers Program; and the Collaborative Courts Program.

Average Staffing Caseload Size by Service Component
The average caseload per program at this time is 24-30 cases per case-carrying workers. This includes staff that carry a specialized population. Specialized programs include: Specialized Family Services, ICWA, CSEC, language needs, Adoption Focus, and Conditional Release Intensive Supervision Program (CRISP) services. The breakdown of caseload by division month in November 2018 was as follows:

CFS Program	Referrals	Average Caseload
Emergency Response	790	9.63
Family Maintenance Collaborative Services /Differential Response	113	9.35
Court Services	279	12.13
Family Maintenance Collaborative Services	205	25.63
Integrated Continuing Services	609	22.56
ICS Adoption Focus	62	31
Permanency Services	847	22.29
Collaborative Courts (Teen Court)	78	11.14
CCP Adoption	56	28
Resource Family Approval	717	28.5
Specialized Continuing and Court Officers	525	21.88
Specialized Family Services Adoption Focus	104	34.67
SFS Dependency Investigations	200	11.11
SFS Special Medical Unit	130	16.25
Transitional Planning Services(AB 12 NMD)	290	26.36

*It should be noted that November 2018 had lower number of referrals and average case load

Impact of Staff Turnover and Changes in Staffing Structure on County Operations, Practice, Service Delivery, and the Outcome Data
The number of clients served has shown a downward trend until recently when the number of children in foster care has increased. There also had been an increase in staff turnover and staff re-assignments; thus negatively impacting caseload weights. Although not systematically assessed, staff turnover is due to workload, stress level, and case court requirements. The two most affected programs with increased caseload are the Court Services and Emergency Response programs. A relationship may be derived from the continued implementation of various initiatives, staff implementation expectations, and the turnover rate of Court Programs.

The effects of Secondary Trauma on all first responders, including social work staff, is continually evaluated; and related support programs are being initiated in CFS. The CFS Spirit Committee provides periodic celebratory events for staff and recognizes one staff person per month who embodies the SSA values. In addition, CFS holds a periodic Secondary Trauma Focus Group. These two initiatives are supportive programs that demonstrate the agency's effort to mitigate the impact of stressors that are inherent in social work at this time.

While CFS staff has been affected by staff turnover, services have continued to be delivered timely and utilizing best practices, which include timely and expeditious case re-assignments, utilization of support services, and pairing of seasoned workers with MSW interns and/or entry-level senior social workers.

> *"Social workers can be well rounded in life…yet are unable to go above and beyond because of workload…need to lessen caseload in order to promote genuine relationships."*
>
> -**Foster youth**

Outcome data do not show a correlation to staff changes or turnover. The agency has taken proactive and reactive measures to ensure the continuation of care for the families served. Such precautions have included the timely re assignment of cases when there are staffing changes. The prioritizing of caseload distributions within the same unit so there is supervisor continuation of care. Court report timeliness for clerical submittals and filing submittals indicate that in January 2017, all CFS Court programs had an 89.7 percent clerical timeliness submittal rate, and a 96 percent Court filing rate of all court reports submitted in January 2017.

Information Related to Tracking Staff Turnover/Vacancy

In the 2017 reporting cycle, the Social Services Agency Division of Human Resources (HR) has come under the larger Orange County Human Resource Department. As such, all of the County's human resource needs have been centralized under one large central HR department reporting to the County's CEO office. The centralization of so many divisions and departments under one umbrella has resulted in some expected adjustments to this large-scale change and has also brought uniformity among divisions.

Currently, staff turnover and vacancy rates are tracked between the CFS Personnel Coordinator in conjunction with the centralized HR Division. The HR Division has been centralized for the entirety of this reporting cycle; and as a result, staff turnover and vacancy rates have been continuously tracked by the central HR Division.

Between February 17 and July 1, 2017, Orange County underwent a hiring freeze in order to be able to allocate financial resources to underfunded mandates such as the In-Home Support Services. During this time, approval had to be obtained before filling each staff vacancy. This resulted in reduced staff coverage. Fiscal year 2017, CFS had 1,212 positions; 1133 filled, 67 vacant and 12 vacant for leave of absence.

The staff attrition rate for calendar year 2017 was 7.74 percent across classifications of CFS; and this rate increased to 8.14 percent as of August 2018. As mentioned above, the most common reasons for staff attrition include retirements and promotions. As of September 2018, the ratio of case-carrying social workers to supervisors was 6:1.

Impact of Staffing Characteristics on Data Entry into CWS/CMS

While staffing changes, attrition, and scheduled leaves affect all workforces, data entry into CWS/CMS has been an important priority for CFS for several years. Case-carrying programs receive monthly data entry reports from the CWS/CMS Reports Team, which reflect in real time the caseload data entry information per unit/supervisor, which is further dissected by caseload, child name, and month of contact. In addition, supervisory and social work staff are expected to check *Safe Measures* on a regular, at least monthly, basis in order to ensure

CWS/CMS data entry standards are met. Data entry reports indicate that for the 2017 calendar year, all court-carrying programs had a 90.5 percent data entry completion rate across programs.

Bargaining Unit Issues

SSA/CFS employees are represented by two bargaining units: the Orange County Employees Association (OCEA) and Orange County Managers Association (OCMA). These units and SSA/CFS have Memorandums of Understanding for each unit. The bargaining units focus on many aspects of the agency, such as addressing and resolving workplace challenges and maintaining manageable caseloads. As a team, both SSA/CFS and bargaining units maintain a good working relationship, resulting in a valuable partnership that facilitates the exchange of information and ideas. Additionally, several SSA/CFS employees serve as bargain unit representatives by sharing employee challenges and recommendations.

Staff Recruitment and Selection

Recruitments and staff selection are conducted pursuant to the Orange County Recruitment Rules and Policies and Merit Selection Rules. The selection rules outline the development of job announcements, filing of applications, competitive skills assessments, establishment of eligible lists, and referral of candidates on the eligible list. All recruitments contain a minimum of one competitive assessment component. Information related to tracking staff turnover and vacancy rates reveals that the CFS vacancy rate for Fiscal Year 2017-18 was approximately 7.6 percent. Currently Social Workers recruitment occurs in an ongoing basis; however in the past four years, it was on an as needed basis.

Exhibits 31 through 35 present demographic information for the diverse, well-trained and experienced CFS workforce. The current staffing includes Social Worker Assistant, Social Worker I-II, Senior Social Worker, Social Services Supervisors I-II, and Senior Social Services Supervisor. The salaries of CWS workers are dependent upon position and experience.

Exhibit 31. SSA/CFS Staff by Ethnicity* *(as of September 26, 2018)*									
Job Classification	American Indian Alaskan Native	Asian	Black	Latino	Pacific Islander	White	Two or more Ethnicities	Other	Total
SWA	0	0	0	1	0	0	0	0	1
SW I	0	0	0	0	0	0	0	0	1
SW II	0	6	5	47	0	18	1	1	65
SSW	1	43	32	222	1	152	28	10	457
SSS I	0	2	2	12	0	12	1	0	13
SSS II	0	0	1	1	0	0	0	0	2
SSSS	0	9	6	26	1	59	7	1	91
Grand Total	1	60	46	308	2	241	37	12	707
% of Grand Total	0%	8%	7%	44%	0%	34%	5%	2%	100%
*No current staff of Filipino ethnicity									

OCSSA

Exhibit 32. SSA/CFS Social Worker Salaries

Job Classification	Approximate Monthly Rate, Step 1-12
Social Worker Assistant (SWA)	$2,960.53 - $3,938.13
Social Worker I (SW I)	$3,938.13 - $5,272.80
Social Worker II (SW II)	$4,257.07 - $5,720.00
Sr. Social Worker (SSW)	$4,860.27 - $6,558.93
Social Services Supervisor I (SSS I)	$4,860.27 - $6,558.93
Social Services Supervisor II (SSS II)	$5,413.20 - $7,288.67
Sr. Social Services Supervisor (SSSS)	$5,891.60 - $7,910.93

Exhibit 33. SSA/CFS Staff Educational Degrees and Licenses *(as of September 26, 2018)*

Degree	SSW	SSSS
Doctorate Degree	4	3
Master of Social Worker (MSW)	201	46
Master of Arts (MA)/Master of Science (MS)	113	45
Bachelor of Social Work (BSW)	15	0
Bachelor of Arts (BA)/Bachelor of Science (BS)	142	15
Total	**475**	**109**

License	SSW	SSSS
Licensed Clinical Social Worker (LCSW)	26	6
Licensed Marriage & Family Therapist (LMFT)	22	15
Academy of Certified Social Workers (ACSW)	24	2
Total	**72**	**23**

Exhibit 34. CFS Education and Experience Requirements of Staff *(as of September 26, 2018)*

Job Classification	Option 1	Option 2	Option 3	Option 4	Option 5
SWA	1 year experience in Social Work	15 college units in Social Welfare			
SW I	Bachelor's (BS) degree in behavioral sciences	30 college units; 18 in BS with 1 year casework experience	30 college units; 18 in BS; either 2 years SWA or Group Counselor, Eligibility or Employment Counselor or 2 years	2 years casework as Employment and Eligibility Specialist with Orange County	
SW II	6 months as SWI	BS degree and 2 years casework experience	Transfer from another CA county with 2 years experience can = SW II in Orange County		
SSW	MSW, Master's in psychology, LCSW or LMFT	Bachelor's degree and 3 years casework experience	30 college units and 4 years casework experience	30 college units and 2 years SWII	Transfer from another county with 2 years exp. can = SSW

				in OC and 30 college units
SSS I	Bachelor's degree and 3 years casework experience	30 college units (18 BS) and 4 years casework experience	3 years as SW II, Group Counselor II, Eligibility Supervisor, or Program Assistant (30 College units can = 1 year experience)	
SSS II	3 yrs of SSI experience, Senior Program Assistant or equivalent exp.			
SSSS	3 years SSW or SSSI	Some programs require a MSW		

Exhibit 35. SSA/CFS Staff Positions *(as of September 26, 2018)*			
Job Classification	**Count**	**Job Classification**	**Count**
Accounting Assistant	1	Public Health Nurse III	1
Administrative Manager I	11	Secretary I	18
Administrative Manager II	15	Secretary II	5
Administrative Manager III	4	Secretary III	1
Community Program Specialist	3	Social Services Supervisor I	30
Data Entry Specialist	1	Social Services Supervisor II	2
Data Entry Technician	1	Social Worker Assistant	N/A
Executive Manager	1	Social Worker I/II	78
Food Service Worker	4	Sr. Accountant Assistant	1
Group Counselor I	74	Sr. Head Cook	1
Group Counselor II	36	Sr. Institutional Cook	5
Group Counselor Nights	29	Sr. Office Supervisor A/B	1
Head Cook	1	Sr. Office Supervisor C/D	5
Information Processing Specialist	1	Sr. Public Health Nurse	6
Information Processing Technician	163	Sr. Social Services Supervisor	112
Laundry Worker	4	Sr. Social Worker	525
Mover	0	Staff Assistant	2
Office Assistant	3	Staff Specialist	16
Office Specialist	5	Store Clerk	5
Office Supervisor B	2	Supplies Assistant	1
Office Supervisor C	14	Supplies Clerk	1
Office Technician	13	Utility Worker	2
Total			**1204**
2017/18 FY: Temporary Staff – Clerical (average count)			11
2017/18 School Year: MSW Interns			30

CFS Internship Program

In academic year 2018-2019, CFS has accepted 30 interns placed in 12 CFS Programs from four universities. All Interns have a focus on children and families. Regarding second language fluency, students represent Spanish, Vietnamese, Korean, and Hmong.

The following is some demographic information regarding the student interns:

- Thirty Masters in Social Work (MSW) interns, of which 28 are CalSWEC award recipients (Public Child Welfare concentration):
  - o Six interns have been with CFS for both their first and second year field placements
  - o Four are SSA Employees who are back in school earning their MSW
- Twenty-four Concentration (2nd) Year interns
- Six Foundation (1st) Year interns

Interns are able to assist with court reports and contact documentation, caseload management, interviews, visitations, and collateral contacts. In addition, they provide school-based therapeutic prevention services through the Healthy Tomorrows program. CFS staff provide a variety of training and shadowing opportunities to the interns in an effort to enhance their learning experience and to prepare them for a career in Public Child Welfare.

Probation Infrastructure

Workforce Strengths and Challenges

Deputy Probation Officers (DPO) assigned to the Placement Unit maintain an average caseload size of 15-18 cases per officer in order to comply with Division 31 contact standards and reporting requirements. Currently, there is one division director, one assistant division director, and three placement units. The Administrative Placement Unit is staffed with a supervising probation officer, a placement monitor and a RFA worker. The Dual Supervision unit is staffed with five deputy probation officers that are assigned to the dual supervision caseloads and CSEC youth involved in Grace Court. The Placement unit is staffed with an intake coordinator/CFT facilitator and three officers that supervise placement cases. All three units are housed on the second floor of juvenile hall. This building is next door to Juvenile Court building. The building on the other side of the quad area is the Manchester Office Building that houses juvenile investigations unit, Social Services offices and the Court Evaluation and Guidance Unit. The proximity of these collaborative partners is strength for our working relationships and staffing the dual supervision cases.

Methods for Assigning Cases

Once a youth has received a Placement order, the file is received within one business day. If the youth is deemed dual supervision, the file is routed to the Dual Supervision Unit. All other cases are routed to the Placement Unit. The file is reviewed, and depending on the caseload of the officers and the special needs of the youth, the case is assigned to an officer and sent to the intake officer. The duties of the intake officer include family notification pursuant to WIC §309 and scheduling and facilitation of the initial Child and Family Team (CFT) meeting post placement order. The intake officer will reach out to the family and the youth and provide orientation of the placement services and prepare them for the CFT. CFT participants include the assigned officer, a representative from the Department of Education, Court Evaluation Guidance Unit therapist when one has been involved and other supports the family has identified. Additional CFT participants could include a social worker or CASA for dual supervision cases.

Structure of Agency and Service Components

The Placement Monitor is responsible for the initial assessment and annual monitoring of the STRTPs and group homes. All group home investigations are completed by our Placement monitor who works collaboratively with other counties and agencies, including the California Community Care Licensing (CCL) staff. Many of the annual reassessments with service providers are completed in concert with other probation departments or CFS monitors. The monitor works collaboratively with CFS monitors to address issues with service providers and, together, may provide trainings to programs in need. Additionally, the monitor attends monthly Southern Counties regional meetings and with CFS and CCL. With CCR, the Probation Department decided to allow the Foster Family Agency to sunset, and the license was surrendered in January, 2017. There is now an RFA officer who works with the youth and family to identify potential Resource Families. The RFA officer provides initial orientation and schedules trainings for them. There are mobile life scan machines that can be utilized in the field. The RFA officer completes all other portions of the RFA process, including the written report, and provides ongoing support and monitoring of our Resource Families.

> *"We are a very busy unit. We could use support for administrative paperwork such as referrals when you make the first call and follow through for example with finding group home placement."* -**Peer Review**

How Staffing Caseload Size by Service Component, Staff Turnover, and Staffing Structure Impact County Operations

The Dual Supervision officers average 15 cases each. The placement officers average 18 cases each. Probation has two officers that provide supervision for cases identified as CSEC and they average 13 cases each. It is noted that only a portion of their cases are CSEC as they provide supervision for dual and regular placement cases. Thus, the workload related to the number of cases is consistent among all officers. Consequently, caseload size and turnover of staff have not had any significant impact on our operations.

Although the caseload size for the DPOs has remained steady over the years , there has been a loss of senior staff that have transferred to other units and divisions within the department. In the past year, a senior staff member who had worked in the unit for 15 years transferred to a juvenile field unit. Another senior staff who had been in the unit for over 10 years transferred to another division. Probation also lost officers that transferred to specialized adult caseloads or officers that sought other opportunities to build their experience as their career goals included an armed assignment. Although all positions have been filled, the loss of experience and leadership that these staff members was difficult as they were sought out as field partners and as a resource to other officers. Placement officers frequently partner with each other for field work. They also partner with other officers assigned to field supervision. In recent years, Probation has experienced a turnover of staff and training new staff is an ongoing process. However, CCR has also significantly impacted the amount of training needed for staff. Probation has accomplished this by seeking outside training opportunities and also providing training for staff.

How Staffing Characteristics have Impacted Data Entry into CWS/CMS

The Orange County Probation Placement Unit began entering Placement youth into CWS/CMS in November 2010. At that time, there was one clerk assigned to the Placement Unit. Currently, there are two clerks responsible for entering information provided by the officers into CWS/CMS. Officers enter information, including all Independent Living Program (ILP) contacts, monthly contacts, and Transitional Independent Living Plans (TILP) into the internal Integrated Case Management System (ICMS). Having the clerks enter the

information alleviates the data entry burden on officers. Officers are responsible for closing the cases when the Placement orders are vacated.

On top of maintaining CWS/CMS, the Placement DPOs and clerks are responsible for maintaining the unit's Placement Management System, which was the main resource for information on the Placement youth prior to CWS/CMS. The DPOs still have access to the Internet and Intranet in order to continue to review the on-line CFS Policies and Procedures. As it relates to SafeMeasures, the placement supervisor has access to SafeMeasures to monitor compliance with mandated face to face contacts. Probation officers do not have access to SafeMeasures.

Bargaining Unit Issues

Staff employed by the Orange County Probation Department are currently represented by two employee organizations: the Association of Orange County Deputy Sheriffs (AOCDS) for probation officers and Orange County Employees' Association for clerical support. Bargaining issues may affect terms and conditions of employment, which may have a potential impact on morale, productivity, and retention. Recently, the AOCDS has focused on ways to safeguard working conditions and member wages and benefits.

Staff Recruitment and Selection

The recruitment and selection of employees is in accordance with the Orange County Merit Selection Rules, Local Agency Personnel Standards (LAPS), and the Uniform Guidelines to ensure a fair and transparent competitive process and occurs on an as needed basis. The recruitment for Deputy Probation Officer is conducted as an internal agency/department promotional recruitment. The candidates must successfully compete in multiple assessments, including the required state examination, in order to be considered for appointment to a position. Currently, there is an ongoing recruitment as there is a need for probation officers. The need for probation offices must be balanced by the County with the vacancies it creates in our institutions.

Staff Turnover and Vacancy Rates

The information related to staff turnover and vacancy rates is tracked through a county-wide database. In Fiscal Year 2017-18, the attrition rate for Deputy Probation Officers, Senior Deputy Probation Officers, and Supervising Probation Officers was 0.57 percent, while the vacancy rate during this same period was 15 percent. The turnover/vacancy rates are largely due to retirements and promotions. In addition, only one DPO voluntarily resigned. In order to compensate for staff shortages, staff might be required to work overtime. The amount of overtime required to meet staffing needs might strain existing staff that could result in increases in sick time, work injuries, or burn out. In order to address staff turnover and minimize impact to staffing and service delivery, the County has developed a succession of development strategies, training programs, and recruitment practices to anticipate vacancies. Each Orange County agency/department must submit a yearly business plan. The County agencies/departments also utilize the Balanced Scorecard as a strategic tool used to identify key areas related to departments'/agencies' overall business strategy and track their performance in these areas. In addition, the Probation Department maintains monthly workload reports and field service summaries for Deputy Probation Officers. The department management uses the information from the reports and summaries for workload planning, caseload projections, and determining staffing needs.

In Fiscal Year 2017-18, the Placement Unit had a total of 16 funded positions: 14 Deputy Probation Officer positions and two Supervising Probation Officer positions. During that time, four Deputy Probation Officer positions were vacated and remained open/unfilled at the end of the fiscal year.

Types of Degrees and Certifications

The Probation Department's entry level Deputy Probation Officer I position requires a Bachelor's degree in a

behavioral science or a combination of education and/or equivalent and relevant probation experience to develop the knowledge and abilities required to meet the minimum qualifications. Any Deputy Probation Officer can request to become a Placement Deputy Probation Officer.

Exhibit 36. Probation Officer Degrees		
Types of Degrees	#	%
Master level degree in a social science	1	8.3
Bachelor level degree in a social science	9	75.0
Less than a college degree	2	16.7
Total	12	100

Average Years of Probation Officer Placement Experience or Other Related Experience Working with Children and Families

The range of experience within the Placement unit is from 1.5 to 12 years of experience, or an average of 5.5 years of specific Placement experience. The overall range of experience working within the Probation field among the same Placement Officers is from 7 to 23 years, or an average of 16 years' experience. The Placement Unit currently has a core group of Deputy Probation Officers with a wealth of knowledge that has added to the success of the unit.

Race/Ethnicity

The Placement Unit has some diversity within the Deputy Probation Officer ranks. Two out of the eight Deputy

Probation Officers speak Spanish in order to communicate with the Spanish-speaking population that does not speak English. If a language is not represented within the unit, an interpreter would be found throughout our department who speaks the language in order to communicate appropriately with youth and their families.

Exhibit 37. Ethnicity of Probation Officers		
Ethnicity of Placement Unit DPOs	#	%
White	8	66.7%
Hispanic	3	25.0
Black	1	8.3
Asian	0	0.0
Other	0	0.0
Unknown	0	0.0
Total	12	100.0%

Position Types and Salaries

The Placement Unit currently consists of two Supervising Probation Officers, six Deputy Probation Officer IIs,

two Deputy Probation Officer Is, and two Information Processing Technicians. There is also a Placement Monitor, Intake Coordinator/CFT Facilitator, and a RFA officer who is a Deputy Probation Officer II.

Exhibit 38. Probation Officers Positions and Salary	
Position Type	Annual Salary
Supervising Probation Officer	$74,193.60 - $99,611.20
Deputy Probation Officer II	$59,571.20 - $80,308.80
Deputy Probation Officer I	$63,044.80 - $74,864.00
Information Processing Technicians	$37,315.20 - $46,945.60

Average Caseload Size

The Placement Probation Officers average 15-18 cases per caseload in order to comply with Division 31 contact standards and reporting requirements. In Juvenile field assignments, Deputy Probation Officers carry a caseload averaging 35 cases due to the fact that they do not have the strict mandates that a Placement Officer does in terms of requirements from the state for monthly in-home visits.

Supervisor-to-Worker Ratio

There are currently three Supervising Probation Officers (SPO) and ten Deputy Probation Officers in the Placement units. The Placement SPO supervises three officers, the Dual Supervision/CSEC SPO supervises five officers including three Dual Supervision officers and the Administrative SPO who supervises two officers.

However, it is noted that all three units operate collaboratively and each work to support each other and are available to all staff in the placement units.

Child Welfare Financial/Material Resources

In Orange County, the Social Services Agency (SSA) uses and actively pursues a variety of funding sources, including but not limited to: Title IV-E; Medi-Cal; Title 19; 2011 State Realignment; 1991 State Realignment; Title 20; Community-Based Child Abuse Prevention (CBCAP); Child Abuse Prevention, Intervention and Treatment Program (CAPIT); Promoting Safe and Stable Families (PSSF); Child Welfare Services Outcome Improvement Project (CWSOIP); Commercially Sexually Exploited Children (CSEC); Continuum of Care Reform (CCR); Emergency Child Care Bridge Program; Bringing Families Home; and private and public donations or grants. Additionally, SSA uses Children's Trust Fund, Orangewood Children's Foundation resources, and Community-Based Family Resources and Support (CBFRS). When appropriate, additional agency funds are strategically used to increase available services. For example, CalWORKs funding can be shared through identification of mutual clients, joint case planning, and referral of CWS clients to CalWORKs funded service providers.

SSA, through its Families and Communities Together (FaCT) program, has helped to establish Family Resource Centers (FRC) that provides services to needy families in their own communities. SSA and FRC partners are co-investors in the FRC platform and contribute staff/services, funds, and other resources toward building and sustaining Orange County's community-based platform for prevention and treatment services. In addition to SSA, the Children and Families Commission of Orange County (Proposition 10) is a major investor in FRCs. FRC partners also provide significant in-kind contributions. Other funding sources include The United Way of Orange County, cities, hospitals, schools, and grants.

Probation Financial/Material Resources

The Probation Department is the second largest general funded Orange County agency. Juvenile programs are also supported by Title IV-E, Medi-Cal Administrative Activities, the Juvenile Justice Crime Prevention Act, Youth Offender Block Grant, and Juvenile Probation Activities (JPA). Probation is second only in terms of general fund allocation. Regarding overall budget, Probation falls in the middle of the pack among the County agencies.

Probation also receives Continuum of Care funding through the California Department of Social Services. This includes Children and Family Teams, Foster Parent Recruitment, Retention and Support, and Resource Family Approval. Finally, there is also funding available from the state for the monthly group home monitoring visits completed by the supervisors and deputy probation officers of the Placement Unit.

Child Welfare Operated Services

Orangewood Children & Family Center (OCFC)

Orange County has a 10-day temporary shelter care facility: Orangewood Children & Family Center (OCFC), which is licensed to house 216 children. However, it should be noted that not all children coming into care go to OCFC first. Every attempt is made by Emergency Response (ER) Workers to look for a kin or family friend option before bringing a child into OCFC. There are 12 dedicated placement staff that assess the homes as soon as the ER worker submits the referral to assess the possible placement. The children who have possible placement option that are brought to OCFC- 1st Step Assessment Center for a period of 23 hours while the assessment on placement is conducted. If the placement does not end up being a viable option, then the child is admitted to OCFC to reside while another option is considered. Children are placed at OCFC only when there is no other safe and appropriate placement option. As of May 2017, the average length of stay for all children admitted to the shelter was 24 days, the average length of stay for children admitted to the shelter in June 2017 was 11 days,

and for the past eight months, on average, 50 percent of the children are able to transition within 10 days. SSA has made concerted efforts to reduce the length of stay through the following mechanisms:

- **Requiring Deputy Director of the Day (DDOD) approval for Court Returns:** Should a child suffer a disruption of placement, prior to re-admitting the child to OCFC, the child's assigned Social Worker will consult with their Program's Administrator to determine whether circumstances warrant re-admittance of the child. If a decision is made by the Program Administrator to re-admit the child, then the DDOD will be contacted to provide authorization. Prior to authorization, the DDOD will conduct a rigorous and balanced assessment of the child's placement needs and current circumstances. Every effort is made to not readmit children to OCFC for a placement disruption and the assigned social worker needs to spell out all the efforts made to preserve or find a new placement for the child before admission to OCFC is granted by the Deputy Director of the Day. For children awaiting a placement, the assigned Placement Social Worker will prepare and submit to the Court a thorough report outlining the detailed efforts made to identify and secure a placement resource for each child, every 15 days.
- **Child & Family Team (CFT) upon removal and when there is concern for placement preservation:** Through the CFT process, efforts are made to stabilize existing placements and to identify potential placement resources and supports.
- **Increased placement with relatives:** Orange County fully utilizes the Resource Family Approval (RFA) Emergency Placement process to ensure as many children as possible are placed with kin; and up to 40 percent of youth in out-of-home care are placed with Relatives or Non-Related Extended Family Members (NREFMs).
- **Use of Connect-A-Counselor:** At the time of placement, Resource Families are made aware of how they can reach a dedicated resource located at OCFC by phone after hours, weekends, and holidays, should they have questions or concerns about a child in their care. OCFC staff is able to provide real-time support to assist the caregiver in better managing the child's behavior or situation, until the Assigned Social Worker is available during business hours.
- **Use of Foster Care Liaison Supervisor to troubleshoot potential problems before disruption:** The Foster Care Liaison is able to coordinate with the various CFS programs to address concerns. The Liaison can access resources and can coordinate with Foster Care Eligibility if issues arise regarding foster care payments.
- **Runaway Liaison:** A dedicated Social Worker that accepts referrals from the Assigned Social Worker to locate and support runaway youth
- **Memo of Understanding** (MOU) with County Behavioral Health Services department to assist with youth who have mental health needs
- **Diversion efforts:** Orange County has placement staff on duty 7 days a week (8 am – 8 pm, Monday – Saturdays and until 6 pm on Sundays), 365 days a year to attempt to identity appropriate placements for children as soon as possible.
- **Weekly Population Management Meetings:** A multi-disciplinary team is facilitated by a Deputy Director or Manager and meets every week to discuss the placement needs of the children at OCFC or in other temporary placements. The team includes representatives from Behavioral/Mental Health, Department of Education, Wraparound, Resource Development & Management, Placement, Shelter staff, and the child's Assigned Social Worker or the Supervisor, and their Program Manager. Placement strategies are discussed and plans are developed with action items for follow up.

In an effort to expeditiously move children out of temporary shelter or bypass temporary shelter, the agency has a Placement Coordination Program doing the following:

- Assigns cases immediately upon child(ren) brought to OCFC to emergency placement staff to begin working on Relative/NREFM placements and/or searching for such placement options;
- Dual assignment between the emergency placement staff (Relatives/NREFMs) and the long-term placement staff (licensed foster, adoptive and RFA homes);

- Both emergency placement and long-term placement have an Officer of the Day (OD) number, and the emergency placement staff receive copies of all warrants received from Juvenile Court (whether approved/denied);
- The long term placement staff send emails and makes phone calls to 53 contracted Foster Family Agencies, as well as accessing/reviewing in-county licensed and approved homes to make additional phone calls for placements.

Active Strategies to effectively place children from the 10-day shelter, or to bypass shelter placements altogether, include a daily review by the Placement Coordination program of every child needing placement and all the efforts to find appropriate placement for that child; weekly meetings to review efforts and barriers associated with each child needing placement; and assignment of staff to explore relative emergency placements with a co-assignment of staff searching for non-kin resource families. Other strategies include Wraparound Orange County, case staffing, and Placement Barrier (Interagency Placement Committee) meetings. Many of these meetings also involve partners, such as school districts, or the Department of Education, and the Health Care Agency. Orange County also has a robust CFT model, with CFTs being held even prior to a Detention Hearing to involve family and their extended safety network in addressing placement decisions and exploring placement options. The following are services provided at OCFC:

Medical Unit – Medical Care
- Once parental consent (or Court order) is received an OCFC Admission Medical Exam will be scheduled per Child Health and Disability Prevention (CHDP) guidelines.
- Pre-admit to the 23-hour First Step Assessment Center will receive a Nursing Assessment only by a Registered Nurse within 4 hours of arrival or the next day if they arrive during the overnight hours.
- The Medical Unit provides all medical needs for the child, including sick calls, any follow-up care, and scheduling medical appointments with outside medical/dental providers.
- The Medical Unit is responsible for dispensing and destroying all medication at OCFC.

Clinical Evaluation and Guidance Unit (CEGU) – Mental Health Services
- CEGU provides multidisciplinary mental health services at OCFC to the children. The program is child/adolescent centered, trauma informed, and family focused. CEGU/OCFC places special emphasis on children at risk. Services include mental health screening/assessment, individual/family/group/collateral therapy, psychological and psychiatric evaluation, consultation, prescribing medication, case management, and aftercare services.
- CEGU serves children by becoming partners with OCFC staff forming a multidisciplinary team and by coordinating with other agencies and organizations that impact the child. CEGU conducts ongoing meetings with OCFC staff and other staff from Child Welfare, Schools, Probation, Juvenile Hall, etc., to review and coordinate treatment planning among other agencies involved with these children.
- CEGU provides mental health services and crisis intervention seven days a week and 24 hours a day to children while they are placed at OCFC.
- Therapeutic Behavioral Services (TBS) is a Medi-Cal funded service available for children and adolescents.
- Alcohol and Drug Abuse Services provides education/prevention groups weekly to OCFC residents. Youth in the Adolescent Cottages are specifically referred to groups due to histories of drug use or experimentation. The younger Intermediate Cottage youth are provided with education groups. Also provided are individual linkage assessments for specifically referred children ages 12 and over.

Early Childhood System of Care (ECSOC) – Developmental Screenings
- Public Health Nurses (PHN) are assigned to all children (ages 0-5) who are admitted into OCFC.

- Should there be any signs of developmental delays, or if medical follow up is needed, the PHN will make assessments and initial recommendations as needed.
- The PHN will follow up with the child and caregiver approximately 2-3 weeks after the child has been placed in the community.

County Licensing/Adoptions

Recruitment of new resource families continues and remains a priority for the agency. Although the RFA process of approving families has taxed our staffing resources, several social workers are dedicated to recruitment of resource families and assessing them for RFA approval.

One strategy utilized by Orange County to increase the number of available recruited resource families is partnering with Foster Family Agencies (FFAs) to complete portions of the RFA approval process. Orange County is referring some of the family evaluations, one component of the RFA approval process, to FFA providers.

Orange County CFS assesses and approves Resource Families according to the State-issued RFA Written Directives. Orange County is an authorized foster family home (FFH) licensing agency for the California Department of Social Services' Community Care Licensing Division. CFS is responsible for assessment and approval licensing functions within Orange County, including processing Resource Family applications, conducting annual on-site home visits, and conducting complaint investigations. CFS continues to monitor Foster Family Homes as an authorized FFH licensing agency for the California Department of Social Services Community Care Licensing Division, pending conversion of all FFH homes to RFA homes. CFS employs social workers fulfilling the specialized job duties and responsibilities of a Licensing Program Analyst (LPA). Additionally, the Resource Family Foster Care Liaisons serve as advocates for all resource licensed foster families, providing training, support groups, and assistance accessing services. The CFS RFA: Recruitment and Training Team (The Team) is dedicated to supporting caregivers through the provision of recruitment, information, training, services, and resources.

Impact of CCR

The significance and impact of the CCR process has been felt in Orange County. With updates to the Written Directives for RFA, barriers are being mitigated in some ways. The increased bedroom capacity and the elimination of the fire clearance language in Version 5.0 will allow for larger sibling sets to be placed into homes together. However, this does not address the need for sibling sets of opposite genders or different ages needing placements. Additionally, the elimination of the fire clearance language and the need for a TB test could allow resource families to take children with special medical needs, assuming safety and egress needs are met for that child.

RFA has impacted all counties' abilities to achieve timely approval of newly recruited resource families. This is especially true for those counties who place a large percentage of children into kin care, as Orange County does. The substantially increased workload to approve a relative or NREFM home under RFA has significantly strained staffing resources. In response, Orange County has undertaken a thorough review of all processes associated with placement and out-of-home caregivers to streamline and remove barriers to efficient workflows. These efforts are ongoing and multi-pronged.

Changes for FFAs, as a result of CCR, are also affecting Orange County's ability to place children into home-based care. Orange County provided support and some technical assistance to FFAs as they prepared for the January 2017 RFA rollout. In addition, Orange County continues its work with FFAs through collaboration to identify barriers to FFA recruitment and retention. Orange County has established ongoing collaborative meetings for FFA, CFS, Probation, and Health Care Agency staff to work through many of these issues.

CFS, Probation, the Health Care Agency, and FFAs continue to express concern about their ability to provide Therapeutic Foster Care, although all agree this is a necessary service in the overall continuum of care to support high-need youth. Similar issues are associated with Intensive Services Foster Care and the necessary Level of Care assessment tools and rates.

Orange County has established a CCR Steering Committee, comprised of administrators and staff from SSA, Mental Health, Probation, and Department of Education. There are several workgroups to address Child and Family Teams, FFAs, Short-Term Residential Therapeutic Programs (STRTP), Shelter Transition, and RFA. Ongoing regular meetings have been held during Group Home Forums and FFA Forums to assist providers in understanding the needs of children in our county, to encourage them to provide foster care resources, and to assist them in transitioning their programs to the CCR regulations.

Recruitment

Recruiting families willing and able to provide care for specialized/high needs children and youth, with a focus on reunification poses many challenges. It is especially challenging to identify families willing to provide care and support to children and youth who have experienced sexual exploitation, sibling sets, teenager, and children and youth who need additional care in managing special medical needs.

SSA continues its recruitment efforts, especially for those youth would benefit most from home based care but have limited caregiver resources. Foster Parent Recruitment, Retention, and Support funding has supported efforts toward increased recruitment of Resource Families. Since the implementation of RFA many recruitment efforts have been continued and new efforts launched as follows:

In 2016:
- 47,000 12-page newspaper inserts into the Orange County Register
- Private marketing collaboration to launch the "Let's Foster Together" campaign
- Updated all printed recruitment materials: With the implementation of RFA, SSA has updated all printed materials used to educate the community about the needs of children in foster care. These materials are also utilized in engaging and recruiting resource families.
- Added social media channels: As part of the "Let's Foster Together" campaign, SSA added resource family-focused social media, including Facebook and Twitter.

In 2017:
- County "Be the 1" campaign to raise awareness around CSEC youth: SSA has launched a public awareness campaign focused on educating the community about child sex trafficking. The Child Welfare recruitment staff continues to share this information with existing and potential caregivers to assist in identifying and engaging families willing to provide home-based care for children and youth impacted by sexual exploitation.

In 2018:
- Increased support and retention efforts with existing caregivers: A critical component of the recruitment process is retaining resource families as they move through and after the approval process. SSA is currently implementing a range of supportive interventions for caregivers, such as informational meetings and providing mentors.
- Child Specific Recruitment and Targeted Recruitment: Agency recruitment staff are engaged in child-specific recruitment activities, working to match children with recruited, adoptive, and kinship families equipped and willing to love and care for these children. Child Welfare recruitment staff is also involved

in recruitment activities within specific communities targeted to meet the specific home-based care needs of children in Orange County.

- Orange County SSA is also working to secure a family finding contract in addition to in-kind family finding efforts donated by local agencies.

On-going/Annually:

- Faith-in-Motion (FIM) collaboration: Faith-in-Motion is a unique collaboration between SSA and the faith community. SSA currently partners with over 88 faith communities and non-profits to engage and educate the community regarding foster care.
- Heart Gallery: SSA partners with Heart Gallery of America to produce a traveling exhibit, as well as a web-based exhibit of high quality and compelling photographs capturing the unique personalities of children and youth in Orange County awaiting adoption.

In an effort to be consistent with the goals of Continuum of Care Reform (CCR), SSA has implemented a myriad of reforms over the last decade.

- Prevention efforts to reduce the number of children coming into the foster care system
- Priority of placing children with their families or in a family-based setting
- A reduction in the use of group home placements
- Transitional Support Services
- Establishing Permanent Connections
- Health Care Support
- Educational Support
- Community Services and Supports
- Treatment Foster Care-Orange County (previously known as Multidimensional Treatment Foster Care)
- Quality Parenting Initiative

Support from the Orange County Children's Partnership (OCCP) committee, co-chaired by an Orange County Board Supervisor and the SSA Director, focuses efforts of the county's child-serving departments to support Continuum of Care Reform efforts for the children served. The OCCP consists of public and private agencies responsible for identifying gaps and barriers in the service system and recommending collaborative programs to better serve at-risk children and their families. The Child Welfare System Improvement Partnership (CWSIP) is a group of community organizations and county departments that work to bring together existing and new stakeholders to facilitate Child Welfare Services Redesign implementation and serve in an advisory capacity to the OCCP. As of September 2018, over 80 percent of Orange County children in and out of home care were placed in family-based settings.

Probation Operated Services

Juvenile Hall

Orange County Juvenile Hall (JH) is the only secure custodial institution in Orange County. There are three "camp" setting institutions for youth that have adjudicated cases with custody commitments: Youth Guidance Center, Joplin Youth Center, and Youth Leadership Academy. Youth detained at JH include those who are awaiting a court appearance, are unable to complete their commitments in a "camp" setting for medical/mental health issues or due to serious risk, or who have been assessed for the Sex Offender Program. On average there are approximately one to two youth awaiting placement. This number is low as we actively look for placement

while they are serving a custodial commitment and a CFT is completed within a short time of the placement order.

The capacity of JH is currently 380 youth. Males and females are housed in separate living units and all youth attend school. Ages range from as young as 8 and up to 20 (wards of the court may be housed in a juvenile commitment facility, by law, until their 21st birthday). On average, the youngest age is 11 years old. Wards at JH are classified by age, gender, criminal sophistication, and mental capacity. OC JH currently has 11 separate living units for detained youth, ranging in size from 15 beds (for the behavioral adjustment unit) to 60 beds. Five units are currently empty. Below is a general description of JH:

- JH only accepts alleged felony and probation violations. Some misdemeanants may be accepted when it is determined that the youth is a public safety risk, lives in an unfit home, has no parents/guardians, or is a flight risk (628 WIC).
- There is a wide variety of services offered through JH, including, but not limited to, medical, dental, Clinical Evaluation and Guidance Unit (CEGU), religious services, Volunteers in Probation (VIPs), and school (including special education), which is offered by the Orange County Department of Education and accredited by the Western Association of Schools and Colleges (WASC).
- JH staff positions are comprised of Deputy Juvenile Corrections Officers, Supervising Juvenile Correctional Officers, Assistant Division Directors, and Division Directors.
- JH offers a variety of programs for youth, including the Cognitive Behavioral Therapy program "Decision Points" and gender-specific programming for female wards (Women's Group, HCA Pregnancy Program, Meditation Group, Yoga, etc.).

Other County Programs for Child Welfare

Women, Infants, and Children (WIC)

Orange County has four WIC agency locations throughout the County, all of which are run by the Health Care Agency (HCA) Family Health Division/Nutrition Services. HCA and SSA CalFresh Program also have a partnership. The WIC program is required to refer to SSA, particularly to CalFresh. WIC enrollment is based on adjunctive eligibility through CalFresh. WIC sends out information through the SSA mailing to its consumers. In addition, CalFresh funds outreach workers at various WIC locations to enroll in their programs.

CalWORKs

CFS is co-located in several of the regional SSA Family Self-Sufficiency Division (FSS) offices. This has allowed the two divisions of SSA to communicate more effectively, understand programs, cross-train, as well as provide an opportunity for CFS to regularly attend the FSS Multi-Disciplinary Team meetings held to discuss services for families receiving CalWORKs.

CFS also co-facilitates the Linkages/Mutual Clients Strategy Workgroup that currently meets bimonthly. The Strategy Workgroup benefits both CFS and FSS by promoting communication and assuring that staff are discussing mutual client cases to better serve those families. It oversees several projects where CFS and FSS work together, such as developing a Linkages Unit to serve mutual clients with joint case plans and services and providing cross-training for all current staff and new hires. Other projects include the identification of mutual clients involved with Truancy Court to assist families whose children are not attending school and the attendance of FSS staff at Child and Family Team (CFT) meetings to provide information about assistance programs to mutual clients, or those who may be eligible for assistance.

The Domestic Abuse Services Unit (DASU) was created in November 1999 as a collaborative program between CalWORKS and CFS to provide assessment, case management, and supportive services to families on public assistance who have been impacted by domestic abuse. Until 2010, DASU staff were co-located in the four regional FSS offices which served to streamline services and forge a strong partnership between the two programs. In July 2010, the DASU program transferred from CFS to the FSS division. The DASU program continues to provide clients with the opportunity to identify and draw on their personal strengths through linkages to community services, personal empowerment programs, and counseling.

Public Health

Public health nurses (PHN) work on site with CFS to identify health care needs of children in the foster care system and assist with coordination and continuity of care. PHNs provide health care oversight by working collaboratively with the child's social worker or probation officer to ensure that children in foster care receive needed health services. PHN services include facilitating and assisting in scheduling medical, mental, and dental appointments; arranging transportation; referral to developmental screening; and follow-up appointments. Nurses are assigned to ER, Court Services, Specialized Medical & Continuing Services, Integrated Continuing Services, Probation & Investigations, Permanency Services, and RFA programs.

PHN responsibilities regarding psychotropic medications include reviewing the signed JV 220 (consent to administer psychotropic medication form) for completeness and updating the child's Health and Education Passport (HEP). PHNs review the name, dosage, type, frequency, method of administration, contraindications with other medications or treatments, lab results, height and weight of the child, potential long-term effects, and probable side effects. If any discrepancies are found, PHNs consult with an HCA psychiatrist to resolve the issue or request a new consent from the prescribing physician. Once the court approves the medication, the HEP is updated to reflect the new medication information. The Juvenile Court must re-authorize consent to administer psychotropic medication every six months, even when there is no change to the prescribed medication.

Early Childhood System of Care (ECSOC) is a collaborative program that is partially funded by the Children and Families Commission of OC and Prop 10 (First Five); therefore, services are limited to children ages 0 - 5 years. In this program, PHNs provide case management services for the first three months as children enter the Orange County Child Welfare System. They assist caregivers in finding medical care for children and ensure that children have a physical exam completed within the first month. PHNs complete developmental screenings on children to identify problem areas and refer for early interventions. Children in the First Step program at OCFC ages 0-5 are referred for developmental screenings. They also assist with finding dental care for children one year and older and assure that a dental exam is performed. In addition, CFS consults with PHNs on the following support and services:

- Pre- and post-placement health education, training and evaluation of caregivers' medical needs and abilities to provide care (i.e., the caregivers' own medical conditions and barriers)
- Provide training to Specialized Family Services SSWs, e.g., third-hand smoking, immunizations, epilepsy, or any other topics of interest to Social Services staff
- Community/program referrals (RCOC, CCS, WIC, Home visitation nursing programs, etc.)
- Care coordination and medical consultations with primary care providers and other service providers
- Interface with other programs for care coordination, i.e., work closely with Integrated Continuing Services, Permanency Services Program, /Investigations/Resource Family Approval
- Assistance with gathering information for medical ex parte and psychotropic medication
- Reproductive health counseling, e.g., contraception options, pregnancy counseling, etc.

- Update the Health & Education Passport every 6 months
- Thorough review of medical records for Senior Social Worker staff and follow up on pre-existing medical conditions
- Home visits to evaluate the home environment pre-placement with supervisory approval
- Attend specialty medical appointments with caregivers, CFT meeting, and staffing

Alcohol and Drug Treatment

Health Care Agency (HCA)/ Alcohol and Drug Abuse Services (ADAS) has an ongoing relationship with Orange County Social Services Agency to provide substance abuse treatment in the Agency's four outpatient clinics (South, North, Central and West) in the county. Each site offers services to the community serving Perinatal (pregnant and parenting women), adolescents, and adult males and females in the recovering program. Each of the above programs offers an evidenced-based curriculum, Seeking Safety, which includes psycho-educational group counseling/individual counseling and drug screenings as part of the treatment milieu for each client. In addition, HCA's ADAS clinical treatment staff provide progress reports and information concerning treatment to social services worker's assigned to the case with a release signed as needed for the mutually served clients.

Referrals are often made to *Prototypes: Healthy Right 360 Program*, a mother and child residential program located on the Tustin Family Campus by the assigned Senior Social Worker for an intake process that is completed by Prototypes staff . The residential program "recognizes that women in recovery often face multiple problems—physical, emotional, social, relationship, financial, or life skills—that must all be treated in order for rehabilitation to be successful." The program is a highly utilized resource for mothers and children, that are able to remain together, as addiction and the goal of sobriety are addressed. Orange County does not have any Alcohol and Other Drugs (AOD) services specifically targeted for fathers but it does have AOD services for both men and women located throughout Orange County in all of the regions to include Central, North, South, East and West. These are all outpatient treatment. It also has residential treatment at Hope House, Inc. in Anaheim, Woodglen Recovery Junction in Fullerton, Gerry House West in Santa Ana, Start House in Santa Ana and Cooper Fellowship in Santa Ana. Orange County has minimal services for youth with substance abuse issues. Touchstones provides a residential and outpatient substance treatment program for youth in the City of Orange.

Health Care Agency

CFS and Children and Youth Behavioral Health (CYBH, a division of the HCA) have collaborated extensively to improve services to foster youth and their families. More detail about these efforts are provided below.

Treatment Foster Care Oregon–Orange County (TFCO-OC)

Previously known as Multi-Dimensional Treatment Foster Care (MTFC), this evidence-based therapeutic foster care treatment model focuses on transitioning youth, who otherwise would be placed in a group home or other residential treatment setting, to permanent homes or home-like settings. TFCO-OC serves youth who exhibit severe emotional and behavioral disorders. The objectives of TFCO-OC are to help youth live successfully in family settings while simultaneously assisting parents, or other long-term family members, with resources to provide effective parenting. Orange County implemented TFCO-OC in 2004 as a component of Wraparound OC. TFCO-OC is delivered in partnership with the HCA Children and Youth Behavioral Health. This program has 6 full-time employment (FTE) staff that are co-located with CFS staff at 800 N. Eckhoff in Orange.

Court Evaluation and Guidance Unit (CEGU)

CEGU is a core group of mental health clinicians (see details below) who respond to the needs of youth at the County-operated shelter and at Juvenile Hall.

- CEGU Probation: 18 FTE staff located at 301 The City Drive South, Orange, CA 92868

- CEGU Orangewood: 17 FTE staff located at 301 The City Drive South, Orange, CA 92868
- Youth Guidance Center: 5 FTE staff located at 301 The City Drive South, Orange, CA 92868
- Youth Leadership Academy: 1 FTE staff- located at 301 The City Drive South, Orange, CA 92868
- Joplin Youth Center: 1 FTE staff located at 301 The City Drive South, Orange, CA 92868

Continuing Care Placement Unit (CCPU)

CCPU is comprised of HCA CYBH mental health clinicians who are co-located with CFS child welfare services staff. CCPU clinicians collaborate with CFS social workers to help stabilize placements and provide mental health case management by coordinating the mental health, medication services, and treatment for youth who require Specialty Mental Health Services (SMHS) and who are at risk of losing placement or have experienced multiple placements in congregate living facilities and foster homes. This program has seven FTE that are co-located with CFS staff at 800 N. Eckoff in Orange.

First Step Assessment Unit at Orangewood Children and Family Center (OCFC)

CFS social workers and CEGU HCA clinicians collaborate to provide initial assessments of children entering the dependency system. The children's mental health needs, as well as other needs, are addressed.

Specialized Group Homes

CFS and HCA jointly plan and monitor the intensive mental health services provided for seriously emotionally disturbed children at six group home agencies in the County. Group home locations and staffing are listed below.

- Olive Crest:
  - 3.75 FTE staff - 13442 Malena Drive, Santa Ana, CA 92705
  - 3.75 FTE staff - 19356 Saylor Terrace, Santa Ana, CA 92705
  - 3.25 FTE staff - 159 N. Wheeler St., Orange, CA 92869
- New Alternatives: 10.5 FTE staff - CRF- 238 S. Flower St., Orange, CA 92868
- HCS has six additional group home providers with whom they intend to contract for STRTP SMHS services; however, at this time, only two of the six (Florence Crittenton and Right of Passage) have obtained the Provisional STRTP license, and the other four providers' STRTP applications are pending at the State level. The two providers with the Provisional STRTP license are in contract discussions with HCA at this time.

Wraparound

CFS, in partnership with Probation and HCA CYBH, provides Wraparound to 435 - 480 families every month. Service provider locations and staffing are listed below.

- Olive Crest: 46 FTE staff - 2130 E. 4th St., Ste 200, Santa Ana 92705
- New Alternatives: 10 FTE staff - 1202 W. Civic Center Dr. #205, Santa Ana 92703
- Seneca: 36 FTE staff - 233 S. Quintana Dr. Anaheim, CA 92807
- South Coast Children's Society: 48 FTE staff - 27261 Las Ramblas, Suite 220, Mission Viejo, CA 92691

Prop 63 Programs

The two major programs, Supporting Transitional Age Youth (STAY) and YOW (Youthful Offender Wraparound), for youth and Full-Service Partnerships have as one of their targets youth participating in AB12 and emancipated former foster youth exiting the CFS and Probation systems. These programs came about in part because of the long-standing CFS-HCA collaboration between SSA CFS and HCA CYBH in identifying and addressing the needs of emancipating youth. There are also the Collaborative Courts FSPs for Girl's and Boy's Court, and GRACE Court.

- STAY Process: 40 FTE staff – 1401 N. Tustin Ave, Ste. 225, Santa Ana, CA 92705
- YOW: 41 FTE staff – 1231 E. Dyer Rd, Ste. 135, Santa Ana, CA 92705
- Waymakers Collaborative Courts: 21 FTE staff – 1221 E. Dyer Rd, Ste 200, Santa Ana 92705
- Orangewood Collaborative Courts: 8 FTE staff - 1575 E. 17th St, Santa Ana 92705
- PACT: 8 FTE staff – 2200 W. Orangewood Ave, Ste. 212, Orange, CA 92868

Child Abuse and Neglect

The Working to End Child Abuse and Neglect (WE CAN) Coalition is a countywide collaboration, sponsored by Orange County, that is comprised of more than 50 organizations and 100 programs from the government, law enforcement, education, healthcare, nonprofit, and advocacy sectors. As child maltreatment does not happen in a vacuum, coalition members share the mission of preventing, diagnosing, and treating child abuse and neglect, in order to strengthen the health and well-being of children, families, and communities in Orange County. Through the utilization of nine distinct task forces, coalition members work collectively to address the intersecting needs of children, families, and communities affected by abuse.

Other County Programs for Probation

CalWORKS

Families that have been approved as Relative/Non-Relative caregivers (NREFM), but who do not have an active placement order, are thoroughly assessed by SSA to determine appropriate funding for the family. There are times the families are instructed to apply for CalWORKS when no other funding is available. CalWORKS has been a vital source of income for some families who were having a challenging time financially. It enables relatives to be willing to take Placement youth knowing there may be some financial assistance if they qualify.

Public Health

The Public Health Services have had a positive impact on continuum of care. The referrals are made on a case-by-case basis as the families need assistance in a specific area. Needs of the youth and family members are discussed during a CFT and referrals are provided to them. Youth are also assessed when they enter juvenile hall. Resources available to families are as follows: Children and Families, Healthy Living, Environmental Health and Food Services, Clinics, Diseases and Conditions, and Health Care Resources.

Alcohol and Drug Treatment

The alcohol and drug treatment programs are vital resources in order to address severe substance abuse or simply as a resource for a family in need of education or guidance on the topic of drugs and alcohol. There are programs addressing educational needs for youth who are beginning to experiment with drugs and alcohol to in-patient drug and alcohol programs for the probationers who are addicted to substances. When youth or parents assigned to field supervision are experiencing substance abuse they are referred by their assigned probation officer for assessment and treatment to one of our Health Care Agency clinics. Touchstones located in Orange or The Yellowstone Recovery located in Costa Mesa offer youth specific recovery programs. For youth in the placement unit, who are placed in an STRTP or group home, this is included in the case plan and the officer ensures that this need is being met at their placement facility. For youth with severe substance abuse needs where community-based care has been attempted and failed, the in-custody program may be considered if the Court is considering a commitment of 90 days or more. The in-custody drug treatment programs at the Youth Guidance Center or Youth Leadership Academy are available to field and placement officers and they are assessed for these programs by juvenile hall staff. Probation also utilizes Youthful Offender Wraparound which can provide referrals to other programs for older youth.

Mental Health

All youth admitted to Juvenile Hall are administered a mental health assessment called the Massachusetts Youth Screening Instrument-2 (MAYSI-2). Referrals for crisis intervention or treatment are made based on observations by the deputy probation officers or by the youth themselves stating they need assistance. The request may also come from court when statements are made in court addressing mental health needs. The Orange County Health Care Agency encompasses Behavioral Health Services for mental health needs, Medical Services, and Public Health Services. Considering the increase in mental health services needed, referrals are made consistently in order to help the probationer establish a level of normalcy in their lives and be able to become productive citizens in the community. A Public Health Nurse has been assigned to assist the Placement Unit with gathering and inputting medical information into CWS/CMS for the youths' Health Passports.

Education

The Orange County Probation Department works closely with the school districts in Orange County along with the Department of Education in order to meet the educational needs of probation youth. An extra emphasis has been placed on foster youth in order to ensure they are receiving the services needed to graduate. The Department of Education has a Foster Youth Services liaison assigned to assist Probation Officers in gathering educational information for court reports, including school credits or Individualized Educational Plans (IEPs).

6. Placement 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 caregivers, were provided information and training on all provisions of AB12 so 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.

CFS continues to refine its practice in relation to Non-Minor Dependents (NMDs). A specialized group of social workers has been formed to work with NMDs, carrying specialized caseloads and is a part of the Transitional Planning Services Program. In this way, expertise and resources can be shared and learning enhanced.

CFS successfully implemented AB12 regulations by serving 441 NMDs in 2014 and 427 NMDs in 2015. In 2016, we had 416 NMDs. CFS averages approximately 300 NMDs participating in Extended Foster Care at any one time.

"Katie A - Pathways to Wellbeing"

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

- 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 HCA for assessment for mental health services and screening for the subclass.
- HCA conducts a full mental health assessment using a tool they developed to determine the medical need for mental health services and subclass eligibility. 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.

- All children/youth who are dependents of the court are required to be screened by their respective social workers every six months (or sooner if a youth's behavior warrants) and be referred to HCA if needed.
- SSA has had a long-standing MOU with HCA to cover a variety of things, such as sharing information between CEGU/CCPU/TFCO with social workers. SSA and HCA also have obtained Miscellaneous Orders from Juvenile Court that have aided in facilitating information sharing and coordination of such services.

Child and Family Team Meetings (CFT)

In Orange County, the process of Child and Family Teaming (CFT) was developed with input from social workers, supervisors, and managers. The CFT is created to strengthen networks around the family and to support enduring connections. CFT meetings engage families by including their voice in identifying strengths, risks, and needs. CFTs encourage children, parents, and others invested in the family success to contribute to case plan development, placement support, and the delivery of services. CFTs are provided throughout the life

"CFTs are not the most fun and can be painful, but can give you the opportunity to voice your opinion and express your needs and how people in your group can help you meet those needs."

-Youth

of the case and are facilitated by a group of nine dedicated Senior Social Services Supervisors who have been trained in facilitation. By sharing decision making and working together, professionals, children, youth, and families can work in collaboration towards positive outcomes for safety and permanency.

Commercially Sexually Exploited Children (CSEC)

CFS continues to increase efforts to address the Commercially Sexually Exploited Children (CSEC) population. A policy and procedure was published in 2016 to ensure the early identification, documentation, and tracking of CSEC hotline referrals. Specialized CSEC social workers have been identified at every level of case intervention, including Emergency Response and ongoing case management including NMDs. A community-wide Steering Committee meets regularly to look at service provisions and needs. The amount of collaboration among community partners and other county agencies ensures a comprehensive case management plan to provide targeted services to this vulnerable population. A Gathering Resources to Abolish Child Exploitation (GRACE) courtroom has been established in Orange County to closely work with this population. The collaboration continues to grow with law enforcement, County Counsel, District Attorney, minor's counsel, Public Defender, Mental Health, Department of Education, Probation, Juvenile Court, and other community partners to address specialized case management issues as part of a multidisciplinary team established to review CSEC cases in Orange County. CFS also designated a social worker assigned to engage, prevent, and recover youth that have run away and are at increased of risk of being involved in CSEC. This identified staff member works in tandem with staff at Orangewood Children and Family Center to coordinate efforts and trainings to educate vulnerable youth and strategize methods to decrease potential involvement in CSEC. As a result, there has been a steady increase in the referrals, as well as the ability to identify the CSEC youth. From 2014 to the present, 245 youth have been identified and 42 youth have been brought into protective custody under WIC §300 (b)(2).

Safety Organized Practice

In 2013 Orange County started the implementation of Safety Organized Practice (SOP). SOP integrates concepts from Family Engagement, Risk Assessment and Trauma-Informed Practice into one child welfare framework. The goal of SOP is to draw from a variety of tools and techniques to ensure the safety, permanency, and well-being of children in the child welfare system. SOP is a holistic framework developed for family engagement, understanding family trauma and evaluating and coming to solutions with a plan for child safety with the family.

The SOP Leadership Team, which consists of Supervisors and Program Managers from all programs, has been formed and is leading the implementation of SOP in CFS. SOP has been implemented in Orange County and is continuing to integrate deeper into practice. SOP champions are now conducting coaching, with the support of the contracted coaches, to develop Orange County's internal capacity. Additional management support, coupled with a large percentage of new staff at all levels, has made the manager coaching even more valuable. A leadership offsite meeting, led by the manager coach, was valuable in advancing the implementation and integration of SOP. Each manager developed a strategy to incorporate SOP coaching in their program; thus, ensuring the continued roll-out of SOP implementation in the agency as a whole.

Resource Family Training and Recruitment in Collaboration with Faith in Motion

The RFA Training and Recruitment team is a part of the larger Resource Family Approval program. The primary goals of this team are to use a variety of tools, techniques, and best practices to engage and recruit new resource families, as well as to provide and coordinate both Pre- and Post-Approval training for caregivers. This team monitors the needs of existing county homes and recruits targeted resource families for specific high needs youth. This team contributes to the larger agency efforts to provide ongoing support to current caregivers with a specific focus on retention events, as well as supportive and educational learning opportunities that address real-time concerns of caregivers. Faith in Motion (FIM) is a specific collaborative strategy coordinated by this team. While the main goal of FIM is to recruit resource families through the various congregations and faith organizations, a secondary goal is to raise awareness for foster care through partner advocacy. One advantage of recruiting specifically through churches and faith-based organizations is that participants already are embedded in a social network that can provide additional information and support to recruitment activities. It also offers opportunities for dialogue among partners where exchange of ideas and information create a connection on a deeper level that builds community and relationships.

Probation State and Federally Mandated Initiatives

The Orange County Probation Department has implemented two initiatives starting in 2012. The first is Extended Foster Care, a state initiative implemented on January 1, 2012. 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 following participation criteria must be met:

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

The second initiative is the federal Prison Rape Elimination Act of 2003 (PREA). This 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.

PREA applies to all public and private institutions that house adult or juvenile offenders. It addresses both youth-on-youth sexual abuse and staff sexual misconduct. The Orange County Probation Department has trained all staff in order to be in compliance with PREA.

Large placement facilities have opted to comply with PREA, and they train all employees who may have contact with residents on topics, such as sexual abuse and harassment; effective communication with LGBTQ youth;

mandatory reporting of sexual abuse to appropriate authorities; boundary setting with residents; and laws regarding the applicable age of consent. The placement facilities provide training for their staff. Some programs have in house trainers and some either utilize Relias, an on line training program or have outside trainers come into their program. This varies greatly between programs.

Probation has implemented the state-mandated Continuum of Care Reform (CCR), which includes Resource Family Approval (RFA), Child and Family Teams (CFTs) and transition of group home providers to Short-Term Residential Therapeutic Programs (STRTPs). All have had a significant impact on our system and placement units have participated in a number of trainings in preparation for these changes.

Orange County Contribution to CFSR Performance Improvement Plan (PIP)

Both CFS and Probation are contributing to the successful achievement of California's goals for outcomes for children and families by participating in the following PIP activities.

Child Welfare
California State PIP Goals:
1. **Expand the use of Participatory Case planning strategies**
   - Orange County caseworkers meet with parents and youth at various times throughout the dependency case to work on case planning. This practice has been enhanced with the use of case planning CFTs which are now a state mandate. Conversations occur at the Emergency Removal/Imminent Risk of Removal CFT and during the investigation stage of the proceeding when parents and caseworkers develop the parents' case plan and on some cases follow up with a MAP (My Action Plan). However, throughout dependency, caseworkers meet with the parents and children to review progress on the case plan, discuss family strengths and needs, and develop updated plans should the need for dependency continue.
   - Orange County has a Linkages Workgroup, which meets regularly to discuss improvement in communication and service provision for mutual clients. In addition, CFS and Family Self-Sufficiency (FSS) meet with mutual clients and service providers at CFT and Multi-Disciplinary Team meetings to collaborate on needed services and case planning. At these meetings, mutual clients have an opportunity to give input on decision making. As part of these efforts, staff sit in during the CFT program to ensure that a staff from FSS is there to support the family with benefits information and discuss with the primary assigned Senior Social Worker (SSW) what services the families are already receiving.

2. **Sustain and enhance permanency efforts across the life of the case**
   - Potential relative caregivers are identified during the Emergency Response phase and continue to be identified and evaluated throughout the reunification phase. Every attempt is made to create permanent placements with a relative when reunification is not successful.
   - From the first contact with CFS, parents are engaged in discussions about permanency for their children, whether that will be reunification or permanent out-of-home care. In cases where the reunification prognosis is poor, a permanency planning assessment is generated by the worker and assessed by RFA supervisors. Furthermore, a permanency CFT is scheduled when appropriate. In CFT meetings these discussions occur at the initial CFT and at any subsequent CFT meeting. Orange County's bench officers and attorneys also have discussions with parents about the timelines for permanency planning should reunification not be successful.

- Reunification CFT meetings are scheduled with parents and their support systems to talk about barriers preventing children's return to the parents' home and the parents' wishes for permanency if reunification fails.
- A large array of services is available to assist parents in successful reunification with their children. These include early engagement with Parent Mentors, assigned Family Social Workers who help parents during the investigation stage, counseling, and a variety of treatment services. The Diversion/Placement program works with relative and NREFMs in seeking permanency for children and caregiver support services to help sustain placements and provide stability for children.

3. **Enhance and expand caregiver recruitment, training, and support efforts**
   - Orientation (1-hour) providing general information on becoming a resource family is offered monthly in English and every other month in Spanish.
   - Partnering with Children and Family Services (3-hour) is a collaborative training focused on concepts and resources that strengthen and empower the vital relationship between caregivers and CFS. These are offered on weeknights.
   - Trauma Informed Parenting (TIP) (8-hour) focuses on trauma, caregiving, advocacy, and self-care while utilizing a broad variety of multi-age/multicultural case studies. TIP is divided into two 4-hour modules. The individual modules are offered on weeknights. Both modules are offered on Saturdays.
   - Age-appropriate training in CPR and First Aid is offered on site Saturdays with blended training also offered through a contractor with on-line and in-person modules.
   - Senior Leadership is participating in statewide efforts around Continuum of Care Reform (CCR) and Katie A/Pathways to Wellbeing.

4. **Expand options and create flexibility for services and supports to meet the needs of children and families**
   - Differential Response offers an alternative to dependency, when appropriate, by linking families to services in their own communities.
   - Wraparound provides services to families who are already reunified, or working to reunify, to address issues that brought their children into foster care.
   - CFT meetings occur prior to reunification to discuss the ongoing needs of the family and to put a plan in place that will address the family's needs.
   - Parent Mentors work with parents early in the reunification process and promote early engagement and services to address the parents' issues.

5. **Sustain and expand staff/supervisor training**
   - CFS management meets with Training and Career Development (TCD) and Public Child Welfare Training Academy (PCWTA) twice yearly to develop the designated training for the upcoming year.
   - TCD has further enhanced staff training with a variety of E-Learning programs, which allows staff to learn outside of the classroom and at their own pace.
   - Strategy Workgroups, such as Eliminating Racial Disparity and Disproportionality, Foster Youth Outcomes, Child Welfare System Improvement Partnership, and Self-Evaluation Team, all provide opportunities for cross-training with other county agencies and community-based organizations (CBO).

- Supervisors and Program Managers have guest trainers at their meetings to provide training on special topics, resources, and policies and procedures.
- Trainings that are considered critical for staff development are mandated for all appropriate staff.
- A description of all of the staff training activities can be found on page 61.
- The SSA Quality Services Team (QST) conducts systemic and individual case reviews. Feedback is provided to supervisors and managers directly to strengthen supervisory skills.

6. **Strengthen implementation of the statewide safety assessment system**
   - Orange County utilizes Structured Decision Making (SDM) to assist staff in the assessment of safety, risk, and family strengths and needs. Initial training and ongoing monitoring is provided to ensure all staff are familiar with the use of SDM. E-Learning provides ongoing reviews and refreshers on this topic.
   - Several Orange County staff have become "experts" in the use of SDM and are available to assist caseworkers with the use of SDM and Safe Measures.
   - Orange County has adopted Safety Organized Practice (SOP), which will support the use of the SDM tool.

Probation

Since 2009, the Placement Unit has been using State funds to sponsor an incentive program implemented as part of a formal "System Improvement Plan." This supports the state PIP goal of "expanding options and creating flexibility for services and supports to meet the needs of children and families." 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.

7. Board of Supervisors (BOS) Designated Commission, Board, or Bodies

The BOS-Designated Public Agency

The Board of Supervisors (BOS) designated the Orange County Social Services Agency (SSA) to administer Child Abuse Prevention Intervention and Treatment (CAPIT) and Community-based Child Abuse Prevention (CBCAP). See Appendices A-C for county organizational charts.

Child Abuse Prevention Council (CAPC)

In 1975, the Raise Foundation (RF) was adopted by a Resolution of the Orange County BOS as the designated Child Abuse Prevention Council (CAPC) for Orange County. In its role as CAPC, the RF, a nonprofit corporation, is the lead agency for coordinating prevention/intervention efforts. Four major activities/events conducted by RF are the Child Abuse Prevention Roundtable (Roundtable), Prevent Child Abuse Network, Blue Ribbon Campaign, and the annual Child Abuse Prevention and Treatment Conference. However, in 2010 the roundtables were discontinued and were replaced by meetings with leaders of OC community-based organizations (CBO's) that take place on a quarterly basis. This meeting is now called Child Abuse Prevention Council quarterly meeting.

The leaders from Orange County CBOs that serve families meet quarterly to identify gaps in service, promote best practices, and coordinate prevention/intervention efforts. Some of the gaps in service that were identified

were recruitment of resource families and a recommendation to the Board of Supervisors was given to continue to support efforts to recruit, train, and educate Resource Families. Another gap in services identified was substance abuse prevention, intervention and treatment. Current research indicated that substance abuse is named as a contributing factor in approximately one-third of all child abuse and neglect cases. They recommended to the Board of Supervisors to continue funding initiatives aimed at achieving better outcomes for families and children where substance abuse is a known issue (CAPC FY 2017-2018 Annual Report.) The network provides a monthly forum for interagency cooperation, networking, and continuing education for over 200 CBO representatives and Orange County agencies. The largest of RF's public awareness efforts is the annual Blue Ribbon Campaign, which starts with a kick-off event open to the public and involves the participation of numerous public and private sector entities conducting family-oriented activities, information booths, and entertainment. The annual conference is conducted for professionals in the field and organizations and individuals that provide services to children and families. RF collaborates with public agencies, primarily SSA, Health Care Agency, and Orange County Department of Education to conduct the annual conference, which focuses on a specific topic and features a keynote speaker who is an expert in the field. SSA works collaboratively with RF to leverage funds for various projects.

County Children's Trust Fund Commission, Board or Council

The Orange County BOS designated the CAPC as the County's Children's Trust Fund (CCTF) Commission by Resolution in 1996. Programs and services funded by the CCTF are provided by CBOs under contract with the County and administered by SSA. As administrator, SSA monitors contractors' performance through annual (or more frequent) audits, attending case review conferences, and regular telephone and email communications. Contractors also report statistical information on services provided on a monthly basis, which SSA uses to determine service usage, trends, and actual costs of services provided. Information about funded programs and services is published in the BOS meeting agendas when funded contracts are submitted for Board approval. Orange County does not deposit any CBCAP funding into the CCTF.

Promoting Safe and Stable Families (PSSF) Collaborative

The PSSF Collaborative in Orange County is comprised of two local planning bodies: 1) Family Resource Center Coordinators Council, comprised of the Family Resource Center Coordinators, the FaCT Liaisons, and administrative staff; and 2) Leadership Council, comprised of the Executive Directors of the FRC partner agencies, such as Mission Hospital, City of Westminster Community Services and Recreation, Community Action Partnerships of Orange County, and the Raise Foundation. The Community Engagement Advisory Committee (formerly the CAC) is a Parent Advisory Council for community input.

Orange County Children's Partnership (OCCP)

The OCCP is an advisory body made up of public agencies and representative community agency's (BOS, SSA, Health Care Agency, Probation, Department of Education, District Attorney, Regional Center, Public Defenders, County Council, Prop 10 Commission, Juvenile Justice Commission, CalOptima, The Raise Foundation, Presiding Judge of Juvenile Court, etc.) that was established by the BOS in 1982 to address community needs and also benefit from the greatest return on investment of government funds. The Partnership collectively focuses their efforts to achieve common goals related to improving the conditions of Orange County's children.

The responsibilities of the OCCP include sharing information on services for wards, dependents, and seriously emotionally and/or behaviorally disturbed children; identifying gaps in the service system for high-risk children and their families; and recommending collaborative programs to better serve this population. Since August 1993, the OCCP has sponsored the *Annual Report on the Conditions of Children in Orange County.*

8. Systemic Factors

Management Information Systems

Child Welfare

Full utilization

Orange County is committed to the full utilization of the CWS/CMS data system. Staff in all categories—Social work, clerical, public health nurses, and Foster Youth Services education staff—all have various levels of responsibility for the accurate and timely data entry into the CWS/CMS data system. The assigned social worker remains the primary staff person responsible for ensuring all mandated data entry is completed in an accurate and timely manner.

Staff Survey Findings

Staff indicate Orange County has made improvements in staff, caregiver, and service provider trainings; agency collaboration; and the service array. Although CFS staff are seeing some improvement in these areas, staff would like to see CFS focus more on service array, foster and adoptive parent licensing, recruitment and retention, and agency collaboration over the next five years.

Data integrity

In an effort to provide the most accurate representation of case management activities, the Orange County CFS Self-Evaluation Team (SET) and Child Welfare Services Data Analysis and Reporting Team (CWS DART) provide the ongoing review of areas in CWS/CMS for data cleanup and data standardization, as well as the improved accuracy and timeliness of data entry. The following are some of the areas currently reviewed, but they do not represent a complete list of reviewed areas.

- Case closure reasons and timeliness
- Family Finding Efforts
- Current service component and participation criteria for NMD
- Client addresses
- National Youth Transition Database (NYTD) and AFCARS federal reporting elements
- Substitute provider identifications in order to accurately reflect placement changes
- Resource Management
- Resource Family Approval (RFA)
- Court Processing

Data Entry Standards (DES) for CWS/CMS are published on the county intranet and provide detailed instructions for accurate data entry into the child welfare system. The DES are linked to CFS Policies and Procedures and are accessed by staff. Members of CWS DART collaborate with supervisors in case-carrying programs and clerical support to assist in training and system troubleshooting. The CWS/CMS Implementation and Practice Workgroup, co-facilitated by CWS DART, meets monthly to address CWS/CMS utilization and the implementation of changes in CWS/CMS. In addition, staff from the CFS Policy Development Unit, Quality Assurance, CWS DART, SSA Research, and the Self-Evaluation Team (SET) continuously identify needs for the optimal utilization and monitoring for quality control.

Technical support

In Orange County, CFS systems group is comprised of two units: CFS Help Desk and CWS DART. These two groups provide the technical support for CFS staff who work with various applications, including but not limited to, CWS/CMS; CWS CARES; Microsoft Windows operating system, and Microsoft Office programs such as Word, Excel, and Outlook.

The CFS systems group consists of one Administrative Manager II, one Administrative Manager I, one Senior IT supervisor, and 15 technical staff. Additionally, the group maintains user administration functions for various systems; they support external databases and business applications, as well as partner with other departments and agencies toward data quality, and continuously collaborate with the larger SSA Information Technology department on network and access issues.

"Explore technology to provide enhanced supports and to facilitate coordination among the case team - family, SW/PO, providers, supports (e.g., Think of Us app, Circle app by PSJH)."

-Stakeholder

Monitoring tools

To monitor case management activities and data entry, managers and staff review various reports derived from Orange County's CWS/CMS system on a regular basis. Reports address specific areas of CWS/CMS utilization and/or Division 31 requirements and reflect activity at the program, supervisor, and staff level. Reports generated enable supervisors and managers the opportunity to better focus on areas where further attention may be needed. Areas of attention may include corrections in data entry, assisting with monitoring data entry and services, as well as determining if staff has received necessary training to correct concerns derived from errors. The reports are provided to managers and supervisors to determine where monitoring, training, and corrections may be required. Areas of CWS/CMS focus include referral response timeliness, referral closures, monthly social worker contacts, health and education, Resource Family Approval, and court processing.

County personnel also count on the utilization of Safe Measures, a web-based application that extrapolates information from CWS/CMS and Structured Decision Making (SDM), to monitor performance indicators established by State and Federal regulatory requirements, including outcome measures. The application has recently expanded to include reports designed for case level staff, supervisors, and managers. In the calendar year of 2018, the total views in Safe Measures was 23,491 looking at 91 different pages/reports and a total of 360 users. Compared to 2017, the total number of views and users decreased while the number of reports/pages increased (i.e., total of 52,708 views, 272 pages/reports and 380 users).

"Increase our use of data to inform practice. For example data integrity campaigns around the importance of getting accurate data to help tell our story; sharing data outcomes with managers and supervisors on a regular basis; and using data to evaluate workload impacts."

-Stakeholder

Probation

The Orange County Probation Department has been entering Placement youth into the CWS/CMS system since November 2010. We utilize the system to input demographic information, placement movement, monthly contacts, ILP services delivered, and the information for the Transitional Independent Living Plan (TILP). The reports that are generated through CWS/CMS have been helpful to ensure information that is expected to be captured has been inputted to ensure compliance with Division 31 mandates. Officers input information into the Integrated Management System (ICMS); and the Placement Management System (PMS) and two clerical staff enter the information into CWS/CMS. Officers provide contact information to clerical staff twice a month to ensure that all relevant data is entered in a timely manner. The reports that are generated quarterly from CWS/CMS are to ensure that all updated information has been inputted, along with ensuring that monthly contacts have been made and ILP services have been offered to the youth.

County Case Review System

Child Welfare

Dependency Court structure/case review system

The Orange County Juvenile Dependency Court consists of five primary and three specialized courtrooms, all of which are staffed by judges. Three specialized courtrooms are for teens; Boys' Court, Girls' Court, and GRACE/CSEC Court. The specialty courts are set up to hear cases of youth in the dependency system that are typically in Long-Term Foster Care and may have had ongoing struggles with their placements and/or potential delinquency issues. The teens referred to these court programs receive more intensive services. The

caseworkers assigned to these programs typically have smaller caseloads, and the teens receive additional services from HCA, Probation, Foster Youth Services, and Court-Appointed Special Advocates (CASA). The CASA's are appointed by the court and are involved in the court process. They will at times accompany the youth to court and give written and oral updates to the court on the youth's progress. The court holds CASAs in high regards and values there input on the case. The assigned Social Worker is in constant contact with the CASA collaborating on the case and CASA's are always invited to participate in the CFT meetings as well.

There are two County Counsel attorneys assigned to each courtroom representing CFS. Two CFS Court Officers (non-case carrying social workers) are also assigned to each courtroom providing support to the case-carrying social worker and facilitating the flow of information and paperwork.

Interactions between CFS staff, attorneys, families, and bench officers often work collaboratively in the specialty courts allowing for effective negotiation of case dispositions and planning for children and families, thus strengthening relationships and increasing communications. The Juvenile Court Presiding Judge encourages a dialogue with the court and leads numerous meetings designed to improve collaboration among agencies and improve services to dependent children and their families, including the monthly Blue Ribbon Commission and Court Improvement Committee meetings. All current judges have a strong appreciation of the job the social workers are charged to perform. However, there are some cases in which the judges in the courtroom do not agree with the recommendation made by the agency or feel that the social worker did not provide enough services, leading to a no reasonable services finding.

The dependency court process requires the timely notification of hearings for all parties to the case, including caregivers and tribes. Caregivers receive a Notice of Hearing in the same timeframe as the parents and children involved. There is a section on the caregiver Notice of Hearing allowing for input to the court from the caregiver and submitted on the JV290. Additionally, the assigned caseworker has ongoing communication with caregivers and provides this information to the court in written periodic review reports. However, there has been a trend in some courtrooms for continuing cases longer than the times set by the Welfare and Institutions Code (WIC).

The Orange County Juvenile Court has created a new computer court management application system called Odyssey. The application contains electronic images of court reports, minute orders, courtroom calendars, and other court information. This system should have improved

"Develop and increase use of collaboratives to share ideas and resources including, use of technology for service delivery and outcome tracking; include representatives from other collaboratives like Veterans Collaborative."

-Stakeholder

efficiencies in the courtroom; however, several problems have been discovered with this new system. For example, it creates a separate Minute Order for each minor in a sibling set compared to the past system where all siblings would be on one Minute Order. This means CFS staff have to read each order separately to ensure that the same orders were made for all children.

Tribes are similarly notified of hearings for affiliated members identified by the CFS ICWA Liaison. Orange County has no recognized tribes within its borders, but there are Native American families with whom CFS interfaces occasionally. The ICWA unit communicates with the tribes and provides contact information to caseworkers so they may seek input from the tribe about the family's case. The ICWA unit contacts and notifies tribes of detention hearings and provides them with the necessary documentation when families have been identified as ICWA eligible early on in the case. The ICWA unit is also responsible for notifying the tribes of subsequent hearings. The ICWA unit staff has established positive working relationships with several tribal representatives.

Child Welfare - case planning

As required by policy and procedure, and in compliance with best practice, individualized case plans are created jointly with the child/youth and parents who are available. Case plans are initially developed with input from the family and youth during the Dependency Investigations process. On selected cases, a Family Services Worker (FSW) is assigned and a MAP (My Action Plan) is developed, in addition to the case plan, by the FSW and the parents. The MAP was developed with the input from a parent leadership group to simplify language to make it easier for parents to understand their case plan. The MAP details the actions that the parents will take towards completion of their case plan. The agency goal is to implement the use of the MAP for all cases in the dependency system. Furthermore, through the addition of case planning CFT, all cases in the dependency system as well as Voluntary Family Services have a meeting with the family and children to provide the family with the opportunity to provide input to their case plan.

In compliance with the Adoptions and Safe Families Act, the assigned Dependency Investigator (DI) is responsible for reviewing the concurrent planning with the families as well as documenting the date and place where those conversations occurred in the Jurisdictional/Dispositional report. When a case suggests poor prognosis or the likelihood of reunification and, in cases where no FR is likely or the prognosis for reunification is poor, they will submit a Permanency Planning Assessment (PPA) referral to the adoptions unit. The adoptions worker will then assess the likelihood of adoption or other permanent plan and let the assigned DI know the prognosis. The assessment also includes the child's relatives who wish to have the child in their care.

The family's strengths and needs are discussed at Child and Family Team meetings and investigative interviews are conducted to ask for the family's input regarding their service needs. The Structured Decision Making (SDM) Family Strengths and Needs Assessment is also completed prior to development of the case plan, and information from this assessment is utilized for case plan development.

Caseworkers may refer parents to the Parent Mentor program at the investigation stage of dependency to assist them with early engagement in their case plan. Mentors are successfully reunified parents who can provide role modeling for parents as they move through the dependency process.

As provided in the Welfare and Institutions Code (WIC), every child must have a periodic review every six months. The Dependency Court judicial officers set those periodic review dates in compliance with the law when the Jurisdictional/Dispositional hearing is finalized. Caseworkers and their clerical staff maintain calendars to ensure that their cases are on the court calendar as required and that periodic reports are filed for those hearings in a timely manner. These periodic reports provide information to the court and include interviews with the child, their parents, service providers, CASA (if assigned), and other supportive individuals involved in the child's life.

CFS caseworkers are required to hold a Permanency CFT for children who are in out-of-home care and are nearing a permanency hearing. The youth, parents, caregivers, service providers, Adoption Program staff, and family supports are invited to the table to discuss concerns about reunification and the family's ideas for permanency, should reunification be terminated.

In cases where the permanent plan for a child not reunifying with their parents is adoption, the case is set for a hearing on Termination of Parental Rights in the timeframes required by WIC Sect. 16508.1. However, there are some reasons that the timeframes may not be met, such as lack of transportation for an incarcerated parent, notice issues, and the appeals process.

Stakeholders provided feedback regarding the barriers and challenges to improving outcomes for children and youth related to the Juvenile Court system. These recommendations are listed below.

- Improvement and enhancement of early engagement activities for families involved in the dependency court system
- Provision of resources to families as soon as possible when they enter the child dependency system
- Streamlining redundant sections in the court reports
- Case plan requirements summarized in the beginning of the court report
- Providing training to the Individual Provider Program (IPP) therapists regarding the requirements for what is needed in updated progress reports for the court
- Continuing to build strong, collaborative relationships between CFS and dependency court staff, including attorneys and bench officers

Probation

Probation - case review system

The probation officers are responsible for mailing a Notice of Hearing to the caregiver and youth no more than 30 days before the hearing and no less than 15 days before the hearing to ensure proper notification has been received. A copy of the Notice of Hearing is also filed with the court clerk's office at Lamoreaux Justice Center in order to provide proof that the notice has been sent.

The probation officers will communicate with the caregivers each month and prior to writing the six-month court report in order to gather needed information for the court. Any information that is helpful for the court to make decisions on recommendations will be included in the report for the court's consideration. If a CASA has been assigned to a youth, regular contact is also maintained with him/her. For dual supervision youth, CASA staff attend court staffing and special outings with other court personnel, social workers and probation officers.

At the time the youth is ordered suitably placed, a six-month placement review is calendared. The date set is from the date of the detention hearing if in custody or six months from when the Placement order is given if out of custody. The date is documented on a disposition sheet that the youth and probation officer are given and also documented in the minute order generated from that hearing. Every six months thereafter, a Permanency Review hearing, or Periodic Review hearing, is calendared for as long as the youth has an active Placement order.

The Orange County Juvenile Drug Court provides guidance, education, and treatment to youth who have come to the attention of the Juvenile Court for law violations and problems related to drugs and alcohol.

Multi-agency program resources provide assistance to young people and their families through a program that offers support, structure, supervision, and competency development. The goal is to provide a solid foundation to reduce recidivism and achieve a healthy, productive, and drug-free lifestyle.

The goal of the Juvenile Drug Court is to support the offender's commitment to remain sober by providing treatment and supervision for the juvenile to abstain from substance abuse and further criminal behavior. Drug Courts help the individual and the community by providing:

- Accountability;
- Treatment for drug and alcohol abuse;
- Restoration of substance abusers to a productive place in the community;
- Educational accountability and development of employment skills; and
- Personal development through treatment and counseling.

Youth participating in the program are required to:

- Attend frequent progress reviews with the judge;
- Participate in weekly self-help groups;
- Participate in group, individual, and family counseling;
- Follow the terms and conditions of probation and Juvenile Drug Court rules; and
- Remain sober and drug free.

The program is structured in five phases: orientation, treatment, education, responsibility, and aftercare. Youth can complete the five-phase program in one year.

The multi-agency approach to this program helps strengthen the relationships between the parties involved since they have to meet weekly to staff each case and determine the best plan of action for each youth.

The Presiding Judge from Lamoreaux Justice Center has put forth great effort to create a solid working relationship between the court and probation department. He chairs a number of committees associated with improving abusive drug issues, has explored better ways to assess minors' needs, and created a number of work groups and a stakeholders' meeting, along with being a part of the Blue Ribbon Commission. The Juvenile Court is looking to enhance service delivery to those youth who may benefit from a combination of SSA and Probation resources, which is why the Presiding Judge was excited about getting a Dual Handling Team Protocol established with the Dual Supervision protocol currently being created.

There has been turnover with bench and probation court officers over the past couple of years, which has led to the need for the Placement unit to share updated information with court officers, bench officers and the Public Defender's Office about specific orders related to the Placement unit, as well as information about Non-Minor Dependents. The Placement unit supervisor and the probation court officer supervisor have met with bench officers to review recommendations for the Placement unit's reports, along with Notice of Hearing procedures to ensure proper orders and notifications are being made.

All of the Presiding Judge's efforts have helped to create open dialog between the court and the probation department in order to ultimately improve the services provided to youth.

Probation Case Planning

Case plans are required at the time of the assessments and re-assessments that are completed every six months. A case plan is developed during CFT Meetings or during routine contacts in the home or office with the youth and the family. Case plans are also submitted with the permanency and post-permanency court hearings. The case plan is submitted to the supervisor, along with the court report, ILP (when appropriate), and required Probation semi-annual paperwork.

Probation Placement Officers review minute orders to ensure that a six-month placement review was calendared. In addition, the Placement Management System also tracks six-month placement reviews, as well as all court dates, and various foster care documents.

In regards to permanency planning, due to the age of our population (near emancipation) and the types of behavior they display (out of control, substance abuse, sex offender, emotionally disturbed), often emancipation becomes the permanent plan for our youth. Due to these behaviors, youth are referred to Short-Term Residential Therapeutic Programs or Level 12 group homes. Parents and potential Resource Families often request that the youth complete a program before accepting them into the home. Unfortunately, adoption/legal guardianship opportunities for our youth are not feasible due to the behavioral, mental, and emotional make-up of this teenage population.

Once again, due to the age group of Probation's Placement population, terminating parental rights would not be in the youth's best interest. While the parents of a majority of our youth are inconsistent with contact and visitation, many youth object to have the parents' rights terminated.

Concurrent planning efforts by placement officers continue throughout the case. The placement officers continue to seek and work with the youth's family, relatives, and non-extended family members in creating options for the youth should the case plan goal of reunification fail. Further, due to the age of the probation youth, independent living is often a concurrent plan in order to prepare the youth for successful transition to adulthood.

*"We need more transition support. When you are 18, it is a whole different world and services don't exist to help us prepare for the real world. There are harsh deadlines for having to leave group home" -**Youth***

A growing population among these youth are those receiving AB12/WIC450 services. These youth have complex needs, including the challenges of employment and residential instability. Officers have found it very challenging to help these youth find quality transitional housing and maintain eligibility for funding.

The Placement probation officers have face-to-face contact with the youth and parents/guardians/STRPT/group home staff on a monthly basis in order to address the youth's behavior, needs, and progress. During that time, suggestions can be made in order create goals for the youth that can transfer over to the case plan. The Placement probation officers also have to complete reassessment Risk/Needs assessments every six months for the Probation Department, on top of the case plan, as ordered by the Division 31 guidelines, which also create the dialog needed to reassess the needs of the youth.

There are some service providers that have set meetings to discuss each youth under their care, which allows for collaborative engagement on the youth's behalf. These meetings help the Placement probation officer understand how the youth is doing in school or in his/her living situation and what adjustments need to be made, if any. These meetings are in addition to the CFT meetings. The goal is to ensure a CFT occurs every 90 days. They can be more frequent should there be a need or requested by a team member.

The parents are notified of the minor's next review hearing by a Notice of Hearing that the Placement probation officer sends no more than 30 and no less than 15 days before the hearing. Further, the court date is also contained within the case plan. If the parent/caregiver chooses to appear in court, they will be told the date of the next hearing. Officers are also mandated to notify the victims of a court hearing if termination is a possibility pursuant to Marsy's Law. The case plan that the Placement probation officers use provides sections to address the needs of the parents or guardians of the youth.

Foster and Adoptive Parent Licensing, Recruitment, and Retention

Child Welfare

Child Welfare - general licensing, recruitment, and retention

Orange County CFS assesses and approves Resource Families according to the State-issued Resource Family Applications (RFA) Written Directives. CFS is responsible for assessment and approval functions within Orange County, including processing RFAs, conducting annual onsite home visits, and conducting complaint investigations. CFS also continues to monitor Foster Family Homes (FFH) as an authorized FFH licensing agency for the California Department of Social Services Community Care Licensing Division, pending conversion of all FFH homes to RFA homes. CFS employs social workers fulfilling the specialized job duties and responsibilities of a Licensing Program Analyst (LPA). Additionally, the Resource Family Liaisons serve as advocates for all resource families, providing training, support and assistance accessing services. The CFS RFA: Recruitment and Training Team (The Team) is dedicated to supporting caregivers through the provision of recruitment, information, training, services, and resources.

Relative/NREFM placement

As a matter of policy, as well as strengths-based practice, children are placed in the least restrictive, most family-like and safe setting appropriate to their needs. This includes consideration and placement with relatives or non-related extended family members (NREFM) whenever possible and appropriate. To accomplish this goal, parents, children, and others with knowledge of the family are asked to identify relative and NREFM placement possibilities as soon as a child is detained. All identified relatives and NREFMs are assessed as potential placements, utilizing the same standards required for community-based homes, as required by the RFA Written Directives. As of September 2018, 48 percent of children in out of home care were placed with kin or non-relative extended family members.

Recruitment, Training, and Retention Activities

The recruitment team has added a Resource Family Liaison position that will provide direct support to resource families including Kin**.**

Social Media: In 2016, CFS launched social media channels, including Facebook and Twitter, and focused on information-sharing geared toward the recruitment and retention of resource families.

Faith in Motion: as previously discussed, Faith in Motion is a collaborative partnership facilitated primarily by the CFS Recruitment and Training Team and focuses on engaging the Orange County faith community around the needs of children and families connected to child welfare in Orange County. Their main goal is to recruit resource families. This collaboration was initiated in 2006; and there are currently over 90 faith communities, organizations and individuals involved in this collaborative effort. In addition to fostering or fostering to adopt, a variety of programs, which are listed below, were developed for those who want to help in other ways.

- Adopt A Family: "adopting" a birth family and meeting some of their unmet needs, such as food boxes, clothing, blankets, furniture, and school supplies
- Adopt A Social Worker: "adopting" a social worker and helping them meet unmet needs on their caseloads, such as food boxes, school supplies, clothing, and personal hygiene items
- Once Upon A Time: helping meet a one-time need that may be a challenge for the social worker, such as sponsorship for camp, eyeglasses, obtaining special medical equipment, clothing, and school supplies
- The Treasure Box: creating a special box of goodies for a specific child for their birthday, Christmas, or any time of year.

In addition to the formal programs, many of the CFS faith partners have come up with their own ways of helping children and families. Examples of these efforts are listed below.

- An annual youth conference for children and young adults ages 12 to 21
- Annual backpack distributions
- New shoe drives
- Annual Easter basket distribution
- Youth outreach events: cosmic bowling, miniature golf, family game show night
- Creation of foster care and adoption ministries and specific recruitment campaigns (e.g., Getting to Zero by 2020)
- Annual holiday parties
- "Adopting" biological moms and resource parents for Mother's Day
- Annual caregiver conference with training hours awarded towards the required annual eight hours
- Mentor program for teens
- Monthly respite days for caregivers
- Creation of transitional housing programs/facilities for young adults through OC United
- Food pantries/resource centers
- Creation of the annual Meet and Greet event that brings faith partners and social work staff together to share resources and to better understand the families' needs

To date, over 1500 requests for assistance from social workers have been met by the partners in the Faith in Motion program. Orange County's Faith in Motion model has been implemented in Riverside, San Bernardino, and Ventura Counties, and other Southern California counties are hoping to start their own programs. Technical assistance has also been given to the states of Idaho and Tennessee. Because of the partnerships with Riverside, San Bernardino, and Ventura Counties, a Southern California-wide recruitment effort will take place in May 2019 called Wait No More—an event created and financed by Focus on the Family, a faith-based organization dedicated to strengthening families and finding homes for at-risk children and youth. The event focuses on recruiting resource families throughout Southern California, specifically from the faith community.

Heart Gallery: Heart Gallery is a nationwide program that coordinates professional photographs of children in need of foster and adoptive homes, has been displayed throughout Orange County and nationally through a variety of venues, including the Children's Action Network. Heart Gallery has been a successful child-specific recruitment tool.

Nationwide searches for adoptive family resources and family connections outside California are completed on a case-by-case basis when searches locally are not successful. Court approval is obtained before children participate in specific nationwide recruitment efforts. There is an existing non-financial MOU which supports Family Finding and Engagement (FFE) efforts offered by both CASA and Seneca Agencies. The OCSSA is working to expand FFE efforts through a variety of means.

Trauma-informed Parenting (TIP): Children in foster care have lived through multiple traumatic experiences, which impact their view of the world in profound ways. In the TIP classes, caregivers are introduced to some of the types of trauma that children experience and how this trauma may affect a child's behavior, feelings, and relationships. Participants are introduced to essential elements of trauma-informed parenting. TIP is divided into two 4-hour modules. The individual modules are offered on weeknights. Both modules are offered on Saturdays. Each offering of the TIP class is conducted by agency staff in collaboration with a resource parent co-trainer. This model provides a professional viewpoint, as well as the lived experience.

Super Saturday Training: The Orange County Team, in collaboration with Saddleback College, offers quarterly half-day training events for approved resource parents. These trainings offer relevant topics, as well as networking opportunities for caregivers throughout the year.

Retention Events: CFS hosts a range of resource parent engagement events throughout the year. Included in these events are the resource family picnic, appreciation events, holiday events, and social/networking events, including "Club Mom and Dad". Some events include guest speakers, which count toward the annual resource parent training requirements.

Annual Resource Family Picnic: The 34th Annual Resource Family Picnic was hosted in 2018. This event, which was a collaboration between the Orange County Foster Auxiliary, LA CASA, and CFS, was widely attended by 300 children and resource parents and 116 performers and volunteers.

Placement Efforts with Native American Children

As of October 2018, there were 14 identified ICWA children, and 11 children recognized as in "the spirit of ICWA." Spirit of ICWA children are identified as those who were enrolled or eligible for membership with a non-federally recognized tribe, or because they were not eligible for enrollment even though the parent was a member. CFS makes multiple efforts to ensure Native American children are placed with Native American families and/or supportive families. A designated ICWA unit follows dependent children throughout dependency, and an identified ICWA worker carries ICWA and Spirit of ICWA cases.

Placement Resources

Increased placement resources are needed for all placement types. Some of the targeted recruiting efforts include having recruitment staff participate at cultural events throughout the county and tribal events. They attend events such as the PRIDE event, Latino Health Care Access Fair, among others. The team is also using targeting marketing materials that denotes the types of children we have in care and in need of placement. They have completed training for caregivers on CSEC youth as well as Caring for Substance Exposed Infants. Focused targeted recruitment, training, and support are provided in the areas most needed, and include those listed below.

- Adolescents and non-minor dependents
- Adolescent mothers with children
- Children with severe behavioral and mental health issues
- Brothers and sisters/sibling sets
- African-American, Hispanic, Native American, and Vietnamese children
- Children with medical issues
- Children and youth with exposure to human trafficking

In addition, with CCR reform, Orange County has re-formulated an existing meeting to meet the new CCR requirements for an Interagency Placement Committee (IPC). IPC meetings are held each Tuesday morning to discuss the placement needs of the special populations that are difficult to place. The meetings include, but are not limited to, representatives from Orange County Health Care Agency, Orange County Probation, Orange County Department of Education, RCOC, WRAP, CASA, OCFC; as well as CFS staff associated with the child. The children are discussed individually in 45 minute intervals with the goal of coming up with a placement in the least restrictive setting. Attached is a work flow developed for the IPC members to assist in the placement of children into STRTPs. Appendix F contains the Interagency Placement Committee (IPC) Approval Process.

Probation

General Licensing, Recruitment, and Retention Process

The Orange County Probation Department is actively seeking Resource Families to provide home based care for our youth. Family finding begins at the first CFT meeting after the court has made placement orders. Family notification notices are sent out, and family members and other significant persons are invited to participate in the CFT meeting. The priority is to continue to seek permanency for youth in care.

The number of youth in the Placement Unit has remained low given the extensive preventative services that are provided by field officers and Wraparound Services. Many of the youth where these services have failed are in need of high levels of care. The Administrative Placement Unit was recently reorganized and now has one dedicated officer for Resource Family recruitment, approval, and monitoring. The department is ready to increase recruiting to include reaching out to faith-based organizations. The reorganization of the RFA process revealed that there was a need to follow-up with applicants that were not continuing with the process and appropriate documentation did not always exist in the file. Letters and phone calls were made to ensure they did not wish to proceed and efforts were made to obtain this in a written notice from them. Lessons were learned during the most recent RFA review conducted by CDSS. Probation's participation in this process highlighted ways we could improve our process and areas in need of attention. The RFA officer and SPO attend the quarterly TARFA meetings and legal consult meetings with our CFS partners as both have been excellent opportunities to learn. Our successes have been the development of forms to ensure all advisements and topics have been covered with applicants. We now have emergency funding that is available for our families. This required multiple meetings to work with CFS eligibility technicians to discuss ACLs related to the availability of this funding for probation applicants. Barriers continue to be the lack of staff. We anticipate the loss of our RFA officer to retirement in the near future and we are working to provide training to staff that can move into that position. We recently started with a dedicated staff completing the RFA process and given our need for home based care, an additional staff member would be needed. However, this need must be weighed against the competing needs that exist throughout the department. The department is ready to increase recruiting to include reaching out to faith-based organizations. We have faith based leaders that work with us and we can make presentations at church activities and groups. Our RFA officer recently attended recruitment training and she has several ideas that we will present for approval and implementation. Another barrier has been the slow response of life scan results. We have also had a reliance on CFS partners (eligibility technicians) the upload the initial application to CMS/CWS.

Probation placement resources

The Placement Unit currently utilizes 15 in-state Short-Term Residential Therapeutic Programs (STRTP), three out of state STRTPs, five group homes in the process of converting to STRTP, and three out-of-state group homes. Transitional Housing Placement Programs are utilized for transitional aged youth. The programs that are contained within the Probation Department's approved Placement Facility List provide specialized services to the population. These specialized programs provide treatment that consists of sex offender therapy, drug abuse counseling, mother/baby programs, anger management, etc. Additional placement resources are needed for adjudicated fire setters, female sex offenders, severely emotionally disturbed, and physically impaired youth. Ascertaining transitional housing for transitional aged youth has remained a challenge. The transitional housing program that utilized in Orange County recently opened up a THP+FC program for Non-Minor Dependents who are not quite ready for a Supervised Independent Living Plan (SILP).

Staff, Caregiver, and Service Provider Training

Child Welfare Training

Training for staff in Orange County is provided by SSA's Training and Career Development (TCD) division, Human Resources Career Development (HRCD), and the Public Child Welfare Training Academy (PCWTA). Training goals and objectives support the State's Child Welfare Program, as well as those identified by the agency. Trainings offered for CFS staff are identified by a Training Advisory Committee (TAC) of CFS managerial and supervisory staff in collaboration with TCD that meet on a regular basis to prioritize staff and agency needs, as well as address challenges that arise. Orange County TCD and the PCWTA training program regularly includes community partners, foster parents, birth parents, youth, and contracted providers as participants, as well as training staff to identify ongoing training needs. Training that is provided is tracked by the Learning Management System (LMS).

CWS Training Regulations ACL 08-23 ACIN 1-66-03

In accordance with the July 1, 2008, California Department of Social Services (CDSS) training regulations, CFS social workers and supervisors are required to obtain 40 hours of Continuing Education training every two years (sections 14-130 (c) and 14-510). TCD and CFS collaborate with Information Technology (IT) and Human Resource Services to develop and implement a system to track employee compliance with these training regulations. CFS supervisors and managers access training reports on the CFS Intranet portal and in the Training Partner LMS. Reports are generated and available to assist supervisors and managers in tracking the progress of their workers' training regulations. Information from the reports can be used to review data from an agency by the supervisor, manager, and individual staff. Additionally, the intranet portal allows supervisors to track their workers' compliance with the state's 40-hour training mandate for review and is available throughout the social worker's supervisory period.

Training for newly hired and promoted social workers

Line Worker Core - Child Welfare Services Worker: The Public Child Welfare Training Academy (PCWTA) continues to deliver the state-wide California Common Core curriculum in Orange County and has successfully transitioned to the new curriculum of California Common Core 3.0. In January 2017, the full Core 3.0 was implemented. This revised curriculum consists of the 100-level training series with 22 eLearns, 15.5 days of classroom training, and 9 field activities, followed by the advanced 200-level training series with 2 eLearns and 7 days of classroom training to be completed within 24 months of employment in CWS. Staff are tracked via the Learning Management Systems (LMS) at PCWTA, as well as the LMS Training Partner database through Orange County.

Social Worker Induction Trainings (SWIT): SWIT is a series of Orange County CFS-specific trainings designed for newly hired or newly promoted Social Workers and is offered twice a year, along with the state-mandated Line Worker CORE training. SWIT includes 22 classroom sessions and three eLearns. During fiscal year 2017-18, 51 new Social Workers were hired and attended the CFS SWIT training series, as well as the PCWTA Line Worker CORE series. The CFS training team continues to update the skill-practice modules, in alignment with State mandates and County policies. These modules include simulation training, court report writing, testifying exercises, and building soft skills. In addition to the standardized curriculum discussed above for new social workers, the various programs from Emergency Response to continuing court services programs also have developed their own in-house training schedule specific to their program operations. This training includes, but is not limited to, setting up files, investigation processes, writing court reports, preparing for permanency, and CFT meetings.

Intern training: The CFS/MSW Field Intern coordinator and TCD facilitators developed and deliver a condensed version of the SWIT for CFS interns. The trainings were developed with the purpose of introducing the CFS

interns to the philosophy, values, and mission of CWS and to ensure interns understand and are equipped to perform their duties in an ethical and professional manner. TCD provides ongoing training for interns as requested by the CFS/MSW Field Intern coordinator.

Supervisors and Managers: The PCWTA provides Supervisor Core training and Manager Core training for newly hired or promoted supervisors and managers in the CFS division through regional trainings held for the southern counties.

Orange County SSA embraces a formal leadership development and succession plan, with a goal to standardize training for all levels of staff interested in professional advancement. In addition, selected directors and managers are given the opportunity to participate in other leadership and executive development programs as offered through the PCWTA, UC Davis, Leadership in Action (LIA), and the countywide Professional Development Experience (PDX) leadership training program.

In an effort to identify more effective ways to continue building high performing teams through mutual collaboration, the SSA Executive Team and the Leadership Development Team (LDT) retained training through UC Davis on the topic of Conversational Intelligence (C-IQ) for all SSA management staff. C-IQ is a framework/methodology used with tools to facilitate effective powerful conversational rituals that prime the brain for trust, partnership, and mutual success.

The May 2018, Mentorship Program was launched with 29 matched pairs of mentors and protégés (58 participants). It marked the seventh year for SSA's Mentorship Program. The Mentorship Program's aim is to maintain a competitive edge that attracts, develops, and retains the next generation of leaders. The mentor-protégé relationship lays the groundwork for succession planning through developing and expanding protégé awareness, enhancing their job performance and satisfaction, and cultivating their portable leadership skills. The Mentorship Advisory Committee matches deputy directors, senior managers, and supervisors (known as mentors) with first level supervisors and managers (known as protégés). Each match complements the skills and knowledge the protégé desires to develop with a mentor's strengths. The mentor and protégé meet monthly to discuss the protégé's professional and personal development goals. In addition to these monthly meetings, the mentor may create additional learning experiences for the protégé, which may include: attending and/or facilitating workgroups or strategic meetings, involvement in special projects, introductions to key personnel within or outside the Agency, research and analysis, public presentation opportunities, and project management skill development. Periodic support meetings and teleconferences are provided for both mentors and protégés throughout the year.

Leaders in Action (LIA) is a program which trains and prepares upper-level managers for executive positions. The program is a partnership among the Southern Area Consortium of Human Services (SACHS), San Diego State University, and the Academy for Professional Excellence. Eleven days of training are delivered by current and past agency directors/executives, professional trainers, university faculty, and program alumni. Curriculum changes are made every year to remain current with the needs of the counties served. A total of 63 managers have graduated from LIA since 2005.

The countywide Professional Development Experience leadership training program, or PDX, was launched in April 2015 and designed for County managers, supervisors, and executives. The program was developed by the County's Human Resource Services Learning and Organizational Development team. PDX's program vision is to influence county culture by:

- Reinforcing values and expectations of leaders;
- Deepening the leadership knowledge base;
- Building leader experience with developmental competencies;

- Building relationships and creating networks across the organization;
- Accelerating successful performance of new leaders; and
- Creating consistency in leadership training.

The program is split into three development pathways aimed at entry level supervisors and managers (Activate), mid-level managers (Elevate), and senior-level managers (Catalyst). The goal of this training is to create standardized and systematic approaches for supervisors and managers and to focus on current skill building, relevancy for each individual's job level, and provide practical tools and resources to improve performance and increase manager effectiveness.

Ongoing Social Worker Training

Orange County provides a variety of mandatory and voluntary training opportunities to build staff skills and knowledge. PCWTA provides advanced training designed to enhance knowledge and skills for social workers and has offered several classes to staff in the following areas: Clinical Practices used in Child Welfare Services, Cultural Humility Practice, Risk Assessment, Investigative and Interviewing Skills, Strength-Based Practice Issues, Sexual Abuse Issues, Substance Abuse, Legal and Ethical Issues, Adolescent Issues, Out-of-Home Placement Issues, Adoption Issues, and Multi-Disciplinary Practice. In consideration for our trauma-exposed workplace, Orange County continues to partner with PCWTA in delivering trainings that focus on vicarious trauma, resilience, and self-care. Many of the training programs through PCWTA offer Continuing Education Units for licensure.

Child and Family Team (CFT) Training: CFTs are central to the success of the Continuum of Care Reform efforts and the well-being of the children, youth, and families served by public agencies and their partners. A CFT is a group of individuals that includes the child or youth, family members, professionals, natural community supports, and other individuals identified by the family who are invested in the success of the child, youth, and family. Since January 1, 2017, a child or youth is required to have a CFT meeting within the first 60 days of entering into a child welfare or probation foster care placement. A CFT is also required for those children and youth residing in a group home or STRTP placement with an existing case plan. For children or youth in placement who are receiving certain specialized mental health care, a CFT meeting must occur at least once every 90 days. The remaining children and youth in the child welfare or probation systems are required to have a CFT meeting at least once every six months. In preparation for this requirement, CFS and TCD began training staff this past fiscal year to prepare staff for this collaborative and teaming approach. While implementation continues to grow, CFS is working collaboratively with mental health partners in meeting these requirements.

Safety-Organized Practice (SOP): CFS, in collaboration with TCD, has continued efforts to bring training for Safety-Organized Practice to a greater number of staff. This included program-based training with a concurrent implementation plan for CFS staff to continue practicing the skills learned and to provide support to enhance ongoing efforts in SOP practice skills. TCD staff adapted the previous training developed by Children's Research Center (CRC) and provided by PCWTA, which were comprised of 12 monthly three-hour module trainings, to reflect six module trainings to be delivered by program specific trainers to their program staff. These six modules covered the following topics: Introduction to SOP, Interviewing and Balanced Assessments, and Mapping; Small Voices, Big Impact-Keeping Children at the Center of Our Work; Harm, Danger Statements, and Safety Goals; Safety Networks and Safety Planning; Reunification and Visitation; Permanency; Articulating SOP in Narratives, Case Plans, Visitation, Court Reports and Testimony; and Mapping with Families Using the Three Questions.

County of Orange Health Care Agency (HCA): CFS collaborated with the HCA's Buckle Up program coordinator to certify car seat technicians for CFS. Their certification was granted following a four-day Nationally Accredited

Certification Training through the National Highway Transportation Safety Administration (NHTSA). Nine CFS programs currently retain in-program technicians who assist staff in refreshing and maintaining continued car seat safety practices.

Technicians maintain car seat safety recertification by completing six hours of online training, assisting in at least one car seat training event, and demonstrating their installation skills to the trainer from HCA's Buckle Up program.

Court Skills Training (CST) - for Comprehensive Report Writers and Specialty Groups: This advanced experiential training is presented in collaboration with County Counsel's training team to ongoing Court Social Workers, as well as specialized social workers who complete various reports, such as Monitored Visitations, Resource Family Placement Assessments, Screener Narratives, and Investigation Narratives. Participants are exposed to courtroom-like testifying, and contents of testimony are based on a report from an active case submitted by the social worker. Following a simulated testimony, social workers are given constructive feedback regarding their demeanor, responsiveness, and articulation. They also receive individualized critiques on their writing strengths and areas requiring further development or improvement. The group dynamic provides the opportunity to hear testimony from others who write similar reports and gives workers the chance to hear counsel's focus of inquiry, highlighting the elements and components of effective social work practice, critical thinking, and testimony. This learning opportunity reinforces workers' transfer of learning and enhances monthly case conference discussions. Supervisors are encouraged to attend to ensure the competency of social workers, as well as monitor and measure skill development of ongoing staff.

Creating Safe Spaces for LGBTQ Foster Youth and "Putting Pride into Practice": Creating Safe Spaces for LGBTQ Foster Youth continued to be offered during each Social Worker Induction Training cohort. This course will be offered annually to all CFS staff and supervisors separately. CFS continues to be involved with the collaborative project, "Putting Pride into Practice (P4)", to improve outcomes for LGBTQ foster youth.

BINTI- Resource Family Approval Training Project: With the transition to Resource Family Approval (RFA), a RFA Training/BINTI workgroup was tasked with developing and delivering comprehensive BINTI Case Management training to all RFA staff. BINTI is a web-based application process for community residents interested in applying to become a Resource Family. BINTI is also a web-based Case Management tool for Social Workers to track applicant progress.

The BINTI Overview and Application Training for 125 RFA staff took place in three phases between September 20 and October 11, 2017. The training modality was a combination of a live webinar with guided navigation from a BINTI trainer, along with support guides or "super-users" in a Computer Lab providing assistance to RFA staff. The training provided instructions on specific data entry for RFA social worker and clerical staff. Participants learned how to navigate all screens on the RFA applicant page and Case Worker Administrative page/dashboard.

Introduction to Safe Measures and Structured Decision Making (SDM): Safe Measures teaches CFS supervisors and social workers to navigate the Safe Measures tool and is a web-based system that reviews CWS/CMS data and SDM data. Trainings were held once a month, and allows both staff and supervisors the ability to monitor compliance and adds to the tools available for supervisors to measure and gauge service needs and satisfactory outcomes.

The goal of the SDM training is to teach social workers to use a web-based tool to complement their professional judgment when making decisions at critical points in the life of a child welfare case. With the introduction of the new CORE 3.0 curriculum, PCWTA now provides an SDM Skills Lab, which is a one-and-a-half-day course to new social workers. TCD has developed a related half-day training to introduce new social workers to the use of WebSDM and the specific practices of Orange County in the use of SDM.

TCD also initiated quarterly SDM Refresher Training for experienced social work staff who transferred to a new program or were in need of a basic review. SDM Refresher Training focuses on reviewing the SDM definitions, as well as utilizing the tool at various decision-making points in cases.

Orangewood Children and Family Center (OCFC): Recent changes in legislation, as a result of the Continuing Care Reform Act, have designated the Orangewood Children and Family Center as a temporary shelter care facility with placements limited to a maximum of 10 days.

New Employee Workshop and Employee Job Shadowing: Newly hired childcare staff receive 80 hours of training within their first two weeks of employment. This initial training includes 24 hours of Pro-ACT training, 16 hours of Group Home Operations training, and 40 hours of job shadowing. Job shadowing will be completed during the second week of employment. New childcare staff are not left alone with children until they complete the initial 40 hours of shadowing. During the 40 hours of job shadowing, new childcare staff are assigned to a lead counselor and both are required to cover specific topics as described in the OCFC Trainer's Guide. Documentation that all topics were performed and/or discussed is completed at the conclusion of the 40 hours of job shadowing. This documentation is kept in the employee's file on grounds.

All new childcare staff are required to complete Baseline and Advanced Assessments on a daily basis for the first one to six months of employment. These assessments are submitted to the new employee's supervisor for review as they are completed. The following topics are included during the initial training.

- Overview of the client population
- Facility program and services
- Policies and Procedures, including child abuse reporting requirements
- Job description, roles and responsibilities
- Childcare worker self-awareness
- Roles of other facility personnel
- Disaster response
- Medical emergency response
- Teamwork and communication between staff and children
- The role of placements workers
- Medication procedures, universal precautions
- Housekeeping and sanitation
- Title 22 Recreation activities and resources

CPR/First Aid: All new childcare staff are required to be certified in Infant/Child/Adult CPR and First Aid (Red Cross). This training is provided within the first 90 days of employment. OCFC utilizes the Professional Assault Crisis Training (Pro-ACT) Program. This 24-hour training is required of all new childcare staff and must be renewed every two years.

Ongoing Training: In regard to developing and maintaining staff skills, all childcare staff will receive 20 hours of training each year, five of which will be from a source other than OCFC. CPR, First Aid, and Pro-ACT renewal are required in addition to the required 20 hours. Childcare staff will have two options for meeting their training requirements.

1. They may enroll in a college course or approval workshop "appropriate for the client population and services provided by the facility" and upon completion submit a copy of transcript or certification.

2. They may attend training classes offered on-site by OCFC personnel and/or Health Care Agency personnel.

Internally provided training topics will be "appropriate for the client population and services provided by the facility" and may include, but are not limited to, those listed below.

- Blood borne Pathogens
- Cultural Diversity
- Americans with Disabilities Act
- Seizure Precautions
- Special Medical Issues
- Psychotropic Medications
- Disaster/Emergency Procedures
- Counter Transference
- Substance Abuse Issues

> **Stakeholder Training Recommendation**
>
> Offer training on stress management, workload management techniques/ strategies, how to assess and refer for co-occurring conditions and level of family risk.

Professional Assault Crisis Training (Pro-ACT): Pro-ACT is a workshop for professionals who work with individuals whose behavioral challenges are sometimes manifested in assault. This is a two-and-a-half day training, totaling 20 hours of in-classroom instructional time. The first two days, or 16-hours, of training are dedicated to crisis counseling and evasion and cover the following chapters: Introduction, Purpose, Professionalism, Preparation, Stress and Assault Cycle, Triggers and Alternatives, Framework, Crisis Communication, Documentation, Evaluation, and Debriefing. The last day of the training is four hours of classroom instructional time, as well as practical application. This last four-hour training is specifically focused on restraint certification which includes: Introduction, Restraint, Manual Restraint, Seclusion, Evaluation, and Reducing Restraint.

Every OCFC Group Counselor is trained in Pro-ACT upon starting their employment. This occurs during the first week of employment before they start working with the youth. Every Group Counselor is re-trained every two years or 730 days thereafter. This is in accordance with Pro-ACT recertification expectations. Pro-ACT trainings for all Group Counselor Staff are tracked three different ways to ensure compliance: Training Partner database, the OCFC Training Department Matrix, and hard copies of each class are catalogued and stored.

American Red Cross (ARC) Lifeguard Certification/Re-certification (24 hours): This training is provided to our staff so that they can safely take our youth to the pool. The children must be supervised by a certified ARC Lifeguard whenever they are in the pool or pool area.

Caregiver Resource/Foster Care and Adoptive Parents
Orange County provides a wide range of training for Resource/Foster and Adoptive parents.

Pre-service training for Resource/Foster and Adoptive Parents includes the topics listed below.

- Orientation (1-hour) providing general information on becoming a resource family offered monthly in English and every other month in Spanish
- Partnering with Children and Family Services (3-hour) a collaborative training, offered on weeknights, focusing on concepts and resources that strengthen and empower the vital relationship between caregivers and CFS.
- Trauma Informed Parenting (TIP) (8-hour) focusing on trauma, caregiving, advocacy, and self-care while utilizing a broad variety of multi-age/multicultural case studies. TIP is divided into two, 4-hour

modules. The individual modules are offered on weeknights. Both modules are offered on Saturdays.

- CPR and First Aid Training focuses on age-appropriate CPR and First Aid. The class is offered on-site Saturdays with blended training also offered through a contractor with on-line and in-person modules.

Additionally, applicants are required to complete eight hours of post-service training through trainings offered by CFS throughout the year or one of the below resources available in Orange County. Many of these trainings focus on working with underserved populations:

- The Foster and Kinship Care Education Program at Saddleback College offers numerous specialty post-service trainings in English and Spanish. These offerings are also geared toward relative and Non-Relative Extended Family Members (NREFM) caregivers. The trainings address such topics as health, parenting, discipline, resources, educational advocacy, ADD/ADHD, First Aid, and adolescent issues.
- Online training post-approval is also available on the website Quality Parenting Initiative (QPI) California and Foster Parent College.
- Ongoing training for caregivers also includes information on LGBTQ youth pursuant to California AB1856. This training is to help foster parents understand the needs, issues, and laws applicable to this population.
- During the annual Foster Parent Conference, various experts provide workshops and foster parents earn training hours.

A variety of specialty trainings and support services are offered through the CFS Placement programs. For Special Medical Foster Parents, the Special Medical Placement Unit facilitates and coordinates child specific medical training and/or general training through the child's treating medical professionals and/or Public Health Nurses. In accordance with the Bates Bill requirements, all resource families undergo training and education relating to the specific medical condition(s) the child presents with and are arranged by the Special Medical Unit as needed.

In the Resource Family Placement Unit, gatherings are held with Emergency Shelter Home (ESH) Foster Parents every other month to help support ESH parents. These meetings allow ESH parents to connect and learn from each other, as well as hear from various guest speakers (PHNs, social workers from various parts of the Agency, etc.) in order to enhance their knowledge and better prepare them to care for children.

Additional training is available for the TFCO-OC (Treatment Foster Care Oregon of Orange County) Program, which is a specialized team-based program offering an alternative to residential treatment settings for youth ages 12-18. Current trainings available to TFCO-OC resource providers are listed below.

- Initial one-day TFCO-OC Program Training
- Weekly ongoing TFCO-OC Resource Parent meetings where a variety of topics are covered and for which up to two hours of training credit are offered
- Annual TFCO-OC Holiday Training occurring in December
- TFCO-OC trainings are provided in English

Service Provider Training
TCD has collaborated with other agencies to develop trainings to enhance, support, and improve current social welfare practice and provide resources to address hard-to-serve populations with ongoing needs within the

Orange County community. In addition to monthly trainings which are made available to agency staff and service providers and community partners in Orange County, there are several trainings that are held periodically throughout the year. Below are descriptions of a few of these trainings and projects.

Commercial Sexual Exploitation of Children (CSEC) 102 Training: During the last fiscal year 2017-18, SSA partnered with Survivors Speak in presenting a two-day advanced training for staff and SSA's countywide collaborations and community partners who work directly with CSEC victims. This multi-agency training included Probation, Behavioral Health, Juvenile Courts, CFS, and various community service providers who work with CSEC victims and at-risk populations for Commercial Sexual Exploitation of Children (CSEC).

CFS members of the Orange County Human Trafficking Task Force and TCD continue to meet to discuss collaborative efforts, practices, and the challenges in assisting and serving the CSEC population. The Task Force meets monthly to bring together community partners from law enforcement, Probation, Juvenile Courts, nonprofit community organizations, and CFS. CSEC trainings were held twice in the 2017-2018 fiscal year.

Trauma Informed Training: For five years, Orange County was one of five designated Trauma Informed Super Communities from across the United States, chosen to partner with the Chadwick Center for Children and Families. The goal was to create a trauma-informed practices system within child welfare, our partners in mental health and education, and in our community. The Trauma Informed Practices Steering Committee (TIPS-C) was comprised of a CFS Deputy Director, as well as representatives from the Orange County Department of Education, Orange County Health Care Agency, CFS program staff, community stakeholders, Juvenile Court, Probation, and Training and Career Development.

Though the grant with the Chadwick Center came to a close in 2017, Orange County's TIPS-C Committee continued to work for another year in collaboration with community partners to forward the goal of developing a solid foundation of trauma-informed resources and trainings for staff and the families served. TIPS-C developed, facilitated, and offered in-class trainings and eLearns on various state-of-the-art trauma-related practices that focus not only on the individual, but also on the agency as a whole.

Reproductive Health and Minor Parenting: Research indicates that youth in foster care engage in sexual activity at an earlier age, have higher rates of sexually transmitted infections (STIs), higher rates of pregnancy (intended and unintended), and higher rates of births than youth of the same age not in foster care. Senate Bill (SB) 528 authorized child welfare agencies to provide dependent children access to age-appropriate, medically accurate information about sexual development, reproductive health, prevention of unplanned pregnancies, and STIs.

SB 89 requires comprehensive sexual health education for youth in foster care and new training requirements for judges, social workers, juvenile probation officers, and resource families. The goals of this legislation are to improve access to sexual health education, inform youth of their rights, remove barriers, and develop comprehensive sexual health training for youth, young adults, social workers, judges, and resource families.

During 2017-18, CFS and TCD continued to partner with various agencies to address the reproductive healthcare needs of foster youth and non-minor dependents (NMDs), as well as dependents that are also parenting. A total of six sessions were offered during the year 2017 and 2018 whereby SSA joined with local community agencies, including Orange County Health Care Agency and the California Youth Connection (Y.O.U.T.H.) Training Project to train CFS staff, Public Health Nurses (PHNs), and community stakeholders to support our Foster Youth.

CFS and TCD have continued to work with local agencies to provide trainings that prepare social work staff to discuss Healthy Sexual Development and Pregnancy Prevention within their Child Welfare practice.

Service providers/subcontractor training (including CAPIT, CBCAP, or PSSF funds): Professional and Administrative Services are provided by Orangewood Children's Foundation, which is funded by CBCAP and

PSSF. This service provides the administrative support for the FaCT Program which oversees the 12 Family Resource Centers. Staff expertise includes training, data, marketing, community organization, resource development, parent leadership, collaboration, and administrative support. OCF is responsible for providing training for FRC staff and FRCs Community Engagement Advisory Committee (CEAC) through the CRD Manager and is providing marketing and community education through the FaCT Marketing Coordinator.

Probation
Staff, Caregiver, and Service Provider Training

The Orange County Probation Department requires every Probation Officer I to complete the 212-hour Basic Probation Officer Core Academy (BPOC) in compliance with Standards and Training for Corrections (STC) mandates. The BPOC academy consists of the following units of training: Agency Specific Training; Roles and Responsibilities of the Probation Officer; California Justice System; Current Trends and Practices; Risk Factors; Juvenile Detention Decisions; Information Gathering; Court Reports and Presentations; Orientations, Case Planning and Supervision; Supervision Issues; Priority Setting; and Officer Safety and Physical Conditioning. Additionally, they complete 145 hours of Supplemental Probation Officer Training (SPOT). These include Probation Officer Bill of Rights, Report Writing, Title IV procedures, Integrated Case Management System (ICMS), Global Positioning System, DNA Collection, Use of Chemical Agents, Stages of Change, Family Violence, and Motivational Interviewing. Officers are exposed to a tremendous amount of information; and after they are assigned, they will continue their training in their specific assignment. They have an additional checklist of training topics to be provided during the subsequent year in their first assignment. During the BPOC Academy, and before the deployment to an assignment, Development Reports are written and discussed with the probation officers weekly in order to address performance.

Once the Deputy Probation Officer is assigned to the Placement Unit, the Placement officer is mandated to attend and complete the nine-day Probation Placement Officer Course. As a result of this training, probation placement officers will be oriented to legal and regulatory requirements regarding youth in care. The sections that are covered in the training are as follows: Community and Youth Safety, Supervision and Services, and Permanency.

Probation staff are required to complete 40 hours of Standards and Training for Corrections (STC) training per year, as required to maintain peace officer status. Mandatory trainings geared toward specialized populations have been youth who are LGBTQ, autistic, and suffering mentally or physically traumatic incidents. Each year a Needs Analysis is created and sent out to a random sample of supervisors and division directors to determine what types of training courses are needed by staff for the upcoming year. Training courses offered this year included those listed below.

- **Adolescent Brain Development (applied):** This course provides a deeper-applied understanding of the latest research in Adolescent Brain Development and Learning and how to apply the research to support adolescents in positive change. Participants learn how to help adolescents identify and manage their behavior triggers and learn how stressors from multiple systems affect development, brain function, and behavior. In addition, participants learn to support an adolescent in overcoming early attachment deficits and practice reinforcing the recovery process using the nine domains of neural integration and collaborative communication techniques.
- **Addictionology 101 (Creating Respectful Collaborative Models with Substance Abusers):** This course combines the evidence-based practices of interpersonal neurobiology, such as Non-Violent Communication (NVC), motivational interviewing, Imago, and other related models to teach participants respectful, collaborative communication strategies when working with substance abusers. This systematic approach teaches the communicator how to utilize empathetic listening and acknowledge

needs which lead to the ability to make requests to modify behavior. The participant will learn how to listen effectively, discover limiting beliefs, dispel labels, define the window of somatic tolerance, one up-one down thinking, power and identity, circle of perception, and impact versus intention. It examines the model of addiction, the 21-day commitment, and the 8-day relapse window. An in-depth study of Maslow's Hierarchy of Needs is explored and tied to ordering or rehabilitative goals.

- **The Commercial Sexual Exploitation of Children (CSEC):** The Commercial Sexual Exploitation of Children (CSEC) and Adults is a global phenomenon that reaches into the fabric of society in Orange County. It can involve juveniles and adults on probation, as well as their family members. This course trains probation professionals to recognize the signs and address legal issues, victims, law enforcement responsibilities, case development, case studies, investigation tools, as well as resources and contact information.

- **Breaking Youth Away from Gangs:** Families, communities, and probation departments continue to grapple with the issue of youth gang involvement. Gangs now have an outsized effect on delinquency and public safety and have become normative in too many communities. Thus, despite the enormous resources directed toward curtailing gangs, including specialized gang caseloads and law enforcement taskforces, youth gang involvement remains a persistent concern for the public and probation departments. The course offers a fresh perspective on youth gang involvement, grounded in research which has proven successful in detaching youth away from gangs. Using a multidisciplinary approach based on an adaptation of Functional Family Therapy (FFT) and Multi-systemic Therapy (MST), class participants learn adolescent peer attachment theory, as well as the causal models of delinquency research, which provide a clear explanation of youth gang attachment. Class participants are taught the most effective approach to detaching and breaking youth away from gangs through the use of FFT and MST methods.

- **Conscious Communications Strategies for Creating Respectful, Collaborative Models:** This course combines the evidence-based practices of interpersonal neurobiology with integral communication models such as Non-Violent Communication (NVC), Motivational Interviewing, and Imago to teach participants respectful, collaborative communication strategies. This systematic approach teaches the communicator how to utilize both empathetic listening and needs acknowledgement and how to open the door to behavior medication requests. The participant learns how to listen effectively, discover limiting beliefs, dispel labels, define what the window of somatic tolerance is, understand one up-one down thinking, explore the role of power and identity in communication, and investigating the differences between impact and intention. It also examines the drama triangle of villain, victim, and hero as it pertains to the workplace. This course ultimately enhances every participant's idea of what it means to be head and respected and how to powerfully communicate thorough identification of core needs.

- **Case Intervention Training:** Probation staff may enroll if not taken previously. This course provides skills to handle people with mental illness, physical and developmental disabilities, including recognizing signs of mental illness that might be encountered. It also identifies resources available through the judicial and health care systems. Officers will be able to demonstrate a basic understanding of crisis intervention skills and communication techniques.

- **Cultural Competence Creating Respectful Cross:** Given our current social and political environment, cultural competence is critical to achieving success in the law enforcement setting. Cultural Competence is defined as a set of congruent behaviors, attitudes and policies that come together as a system, agency or among professionals and enable that system, agency or those professionals to work effectively in

cross-cultural situations. Conversely, cultural incompetence in the law enforcement community can damage an individual's self-esteem and career, even lead to death. The unobservable psychological impact of implicit bias on coworkers, the public, defendants, and community-based organizations, subordinates, inmates, etc., can go largely unnoticed until the threat of a class action suit or a case of excessive use of force brings them to light. In this highly experiential course, participants explore the four cognitive components necessary for developing cultural competence according to Diversity Training University International: Awareness, Attitude, Knowledge, and Skills. Interpersonal competence in cross-cultural situations is the key to creating environments that are safe so that law enforcement can fulfill its mission of protection and service.

- **Dysfunctional Families and Probation:** The family system from which a probationer comes has impact on the probability of re-offending. Understanding the dynamics of these family systems aids the probation officer in making decisions about case disposition and management, as well as making possible interventions. This class uses three familiar family traumas: incest, domestic violence, and substance abuse, and the impact when these behaviors are embedded in the family system. Participants become familiar with family roles, possible interventions and community resources. Skills needed to communicate with these families are identified and practiced.

- **Effective Practices for Community Supervision (EPICS):** The goal of this training is to teach Probation Officers how to apply the principles of effective intervention to community supervision practices. The training teaches officers how to use the EPICS model to target high-risk offenders and their criminogenic needs using cognitive behavioral interventions and core correctional practices.

- **Mentally Ill Offender in Juvenile Field:** This class discusses serious and persistent mental illness diagnosis in the juvenile population such as Schizophrenia, Bipolar and Major Depression. Participants learn how to access mental health resources in the community and how to recognize mental health symptoms.

- **Social Media- Investigations, Threats, and Solutions:** This eight-hour course provides an in depth look into how teens use social media apps and other social networking platforms. This course also explores the unique threats that exist online: cyber bullying, impersonation, identity theft, sexting, sexual predators, human trafficking, digital reputation management, pornography, and other high-risk behaviors. Effective tools and resources to properly supervise children online are discussed. The attendee learns methods and strategies they can use to guide parents and students towards safer online practices.

- **Static 99R Updated:** This course instructs participants in the development and coding of the Static 99R, an assessment tool that measures sex offender risk. The Static 99R was selected as the State-Authorized Risk Assessment Tool for Sex Offenders (SARATSO). Since July 1, 2008, this assessment is mandated by law in California pursuant to 290.04 P.C. to assess the risk of sexual recidivism in sex offenders on Probation, in CDCR, or on Parole. The training provides participants with the skills to use the assessment tool 1) to score offenders appropriately to determine their risk to re-offend, 2) interpret the risk, and 3) forward the assessment to the appropriate State authorities.

- **Trauma Responsive Practices:** This class is designed to teach basic knowledge, skills, and values about working with probationers that have experienced traumatic events and how to use this knowledge to establish trauma informed practice throughout the Probation Department. This class teaches participants to define the essential elements of Trauma Responsive Practices for Probation, explain the relationship between a probationer's lifetime trauma history and his/her behaviors and responses in the justice system, and practice strategies for delivering trauma responsive care to minors and their families.

The Resource Center for Family Focused Practice (RCFFP) through UC Davis Extension provides several options each training year that are strictly geared toward addressing foster youth requirements and needs. Trainings offered by RCFFP have included extended foster care, sex offender management, CFT facilitation, permanency planning, and effective case management. The frequency of training varies and is informed by the response RCFFT receive from a training survey sent out to the probation departments across the state .

A Performance Evaluation was created in order to assess core competencies needed to successfully perform the deputy probation officer job. The core competencies the probation officers are evaluated on are as follows: Adaptability, Building Trust, Technical/Professional Knowledge and Skills, Decision Making/Problem Solving, and Work Standards/Planning and Organizing. The probation officer may select two additional competencies that he/she will be evaluated on during the evaluation period. The group of competencies to be selected from is as follows: Collaboration, Communication, Conflict Management, Influence, Initiative, Quality Orientation, and Safety Awareness. In addition, each probation officer is asked to set a personal development goal that will contribute to the job goals, professional growth, leadership development, and/or improving current performance.

The Probation Department offers specific training addressing emotional trauma on youth. Probation officers have been trained to identify the need for therapy and then proceed to refer the youth and family to therapists in order to address the emotional trauma the youth has experienced. Further, this is an area of focus for families referred to Youthful Offender Wraparound.

Short-Term Residential Therapeutic Program (STRTP)/Group Homes

STRTP/Group home providers are expected to handle their own ongoing, in-house training schedules and make arrangements for training delivery. Their minimum training hours are noted in their program statement and are monitored by Community Care Licensing for compliance. The Placement Unit's placement monitor also monitors each program's training log to ensure staff are receiving regular, relevant training. This is completed during annual monitoring of the program. In addition, a random sample of employee files are closely reviewed, including training hours and course titles to ensure staff have met minimum requirements. Orange County Probation and CFS hold a quarterly Group Home Forum meeting jointly where all of the group homes utilized by both agencies are invited to attend and address current issues. A guest speaker is always invited to provide information and address the group.

Stakeholder Recommendation

Increase the quality of programming in the STRTP's by providing training for staff providing programming in group homes and monitoring of quality of programming provided.

Resource Families

Applicants for Resource Family Approval (RFA) are required to complete a minimum of 12 training hours prior to certification. Probation's RFA officer provides individual two-hour orientation training for these families at the time of the first home visit. The application process includes required trainings and orientation regarding juvenile justice system, Quality Parenting Initiative (QPI), prudent parenting standards, Youth Personal Rights (LIC 613B), Due Process, Reproductive Rights of Youth, how to access mental and health care, and mandated reporting. Additionally, resource families are provided with a list of helpful websites they can access for additional information. These include legal and financial responsibility for providing foster care, and Psychotropic Medication Toolkit, Information Sharing. Saddleback College receives monies annually to provide training to Resource Families. Each year a catalog is developed with a schedule of classes, which is presented to the Resource Families. The classes vary in length from two to four

Stakeholder Recommendation

Collaborate with neighboring counties to refer families to appropriate resources to meet their needs while also providing reasonable services.

hours and the topics range widely. All classes are provided in English and Spanish at least twice a month.

Agency Collaboration

Child Welfare

Orange County participates in many collaborative relationships with traditional and non-traditional partners to involve the community as much as possible in decisions about needed services and improved outcomes. CFS regularly holds various meetings, either monthly or quarterly depending on the group, to ensure that the concerns of its stakeholders are considered, that they are involved with ongoing planning, and that there is a shared responsibility for the decisions regarding program development and improvements to services. CFS and Probation have agreements with education, law enforcement, faith-based, and mental and physical health entities. Feedback from stakeholders who attend strategy and planning meetings indicates their appreciation for the inclusiveness and responsiveness of CFS administration in program improvement decisions and resource allocation. Below is a summary of some of the collaborations with other public agencies and community partners.

Collaboration between CFS and Probation

Dual Handling - Probation/CFS collaboration: The benefit to dependent youth of the Dual Handling collaboration is to educate the youth and provide resources to them and their family to prevent youth from entering the delinquency system.

Dual Jurisdiction – Probation/CFS Collaboration: In 2009, SSA agreed to a jointly-developed written protocol with the Probation Department and the Orange County Juvenile Court to implement dual jurisdiction in Orange County. This dual status allows a child who comes within the description of both a dependent (pursuant to WIC §300) and a ward (pursuant to WIC §601 or §602), to be designated simultaneously as both. Dual status is intended to improve coordination among Probation, CFS, and the Juvenile Court, and increase access to appropriate services and resources in a timely manner and avoid duplication in case management and services.

Families and Communities Together (FaCT)/Family Resource Centers (FRC)

FaCT is currently comprised of 15 Family Resource Centers (FRC) located throughout the county's highest-risk communities. The FaCT network saw welcomed growth in 2015, increasing from 12 to 15 FRCs. For over 20 years, FaCT has established itself as a supportive foundation for its network of FRCs. Through partnerships, FaCT works to strengthen prevention and intervention services designed to reduce the risk of child abuse and neglect. Every FRC is unique to its community; services are offered by multicultural and multilingual staff that reflect the surrounding neighborhoods and the families they serve. One of FaCT's goals is to build upon the FaCT platform to develop a collective impact model that recognizes our regional assets, maintain shared goals and evaluation, and serve as an entry point for public and private resources that strengthen children and families. FaCT's vision is, "That all of our children grow up in *stable*, *nurturing families*, and *safe*, *supportive communities*, which promote healthy development and provide opportunities for children, youth, and adults to achieve their full potential as caring, responsible, and productive members of society." FaCT has several meeting and they are as follows:

- Monthly meetings with each FaCT FRC and their partners to review service levels and performance.
- Monthly meetings with all FRC coordinators for networking, resource sharing, program updates and projects that impact the entire coalition.
- Quarterly meetings with FaCT FRC leadership (directors) for strategic planning and administrative decisions.

In addition, SSA Contracts department holds monthly meetings with FaCT program staff for ongoing communication regarding contract outcomes and expenditures.

Interaction with Local Tribes
Tribal members participate in the monthly ERDD collaborative where they have expressed appreciation for increased outreach of the ICWA unit to the Indian community and the inclusiveness of tribal members at forums for engagement, such as strategy groups, trainings, and conferences. In addition, CFS assign's ICWA staff to attend the Star Tribal Summit.

Domestic abuse
CFS collaborates with CalWORKs to provide domestic abuse services for their mutual clients through the DASU program. Additionally, domestic abuse services are available through the FRCs and the four domestic abuse shelters in Orange County. CFS also refers to the various batterers' intervention programs offered by private counseling services, which are approved by the court system and are fee-based programs.

The instances of domestic violence in reported cases to CFS is significant, and efforts to better coordinate services for victims and their families occur through the ongoing meetings of the Family Violence Council, which includes many members of the community, such as law enforcement, judiciary, domestic abuse service providers, Probation, CFS, Adult Protective Services, and community members. The Council has provided training, conferences, and community forums to improve awareness of this issue.

Substance abuse
Staff from the Health Care Agency sit on the Child Welfare System Improvement Partnership (CWSIP) which meets monthly and provide input and information about available services. Several of the CFS Parent Mentors successfully graduated from the Perinatal Drug and Alcohol Services Program and have provided referral and support for parent consumers as they work toward their sobriety. Stakeholder feedback indicated that Prototypes is a highly effective service for mothers; however, a father program with these same efforts is lacking. Delays may occur in parents' early engagement in this service, resulting in lengthening time to reunification. Through its partnership and technical support with National Center for Substance Abuse and Child Welfare (NCSACW), CFS staff can take on-line courses related to substance abuse.

Health Care Agency – Behavioral Health – Children and Youth Services
As previously noted on page 44, CFS has an extensive collaborative relationship with Orange County Health Care Agency, which includes Behavioral Health and Children and Youth Services. Orange County has developed a plan with the HCA to implement Katie A. Please refer to page 44 for detailed information as to how Orange County is addressing the assessment requirements in the Katie A. lawsuit.

Staff from the CCPU program attend the Foster Youth Outcomes Workgroup to provide input about their work with foster youth, including suggestions to improve service delivery to foster youth, especially as they are transitioning to independence. Additionally, administration from both HCA and SSA meet quarterly to troubleshoot issues that might arise in service delivery for mutual families.

Child Abuse Prevention Councils
The Raise Foundation is the designated Child Abuse Prevention Council for Orange County. Please refer to page 49 for complete details on the Prevention Council's efforts. The Raise Foundation concentrated its efforts on the Blue Ribbon campaign to promote public awareness of abuse and neglect of children and the resources available for intervention and treatment. The goal was to educate and unify the community on how to proactively prevent child abuse. During the 2017-2018 Blue Ribbon campaign 924,570 people were reached. The following were some of their accomplishments:

- Resource Fairs and Presentations
- Quarterly Newsletters
- Magazines, Business Journals and Radio
- Blue Pinwheel Gardens
- Blue Ribbon Kits
- Art Contest
- Website
- Youth Art Exhibits
- Blue Ribbon Kick-Off Event at Bowers Museum

Faith-Based Organizations

Please refer to pages 62 for information regarding collaboration with the faith-based community through the Faith in Motion project.

Orange County Regional Center

Regional Center of Orange County (RCOC) provides a wide array of services to dependent children of Orange County with developmental disabilities. CFS and RCOC used to meet monthly to discuss difficult case situations and placement needs. However, with the change in management at RCOC those meetings are currently not occurring. Each child served by RCOC has an Individual Program Plan (IPP) that addresses his/her individual needs. Some of the services provided to dependent children with severe developmental delays or disabilities are listed below.

- Assessments to determine eligibility for RCOC services
- "Early Start" program for infants and toddlers (up to 36 months of age)
- Behavior management services for autism
- Psychological, Counseling, and Behavioral Services
- Speech and occupational therapy
- Early intervention services
- Therapy services
- Respite services
- Child Care services/After school programs
- Medical and Dental Services
- Social and Recreational Services

Former Parent Consumers

CFS has a contract with Family Support Network's Parent Mentor Services Program to provide one-on-one mentorship and support to parents receiving Family Reunification services. CFS and FSN are involved in a monthly supervision meeting to go over any cases or concerns that the parent mentors might have. The assigned Parent Engagement Coordinator presents different topics and is the Liaison between CFS and FSN. There is also a quarterly meeting involving management to recap the contract as well as any questions or concerns that might come up between the two agencies. This offers an opportunity to further collaborate on projects such as Celebrating Families. Parent Mentors are former consumers who have successfully reunified with their children and can be a source of hope and inspiration for a parent entering the reunification process. The Parent Mentors also co-facilitate the Parent Orientation program offered every morning at the Juvenile Court to parents prior to their initial Detention Hearing.

In addition to the Parent Mentors, CFS has recruited several successfully reunified parents who have volunteered to assist current consumers. They attend a strategy or workgroup where the parent voice is needed.

Parent mentors and volunteers also participate and assist with the Celebrating Families events held bi-annually during the year. Social Workers, reunified families, and their support systems also attend this event to celebrate the success of families who have reunified.

Wraparound Orange County

Wraparound Orange County partners with families to facilitate and support children's ability to remain in a safe and stable home through a strength-based, family-centered, and team approach. Wraparound Orange County is administered by SSA in collaboration with Probation and HCA. They meet on a quarterly basis to discuss any changes or concerns in program. Wraparound Orange County has the capacity to serve 540 families per month. Wraparound services include:

- Prevention and safety planning;
- Placement stability;
- Permanency planning;
- Regular meetings with the family;
- Other services individually tailored to meet the families' needs; and
- Parent Partners and Youth Partners to work one-on-one with family members.

Feedback from stakeholders (families, parents, peer specialists, providers) unanimously supports the use of Wraparound services and the positive impact it has on strengthening and preserving some of the most distressed families facing complex and challenging issues. Stakeholders voiced their desire that all families have the opportunity for this service, as well as have more of this type of service throughout the life of the case. Meetings occur several times a month for a variety of reasons, such as program updates, new ACL requirements, and discuss new initiatives.

- The Wrap directors and CFS program manager meet monthly.
- The Wrap directors and the Wraparound Review and Intake Team (WRIT) meeting monthly for Training Committee Meetings.
- All Wrap staff from all of the provider agencies and WRIT meet for a monthly training institute.
- The Wrap Youth Partners and WRIT meet for Professional Growth training every other month.
- The Wrap Parent Partners and WRIT meet for Professional Growth training every other month.
- The Wrap Care Coordinators and WRIT meet for Professional Growth training every other month.
- The Wraparound Supervisors and WRIT meet for Professional Growth training every other month.
- Each Wrap Provider, including directors and supervisors, present cases to WRIT for monthly case staffing and discussion.
- All Wrap directors, supervisors, WRIT, HCA, Probation, SSA Contracts and CFS Deputy Director meet together quarterly.
- The Wraparound Oversight Group (WOG) meets with SSA, HCA, and Probation executives meet quarterly.
- The Wraparound Provider directors and executives meet with SSA, HCA and Probation executives quarterly.

Caregivers (Foster, Kin, Adoptive)

CFS engages caregivers through their participation in:

- **Foster Parent Liaison:** Provides foster and kin caregivers with an opportunity to voice concerns about administrative issues related to funding, service provision for children in their care, quality of care investigations, and utilization reviews.
- **Foster Care Advisory Board Meeting**: Foster parents meet every other month with the Foster Parent Liaison, members of CFS staff, eligibility staff and administration, and community members to discuss and learn about current issues related to fostering.
- **Club Mom and Dad**: All caregivers may attend this social event that is held four times per year.
- **Foster Care Auxiliary:** The Foster Care Auxiliary of Orange County is a proactive group of foster parents, social workers, and community members dedicated to working together to provide high quality care to dependent children, foster parent support, legislative advocacy, and continuing education.
- **Saddleback Caregiver training** – Saddleback College provides caregivers with ongoing training in subjects pertinent to foster parenting children in the child welfare system.
- **Quality Parenting Initiative (QPI)**: The Quality Parenting Initiative strengthens foster care, including kinship care, using branding and marketing principles. It is a process CFS is using to develop new strategies and practices, including a mentoring program for new and struggling foster parents, developing a trauma informed training program for new foster parents, and developing a new branding message.

Group Home Providers

CFS created the Group Home (GH) Forum, now referred to as Group home/STRTP Forum, to provide an opportunity to meet with our GH and STRTP partners, discuss pertinent issues and concerns, and provide any state updates or training. Meetings are quarterly and have included presentations on new initiatives, policy and procedure changes, topics that providers wish to discuss, and any agency placement needs. In addition to these meetings, a CFS Manager and two SSWs meet as needed with GH and STRTP providers to provide guidance and review any violations of Div. 31 or Title 22 regulations, problems with providing appropriate care for youth, and other concerns.

CFS has designated two full-time SSWs as Group Home/STRTP monitors. Their responsibilities include visiting group homes and STRTP's regularly, reviewing with the group home manager the program needs in order to develop appropriate training for their staff, and working with group home providers to assure compliance with CFS policies and procedures and best practice.

Foster Family Agencies (FFA)

The Foster Family Agency (FFA) Forums are quarterly meetings, which include CFS Administrators and staff, private non-profit foster family agencies contracted with OCSSA, state licensing agency (CCL), and representatives of OCDE who come together to discuss and resolve issues. CFS works with approximately 400 FFA homes in which 14 percent of foster youth are placed. Topics covered at these meetings include CCR, recruiting additional resource families, partnering with STRTPs for transitioning youth into home-based care, and development of Intensive Services Foster Care homes.

Child Welfare System Improvement Partnership (CWSIP)

The Orange County Child Welfare System Improvement Partnership (CWSIP) involves community partner membership and has a key role in implementing collaborative efforts. CWSIP was developed in 2004 as a result of the requirement of AB 636 to assure that the community stakeholders and consumers had input into CFS

programs and practices. CWSIP meets monthly and provides input on topics, such as strategic planning, outcome measures, self-assessment, and progress on System Improvement Plan goals. Subcommittees have also been formed to work collaboratively on projects, including community forum topics and agendas specifically in the areas of drug and alcohol, housing, education, childcare, and mental health services.

Probation
Collaborations between Probation, Behavioral Health, and CFS
Probation, Behavioral Health, and CFS work closely on many projects. CCR mandates the three agencies work collaboratively in implementation on CCR tenets. Orange County's CCR Tri-Agency Steering Committee sets goals and advises work groups. The Tri-Agency committee provides oversight and approval for the sub-committee workgroups. These groups have included staff and stakeholder training with instructions from each agency providing the training materials to a blended audience from these agencies. This trio of instructors also provides trainings for educational liaisons with Department of Education and Juvenile Court personnel, including judges and attorneys. Trainings are also provided to community-based organizations and service provider and group home administrators.

The Tri-Agency group that included two representatives from each agency also worked very closely in providing technical assistance and reviewed Program Statements and Plan of Operating for programs applying for STRTP licensure. After initial review and in depth discussion, meetings were held with providers and detailed feedback was provided. The process was intensive, as the committee was rooted in the desire to help these programs develop into quality service providers that could meet the needs of youth. The Probation Department is an active participant in the multi-disciplinary Inter-Agency Placement Committee meeting whenever a probation involved youth is staffed.

Quarterly Group Home Forums are attended by group home staff and STRTP that contract with Orange County. Probation and Behavioral Health are not only present but assist in the delivery of trainings and facilitate discussions during these meetings. Probation has also participated in Request for Proposal panel services for Social Services.

Interaction with local tribes
There are currently no tribal youth in Probation placement. In compliance with ICWA, contact will be established with the appropriate tribe at such time as tribal youth that are at risk of removal from the home due to neglect or abuse are identified. The Juvenile Court Services Division is the first point of contact for youth. The Child and Family Data Sheet includes a question about Native American ancestry, and this is routinely asked during the intake process and again at the time of initial contact with the assigned probation officer. This information is tagged in an automated system and appropriate notifications are made with the assistance of CFS ICWA unit should the youth be at risk of out-of-home care. For any identified ICWA eligible youth, Probation collaborates with the identified tribe and CFS to provide resources as needed.

Community-based Organizations (CBO)
Probation works closely with CBOs to ensure youth receive services that meet their needs. CBOs are also utilized by STRTP/group homes. Field Supervision Officers also use these services providers for preventative services that reduce/eliminate the need for out-of-home care. Probation has partnered with both Social Services and Behavioral Health to provide Wraparound services. Probation also works with organizations that provide services within the Department's institutions. For example, Padres Unidos provides a 26-week program for parents in the Juvenile Hall visiting area. They also provide services to both the parent and the youth conjointly.

The Youthful Offender Wraparound (YOW) program at Waymakers is a Health Care Agency contracted program that has been in partnership with Probation since its inception in 2008. YOW provides voluntary mental health

and case management services for youth, age 12-25, and their families who are part of the juvenile probation system in Orange County.

YOW is strength-based, client centered, "whatever it takes" approach to assist the youth and their family in reaching their goals. Youth and their families are active participants in identifying goals and steps with their treatment team to reduce barriers and increase skills to meet the family and youth's desired outcomes. Services that YOW may provide include assessment, parenting, psycho-education, career and education support, crisis intervention, linkage to community resources, anger management, wellness and recovery support groups, skill building, case management, mental health services, and linkage to community mental health and psychiatric services.

Finally, CBOs work collaboratively with stakeholder engagement groups. The Youth Reporting Centers (YRC) utilize CBOs and Behavioral Health and Department of Education to provide services at school sites located in Santa Ana and Anaheim.

Caregivers
Due to the small number of youth placed in foster care, service delivery is an area where Orange County Probation can grow over the next assessment period.

STRTP/Group home providers
STRTP/group home programs are the primary placement resource for Probation youth in need of out-of-home placement. Program staff provide regular and ongoing supervision and feedback to the assigned DPO to ensure that the probation service plan is followed. Probation works closely to ensure that CFT meetings are held regularly to develop case plans with the youth and family, and assess needs and service plans to ensure consistency with case plans, address the needs of the family, and are focused on permanency. If permanency is not a viable option, preparing the youth for transitional living will be the focus. Keeping youth in care working on their case plan objectives requires a close working relationship with the STRTP/group home. Those programs that have earned their provisional STRTP licensure are provided added support to ensure the youth's treatment needs are appropriately met.

Service Array
Child Welfare
The availability and provision of a wide array of services to children, parents, and resource families are strengths for Orange County. CFS clients access services through the county via:

"There are a lot of services out there but they are hard to navigate. I would not be where I am without the services the county has offered me."

-Stakeholder

- Community providers, including FRCs located throughout the county
- Contract providers, including individual, group services, and drug testing
- Grant funded agencies, e.g., Prop 10 (First 5), Prop 63 (MHSA), and Foster Youth Services
- County agencies, such as Health Care Agency, providing mental health needs, immunizations, and substance abuse services and other divisions of SSA, including financial aid, self-sufficiency, and financial medical assistance services
- Regional Center for services needed to support individuals and families with developmental needs and serving children identified through the Early Start program
- Local universities and hospitals working collaboratively with CFS

Keeping track of such a wide array of services, including eligibility criteria, service availability, and service access presents a considerable challenge for staff, service providers, and clients. CFS has addressed this challenge by regionalizing caseloads and social workers in coordination with partner agencies. Accessing resources also includes collaboration with the Resource Support Hotline, SSA internet, OC4Kids (a website targeted for resource families), and 211 information phone line to assist workers and others in locating services.

Stakeholders suggested streamlining service information similar to the electronic health records for parents and community providers to minimize duplication of services. A need for specialized services for children who present with more complex needs was also noted. In these cases, many of the resources have long waiting lists, especially through the FRCs, such as transportation to visitation and contracted monitored visitation services and. Further, stakeholders suggested there are long waiting lists for subsidized housing in all areas of the county. There are also gaps in provision of services in the southern part of Orange County. Gaps in service and waiting times are especially challenging for families just beginning their dependency services and may be roadblocks to early engagement and timely reunification.

Services that may help overcome these gaps for some families are the engagement with Family Services Workers (FSW) and the Parent Mentor Program. These programs have assisted with family engagement in supportive services within the first month a case opens and prior to being assigned to the ongoing case carrying worker. Unfortunately, due to budget constraints, not all families are able to be assigned an FSW or be referred to the Parent Mentor Program.

Services to families in Orange County are also impacted by the families' case status and eligibility for services. For example, families under Dependency Court supervision are eligible for some services that those involved with Voluntary Services are not.

All families are eligible for services through CFS contract providers regardless of ability to pay. Some will pay according to ability, as little as $1.00 per counseling visit. If a family is referred to a specialized service or they elect to self-refer, they may be required to pay a fee for service.

CAPIT funded services

The following are CAPIT funded services, including the contracted agency, a description of these services and what programs they serve.

Resource Development and Management (RDM) provides support, oversight, and processing of CFS's CAPIT funded contract services to include Family Counseling, In-Home Coach, Parent Education, and Respite Care services.

- **Family Counseling** serves high-risk individuals and families who are in need of one-to-one therapeutic, family/conjoint, and/or group counseling services to address issues of child abuse or other high-risk behaviors. Family counseling provides a safe place for families to address challenges and develop strengths in order to create a safe and happy home for their children. As of July 2018, the current contracted agencies for family counseling were Boys & Girls Club of Garden Grove, FACES, and Casa de Familia. Prior to July 2018, the counseling agencies were Aspiranet, Boys & Girls Club of Garden Grove, Catholic Charities of Orange County, California Hispanic Commission on Alcohol and Drug Abuse, FACES, and KC Services. These supportive services assist families in Family Reunification, Family Maintenance, and Permanency Placement.
- **In-Home Coach** provides two levels of service based on the intensity of services required. In-Home Coach provides services to parents/caregivers in their homes to address issues such as appropriate discipline and praise, household management, preparing meals, etc. Services are geared toward low-risk

families. The service provider for this contract is New Alternatives, Inc. (NAI). For In-Home Coach, NAI's Program Supervisor selects Active Parenting Now, The Incredible Years, or Common Sense parenting depending on the strengths and needs of the family. All three programs are evidence-based. Prior to July 2018, this service was also provided by the Orange County Child Abuse Prevention Center (OCCAPC), which utilized the Nurturing Parenting Program, also evidence-based. During the period of July 1 through December 31, 2016, 116 families received In-Home Coach services. Outcome data indicate that In-Home Coach services contributed to keeping 105, or 91 percent, of these families intact without the child(ren) being removed, through December 31, 2017. Prior to July 1, 2018, In-Home Coach Level 2 was referred to as In-Home Focus. During the period of July 1 through December 31, 2016, 26 families received In-Home Focused Services. Outcome data indicate that In-Home Focused Services contributed to keeping 24, or 92 percent, of these families intact without the child(ren) being removed, through December 31, 2017.

- **Parent Education** services are provided at the contractor's facility for parents referred by CFS, either on a voluntary basis or as ordered by the Juvenile Court. The contractors for Parent Education are Boys & Girls Club of Garden Grove, FACES, and Casa de Familia. Prior to July 2018, the parent education agencies were Aspiranet, Boys & Girls Club of Garden Grove, Catholic Charities of Orange County, California Hispanic Commission on Alcohol and Drug Abuse, FACES, and KC Services. Every provider has their own curriculum but in order to meet the contract needs they need to be evidence based.

- **Respite Care** provides foster caregivers a service that allows brief periods of "time-out" from caring for their foster children. Services are coordinated by a contracted agency and are provided by licensed and trained foster parents for other licensed foster parents. The contractor is NAI. Children placed in foster homes are in Family Reunification and/or Permanency Placement, including Adoption.

PSSF FP, FS, TLFR, CBCAP, and APS funded services

Families and Communities Together (FaCT), previously described on page 73, works to strengthen prevention and intervention services designed to reduce the risk of child abuse and neglect. The target population is families with children being served are often dealing with crisis, domestic violence, children with behavioral problems, homelessness, unemployment and many other at risk factors. Five of the 15 FaCT FRCs also target families referred to them through the Differential Response process. The funding streams for FaCT are PSSF and CBCAP. PSSF has components of TLFR, APS and FS.

Key needs identified in the Orange County's CSA include increased resources for caregivers, increased support services for families within and outside the child welfare system, bilingual parent education that is geographically accessible for families, and ongoing supportive services for parents. These key needs are all addressed within the FaCT platform.

Family Resource Centers (FRC's). Each FRC is a family-friendly, community-based site that provides access to comprehensive prevention and treatment-oriented social, educational, and health services for all families, including birth, blended, kinship, adoptive and foster families. FRCs serve as vehicles for engaging local residents and community organizations in the identification and resolution of community concerns related to raising healthy children. Every FRC is unique to its community, and services are offered by multicultural and multilingual staff that reflect the surrounding neighborhoods and the families they serve. Each FRC currently offers at minimum the following nine core services listed below. (Prior to 2015, there were only 6 core services.) FRC's use the same funding streams as FaCT.

- Counseling
- Parenting Education

- Family Support Services (Case Management)
- Domestic Violence Prevention and Treatment
- Community Information and Referral
- Comprehensive Case Management Team
- Out of School Time Youth Programs
- Family Reunification Family Fun Activities
- Adoption and Promotion Services

Professional and Administrative Services are provided by the FaCT Coalition (The Olin Group, Charitable Ventures of Orange County, and Orange County Alliance for Children and Families), which is funded by CBCAP and PSSF FS. Prior to 2015, these services were provided by the Orangewood Children's Foundation. These services provide the administrative support for the FaCT Program. Staff expertise includes training, data, marketing, community organization, resource development, parent leadership, collaboration, and administrative support. The FaCT Coalition is responsible for providing training for FRC staff and FRCs Community Engagement Advisory Committee (CEAC) and is providing marketing and community education through the FaCT Marketing coordinator.

Child Abuse Treatment (CHAT) services are provided by Child Guidance Center and Olive Crest. Community Services Program (CSP) was previously a provider until 2015. These services have been funded by PSSF FP, FS, TLFR, and APS; but as of July 2018, PSSF funding will no longer be utilized for this service. CHAT is a highly specialized Trauma Focused Cognitive Behavioral Therapy and Victim Advocacy. Services are provided to child victims of abuse and other crimes through the Corbin Family Resource Center Collaborative with a goal of minimizing or eliminating symptoms of trauma. Children are taught coping and other life skills necessary to maintain a safe and stable life experience.

Prevention Services

Differential Response (DR), in general, is based on the concept that child safety is a responsibility shared by child welfare agencies and the community. This approach offers alternative ways of responding to child abuse and neglect by recognizing that many child abuse investigations do not result in detention of the child(ren) and/or ongoing involvement with a child welfare agency. Rather, some investigations uncover needs and concerns in families that, if addressed, could stabilize a family and help parents to protect their child(ren) by offering resources and support available within the community. The primary goals of DR are to engage a greater number of families in services within the community without bringing them into the child welfare system and to reduce the recurrence of child maltreatment. DR is broken up into DR Path One and DR Path Two.

Differential Response – Path One (DR Path-I) services, also known as Neighbor to Neighbor (N2N), is designed to provide services to at-risk families after information pertaining to suspected child abuse or neglect has been received by the Child Abuse Registry (CAR) and when the information provided to the hotline/CAR meets the legal definition of child abuse.

The DR Path-1 Services is a collaboration between the SSA and CBOs in an effort to prevent child abuse delivered via a Multi-Disciplinary Treatment team. Outside agencies, such as Olive Crest, Child Abuse Prevention Center, Children's Bureau, Public Health Nurses, and the Raise Foundation are some of the outside agencies that collaborate with Orange County via a Memo of Understanding to provide a menu of services. Child abuse prevention services and referrals provided to at-risk families by the CBO include, but are not limited to, counseling, parent education, case management, homeless assistance, emergency needs, assistance with childcare/transportation, and job search and training.

Differential Response – Path Two (DR Path-II) is indicated when reported allegations meet statutory definitions of abuse or neglect and an initial assessment made by CFS determines that, with targeted services, a family is likely to make needed changes to improve child safety. This is a collaboration between CFS and the FRCs. After a child abuse report has been initially assessed by a CFS DR SSW, a referral is made to an FRC. Differential Response (DR) Family Advocacy teams a DR advocate with an SSA Senior Social Worker to respond to child abuse reports. An FRC DR Advocate works with the family to identify needed services, locate resources, and provide ongoing support. The DR advocate provides a thorough assessment of the family's needs and begins to help the family with strength-based conflict resolution to create a safe environment for the child(ren) in the family, mitigating crises, and providing support. Each FRC offers services unique to its surrounding neighborhood.

Intervention Services

Family Reunification (FR) services are provided in partnership between social workers assigned to the units and families to address the issues that brought them to the attention of the dependency system, and to provide resources and support to enhance the family's identified strengths and abilities to overcome barriers to successfully reunify with their children. Some of the outside services that are valued by social workers and consumers that assist families with reunification are listed below.

- Family Support Network – Parent Mentor Program
- Child Abuse Prevention Center – in-home parenting, basic needs
- Child Guidance Center – individual and family counseling
- Western Youth Services – counseling services
- FRCs
- Olive Crest – Kinship Support Services Program - relatives raising children
- Health Care Agency
- County Mental Health
- Individual Provider Program
- Perinatal Substance Abuse treatment

An ongoing need for transportation services for children to see their parents, monitors to supervise visits, and expanded parent mentor services, especially for father engagement, has been identified by consumers and stakeholders during the CSA process.

Independent Living Program (ILP) provides individualized case management services and group support services to youth and young adults in foster care between the ages of 16 and 21, toward successful transition to adulthood. This is performed through a designated staff of 14, including 2 child welfare services supervisors, 8 social workers, 2 staff specialists, and 2 clerical support, and through a transition age youth service provider contract for ILP services. These skills-building and support services target the life domains listed below.

- Civic Engagement
- Daily Living Skills
- Education
- Career Exploration & Employment
- Family & Social Support
- Financial Responsibility
- Health & Self Care
- Housing

Services and supports are mobilized engaging youth, caregivers, and youth allies through the Transitional Independent Living Plan (TILP) development process. ILP completes the initial TILP and it is updated at least every six months thereafter by the youth's assigned caseworker. Quality control measures are in place to ensure timely completion of the TILP, including use of Safe Measures, a TILP Tracking Report, and the Status Hearing Court Report. Efforts to optimize the benefits and reach of ILP services have revealed the following opportunities, which are described below.

- We need to **capitalize on technology** to diversify modalities of engagement of youth, caregivers, and youth allies. We currently have a robust website for youth, including online registration for group services. However, we could expand our impact and reach through use of an app, such as Think of Us, and through use of webinars, e-learn modules, and video-conferencing. These could help propel individualized TILP progress, Transitional Planning Conference participation, and group service participation.
- We need to **engage caregivers** to more actively support transition to adulthood skills-building and growth mindset, including supporting youth in career exploration and employment, postsecondary education pursuits, healthy sexual development, and daily living skills.
- We need to **start earlier**. We are experiencing youth turning 18 years old not adequately prepared to fully optimize the benefits of Extended Foster Care (EFC), challenged to meet the EFC participation requirements, and experiencing involuntary exits from transitional housing. We need to explore launching targeted transition to adulthood skills-building and growth mindset efforts beginning at 12 years old enlisting youth, caregivers, caseworkers, and youth allies.
- We need to employ more intentional efforts to expand a youth's **family and social support**, which is key to successful transition to adulthood and improved life outcomes.
- We continue to experience **placement resource gaps** for youth and young adults with complex mental health care needs (especially if short of eligibility for the Short-Term Residential Therapeutic Program and Regional Center), who are misusing substances, who are parenting (especially if more than one child and/or cohabitating with a partner), and who are affected by commercial sexual exploitation.

Permanency Planning services facilitate the continuation of supportive relationships and meaningful lifelong connections with caring adults, which are critical to supporting foster youth through periods of crisis, ensuring enhanced service provision, and better outcomes for youth exiting the child welfare system. Since 2005, CFS has partnered with foster youth, caregivers, and community partners, to develop strategies toward:

- Preserving the foster youth's familial relationships and other important connections;
- Increasing the foster youth's support network; and
- Expanding the perception of "permanency" for foster youth to include stable, permanent, and lifelong connections.

The services described below are provided to develop permanent plans for children who are not able to be reunified with their parents, as well as for older youth exiting to independence.

- Concurrent planning
- Permanency TDMs at which the family and caregivers discuss the permanent plan for children not returning home, including adoption, legal guardianship, or long-term foster care
- Permanency Options Planning (POP) provides education to caregivers about the permanent options for children in their care.

OCSSA

- Transitional Planning Conferences at which youth, ages 17 and older, meet with CFS staff, their caregivers, and support system to discuss their permanency options.
- Non-minor dependents (NMD) specialists provide orientation to young adults requesting re-entry.

Adoption Services. Complete details about the services offered by the Adoption/RFA program are provided on pages 39 and 62.

Culturally Appropriate Community Services

The services described in this section will meet the needs of the most hard-to-reach populations, as well as providing culturally appropriate services.

Risk Reduction and Community Health (REACH) Outreach and Engagement Team. REACH provides services to adults who are homeless or at risk of homelessness, dealing with substance abuse issues, trauma survivors, or anyone who needs to develop better coping skills. Services focus on providing community members with referrals and linkages to behavioral health and other supportive services. Educational groups are offered to enhance and develop safe coping skills utilizing the evidence-based curriculum, Seeking Safety. Case management services are also offered to assist individuals one-on-one in developing a plan to establish and achieve goals, improve access to supportive services, and address barriers with linkage to needed referrals.

Outreach and Engagement Collaborative services are designed for Orange County residents who are at risk of developing a mental illness or displaying early signs of emotional, behavioral, or mental instability or co-occurring substance abuse disorders. The program provides community workers who seek out underserved or isolated individuals to help them find and access appropriate services. The program goals are to prevent the development of mental health conditions and intervene early in their manifestation to reduce risk factors/stressors and prevent conditions from getting worse. While building skills, the program provides support and referrals/linkages to appropriate community resources.

The Mexican Consulate has reached out to CFS to assist Mexican Nationals who have become involved with the child welfare system. Staff attend Team Decision Making meetings to support Mexican families by providing information about their services. They collaborate with social workers who have cases involving Mexican Nationals and offer repatriation services, as well as many other services for this population.

Latino Health Access (LHA) has a mission of partnering with communities to bring health, equity, and sustainable change through education, service, consciousness raising, and civic participation. Their Promotora model identifies community members reaching out to their fellow residents with a goal of education regarding nutrition, resource referrals, and education about diabetes and general healthy living. The agency trains Promotoras, or community workers, to educate the community about diabetes, breast cancer, obesity, domestic violence, parenting, and more.

The Latino Children and Youth Initiative is a program through LHA that provides health intervention for children and youth living in high-risk environments. Activities are designed to reduce health disparities, increase resilience and leadership skills, enlarge the worldview, strengthen families, improve mental and physical health, and improve academic performance.

Orange County Asian and Pacific Islander Community Alliance, Inc. (OCAPICA) was established in 1997 with the mission to build a healthier and stronger community by enhancing the well-being of Asians and Pacific Islanders through inclusive partnerships in the areas of service, education, advocacy, organizing, and research.

OCAPICA Bridges is an afterschool tutoring and mentorship program for high school youth. The purpose of OCAPICA Bridges is to increase the number of underserved youth graduating high school and transitioning to

college. The four main objectives include: academic support, college preparation, culture, and personal development.

ACCESS California Services is a non-profit CBO dedicated to empowering the under-served Arab- American and American Muslim communities, to enhance their quality of life and increase their self-determination. Orange County CFS has partnered with ACCESS California in providing supportive services to Arab and Muslim children and families. They have provided sensitivity training to CFS staff, served on panels for county sponsored trainings, and recruited families in the Muslim community to become foster parents for Muslim children.

Orange County Regional Center. See details about services provided to children with developmental needs on pages 39, 44, 74, 80.

LGBTQ Youth. In Orange County, there are two main agencies that provide services to LGBTQ dependent youth. The Center OC conducts youth groups, provides individual counseling, and assists with LGBT training for CFS staff. OCACCEPT offers peer support, social activities, groups, counseling, and assistance with youth placed in residential programs, as well as training for CFS staff.

Services available for Native American children. Orange County does not have many identified Native American service providers. There is one service provider, a Marriage and Family Therapist at FACES, Inc., and an Indian Education School Psychologist. The American Indian Families Partnership in Los Angeles County is expected to expand to Orange County in the near future to bring more services in the form of health services, counseling, and other resources for Native American families.

Probation
Prevention Focused Services
Once a youth enters into the Probation system, Wraparound services and community resources may be used in an attempt to preserve the family and prevent child maltreatment. If they are accepted into the program, Wraparound is committed to maintaining the youth in the home. Their focus is on both the youth and the parents/caregiver and assisting them to develop strategies to stabilize the home environment.

The Orange County Probation Department's Parent Engagement program began in 2014 as a result of a study that came out of UC Irvine that informed us that a child's success in the Juvenile Justice System is directly related to the parent's ability to understand and navigate the system. With that information, we began our Parent Orientation Program. A Juvenile Justice Guide was developed which provides families with information about the Juvenile Justice System, including the court process. Additionally, the guide provides parents with community-based resources and helpful tips when navigating through the court process. A Juvenile Court Parent Orientation was also developed and is offered every morning to parents and youth before the scheduled court hearing. We began collaborating with Padres Unidos to provide parenting support groups. Padres Unidos offers a comprehensive, culturally relevant program for our highest represented group of parents, the Hispanic population. They provide a 26-week parenting course in Juvenile Hall with parents from all over Orange County attending. Graduation ceremonies, complete with caps and gowns, are held at the end of the program. The ceremony itself is a very symbolic experience for the families as they have learned valuable new tools, taken responsibility for their children, and made connections to community resources and other supportive services. The goals of the program are:

- Strengthening families and building resilience;
- Improving communication in the families of incarcerated youth and with the probation department;
- Assisting families in working with the juvenile justice system to increase community safety; and

- Assisting in safely reintegrating the youth into their family and community and to promote a culture of shared responsibility between the family, Probation, and the community.

The Parent Engagement Deputy Probation Officer (DPO) reaches out to parents/guardians of youth attending court for the first time. The DPO contacts parents by phone just prior to the youth's upcoming court hearing to answer questions about the juvenile justice system and to invite them to attend the Parent Orientation meeting held at the Lamoreaux Justice Center on their scheduled hearing date.

An early prevention program called Stop the Cycle (STC) is a free program offered through the Orange County Health Care Agency designed to serve the parents and siblings of youth involved in the juvenile justice system. The program's goals are to help parents build protective factors and improve their parenting and to help build an ongoing system of support for the whole family. Also, STC strives to reduce the development or progression of mental health or substance abuse problems within the family. It is structured to encourage parent groups to build a lasting support network in the community that provides ongoing support for families experiencing trauma, conflict, and overall family dysfunction.

The Probation Department has teamed with the Department of Education to create Community Schools under WIC §236, which allows probation officers to engage in activities with students who are not formally involved with Probation to prevent juvenile delinquency. The basic mission is to increase student proficiency. Youth are referred to the program when they have four or more truancies in a school year, disruptive behavior in school, and substance abuse/inability to function appropriately in school.

Community-based Family Support Services
The Probation Department has various community-based family support services. These include:

- **The Youth Reporting Centers (YRC) and Project Kinship:** YRC is a CBO that partners with the Probation Department to provide a Cognitive Behavioral Therapy (CBT) intervention to gang-involved youth at our Santa Ana YRC. In June 2017, Project Kinship began facilitating the Kinship 101 group, a CBT that targets negative thinking and provides tools for problem solving, goal setting, and strength building.
- **Culinary Arts Pilot:** A pilot program is in development that would provide culinary arts training to probation youth while addressing food insecurity issues by repurposing donated foods into freezable meals that can be distributed to probation families as well as local food banks. This program is entitled Waste not OC.
- **Padres Unidos and Parent Engagement DPO:** The Parent Engagement DPO and Padres Unidos staff meet with parents of incarnated youth after their initial custody intake interview. They explain the court process and answer questions and concerns about the juvenile justice system. This intake interview meeting is important because it provides a safe place for the parents to process their feelings. The objective is to let parents know they are supported. The parents' response has been overwhelmingly positive. Parents have expressed their gratitude for the information, resources, and support through this very difficult time. In addition, the Juvenile Field Supervision Division has engaged the services of Padre Unidos to provide case management services to youth who have been resistant or reluctant to participate in other services aimed at reduction of risk factors. Padres Unidos also has a parenting component that engages parents and guardians.

Family Preservation Services
Probation utilizes individual and family counseling, as well as Wraparound services when family preservation is needed. We also have the option of having a youth mentor assigned to the youth long term by the Orangewood

Children's Foundation. If the needs become financial, the Probation Community Action Association is also available as a limited resource to assist families in immediate financial need.

Reunification Services

Reunification services to assist foster youth and their families include counseling services. Youth who are incarcerated in Juvenile Hall have counseling services by the Court Evaluation and Guidance Unit (CEGU).

Permanency Options/Adoption Services

Permanency planning begins at the time of intake for all foster youth and runs concurrently with any other identified case plan goal. Having a place for the youth to go to once they have completed their treatment is a priority for the DPO. Permanency can be with a family member, friend, mentor, or any other person willing to have a relationship with the youth through their adulthood. The Placement Unit encourages significant connections of appropriate adults that will support long-term stability of the youth regardless of that person's ability to take placement of the youth. The Placement Unit continues to struggle with finding permanent connections for undocumented youth whose family is not in this country.

Orange County Probation has not yet provided adoption services but would work with the youth and prospective adoptive family if this was an appropriate plan. Improvement in this area is needed in order to more thoroughly explore permanent options for these youth, including educating caregivers about legal guardianship and adoption.

Independent Living Services

The Placement Unit has a well-developed and effective independent living skills (ILP) program for the youth in its care, including: the development of the TILP, group homes preparing youth for emancipation, referrals to Orangewood Children's Foundation, placement in the Transitional Housing Plan Program, and use of the Incentive Program. The foster family program provides youth with the ability to secure a learner's permit and obtain their driver's license. As a safety net, youth know they can receive basic services such as washing laundry, eating a hot meal, receiving mail, or using a computer through the office of the Orangewood Children's Foundation if they find themselves in a situation where they do not have a permanent residence after emancipation.

Services for Youth at Greatest Risk

Youth who suffer from severe mental health problems are referred to higher levels of care where they receive enhanced therapeutic services. These programs have a long-standing history of working with at-risk youth; and they will generally maintain them in the placement much longer than lower RCL facilities, despite problematic behavior. Youth who go into a higher level of care (RCL 14) are assessed by CEGU in order to receive certification of the need for mental health services.

Culturally Appropriate Services

Orange County Probation has 386 staff members who are bilingual and who are assigned cases matching the cultural and language needs of the family. If a DPO is not available to cover a particular language, an interpreter is used. Group homes are informed of the special language needs prior to the youth being placed in the facility. Other issues, such as religion, are also individually addressed when necessary. This has previously included allowing special furloughs for the attendance of religious services or celebrations.

Staff has received training on LGBTQ issues. Feedback from staff indicates the need for additional training in cultural awareness for the diverse populations of youth with whom the Probation department is involved.

Teen Parents

For teen parents who come into placement, females are placed in a group home where they can have their children. The Probation department does not have facilities for teen male parents and their children. In those cases, attempts are made to place the youth in close proximity to their child and assist with frequent visitation.

Developmental Needs

Services addressing the developmental needs of youth are mainly provided by Foster Youth Services and the Department of Mental Health. Extensive historical information is shared with the potential group homes to make every effort to match the youth's developmental needs with the service ability of the group home program.

Disabilities

The needs of disabled youth and/or caregivers can be met through outside referrals. The Regional Center provides testing/assessing of new cases as needed. Medi-Cal referrals can also be made as appropriate. Every effort is made to maintain services intact for those already receiving services once they come into contact with Probation.

Services Available for Native American Children

Please see Agency Collaboration/Interaction with local tribes page 73.

Quality Assurance System

Child Welfare

Using a strong partnership approach, Orange County CFS provides ongoing and continuous quality assurance of its continuum of care through the following workgroups: Self-Evaluation Team (SET), the Child Welfare System Improvement Plan Partnership, the Eliminating Racial Disparity and Disproportionality (ERDD) Workgroup, and Foster Youth Outcomes (FYO). SET provides data and outcome information to the strategy workgroups on a regular basis, and the workgroups provide meaningful feedback and suggestions to CFS about programming and service needs for families and children. Casey Family Programs provided funds to hire father mentors and educate social workers and court personnel about the importance of engaging fathers for the benefit of their children. Currently, two Hispanic Father Mentors are working with CFS fathers through our partnership with Family Support Network (FSN), and a father support group was developed and eight fathers completed the first session. Casey Family Programs has also supported the SOP implementation throughout the agency by contracting an SOP coach, who has worked with the SOP leadership to develop learning circles for supervisors to further the SOP implementation. The coach also is used with the CFT facilitators to help develop SOP strategies in the CFT meetings.

The County monitors the quality of service by reviewing contracts and ensuring that the providers are meeting the intended needs. CFS has also built a system to receive direct feedback from the families by conducting quarterly reviews in which the supervisors call a parent or caregiver to ask specific questions about the level of service to ensure the social workers are following policies and procedures. In CFT a quarterly survey is completed in order to receive direct feedback on the CFT meeting.

Quality Support Team (QST) provides case reviews of all case related to child fatalities/near fatalities and leads meetings with CFS managers and the Juvenile Justice Commission to review the findings.

Performance Measures

The Self-Evaluation Team (SET) meets monthly and one of the researchers provides a quarterly "Trends Report of CWS Outcomes" for review and discussion. SET also provides a one-page outcomes review called "CWS Outcomes – At a Glance" that is shared with CFS staff and community partners. In its review of the Trends

Report, SET will determine if any of the outcome measures are trending in the wrong direction, lead discussions, and make recommendations for further research and evaluation. For instance, the timeline for Family Reunification in Orange County has lengthened over a number of quarters, so SET has initiated a study to understand why this may be happening. In-depth research is being done, along with line staff focus groups to see if there have been changes in practice that might explain this trend. If issues come to light that appear to be affecting this outcome measure, SET will make recommendations for strategies for improvement. The Child Welfare System Improvement Plan Partnership (CSWIP), and other strategy workgroups, also review CWS outcomes and have discussions about methods to improve trends.

Indian Child Welfare Act (ICWA)

The Indian Child Welfare Act mandates that ICWA eligible children involved in dependency action are identified and that the tribe is notified of all dependency action. The Emergency Response workers facilitate and research information about Indian heritage. The ICWA unit interviews family members who claim to have Indian heritage and provide notification and ongoing contact with the affiliated tribe to determine ICWA eligibility and adherence to ICWA regulations.

Multi-ethnic Placement Act (MEPA)

CFS has recruiters in both the licensing and adoption programs that will target recruitment of foster and adoptive homes based on the cultural and ethnic needs of the children awaiting placement. Many of our FFAs offer culturally and ethnically diverse homes. Recruitment efforts are also focused on specific cultural and ethnic events throughout the community in an effort to engage caregivers from diverse backgrounds to meet the diverse cultural and ethnic needs of children and youth in care. CFS collaborates with various non-government agencies throughout the community, including broad and diverse group of faith partners. These partnerships are representative of the communities from which children come and are leveraged to assist in reaching a diverse set of potential caregivers who reflect the ethnic, racial, cultural, and linguistic diversity of children and youth in need of family-based care. CFS analyzes relevant data to drive practice, including data of the characteristics of children waiting for home-based care and also continually analyzes data of the existing pool of caregivers to identify gaps. Whenever possible, however, Orange County will attempt to place children with family members. At this time, approximately 48 percent of placements are with relatives. Stakeholder feedback indicated a need for more efforts to improve communication of services to be offered and roles to be played by those involved (e.g., clarify role of foster parent or relative placement in the care plan).

Mental Health Screening, Assessment and Treatment Plan

The Health Care Agency and Behavioral Health Services co-locate staff with CFS and are available for staff training, consultation, and assessment of children in the dependency system. This team concept ensures a collaborative approach to planning for the mental health care needs of children involved with CFS.

For instance, all children who enter OCFC receive an assessment by the Clinical Evaluation and Guidance Unit (CEGU) program, and treatment planning begins once children with mental health issues are identified. Treatment planning continues throughout the life of the case with the Continuing Care Placement Unit (CCPU) program. Psychologists carry a caseload of children in out-of-home care who have a mental health diagnosis. Planning includes whether children need psychiatric evaluation to identify the need for psychotropic medication.

Psychotropic Medication Monitoring

CFS policy requires that the dependency court authorizes the use of prescribed psychotropic medication for all dependent children, and that the use or change in dosage of such medication be reviewed every six months by the court. The assigned SSW is required to monitor the use of these medications for children in foster care,

ensure that caregivers are administering medications properly, and that the caregiver reports any significant changes in the child so that the SSW can notify the psychiatrist and the court.

Children's Health and Education

Public Health Nurses (PHN) are co-located with CFS and are available to consult with staff about children's health concerns. They also document health information in the Health and Education Passport. PHNs are available to go in the field with staff on referrals or cases involving medical issues.

CFS has a program called Specialized Family Services (SFS). The staff in this program are assigned dependency cases of children with special medical needs. They assist relative caregivers with training and understanding and monitoring the children's medical care. In cases where family is not available, children are placed in foster homes with caregivers who are trained in caring for the children's special medical needs.

Also co-located with CFS is the Foster Youth Services (FYS) program that assists with the monitoring of educational information of children in foster care. The FYS, under the auspices of the Department of Education, provides educational reports and information to social workers, including providing reports at the time of TDM meetings so that any concerns about education can be discussed with the FYS liaison who may attend the meeting.

AB 490 Policy Development

Policies and procedures have been written and distributed to all staff regarding compliance with AB 490, resulting in children being kept in their school of origin whenever possible. Education liaisons from FYS assist with this planning. Transportation arrangements are made for children in facilities or homes outside of their home school area if school of origin placement is in the best interest of the child.

Families' involvement in case planning

Please refer to pages 50 and 57 for information about case planning, including how CFS assures compliance with concurrent planning, TPR, and ILP services.

Participation and Evaluation of programs supported with CAPIT/CBCAP/PSSF funds

As previously indicated, CAPIT-funded services are monitored by an SSA Contract Administrator and by a CFS liaison through attendance at case review conferences and utilization reviews. Direct feedback at the conclusion of the utilization review, as well as day-to-day communication, is used for quality assurance and compliance. In addition, contracted service providers submit monthly statistical reports to SSA that include numbers of families/clients served by language (English, Spanish, or Vietnamese), total hours of direct services provided, etc.

For CAPIT funded services, corrective action plans are developed when programmatic or administrative non-compliance or findings are deemed to be serious or persistent, even after consultation and training are provided to ensure the contractor comes into compliance. The utilization reviews are a useful tool, providing contractors with immediate feedback, as well as written documentation for follow up.

Each core service funded by PSSF and CBCAP has a unique assessment tool to measure the outcomes of the service, such as pre- and post-tests and the Family Development Matrix (FDM). For example, counseling outcomes and effectiveness are measured using the Protective Factors Counseling Assessment Tool, which captures the therapist's and client's responses. The tool measures client progress and functioning in multiple assessment categories.

County staff meet monthly with each PSSF- and CBCAP-contracted service provider to ensure quality of services in addition to addressing any concerns that may require corrective action. County staff also meets monthly with the contractors to discuss progress, quality assurance, and FRC consumers' satisfaction. Effectiveness of services

and concerns are addressed and strategic plans evolve to meet the community's needs. The annual Strategic Plan outlines short- and long-term goals to measure progress and service effectiveness.

Fiscal oversight for CAPIT/CBCAP/PSSF-funded programs is done at the contract administration level. The budget for funded contracts restricts appropriations of respective funding sources to the services approved by the State Office of Child Abuse Prevention. Any discrepancies are discussed with the contractor prior to the invoice being submitted for approval by a Senior Contract Administrator.

Contracted services providers are contractually obligated to submit copies of their financial audit, and/or an organization-wide audit, in compliance with the Federal Office of Management and Budget Circular A-133.

Probation

Quality Assurance is the responsibility of all management and staff. The individual officer is responsible for providing the direct service and first-line documentation. The unit supervisor is responsible for reviewing the entirety of the work product and taking appropriate corrective action. Managers conduct periodic reviews of the work product to ensure that the integrity of the system is maintained. All are responsible for compliance with departmental policies, procedures, and performance standards.

Managers may responsibly adjust these guidelines when necessary so that they can be practically applied. The quality assurance system is intended to assess compliance with standards, policies and procedures, and the "health" of the Model System.

The Continuous Quality Improvement (CQI) system provides a framework of six steps that can be applied to the work of any department function, unit, division, or bureau to further define key goals and processes and to ensure the quality of service delivery. This model of CQI supports evidence-based decision making as defined by the National Institute of Corrections (NIC) in that the results of the information received from the CQI will be used to help make future decisions that improve services towards accomplishing the department's mission. The communication process used in CQI also allows feedback and input to and from all levels of staff regarding results and progress towards objectives.

The Placement Unit utilizes CWS/CMS and the Placement Management System (PMS) within the Probation Department's Integrated Management System (ICMS) to gather information needed to assess compliance with the tracking of youth (in custody and out of custody), case plans, ILPs, Health and Education Passports, court dates, and monthly contacts. The Placement supervisor also tracks the progress made on the System Improvement Plan through quarterly reports.

Indian Child Welfare Act (ICWA)

The Probation Department has created and distributed an ICWA manual for the probation officers to utilize. The number of ICWA eligible youth is very low at this point. A system has been put in place for probation officers to inquire about possible Native American heritage for each youth when entering the probation department.

Children's mental health and trauma needs

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 three minutes and does not require clinical expertise to administer, score, or interpret.

a) The assessment has seven scales for boys and six scales for girls. Each scale has five to nine items.
b) Minors 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.

c) Minors are generally assessed within three days after they have been admitted into Juvenile Hall.
d) Minors who are directly admitted into Juvenile Hall from a psychiatric hospitalization, or minors who are placed on level II or III suicide status, will not need to have the MAYSI II administered as they will automatically be referred and seen by a CEGU therapist within 24 hours.

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

A copy of all completed and scored MAYSI-2 assessments will be forwarded by Intake Services staff to the 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.

Monitoring of prescription/psychotropic medications
When a youth is adjudged a dependent of the juvenile court, only a juvenile court judicial officer has the authority to issue orders regarding the administration of psychotropic medications.

Court authorization for the administration of psychotropic medications is based on a request from a physician indicating the reasons for the request, a description of the child's diagnosis and behavior, the expected results of the medication and a description of any side effects of the medication, maximum total dosage, treatment duration, and administration schedule.

When a youth becomes a ward of the court and is placed under the supervision of the Probation Department, s/he is subject to the same procedure for authorization of psychotropic medications as youth placed in foster care.

All children in out-of-home care are eligible for Medi-Cal health care and Denti-Cal dental coverage, including regular CHDP physical examinations. CHDP health and dental assessments are conducted in accordance with CHDP Periodicity Schedules. CHDP is responsible for completing periodic preventive health assessments and, when necessary, referrals for diagnosis and treatment services pursuant to the federally mandated Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) requirements. CHDP also assists with obtaining diagnostic and treatment services for medical, dental, and mental health problems identified during the health assessment.

Physical health and education needs
This is achieved through the WIC §16010 (a) & (b) that mandates the case plan for every child in foster care include a summary of the child's health and education information and that a copy of the summary be attached to all court reports. In addition, WIC §6010 (c) requires CFS to provide the caretaker with the child's current health and education summary, no later than 30 days after initial placement, and within 48 hours for each subsequent placement.

A public health nurse from the Health Care Agency is assigned to assist the Placement Unit with gathering and entering all medical information into CWS/CMS for the probation officers. There is also a representative from the Department of Education assigned to the Foster Youth Services unit who assists the Placement Unit with reports for the court and information pertaining to the status of the youth in terms of graduation status and special education needs.

9. Critical Incident Review Process

Child Welfare

Orange County adheres to Senate Bill 39 (SB 39) and Division 31-500 regulations for reporting child deaths and near fatalities due to abuse and/or neglect. SB 39 clarifies the requirements for the reporting and disclosure of child fatality information in California. Division 31-500 provides further clarification and instruction to counties. California Department of Social Services also identifies the notification and public request responsibilities to state agencies and the community outside SSA. The Orange County Child Abuse Registry (CAR) Hotline accepts reports, including informational calls from the Coroner, law enforcement, mandated reporters, and members of the community when the death is suspected of being due to child abuse or neglect.

CFS will accept, and refer out to law enforcement, reports of child fatalities where there is not a child currently at risk of child abuse or neglect. Within one hour of receiving a report, including weekends, after hours and holidays, all fatalities or near fatalities due to suspected child abuse or neglect will be reported to:

- Local law enforcement (unless already reported);
- CAR (unless already reported); and
- CFS/SSA chain of command.

An initial Special Incident Report (SIR) is completed within one business day and distributed to the Orange County chain of command, including the Board of Supervisors, CEO, County Risk Management, along with the Juvenile Justice Commission if the child was an Orange County dependent. Systemic reviews are completed for families with an open case or for whom prior services were provided if the child's fatality is determined to be due to abuse/neglect. Annual reconciliation is determined by county tracking records. County staff from Emergency Response, Child Abuse Registry, County Counsel, and the Quality Support Team participate on the local Coroners Death Review Team (CDRT). The purpose of these meetings is to discuss trends in cause of death for youth and to target trends that need to be addressed (general neglect, physical neglect, and emotional neglect).

The current trends identified by the group include drowning, unsafe sleep practices, and youth suicide. A large number of deaths occurring in Orange County, whether the cause of death is identified or not, involve unsafe sleep practices and suicide. The members of the group are participating in outreach to communities to share the dangers of unsafe sleep practices, as well as increasing awareness of youth suicides. The outreach efforts for unsafe sleep practices include notifying the hospitals when a baby less than one year old dies in an unsafe sleeping situation (with the intent to make the hospital aware they need to increase their education of new mothers) and community events designed to educate different cultures about the danger surrounding the practice. The outreach efforts for youth suicide include potential collaboration with the Orange County Department of Education Safe Schools Division, Crisis Response Network, Orange County Health Care Agency, Orange County Schools, and the Coroner's Child Death Review Team to propose the development of the Child Suicide Death Review Team to conduct follow-up interviews to develop a comprehensive view of the student and insight into the suicide.

Probation

The following information represents the Orange County Probation Department's notification system for the death of minor, an alleged criminal act by a staff member or person contracted by Orange County to provide care to a minor, an Orange County Probation Officer or employee, any incident in which a youth violates a Penal

Code (e.g., 261.5 Unlawful Sexual Intercourse, 286 Sodomy, 288 Lewd and Lascivious Acts, or 288a Oral Copulation), a youth has been involved in a sexual act with another while in custody, or any environmental or structural condition which requires evacuation or relocation of minors or otherwise affects their safety or welfare.

After appropriate emergency measures have been taken, the discovering employee will notify as soon as possible the appropriate Probation Division Director who is responsible for notification of his/her Chief Deputy Probation Officer for any of the above-listed incidences.

In the case of the death of a minor described above, the Chief Probation Officer or his designee will immediately notify the following individuals/entities by telephone, with a written report to follow within 24 hours:

- District Attorney;
- Presiding Judge of the Juvenile Court;
- Chair of the Juvenile Justice Commission;
- Departmental Safety Officer;
- County Risk Management; and
- Orange County Employees Association (OCEA).

In addition to the above, the following individuals will also be notified at different points in time:

- Clerk of the Board of Supervisors in writing within 24 hours;
- The County Executive Officer (CEO) in writing within 24 hours;
- OCSD will be notified immediately by telephone, in writing within eight hours;
- The Coroner will be notified immediately; and
- Bureau of Criminal Statistics, within 10 days (for the Attorney General).

The following information represents the Orange County Probation Department's policy for addressing deaths, serious suicide attempts, and other serious incidents related to minors in custody. Upon discovering what appears to be a suicide attempt or serious injury, Probation will determine the necessity for immediate medical aid, call for staff assistance, and initiate the necessary treatment. Staff not involved in immediate treatment will first call paramedics and then contact the Juvenile Hall medical unit. Additionally, the scene will be preserved for any further investigation.

Post Incident Medical and Operational Review

A medical and operational review will occur within 10 days following an in-custody death of a minor. The review team shall include the Chief Probation Officer, CDPO-Juvenile Intake and Detention Bureau, Institutional DD, and other administrative and supervisory staff relevant to the incident, e.g., responsible physician, nursing supervisor, legal counsel, Coroner, etc. Written policies and procedures for such review shall be jointly established by the facility administrator in cooperation with the county health administrator.

The supervisor of the placement monitor attends the Child Death Review Team meetings chaired by the Coroner's Office. The purpose of these meetings is to discuss trends in cause of youth's death and to target trends that need to be addressed (general neglect, physical neglect, and emotional neglect). As was mentioned on Page 93, a current trend identified by the group is co-sleeping. A large number of deaths occurring in Orange County, whether the cause of death is identified or not, has co-sleeping involved. The members of the group are participating in outreach to communities to share the dangers of this parenting practice. These outreach efforts include notifying the hospitals when a baby less than one year old dies in a co-sleeping situation (with the intent

to make the hospital aware they need to increase their education of new mothers) and community events designed to educate different cultures about the danger surrounding the practice.

10. Peer Review Summary

As previously mentioned, The Orange County Peer Review was conducted the week of September 10-14, 2018 and was a collaborative effort between the County's CFS and Probation's Placement Unit. Cases for the 2018 PR were selected from both CFS and Probation. A representative sample of cases was selected based on child and family characteristics, CFS or Probation status, and region in which they were located. The cases adequately represented the population of Orange County. In total, 27 cases were reviewed (18 CFS cases and 9 Probation). Cases focused on reentry to care for CWS and permanency within 12-23 months for Probation. The following section outlines the key data trends that informed the selection of these focus areas.

Focus Area

For this Peer Review, Child and Family Services selected 3-P4 Re-entry to Foster Care while Probation staff selected measure 3-P2 Permanency in 12 Months (in care 12-23 months). CFS selected 3-P4 Re-entry rate as this was an area of challenge for CFS, especially in the last couple of years. P4 Re-entry rate was an area in which CFS did extremely well in the past; however with the change in focus to permanency in the previous System Improvement Plan (SIP) cycle, the re-entry rate started to increase. Probation selected 3-P2 Permanency in 12 Months (in care 12-23 months) because this represents an area of struggle and also represents the largest population of youth in care. This population includes youth with high needs, including serious mental health needs and those with adjudicated sexual offenses. See Section 11 (Outcome Measures) for a full description of data trends and detailed data exhibits.

> **Peer Review Process**
>
> - Three teams
>
> - Each team debriefed and documented their findings after each interview
>
> - Team members integrated debrief findings at the end of the day
>
> - Themes were identified throughout that process
>
> - Peer Review themes reflect the "voice" of the social worker and probation officers

Methods

Case Selection

In selecting the cases, CDSS provided a sample of randomly selected cases, stratified by age and gender, with the baseline of Q3 2012 and current performance of Q3 2017 that fit the criteria for re-entry and non-reentry. The Quality Support Team (QST) further vetted the cases by ensuring that the cases were not duplicates, sibling sets, or assigned to the same workers. CFS vetted a total of 15 re-entry cases with 11 being primary and 4 backups. For non-reentry, CFS vetted a total of 11 cases with 7 as primary and 4 backups.

For the Probation cases, CDSS did not have an ability to pull the cases that would fit these criteria. Thus, Probation staff conducted an audit of cases that met the Peer Review timeframe to select cases that represented the population that are most challenging to find permanency. A total of 27 cases were reviewed in all (18 CFS and 9 Probation).

Preparation of Peer Counties, CFS, and Probation staff

As previously mentioned, CFS peer reviewers represented Fresno, Santa Barbara, Sonoma, and Yuba counties, while Probation peer reviewers represented Riverside and Yolo counties. CFS had a dedicated Peer Coordinator

that reached out to the participating counties to provide a welcome letter, logistical information, and address any issue that the peer counties might have in a timely manner. The Peer Coordinator was responsible for being the contact person the entire Peer Review week, as well as before and after the Peer Review week was over. The Coordinator worked with the Office of Finance and with Procurement to ensure each county was reimbursed in a timely manner.

For the Peer Review process, CDSS provided a list of counties that were doing well in the measure (P4) for CFS and (P2) for Probation that could be invited for the Peer Review process. Unfortunately, no like-county was doing well in P4 so we chose medium sized counties. CFS also had a dedicated assigned Staff Coordinator who took care of providing CFS staff with a letter explaining the Peer Review process, coordinating the training for the review tool, and sending out the schedule to the CFS and Probation staff for the Peer Review week. The Staff Coordinator was also available the entire week of Peer Review Week to check on staff and ensure they knew where to go and answer any questions they had about the process.

For Probation, email and phone contact were made with the peer staff from participating counties to provide logistic information and address any issues in a timely manner. Participants were provided a contact list via email prior to Peer Review should they need anything.

Peer Review Week

Orientation Day

The Peer Review week was launched by an orientation day. For the first half of the day, CFS and Probation staff and stakeholders were invited to attend. This was the opportunity to welcome, introduce, and explain the process and goals for the Peer Review week. An overview of the county's demographics and current CFS/Probation performance were discussed. This allowed for peer counties to have an idea of Orange County's makeup, as well as current initiatives Orange County is engaged in. Facilitators then provided an overview of the C-CFSR, including the CSA process, SIP, and Peer Review process. At this time, all agency staff and stakeholders were dismissed; and for the second half of the day, peer counties were brought together to familiarize themselves with one another and review the standardized interview tool. Group discussion included questions or clarification about the interviewing tool.

During the week, the peer counties were split into three interview teams, consisting of a mix of peer county representatives from CFS and Probation staff, three interviewers, and a scribe.

On the first day of the PR week, an overview of the county's demographics and current CFS/Probation performance were discussed. This allowed for peer counties to have an idea of Orange County's makeup, as well as, current initiatives Orange County is engaged in. Facilitators then provided an overview of the C-CFSR including CSA process, SIP, and Peer Review process. At the end of the first day, peer counties were brought together to familiarize themselves with one another and review the standardized interview tool. Group discussion included questions or clarification about the interviewing tool.

Peer Review

On days two, three, and four, interview teams engaged in the Peer Review in earnest. A schedule was established and provided to ensure all cases received equitable time during the review. The table to the right represents the schedule for one of the Peer Review days. CFS and Probation staff prepared and printed key case information for

TIME	Peer Review Activity
8:00	Morning Briefing
8:30	Prep for Interview 1
8:45	Interview 1
9:45	Debrief Interview 1
10:30	Morning Break
10:45	Prep for Interview 2
11:00	Interview 2
12:00	Debrief Interview 2
12:30	Lunch
1:30	Prep for Interview 3
1:45	Interview 3
2:45	Debrief interview 3
3:15	Break
3:30	Debrief

peer counties to review. Time was dedicated for the peer counties to review any necessary information. The interview then started and lasted one hour. The interviewers welcomed the interviewee, introduced themselves, and began the interview. Upon completion of the interview, the team debriefed and discussed the case for 30 minutes. During debriefing, the teams discussed and recorded the main strengths, challenges, and best practices that emerged during the interview.

The interview tool used during the case reviews was a standardized tool developed by the CDSS. The tool was developed from literature reviews and other tools used in previous quality review processes which coincide with statewide efforts for evidence-based practice and strategies toward improvement. By utilizing a standardized tool, the state is able to aggregate information related to each focus area at a statewide level. In addition to mandated questions, both CFS and Probation added supplemental questions into the interview tool to capture specific information of interest.

Interviewers were provided with a debriefing sheet to take notes on throughout the interview. The debrief tool was comprised of nine sections detailed in Exhibits 39 through 47. The sections of the tool coincided with sections of the interview tool and had areas for interviewers to note strengths, challenges, and best practices of the case being reviewed. These notes were used to guide the debriefing session following the interview and collected after to be destroyed.

Peer Review Findings

On the final day of the Peer Review week, all agency staff and stakeholders were invited back to hear the results and outcomes from the week. This was a three-hour interactive and learning focused session that included a synthesis of demographic and stakeholder data collected through the date of the Peer Review week, Peer Review findings, and Peer County best practices. See Appendix J for a copy of the materials shared with stakeholder on that day.

Summary of Peer Review Findings

In the section below, we present the Peer Review findings organized by the sections of the interview tool. Each day upon completion of interviews, the interview teams gathered to discuss and organize the key ideas and themes that emerged during the individual team debriefing sessions; thus, themes identified below reflect the "voice" of the social worker and probation placement officers. In order to preserve the language offered by the peer reviewers, the information summarized in Exhibits 39 through 47 will contain incomplete sentences.

Background

The interview protocol first asked questions geared to understanding the background of the case, strengths, and challenges of the involved family and the experience of the worker. Sample questions included: Describe the initial safety issue(s) that resulted in this child's prior removal; In the last three years, what trainings have you [SW or PO] received that were useful in your work with reunifying this child or that helped you achieve permanence for this youth? Please give a summary of your experience, length of time with the county, and length of time in your current program. Exhibit 39 displays the key background themes that surfaced. Please note that similar ideas surfaced across interview protocol domains; however, to be succinct, Harder+Company re-organized themes to appear only once per domain of best fit.

Exhibit 39. Background Themes

Strengths	Challenges
• Motivated, empathetic/passionate, well-trained and experienced workers • Within each CFS unit, there is consistency of assigned worker across the length of the case • Limited number of placement changes (Prob) • A multitude of trainings are available for SWs and POs • SW knowledge of SOP	• Inconsistent SW/PO review of case background and history • High SW caseloads • Lack of SW time to attend training and conduct SOP practices • SW turnover (CFS) • No warm hand-offs • Parental/familial barriers (i.e., extensive mental health and substance abuse issues; lack of housing) • Cultural barriers (i.e. language, lack of services, isolation of immigrant families) • Trust issues, history, and stigma between family and agencies

Recommendations: Lower SW caseloads; Hire more SWs; Provide more clarity around how cases are assigned; Offer more cross-training on what other departments/programs do; Provide on-going assessment of protective issues and risk factors; Ensure staff review documentation and case history when transfer happens; Ensure warm hand-off transition; Offer tailored trainings on substance abuse, mental health, SOP, and military; Provide resources for stable housing

Maintaining Connections

Section two of the interview protocol inquired about family connections and visitation. This section asked questions such as: At what point in the case did the agency begin to locate Relatives/NREFMs of the child/youth? What factors did you (or the agency) consider when making decisions about the parent-child visitation plan? Exhibit 40 highlights key strengths and challenges within maintaining connections.

Exhibit 40. Key Maintaining Connections Themes

Strengths	Challenges
• Visitation and sibling connections prioritized • Families are being provided with resources for visits (gas card, gift card, etc.) • Staff try to place youth in county and close to home • Family/youth voices are heard	• Lack of or no family finding • Lack of or no support network/family involvement (out of state NFRMS) • Logistical issues (e.g., transportation) • No concurrent planning

Recommendations: More use of family finding/family engagement across the life of the case; build support networks; offer visitation in appropriate places; facilitate more family visitation

Engagement

This section asked about how and at what points the SW or PO engaged the child/youth and the child/youth's family in case planning, concurrent planning and placement decisions. Sample questions included: Where did most of your in-person visits with the child/youth take place (home, school, etc.)? What are some of the topics you talked about with the child/youth? Exhibit 41 highlights key strengths and challenges within engagement.

Exhibit 41. Key Engagement Themes	
Strengths	**Challenges**
- Use of TDMs and CFTs - Safety plans implemented and followed up on - SWs and POs consistently built good rapport with families and youth - Workers conducted more visits than mandated - Workers reviewed ongoing case plan progress with families - Visits conducted in home	- Inconsistent use of TDMs and CFTs - Lack of parent engagement and cooperation (especially father engagement) - Lack of behaviorally-based case plans - Lack of support staff (data entry, transportation, visitation)

Recommendations: Increase father engagement efforts; Ensure consistent use of TDMs and CFTs; Ensure agreement and commitment to case plan by all parties; Increase use of technology and apps like Think of US and Circle; Increase SOP language; Create behaviorally-based case plans; Partner more with Family Resource Centers; Hire more support staff (for filing, data entry, transportation, visitation); Increase school engagement (reduce stigma of being in the system)

Assessment and Services

The assessment and services section sought to understand what type of assessments were conducted and what type of services families were connected to or received. Sample questions in this section included: Please explain when, by whom and what, Mental Health Assessments were completed on this child/youth; what mental health services were provided to the child/youth? How did the worker maintain contact with the service providers and assess the quality of the services provided? Exhibit 42 highlights key strengths and challenges within assessments and services.

Exhibit 42. Key Assessment and Services Themes	
Strengths	**Challenges**
- Service array is large (little challenges associated with accessing services) - Specialized units (multitude of specialized workers with specialized caseloads) - Mandated monthly contact with service providers (workers are checking-in/following up with services providers) - One-stop-shop services (i.e., Orangewood, Prototype, CHOC)	- No comprehensive mental health or behavioral assessments - Low effort or attention to ensure parent was following through on services - Connectedness of services - Referrals for services to address the offense that resulted in removal were not always provided - Transportation - Level of readiness for some services

- Screenings are being conducted every 6 months
- In-home services
- Youth and children are receiving regular dental and physical check ups
- Lack of trauma focused services

Recommendations: Ensure assessments guide treatment services; Provide sufficient oversight and mentoring around use of assessments; Expand use of evidence-based practices; Ensure mental health assessments are conducted; Increase knowledge of mental health services and resources available; Develop more specialized services; Ensure community/support services are culturally appropriate; Offer more in-home support services; Develop more trauma-informed services; Embed mental health at Probation sites; Assess the need for WRAP; Offer conjoint treatment services; Develop service delivery collaboratives

Placement Matching

This section asked questions to understand how placement decisions were made. For example, how did workers, or the agency, match this child/youth with their placement(s)? Exhibit 43 highlights key strengths and challenges within placement matching.

Exhibit 43. Key Placement Matching Themes

Strengths	Challenges
- Few placement changes - Siblings placed together - Youth are being placed with biological parents and relatives - Placed in same city - Limited disruptions to child	- Workers sometimes lacked historical context on prior placement decisions - Did not probe further once first placement was identified (Once one biological parent is identified, efforts stop to find/engage other parent) - Both parents not being engaged to full potential - Crime itself creates limitations (Probation)

Recommendations: Assess and support father engagement; Recruit NFRMS; For Probation youth, use sanction in lieu of placement change or petition

Reunification

This section focused on reunification decision making processes. Sample questions included: When and how were the family's risk and safety issues reassessed prior to reunification? In what ways did the court system affect the reunification decision-making process for this child? How did the child feel about returning home? Exhibit 43 highlights key reunification strengths and challenges.

Exhibit 43. Key Reunification Themes

Strengths	Challenges
- Reunified in a safe environment - Timely reunification - Court supportive of reunification	Families being reunified too soon (as it relates to court, children are ordered home prematurely and going against SW recommendation)

- Parental issues (e.g., ambivalence, incarceration, substance abuse)

Recommendations: Use parent partners; Encourage regular SW visits to the home; Ongoing assessment of protective, risk and safety factors; Ensure clear expectations between client and agency to support case plan

Transition/Aftercare

This section sought to understand what services and supports were in place as a child gets ready to transition back home. Questions included: What services and supports were in place to transition the child back into the home and sustain the family after the child reunified (i.e., Family Maintenance Services, Wraparound, Counseling, etc.)? What Family Safety Network (or circle of support) was identified to help support the family after the child reunified? Exhibit 44 displays the key transition/aftercare themes that surfaced.

Exhibit 44. Key Transition/Aftercare Themes

Strengths	Challenges
• Client resilient and intrinsically motivated • Natural supports were big part of safety network • Minimal disruptions (child's lifestyle remained consistent throughout case) • Prepared for ILS/ AB12 • Group home assisted with housing/ ILS • Wraparound services • Services in the home	• Lack of sustained participation by parents/youth • Restrictions or requirements of treatment programs • Returning child to parent prior to parent being ready • Lack of conjoint therapy for entire family • Lack of trauma-focused services • Limited use of community services (CASA, mentors) • Lack of aftercare

Recommendations: Ensure and plan for discharge planning; Utilize/engage formal and informal support networks to support families; provide linkages to community resources to address complex family issues

Reentry

This section asked about the family's ability to maintain successful reunification and what happened if the child reentered the judicial system. See Exhibit 45.

Exhibit 45. Key Reentry Themes

Strengths	Challenges
• Motivated parent • Frequent and long visitation • Short stay away from parents • Basic needs met • SW as advocate	• Lack of addressing underlying issues • Multiple generations involved • Employment stress • Lack of permanent housing • Complicating factors (MH, AOD) • Lack of detailed plans for minimizing risk and increasing protective factors

Recommendations: Ensure support system for parent(s); facilitate more timely access to targeted services; Encourage joint therapy between parent/youth; Ensure thorough assessment prior to reunification

Permanency Options (Probation)

This section asked about how permanency options were assessed and discussed. Sample questions include: How was the youth assessed for their post placement living arrangement? What aftercare support services were offered to the youth upon their return from placement? See Exhibit 46.

Exhibit 46. Key Concurrent/Permanency Planning Themes	
Strengths	**Challenges**
- Identified concurrent plan early - Child developed goal of living with family and was included in the concurrent planning - Use of therapy - Engagement of youth/client - Strong circle of support for youth	- No clear plan - Immigration status can be a barrier for engaging in concurrent planning - Limited use of community services (CASA, mentors) - Limited placement resources - Complicating factors (MH, substance use, severity of issues)

Recommendations: Ensure all parties are involved in permanency planning; Ensure ILP to prepare for permanency; Offer more specific OC ILP services

Stakeholder Reactions

While it is important to understand the overall Peer Review findings, it is equally important to understand and consider how CFS and Probation stakeholders reflect on the findings and understand what implications they may have on the work. On the final day of the Peer Review week, stakeholders were convened as the findings from the various CSA focus groups, stakeholder sessions, and Peer Review process were shared. When asked to share their initial reactions and insights, the need for more specialized services, both in general and in group homes, resonated most with stakeholders. Specifically, stakeholders mentioned a critical need for more specialized services to ensure that children and families are receiving the support they need and from quality providers. Specifically, stakeholders identified need to better use data to inform service delivery as well as maximize the use of technology. As mentioned by one person, "[There is a] need for 'customized' services to address the needs of our families/populations in a way that requirements from court/probation/SSA can be effectively met." Another person stated, "[We] need more services specific to the special needs of our clients. [We could] bring back dependency drug court and make mental health therapy easier for clients to access."

The next most prominent theme that struck stakeholders centered on the topic of SOP, specifically the need for more ongoing and consistent utilization of the practice. By standardizing SOP implementation, workers will be able to focus more on safety factors, rather than complicating factors, and address the extensive mental and behavioral health challenges families are experiencing. More ongoing and consistent SOP mapping will also help workers identify risk behaviors and inform case plans that are behavior specific. One stakeholder stated, "[Workers need to] improve the use of SOP mapping to better demonstrate the multiple types of mapping in different settings." Another person mentioned, "[Agencies should] continue with implementation of SOP and progress toward sustainability."

Lastly, stakeholders agreed that there is a need for more collaboration around resources and services in Orange County. Above all, stakeholders mentioned the need to leverage existing partnerships and programs to better serve families rather than creating new programs. As the service array is already large in Orange County, being strategic in how organizations are communicating and interacting with one another affects how families are served and the quality of the services they are receiving. Focusing on streamlining efforts and leveraging existing initiatives could lead to less duplication of staff efforts and higher quality services for families. One stakeholder stated, "[For the finding] 'Effective and Extensive Use of Community Network and Resources', this is something we could bring to upper management to find ways to reach this goal. It includes many areas of improvement or support within the agency. We need to build on what we have; NO NEW PROJECTS." Another person mentioned, "While services are available, they may be underutilized by clients due to not having a good understanding of their needs and having limited access to those services. There seems to be a gap between what is available, what is offered, and what is truly necessary to meet the needs of our community."

Detailed comments and reactions to stakeholder and Peer Review findings can be found in Appendix K.

Peer Promising Practices

Peer counties were asked to reflect on what they had noticed throughout the case reviews and what ideas or best practices their county engages in that Orange County could benefit from implementing. Peer counties provided insight and recommendations into the areas of practices, resources, and policy and procedure. During the peer practices sharing, Orange County stakeholders were very engaged by asking critical questions to Peer Counties related to how these practices were implemented and what supports are in place to ensure sustained quality practice. The recommendations from the six peer counties have been outlined below.

Practices

- Family finding to be done as soon as child/youth enters the CWS/Probation system and remains ongoing
    - Encourage SW to conduct monthly searches.
    - Assign and utilize a family finding worker at every detention hearing and ask parents/family about relatives/NREFMs.
    - Use a family finding worker at CFTs and imminent risk CFTs.
    - Use Safety House Tool (i.e., child gets to share their safety network and bring them to the CFTs).
    - Engage incarcerated parents (e.g., offer parenting classes or materials).
- Continue to build on Safety Organized Practices (SOP)
    - Use SOP practices to develop harm and danger statements early on as a communication piece for families so they know what's needed for reunification. Use harm and danger statements at hotline, in detention reports, in case plans, and safety goals.
- Regular and ongoing mental health assessments by clinicians (e.g., intake and every 6 months) to ensure mental health needs are met.
- Use CFTs regularly and ongoing (e.g., conduct CFT 60 days from initial removal and 90 days thereafter).
    - Ensure meetings are family centered
    - Use one CFT form throughout the life of the case
    - Ensure family reunification worker attends initial CFT with ER worker
    - Hold CFT to determine the case plan
    - Ensure ongoing discussion of concurrent plans during CFTs
    - Celebrate family successes
- Implement agency-wide learning circles (supervisor participation, manager-led) and cross-agency lunches (invite Probation, CWS, Judge, Mental Health, CASA, and Department of Education).

- Participate in case staffing 60 days prior to the court hearing in which every SW presents their case to a multidisciplinary group for ideas and services. Document information on a case staffing review tool and use this information in the CFT. Consider re-allocating staff who can do CFTs.
- Have a multidisciplinary team conduct CCR placement reviews.
- Implement monthly one-on-one case conferences with supervisor using structured tool.

Resources
- Use wraparound as preventive and step down in partnership with Department of Behavioral Health to reduce re-entries and speed up reunification. Use wrap for CSEC youth.
- Use intensive in-home services prior to (FR) and after return (FM).
- Use CASAs for every child.
- Use parent mentor programs to provide parent education and child mental health services (i.e., Child Parent Institute).

Policies/Procedures
- Require unannounced FM visits and depending on the circumstances, require unannounced FR visits.
- Require warm hand-offs (e.g., at initial (ER) CFT with FR worker and at visits).
- Require SW to observe a visit between child/parent once per month.
- Require behaviorally-based case plans and ensure parent demonstrates behavioral changes.

11. Outcome Data Measures

Child Welfare

The statistics provided in this section were retrieved from the Child Welfare Indicators Project website, a joint venture of the California Department of Social Services and the University of California, Berkeley (http://cssr.berkeley.edu/ucb_childwelfare). The source for outcome data is the CWS/CMS administrative data system used by all counties in the State of California. To calculate rates, the website uses child population data from the 2018 California Department of Finance: 2010-2060 - Population Projections. Timeframe used for Baseline Performance is Q4 2017 and Q2 2018 for Current Performance.

3-S1 Maltreatment in Foster Care

Exhibit 47. Orange County Performance - Maltreatment in Foster Care		
	Time Period	**Data Point** (*per 100,000 days in foster care*)
Baseline Performance	1/1/17-12/31/17	6.25
National Standard	N/A	<=8.50
Current Performance	7/1/17-6/30/18	5.08
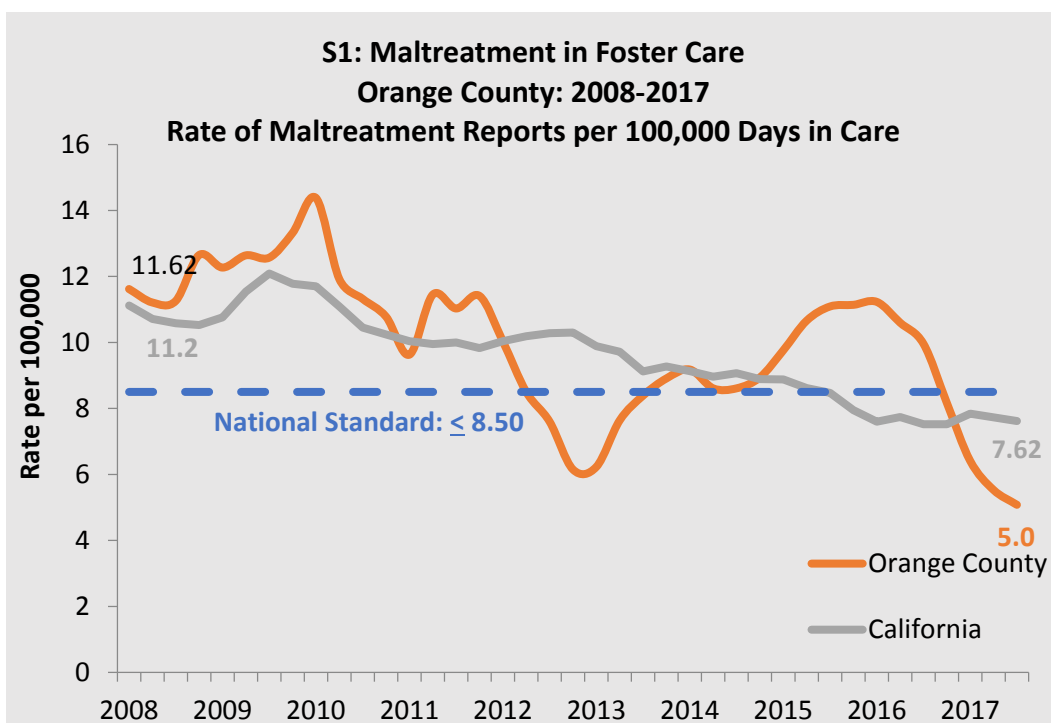
Analysis

- Baseline = 6.25 reports per 100,000 days in foster care (study period 1/1/17-12/31/17); National Standard <=8.50.
- **Current Orange County Performance = 5.08** reports per 100,000 days in foster care (study period 7/1/17-6/30/18), exceeding the National Standard.
- 5-year change showed an overall improvement in this measure, a decline of 33.1 percent. The decline has been consistent within the past 3 years.

- Orange County exceeds California performance (7.62 reports per 100,000 days).
- Trends fluctuate dramatically from year to year; as low as five maltreatment reports per 100,000 days in foster care to 11 reports per 100,000 days.
- No consistent trends in data were observed by age, ethnicity, or gender.
- Strategies that may impact performance include: foster care assessment, monitoring, and support, social workers' visits, RFA, and Trauma Informed Care.

3-S2 Recurrence of Maltreatment

Exhibit 48. Orange County Performance - Recurrence of Maltreatment		
	Time Period	**Data Point**
Baseline Performance	1/1/16-12/31/16	7.9%
National Standard	N/A	<=9.1%
Current Performance	7/1/16-6/30/17	8.0%

S2: Recurrence of Maltreatment
Orange County: 2007-2016
Percent of Children with Recurrence within 12 Months
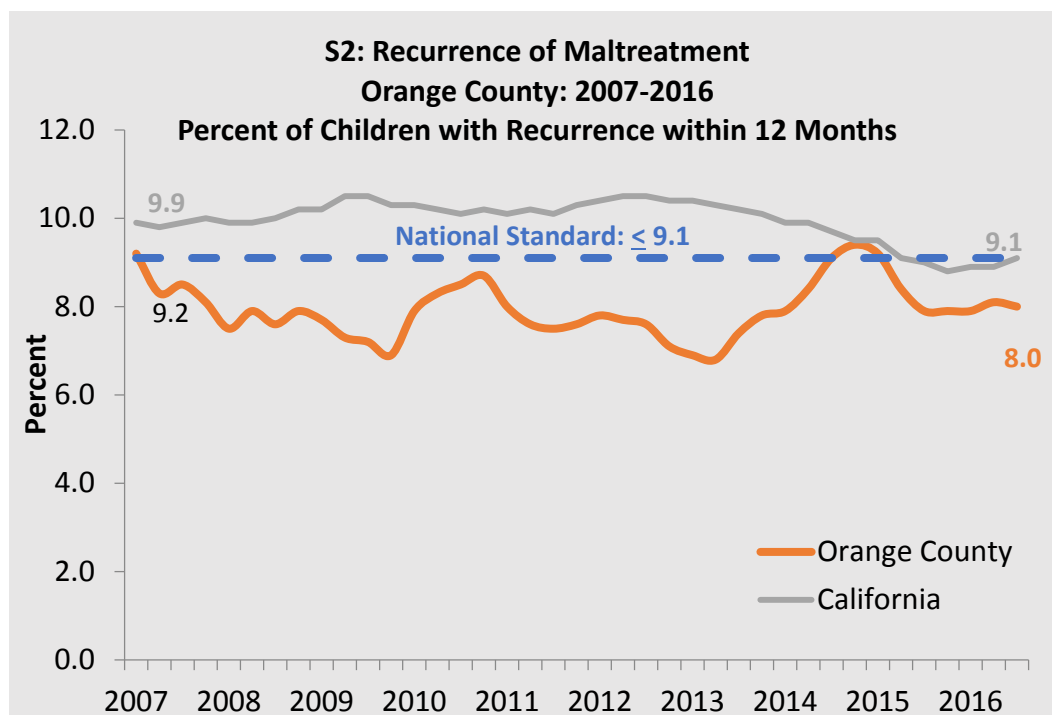
Analysis

- Baseline = 7.9% (study period 1/1/16-12/31/16); National Standard <=9.1%.
- **Current Orange County Performance = 8.0%** (study period 7/1/16-6/30/17), exceeding the National Standard.
- 5-year change showed an overall decline in this measure, an increase of 7.0%.
- Orange County exceeds California performance (9.1%).
- Strategies that may impact performance include: Structured Decision Making (SDM), Child and Family Team Meetings (CFTs), Differential Response (Paths 1 and 2), and Family Resource Centers (FRCs). FRCs that are funded by CAPIT/CBCAP/PSSF funds have increased the prevention efforts as they are community based. The FRCs are located throughout Orange County in the community and are intended

to be a one stop shop. Increased marketing and education of this variety of resources in the community need to strengthen and continue.

3-P1 Permanency in 12 months for children entering foster care

Exhibit 49. Orange County Performance - Permanency in 12 months		
	Time Period	**Data Point**
Baseline Performance	1/1/16-12/31/16	34.8%
National Standard	N/A	>=40.5%
Current Performance	7/1/16-6/30/17	36.4%

P1: Permanency within 12 Months for Children Entering Care, by Permanent Exit Type
Orange County: 2007-2016

Analysis

- Baseline = 34.8% (study period 1/1/16-12/31/16); National Standard >=40.5%.
- **Current Orange County Performance = 36.4%** (study period 7/1/16-6/30/17), not meeting the National Standard.
- 5-year change showed an overall improvement in this measure, an increase of 3.3%. Most exits to permanency are reunifications. There was a fairly consistent growth in reunification likely attributed to focus in reunification as a SIP goal.
- Orange County exceeds California performance (34.5%).
- No consistent trends were observed in data by age, ethnicity, or gender.
- Strategies that may impact performance include: Building Family Connections, RFA, Permanency Roundtables, Wraparound, Family Finding, Treatment Foster Care Oregon- Orange County, CRISP, and Family Services Workers.
- In the last SIP, there was a strategy dedicated to researching and evaluating the impact that casework practices and other family and case related variables may have had on this outcome measure. The SSA research team examined a sample of reunification cases and collected and analyzed data. There were

two approaches to the data collection. The first being quantitative data from CWS/CMS and court reports and the second being qualitative data from focus groups with case-carrying social workers. The SSA research staff reviewed a sample of children removed from their homes in 2012. Staff looked at the needs of the families and the services provided, factors contributing to reunification, demographics and characteristics of the parents and children. The following conclusions and recommendations were ascertained:

- Limited housing
  - Housing is identified as a challenge and ongoing need among families. A recommendation is to identify housing tailored to specific family needs to support families at risk of becoming involved with child welfare and those already involved in the child welfare system.
  - A new program SSA implemented in November 2017 called "Bringing Families Home" (BFH) may help address this challenge for families. BFH is a partnership between SSA and one of our community based providers that offers an array of housing assistance and support services to families in the reunification process. As of late March 2018, social workers submitted 126 referrals for BFH housing assistance on behalf of families, with 13 families finding homes. SSA anticipates housing approximately 60 families by June 2019.
- Maintaining reunification over time
  - The results indicate that prior Child Abuse Registry (CAR) reports and substantiated CAR reports are barriers to family reunification in 12 months or less. A recommendation is to further explore programs and interventions that will maintain reunification over time and decrease repeated involvement in the child welfare system.
- More focus on parents
  - In general, the overall results indicate that criminal history and substance abuse among both mothers and fathers have implications to family reunification. In addition, mental health among fathers also has implications to family reunification. Case planning should possibly focus more attention on the parents to improve the prospect for family reunification.
- Time needed to provide quality care
  - Workers do not rush the process because their primary concern is that the family is adequately stable and functioning. Each family is unique and the manner in which concerns manifest is different, thus addressing these problems adequately differs from case to case and requires time for change to take place.
- Limited access to services and staff
  - Focus group participants indicated there are more clients than the system can handle in terms of the amount of work staff (e.g., social workers, lawyers, and contracted agency partners) must shoulder. In addition, limited availability of services leads to lengthy waitlists for required services. It is also the opinion of many social workers that the current requirements, particularly for parent education, are not sufficient to elicit lasting change in the parents being served.
- Lack of objectivity in assessments
  - There was a concern that there may be an underlying, systemic issue concerning the lack of objectivity in assessing cases. Social workers expressed that the quality of parenting, a determination that directly affects reunification, could be subjective for the social worker. It may be difficult to assess whether a family is functioning adequately or if sufficient change or improvement has been made. These assessments are subjective as they rely on the opinion of the staff which may not be consistent across cases.

3-P2 Permanency in 12 months for children in foster care 12 to 23 months

Exhibit 50. County Performance- Permanency in 12 months for children in foster care 12 to 23 months		
	Time Period	Data Point
Baseline Performance	1/1/17-12/31/17	42.2%
National Standard	N/A	>=43.6%
Current Performance	7/1/17-6/30/18	49.7%

P2: Permanency within 12 Months for Children in Care 12-23 Months, by Permanent Exit Type Orange County: 2008-2017
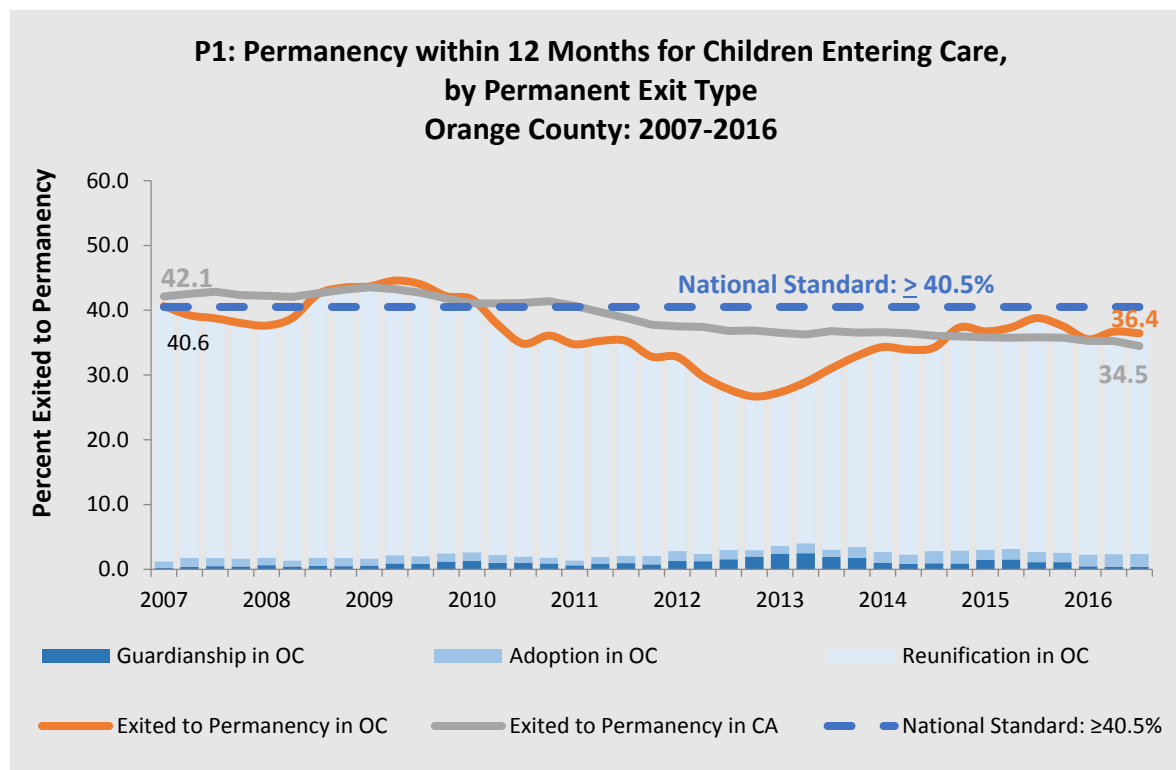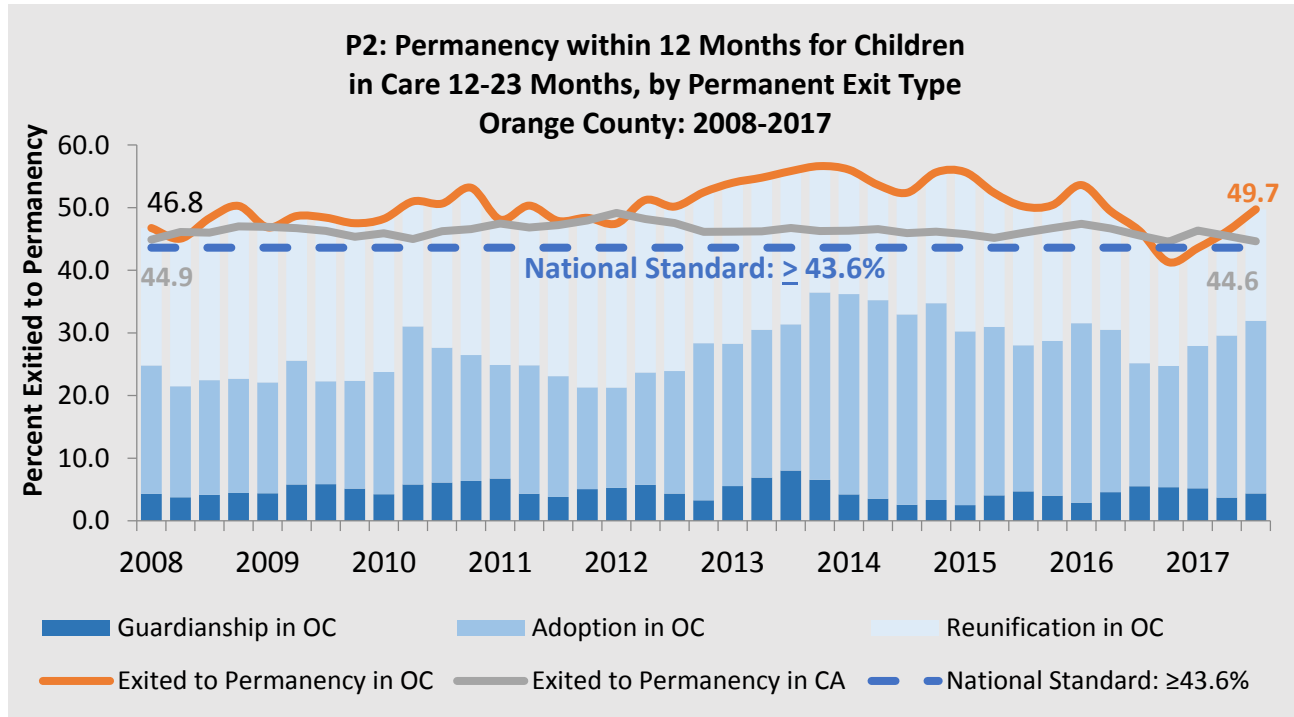
Analysis

- Baseline = 42.2% (study period 1/1/17-12/31/17); National Standard >=43.6%.
- **Current Orange County Performance = 49.7%** (study period 7/1/17-6/30/18), exceeding the National Standard.
- 5-year change showed a slight decrease (0.9%). Fairly level trend during the past 5 years. Approximately same percent exit to reunification and adoption. Percent adopted and percent reunified are inversely related.
- Orange County exceeds California performance (44.6%).
- No consistent trends were observed in data by age, ethnicity, or gender.
- Strategies that may impact performance include: Building Family Connections, RFA, Permanency Roundtables, Wraparound, Family Finding, Treatment Foster Care Oregon- Orange County, CRISP, and Family Services Workers.

3-P3 Permanency in 12 months for children in foster care 24 months or longer

	Time Period	Data Point
Exhibit 51. Orange County Performance - Permanency in 12 months for children in foster care 24 months or longer		
Baseline Performance	1/1/17-12/31/17	33.0%
National Standard	N/A	>=30.3%
Current Performance	7/1/17-6/30/18	34.4%

P3: Permanency within 12 Months for Children in Care 24+ Months, by Permanent Exit Type
Orange County: 2008-2017
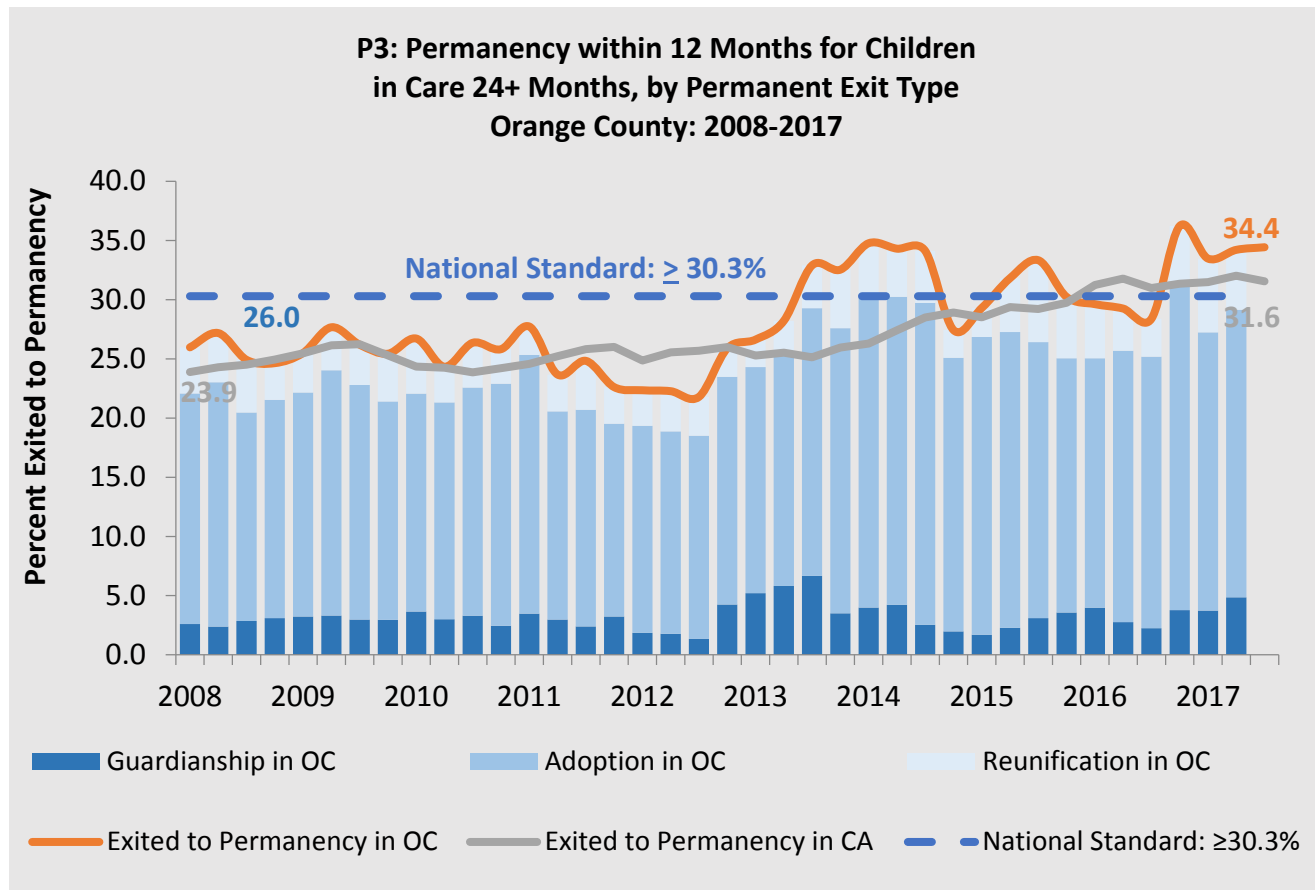
Analysis

- Baseline = 33.0% (study period 1/1/17-12/31/17); National Standard >=30.3%.
- **Current Orange County Performance = 34.4%** (study period 7/1/17-6/30/18), exceeding the National Standard.
- 5-year change showed a significant improvement in this measure, an increase of 58.0%. Sharp improvement within the first year, followed by fairly level trend. Majority of exits are adoptions.
- Orange County exceeds California performance (31.6%).
- No consistent trends were observed in data by age, ethnicity, or gender.
- Strategies that may impact performance include: Building Family Connections, RFA, Permanency Roundtables, Wraparound, Family Finding, Treatment Foster Care Oregon- Orange County, CRISP, and Family Services Workers.

3-P4 Re-entry into foster care in 12 months

Exhibit 52. Orange County Performance - Re-entry into foster care in 12 months		
	Time Period	**Data Point**
Baseline Performance	1/1/15-12/31/15	9.6%
National Standard	N/A	<=8.3%
Current Performance	7/1/15-6/30/16	8.1%

P4: Re-entry to Foster Care
Orange County: 2006-2015
Percent of Children with Re-entries to Care within 12 Months

Analysis

- Baseline = 9.6% (entry cohort 1/1/15-12/31/15); National Standard <=8.3%.
- **Current Orange County performance is 8.1%** (entry cohort 7/1/15-6/30/16), exceeding the National Standard.
- 5-year change showed an overall decline (increase in reentries) in this measure, an increase of 56.1%. Consistent increase in reentries across 5 years. May be attributed to efforts on increasing timely reunification. The two measures are typically inversely related. Current year shows a decline in reentries after years of increase.
- Orange County exceeds California performance (10.4%).
- Strategies that may impact performance include: CFTs, Wraparound, Safety Organized Practice, Family Resource Centers, Differential Response (Path 1 and 2). One could say that due to the efforts made by these strategies to improve Permanency within 12 months, they could have had adverse effects on Re-entry.
- Note about data: There are fairly large fluctuations in data due to relatively small cohort for this measure, especially when broken down by ethnicity, age, and gender. The cohort for this measure includes only those youth in care who reunify within 12 months; many youth reunify after 12 months. It is limited in that reentry measure does not assess the recidivism of all youth who reunify, only those

that do it quickly. OC has a tendency to take time to reunify (mostly reunify between 12-24 months), which is not assessed in this measure.

3-P5 Placement Stability

Exhibit 53. Orange County Performance - Placement Stability		
	Time Period	**Data Point** *(per 1,000 days in care)*
Baseline Performance	1/1/17-12/31/17	4.34
National Standard	N/A	<=4.12
Current Performance	7/1/17-6/30/18	4.19

P5: Placement Stability
Orange County: 2008-2017
Rate of Placement Moves per 1,000 Days in Foster Care
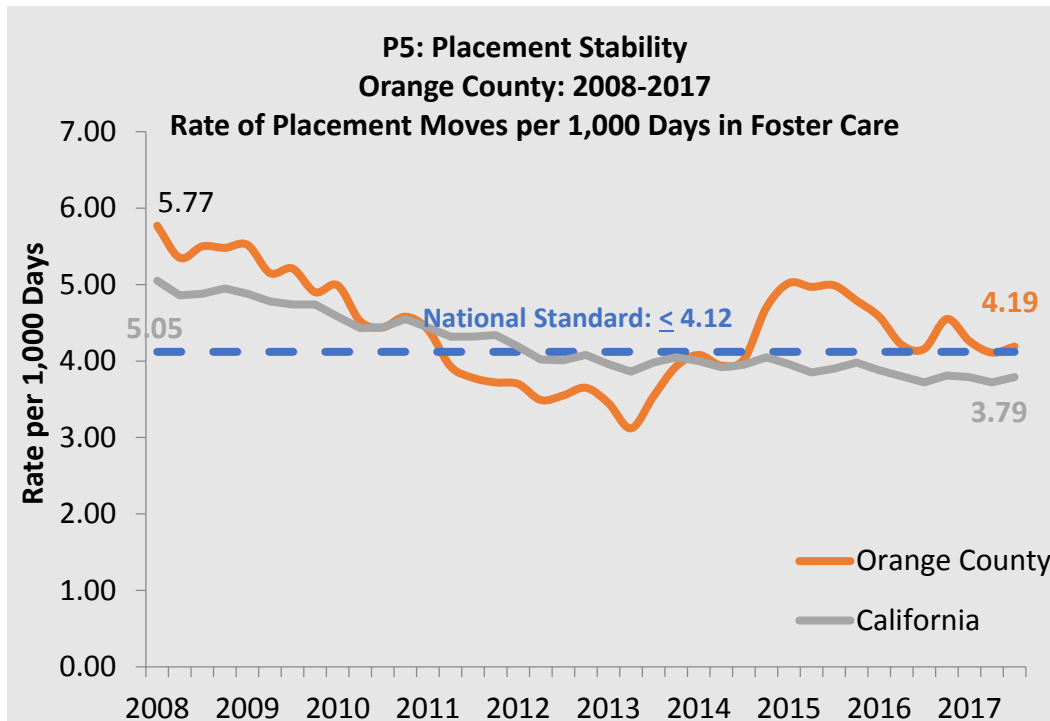
Analysis

- Baseline = 4.34 placement moves per 1,000 days in care (study period 1/1/17-12/31/17); National Standard <=4.12.
- **Current Orange County performance is 4.19 per 1,000 days in care** (study period 7/1/17-6/30/18), slightly falling short of the National Standard.
- 5-year change showed an overall decline in this measure, an increase of 18.1%. Placement changes increased 2 years ago likely due to implementation of RFA, as well as Boys Town closing as a GH, followed by years of decline back closer to baseline performance.
- Youth under the age of one year consistently have fewest placement moves. In general, placement moves are positively correlated with age of child (older children tend to have more placement moves).
- Black youth tend to have more placement moves. No consistent trend amongst other ethnic groups.
- No consistent trends were observed in data related to gender.
- Strategies that may impact performance include: Foster Parent Support, RFA, Special Care Increment, CFTs, Quality Parenting Initiative (QPI), and Trauma Informed Care.
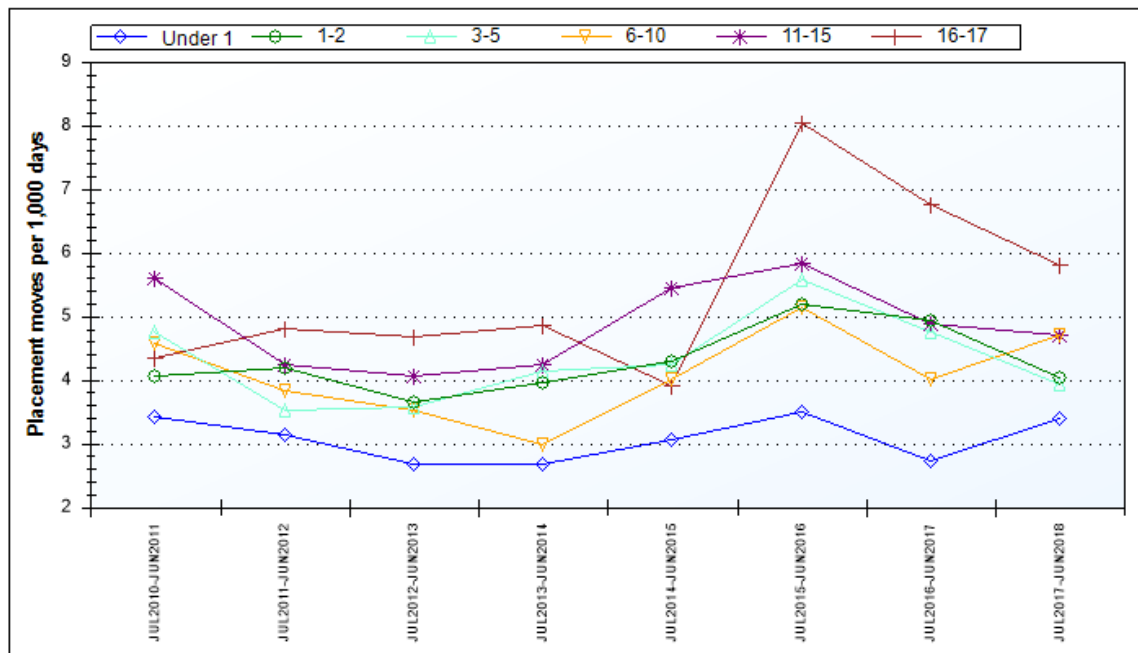
How to save your chart
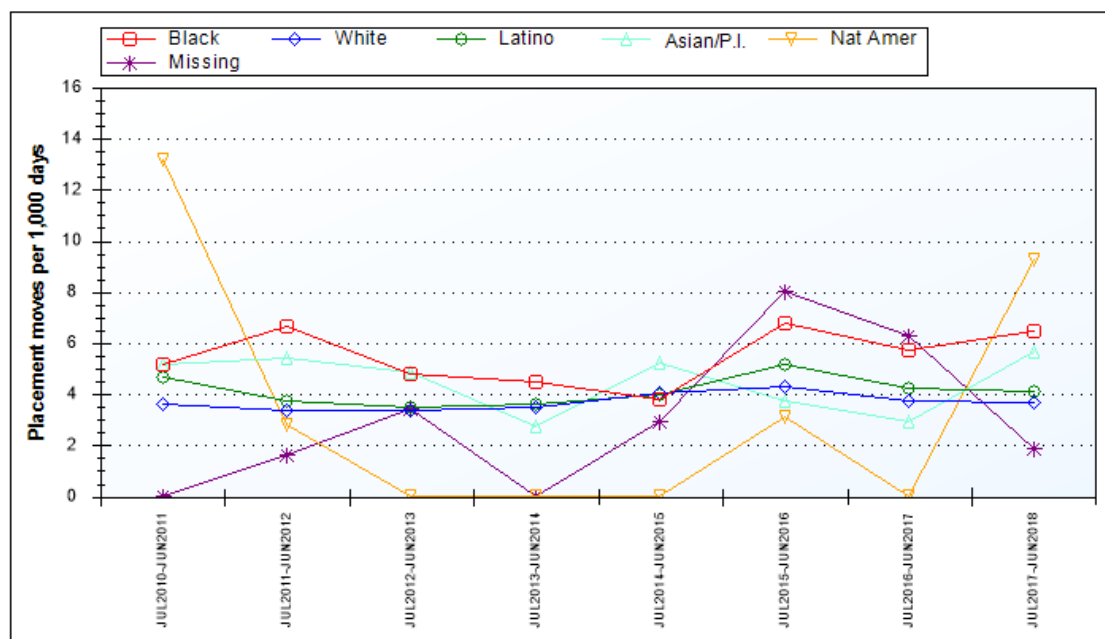
2B Timely Response (Immediate and 10 day)

Exhibit 54. Orange County Performance- Timely Response (Immediate)		
	Time Period	**Data Point**
Baseline Performance	10/1/17-12/31/17	92.6%
National Standard	N/A	>=90.0%
Current Performance	4/1/18-6/30/18	94.8%

Analysis

- Baseline performance for Immediate response is 92.6% (study period 10/1/17-12/31/17); State Standard >=90%.

- **Current Orange County performance for Immediate response is 94.8%** (study period 4/1/18-6/30/18), exceeding the State Standard.
- 5-year change showed an overall decline in this measure, a decrease of 4.9% (mainly due to data entry lag from most current data).
- Orange County exceeds California performance (96.6%).

Exhibit 55. Orange County Performance- Timely Response (10 day)		
	Time Period	**Data Point**
Baseline Performance	10/1/17-12/31/17	85.3%
National Standard	N/A	>=90.0%
Current Performance	4/1/18-6/30/18	92.0%

Analysis

- Baseline performance for 10-day response is 85.3% (study period 10/1/17-12/31/17); State Standard >=90%.
- **Current Orange County performance for 10-day response is 92.0%** (study period 4/1/18-6/30/18), exceeding the State Standard.
- 5-year change showed an overall decline in this measure, a decrease of 5.3% (mainly due to data entry lag from most current data).
- Orange County exceeds California performance (91.0%).
- Strategies that may impact performance for immediate and 10-day timely response include: staff capacity building, expedited processing for maltreatment referrals and timely emergency response, update technology, accurate and expedited data entry processes, regionalization.

2F Timely Monthly Caseworker Visits (Out of Home)

| Exhibit 56a. Orange County Performance- Timely Monthly Caseworker Visits		
	Time Period	**Data Point**
Baseline Performance	1/1/17-12/31/17	97.2%
National Standard	N/A	>=95.0%
Current Performance	7/1/17-6/30/18	97.2%

Analysis

- Baseline = 97.2% (study period 1/1/17-12/31/17); State Standard >=95%
- **Current Orange County performance is 97.2%** (study period 7/1/17-6/30/18), exceeding the State Standard
- 5-year change showed an overall slight improvement in this measure, an increase of 1.1%.
- Orange County exceeds California performance (94.2%).
- Strategies that may impact performance include: continue required contacts, timely CWS/CMS data entry and monitoring.

2F Timely Monthly Caseworker In Residence (Out of Home)

Exhibit 56b. Orange County Performance- Timely Monthly Caseworker Visits		
	Time Period	**Data Point**
Baseline Performance	1/1/17-12/31/17	86.3%
National Standard	N/A	50%

| Current Performance | 7/1/17-6/30/18 | 86.8% |

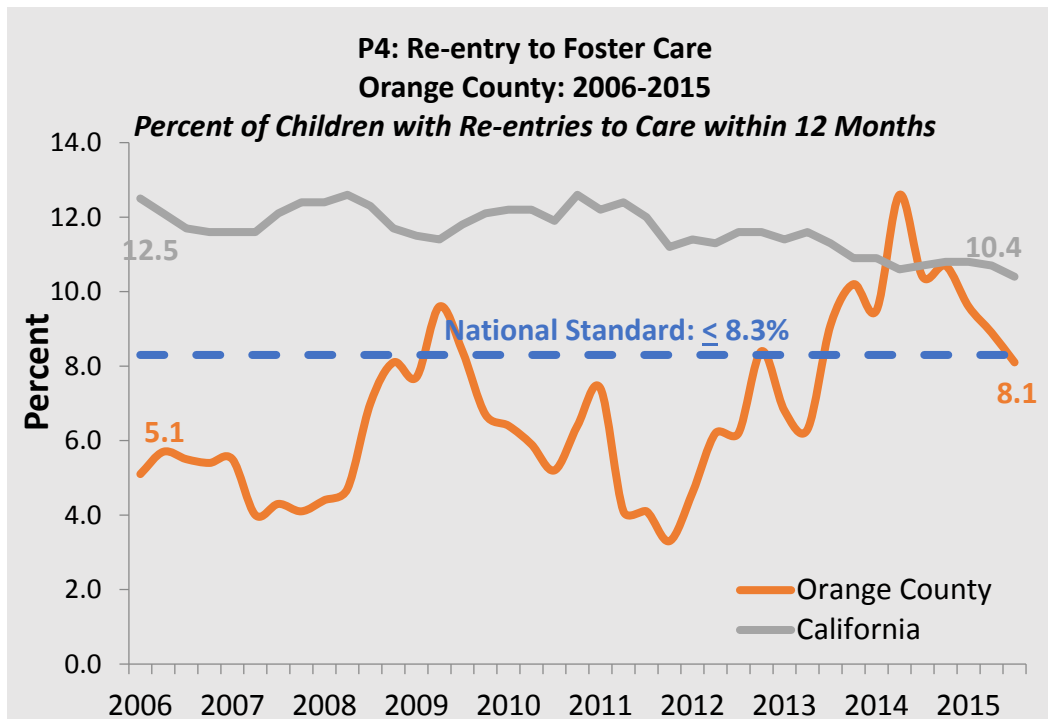**Analysis**

- Baseline = 86.3% (study period 1/1/17-12/31/17); State Standard =50%.
- **Current Orange County performance is 86.8%** (study period 7/1/17-6/30/18), exceeding the State Standard.
- 5-year change showed an overall improvement in this measure, an increase of 0.5%.
- Orange County exceeds California performance (78.9%).
- Strategies that may impact performance include: continue required contacts, timely CWS/CMS data entry and monitoring.

Predominant Placement Measures (4B)

Exhibit 57. Orange County Performance- Predominant Placement			
Placement Type	**Measure**	**Time Period**	**Data Point**
Relative/NREFM	Baseline Performance	1/1/16-12/31/16	37.7%
	State Performance	7/1/16-6/30/17	40.9%
	Current Performance	7/1/16-6/30/17	45.3%
Foster home	Baseline Performance	1/1/16-12/31/16	32.5%
	State Performance	7/1/16-6/30/17	15.5%
	Current Performance	7/1/16-6/30/17	26.8%
Group home	Baseline Performance	1/1/16-12/31/16	14.2%
	State Performance	7/1/16-6/30/17	6.9%
	Current Performance	7/1/16-6/30/17	13.5%
FFA	Baseline Performance	1/1/16-12/31/16	9.1%
	State Performance	7/1/16-6/30/17	31.8%
	Current Performance	7/1/16-6/30/17	8.9%

Analysis

- Baseline = 37.7% with Relative/NREFM, 32.5% with foster home, 9.1% FFA, and, 14.2% group home (study year 1/1/16-12/31/16).
- **Current Orange County performance is 45.3% with Relative/NREFM, 26.8% with foster home, 8.9% FFA, and, 13.5% group home** (study date 7/1/16-6/30/17).
- 5-year change showed a decline of 29.2% in relative/NREFM homes, increase of 281.5% in foster homes, decrease of 28.0% in FFAs,and an increase of 55.8% in group homes.
- Current California performance is 40.9% with Relative/NREFM, 15.5% with foster home, 31.8% FFA, and, 6.9% with group home.
- Black youth are consistently the highest percent of youth in GHs, and the lowest percent of youth with Relative/NREFMs.
- Strategies that may impact performance include: First Step Assessment Center, "parachute" case protocols, RFA-application, and Placement and Family Finding.
- OC's group home percentage is high because it includes youth placed in the county temporary shelter, Orangewood Children and Family Home.
- Due to implementation of RFA, there may be decline in Relative/NREFM due to more stringent assessment criteria. Interestingly, expected increase in FFA and decrease in GHs have not yet been seen in the data.

Probation

The statistics provided in this section were retrieved from the Child Welfare Indicators Project website, a joint venture of the California Department of Social Services and the University of California, Berkeley (http://cssr.berkeley.edu/ucb_childwelfare). The source for outcome data is the CWS/CMS administrative data system used by all counties in the State of California. To calculate rates, the website uses child population data from the 2018 California Department of Finance: 2010-2060 - Population Projections. Timeframe used for Baseline Performance is Q4 2017 and Q2 2018 for Current Performance.

3-S1 Maltreatment in Foster Care

Exhibit 58. Orange County Performance- Maltreatment in Foster Care		
	Time Period	**Data Point** *(per 100,000 days in foster care)*
Baseline Performance	1/1/17-12/31/17	7.37
National Standard		<=8.50
Current Performance	7/1/17-6/30/18	7.49

S1: Maltreatment in Foster Care
Probation: 2008-2017
*Rate of Maltreatment Reports per 100,000 Days in Care*
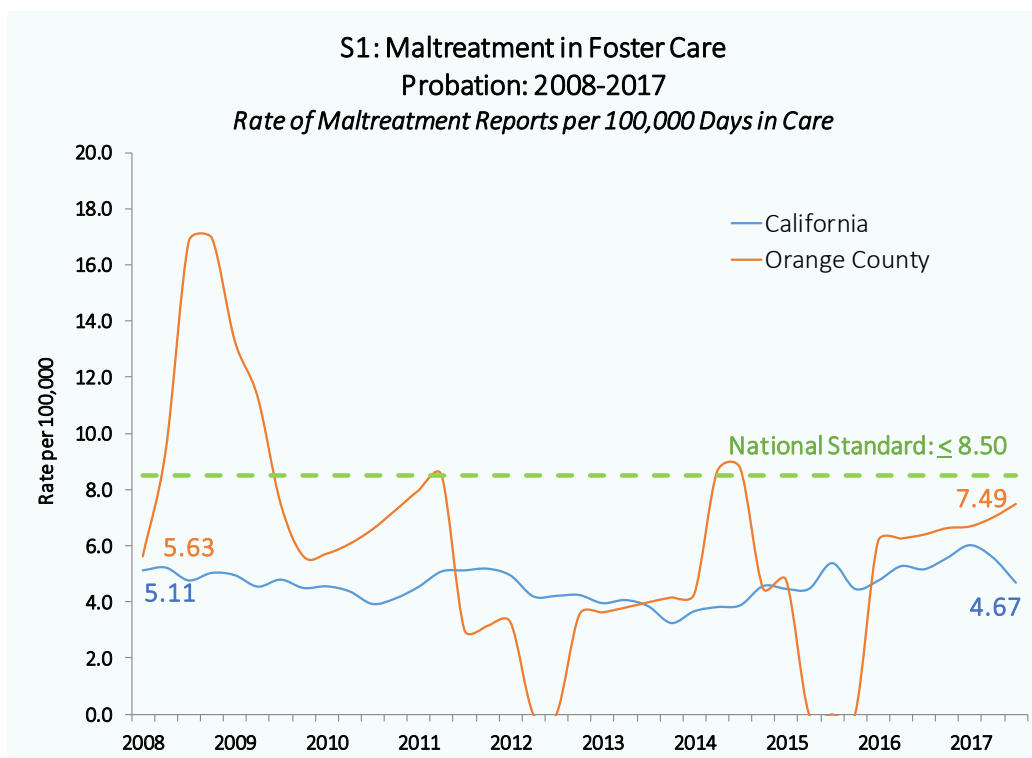
Analysis

- Baseline = 7.37 reports per 100,000 days in foster care (study period 1/1/17-12/31/17); National Standard <=8.50.
- **Current Orange County Performance = 7.49** reports per 100,000 days in foster care (study period 7/1/17-6/30/18), slightly below the National Standard.
- In 2017, Orange County's rate of maltreatment (7.49 per 100,000 days) was higher than California's performance (4.67 reports per 100,000 days).
- From 2008 to 2017, maltreatment rates fluctuated dramatically from year-to-year, from 0.00 to 16.97 reports per 100,000 days in foster care.
- No consistent trends were observed in data by age, ethnicity, or gender.

- Strategies that may impact performance include: monitoring, support, probation officer visits, and trauma-informed care.

3-P1 Permanency in 12 months for youth entering foster care

Exhibit 59. Orange County Performance- Permanency in 12 months		
	Time Period	**Data Point**
Baseline Performance	1/1/16-12/31/16	9.1%
National Standard		40.5%
Current Performance	7/1/16-6/30/17	0.0%

P1: Permanency within 12 Months for Youth Entering Care
Probation: 2007-2016

National Standard: 40.5

California
Orange County

25.3 ... 29.0
4.9 ... 0.0

(Y-axis: Percent Exited to Permanency; X-axis years 2007–2016)
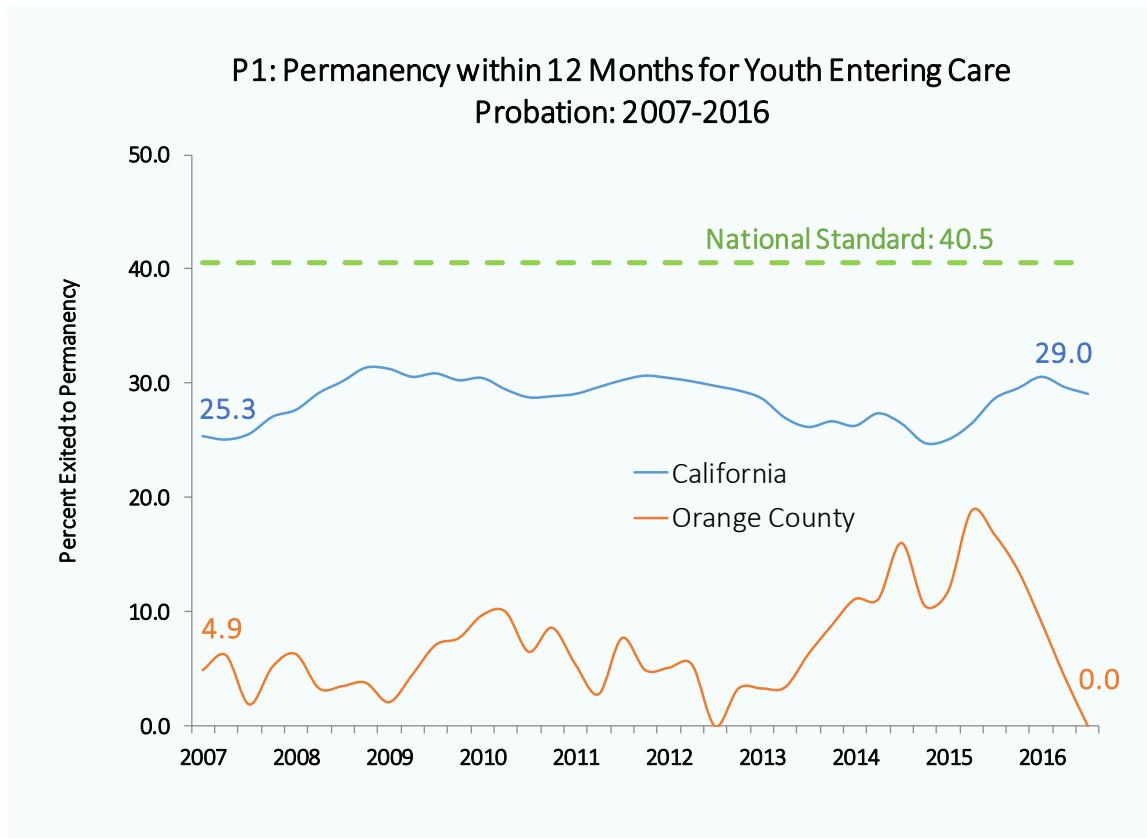
Analysis

- Baseline = 9.1% (study period 1/1/16-12/31/16); National Standard = 40.5%.
- **Current Orange County Performance = 0.0%** (study period 7/1/16-6/30/17), not meeting the National Standard.
- There was an upward trend of exits to permanency in Orange County from 2013 to 2015.
- After 2015, exits to permanency dropped in Orange County to zero, well below California's rate at 29.0 and the National Standard of 40.5.
- No consistent trends were observed in data by age, ethnicity, or gender.
- Strategies that may impact performance include: parent/guardian participation and education, family finding tools (CLEAR), and family engagement services and activities.

3-P2 Permanency in 12 months for youth in foster care 12 to 23 months

Exhibit 60. County Performance- Permanency in 12 months for children in foster care 12 to 23 months		
	Time Period	Data Point
Baseline Performance	1/1/17-12/31/17	20.0%
National Standard		43.6%
Current Performance	7/1/17-6/30/18	0.0%

P2: Permanency within 12 Months for Youth in Care 12-23 Months
Probation: 2008-2017
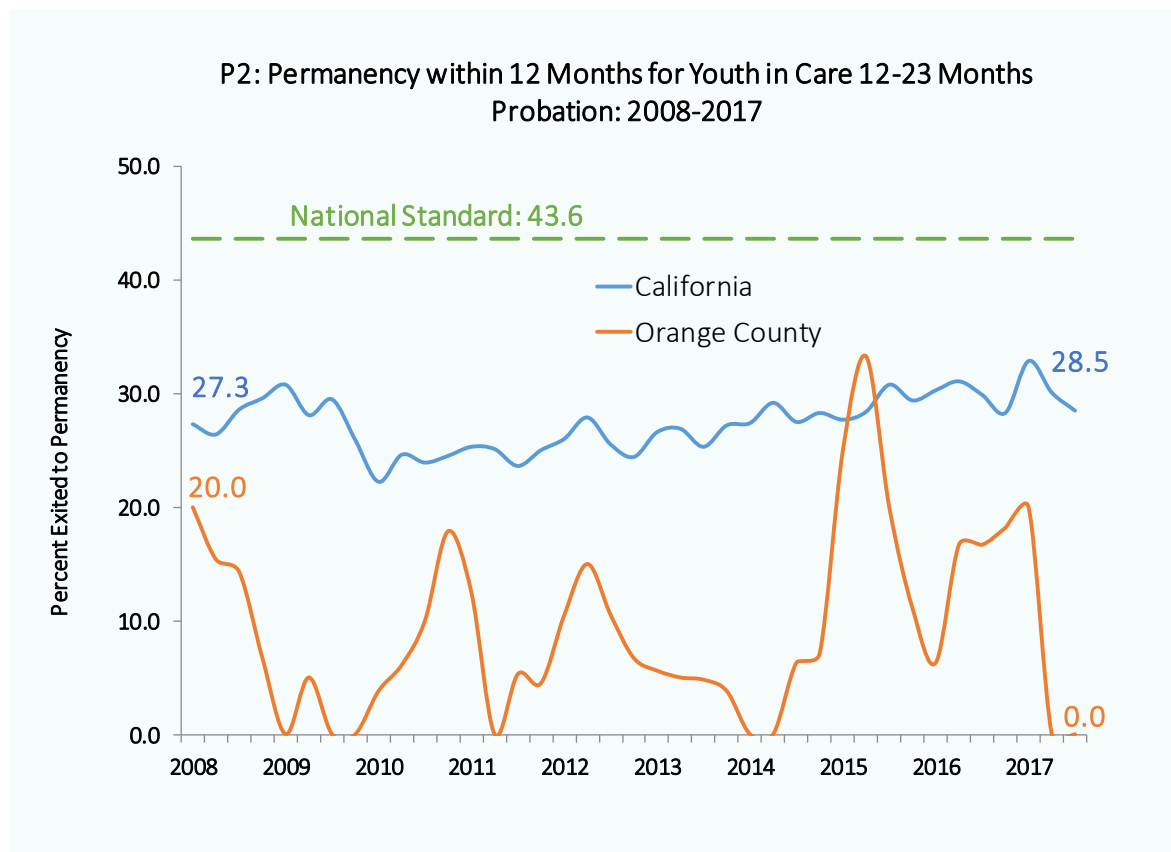
Analysis

- Baseline = 20.0% (study period 1/1/17-12/31/17); National Standard = 43.6%.
- **Current Orange County Performance = 0.0%** (study period 7/1/17-6/30/18), not meeting the National Standard.
- In Orange County, the percentage of exits to permanency within 12 months for youth in care 12-23 months fluctuated dramatically from 2008 to 2017 due to the large variations in the number of youth in care.
- With no exits to permanency in 2017, Orange County was far below California's rate at 28.5 and the National Standard of 43.6.
- No consistent trends were observed in data by age, ethnicity, or gender.
- Strategies that may impact performance include: parent/guardian participation and education, family finding tools (CLEAR), and family engagement services and activities.

3-P3 Permanency in 12 months for youth in foster care 24 months or longer

	Time Period	Data Point
Exhibit 61. Orange County Performance- Permanency in 12 months for children in foster care 24 months or longer		
Baseline Performance	1/1/17-12/31/17	16.7%
National Standard		30.3%
Current Performance	7/1/17-6/30/18	7.7%

P3: Permanency within 12 Months for Youth in Care 24+ Months
Probation: 2008-2017

Analysis

- Baseline = 16.7% (study period 1/1/17-12/31/17); National Standard = 30.3%.
- **Current OC Performance = 7.7%** (study period 7/1/17-6/30/18), not meeting the National Standard.
- In 2017, among youth in care for 24 months or more, Orange County had a lower rate of exits to permanency than California—7.7% versus 16.9%, respectively.
- No consistent trends were observed in data by age, ethnicity, or gender.
- Strategies that may impact performance include: parent/guardian participation and education, family finding tools (CLEAR), and family engagement services and activities.

OCSSA

3-P4 Re-entry into foster care in 12 months

Exhibit 62. Orange County Performance- Re-entry into foster care in 12 months		
	Time Period	Data Point
Baseline Performance	1/1/15-12/31/15	0.0%
National Standard		8.3%
Current Performance	7/1/15-6/30/16	0.0%

P4: Re-entry to Foster Care
Probation: 2006-2015
Percent of Youth with Re-entries to Care within 12 Months
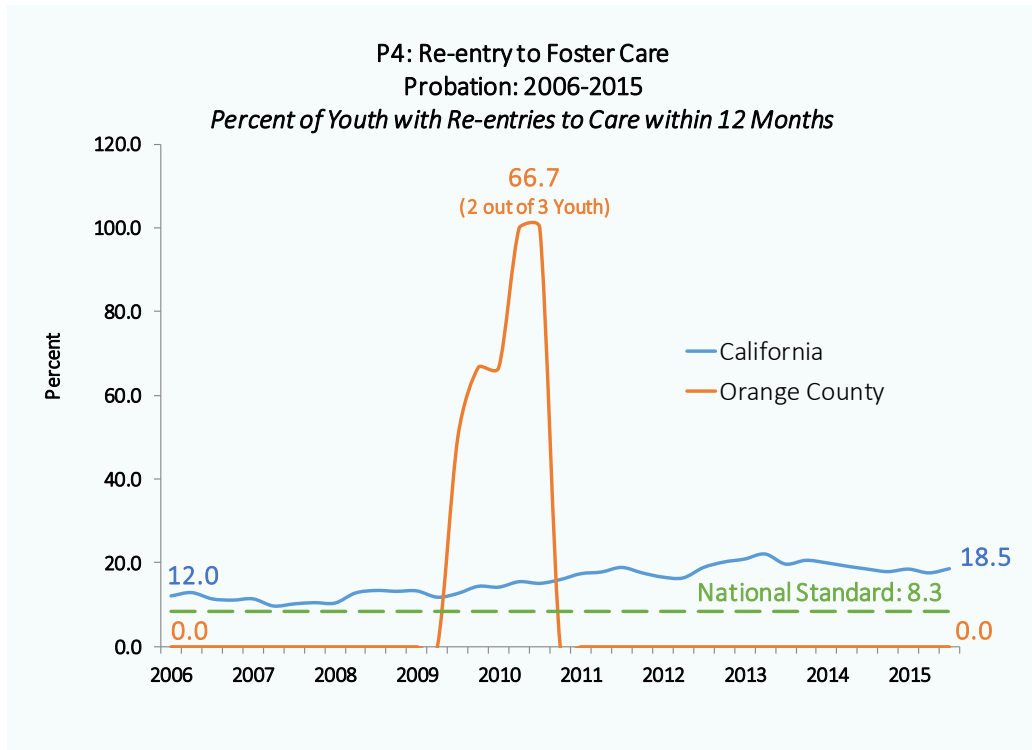
Analysis

- Baseline = 0.0% (entry cohort 1/1/15-12/31/15); National Standard = 8.3%.
- **Current performance is 0.0%** (entry cohort 7/1/15-6/30/16), meeting the National Standard.
- From 2006 to 2015, the highest rate for re-entry to foster care was in 2010, with 2 out of 3 youth (66.7%) re-entering foster care at that time.
- No consistent trends were observed in data by age, ethnicity, or gender.
- Strategies that may impact performance include: parent/guardian participation and education, family finding tools (CLEAR), WRAP, aftercare services, and family engagement services and activities.

3-P5 Placement Stability

Exhibit 63. Orange County Performance- Placement Stability		
	Time Period	Data Point *(per 1,000 days in care)*
Baseline Performance	1/1/17-12/31/17	2.99
National Standard		4.12
Current Performance	7/1/17-6/30/18	2.32

P5: Placement Stability
Probation: 2008-2017
Rate of Placement Moves per 1,000 Days in Foster Care
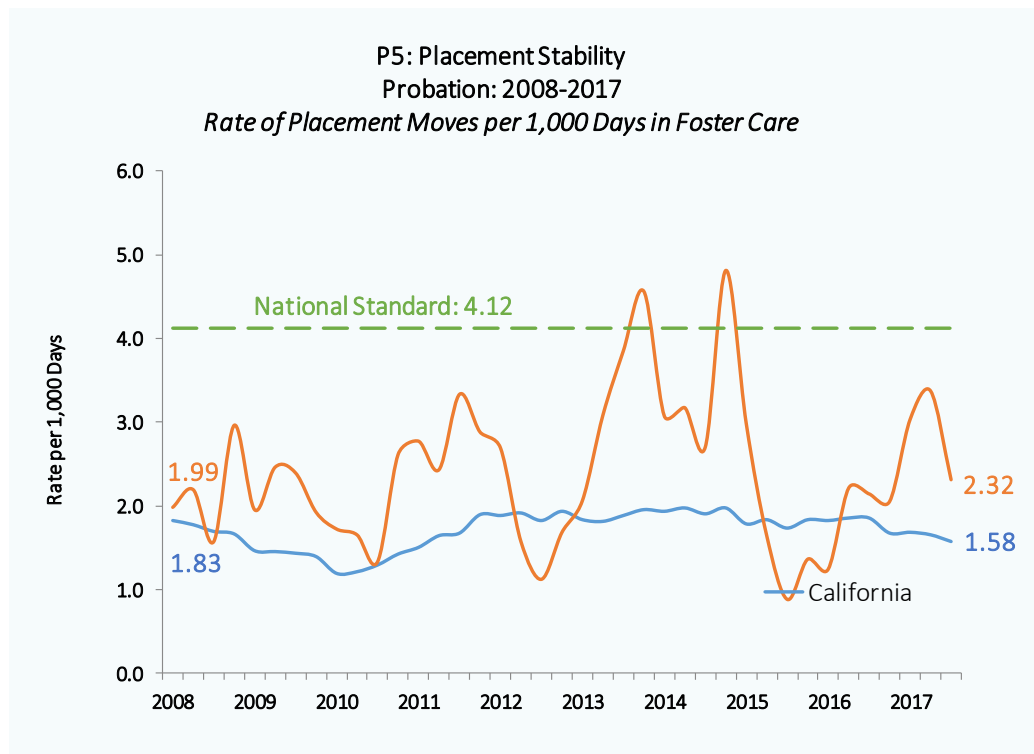
Analysis

- Baseline = 2.99 placement moves per 1,000 days in care (study period 1/17/17-12/31/17); National Standard = 4.12.
- **Current performance is 2.32 per 1,000 days in care** (study period 7/1/17-6/30/18), better than the National Standard.
- In Orange County, the rate of placement moves fluctuated between 2008 and 2017 from 1.99 to 2.32.
- In 2017, Orange County's rate of placement (2.32 placement moves per 1,000 days) was higher than California's (1.58 placement moves per 1,000 days).
- No consistent trends were observed in data by age, ethnicity, or gender.
- Strategies that may impact performance include: parent/guardian and stakeholder participation in CFTs, family engagement services and activities, and trauma-informed care.

2Fa Monthly Visits (Out of Home)

Exhibit 64a. Orange County Performance- Monthly Visits (Out of Home)		
	Time Period	**Data Point**
Baseline Performance	1/1/17-12/31/17	87.7%
National Standard		95.0%
Current Performance	7/1/17-6/30/18	88.2%

Analysis

- Baseline = 87.7% (study period 1/1/17-12/31/17); State Standard = 95.0%.
- **Current OC performance is 88.2%** (study period 7/1/17-6/30/18), less than the National Standard.
- In 2017, Orange County's monthly visits (out of home) were slightly higher than California's—88.2 versus 85.7, respectively.

- Strategies that may impact performance include: continue required contacts, timely CWS/CMS data entry and monitoring.

2Fb Monthly Visits In Residence (Out of Home)

| Exhibit 64b. Orange County Performance- Monthly Visits In Residence (In Home)		
	Time Period	**Data Point**
Baseline Performance	1/1/17-12/31/17	80.2%
National Standard		50.0
Current Performance	7/1/17-6/30/18	85.8%

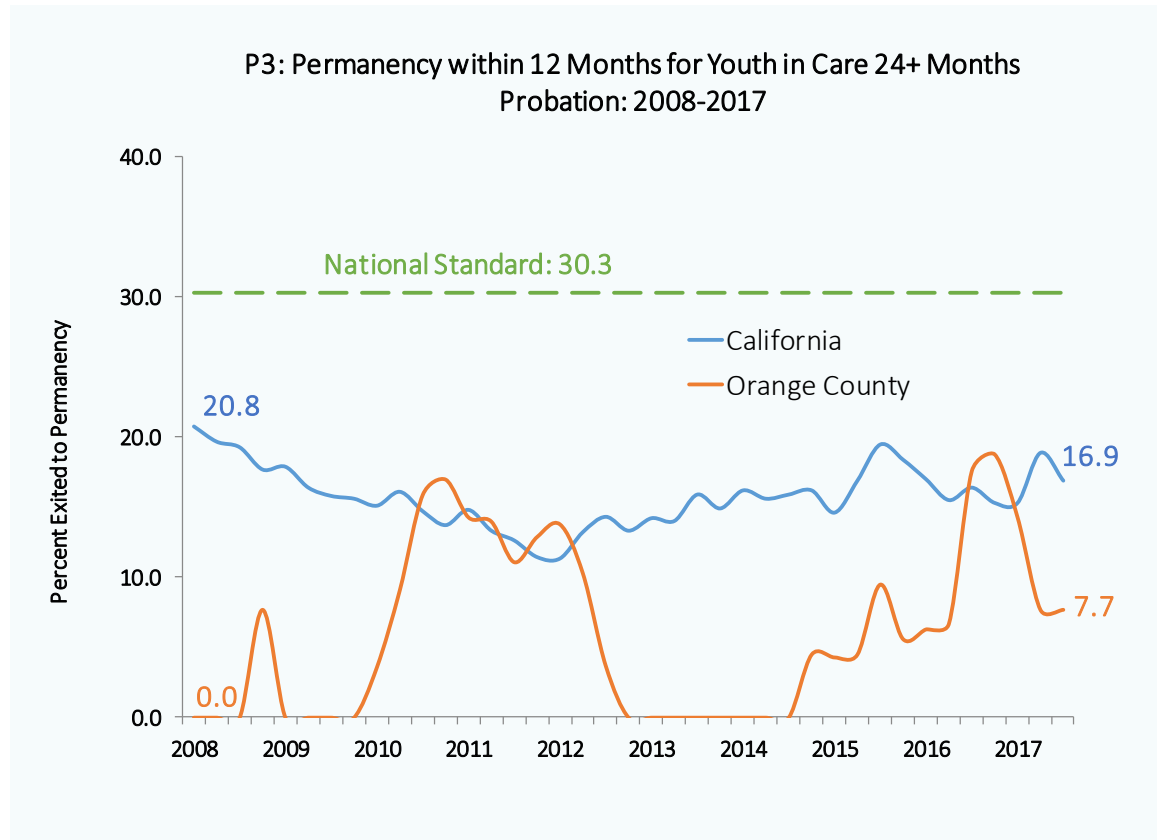### Analysis

- Baseline = 80.2% (study period 1/1/17-12/31/17); State Standard = 50.0%.
- **Current OC performance is 85.8%** (study period 7/1/17-6/30/18), exceeding the National Standard.
- Orange County's monthly visits in residence (out of home) in 2017 were slightly lower than California's—85.8 versus 88.6, respectively.
- Strategies that may impact performance include: continue required contacts, timely CWS/CMS data entry and monitoring.

12. Summary of Findings

The CSA requires counties to take a comprehensive approach in its examination of current practice, programs, and resources across the continuum of child welfare and probation placement programs and to identify areas for targeted improvement. This approach includes an analysis of the federal and state outcome measures and systemic factors within the context of the county's demographic profile, as well as information gathered via active participation of the county's prevention network partners, staff, and the larger community. This section presents findings from all CSA data collection and community engagement activities, including the Peer Review as it relates to county strengths, areas for improvement, and recommended strategies.

Stakeholder Input

As was previously described in the Introduction section, in order to obtain stakeholder input, the CSA process included focus groups, stakeholder forums, and an online survey.

Focus Groups

CFS and Probation staff worked with their peers and community partners to identify and recruit focus group participants. Focus groups were held between the months of July and September 2018 and were organized by affinity groups (e.g., probation youth, parents, etc.). Each focus group used a structured interview protocol (Appendix X) eliciting input and feedback on stakeholder experiences with CFS and Probation services. Key themes culled from the focus groups include:

- Families face complex issues (e.g., multigenerational involvement with CFS/Probation), are served by multiple agencies (e.g., Behavioral Health, Probation, CFS), face many socio-cultural challenges and experience barriers (personal and by providers) in accessing and following through with services/requirements.

- Participants identified challenges connecting to resources in the community due to limited knowledge, coordination, communication, and accountability (readiness to access services by families and youth, transportation (cost and accessibility due to traveling long distance using public transport), and coordination and communication between county staff (e.g., social worker), contracted service provider, and service recipient (family/youth)).

- There is a desire for social workers to have access to and participate in more advanced training on co-occurring addictions, mental health, medical conditions, and trauma-informed practices, as well as in training in conducting assessments.
- Participants noted the high quality of visitation services and saw these as valuable in improving placement and reunification. Suggested improvements in visitation services included longer or expanded visits and increased use of parent support/coaching services to build parents capacity and effectiveness to protect children.
- There was a desire for CFS and probation staff to work with families and providers to develop long-term safety planning with robust aftercare plans and services.
- Participants noted more could be done to identify and engage family and support systems (especially paternal family members) throughout the life of the case and not simply during the initial removal.

Stakeholder Forums

The two stakeholder forums were held in August 2018 and another in September 2018 for the final day of the Peer Review. The stakeholder forums addressed reentry into care (CFS focus) and permanency in 12 months for children in foster care 12-23 months (CFS and Probation focus). Approximately 350 individuals (ranging from CFS and Probation supervisors, managers, leadership and staff to community partners/contracted agencies to peer mentors/partners) attended the stakeholder forums.

At each stakeholder meeting, members of the CSA team presented an overview of the CSA process, as well as the current Orange County Child and Family Services (CFS) and Probation data on trends and best practices. Following the presentation, stakeholders were provided key questions related to reentry and permanency and were asked to work in small groups of six to eight members to answer these questions pertaining to key areas of strength and weakness. Ideas generated during the small groups were written on 3x5 sticky pads and grouped into common topics on wallpaper. Once the small group work was complete, each group's volunteer facilitator provided a summary of the clustering and invited additional feedback from stakeholders. This initial clustering was then analyzed further by facilitators to refine the categorization. See Appendix G for a full list of unedited responses organized by group, topic, and question.

Four overarching themes rose to the top from the two stakeholder forums. These included:

1. Orange County has a lot of services but they need to be more tailored for complex needs. Specifically, stakeholders identified a need for increased availability and quality of bilingual, culturally-informed services; greater use of peer-led and aftercare services to address root causes; and increased housing, mental health, substance abuse, residential, and services for fathers.

2. There is a need for additional training and support for staff and partners to ensure greater consistency and quality of services. This includes additional training on trauma, co-occurring addictions, mental health, and medical conditions, as well as training in conducting and using assessment data.

3. Orange County's effort to integrate trauma-informed practices and principles is a positive step forward toward building a healthier and more resilient community. Families, community partners, providers, and county staff spoke of their awareness of trauma on family well-being and understood the significance of addressing trauma for families involved with CFS or Probation. However, the implementation and reach of trauma informed services needs to be further strengthened and integrated.

4. Services could be more coordinated and cross-agency communication and collaboration could be enhanced between staff, community partners, caregivers, and providers. Specifically, innovative ways to incorporate technology was recommended as an underutilized strategy.

More general themes across both the focus groups and stakeholder meetings that emerged are included in the Exhibit 66 below. Please note, these themes are organized by those that pertain either solely to CFS or solely to Probation, and those that pertain to both.

Exhibit 65. Stakeholder Summary of Findings

CFS Themes

- Improve use of data to inform practice (e.g., analyze what's working well in successful placements)
- Improve and increase use of Safety Organized Practice (SOP)
- Collaborate to increase in-patient substance abuse facilities and aftercare services
- Extend WRAP services (aftercare and intensive family support)
- For complex needs, increase visitation and in-home supports
- Increase use and consistency of PRTs

Probation Themes

- Youth placements near home are valued
- There is a stigma for being an "involved" youth
- There is a need for more quality programming in group homes
- ILS services can be improved and more tailored to Orange County
- More use of positive reinforcement
- Increase mental health support and embed mental health at probation sites

Themes that cross both CFS and Probation

- Family-centered approaches are essential
- Youth voice and engagement should be a priority
- Time constraints for families, workers, and providers (e.g., identifying, coordinating, and accessing services) are a barrier
- Lack of caregiver knowledge about the system as a whole is prevalent
- Caregiver knowledge about available resources can be improved
- Successful exits and transitions of cases could decrease reentry rates
- Activities that promote parent engagement (e.g., in-home support) are critical to increasing

permanency

- Parent engagement in youth education can be strengthened
- Lack of employment opportunities and job training especially for younger youth

Online Survey

An online survey was developed by Harder+Company to further understand CFS and Probation stakeholder and staff perceptions regarding the most effective services to prevent children from re-entering the foster care system and to help children achieve timely permanency, either through reunification, guardianship, or adoption. The survey was released between the months of August and September 2018 using an online platform. A total of 215 responses were submitted. Appendix I includes a copy of the survey and Appendix J includes a databook detailing the responses within the survey by CFS and Probation. Below we summarize key survey findings for CFS and Probation

CFS Findings

Overall, CFS stakeholder survey findings revealed that assistance for stable housing, in-home supports, and substance abuse programs/drug court are the three most effective services that families and children need to prevent children from being abused and neglected. In the event that children do enter into CFS care, stakeholders feel parent child visitation, substance abuse programs/drug court, and in-home supports are the most effective services that help families reunify within 12 months. Given the process of achieving permanency can be challenging, stakeholders reported limited social or family support, court processes, and insufficient housing as the top three barriers that delay permanency for children in CFS. When placement is achieved, CFS stakeholders feel in-home supports, child care, parent child visitation, and community-based services are effective at increasing placement stability. In order to prevent reentry and ensure children safely remain in the home, CFS stakeholders feel connections to community-based services, aftercare/transition services, and assistance for stable housing are effective services that help strengthen families.

When it comes to systemic factors, CFS stakeholders feel Orange County has made improvements in staff, caregiver, and service provider trainings, agency collaboration, and the service array. Although CFS stakeholders are seeing some improvement in these areas, they would like to see CFS focus more on service array, foster and adoptive parent licensing, recruitment, and retention, and agency collaboration over the next five years.

Probation Findings

Probation stakeholders feel wraparound services, therapy/counseling, and in-home supports are the three most effective strategies to help strengthen families and prevent children from entering care. If children do enter care, probation stakeholders feel wraparound services, therapy, and aftercare/transition services are effective services that help families reunify within 12 months. Probation stakeholders also indicated that limited social/family support, specialized community-based services, and limited financial resources are the three biggest barriers that delay permanency for probation involved children and families. In terms of maintaining placement, probation staff feel community-based services, wraparound, and in-home supports are instrumental in achieving placement stability. Overall, wraparound, therapy, community-based services, and in-home supports can be leveraged in a multitude of ways to serve as both prevention techniques and support services throughout the life of the case.

Regarding the systemic factors of Orange County Probation, stakeholders feel the county has made improvements in their case review system, agency collaboration, and their quality assurance system over the past few years. Looking forward, stakeholders would like to see the county address their service array, foster and adoptive parent licensing, recruitment, and retention, and staff, caregiver, and service provider trainings.

In the next section we summarize the overarching themes discovered during the assessment to guide the recommendations for the SIP development.

Population of Greatest Risk for Maltreatment

Children ages 0 - 5 are at greatest risk for maltreatment. Risk factors include parental mental health and substance use, as well as limited prevention services and aftercare (e.g., parent support and other needs associated with poverty). According to the 24th Annual Report on the Conditions of Children in Orange County, children under six made up the greatest proportion of substantiated allegations: children less than one year of age comprised 12.8% of substantiated child abuse allegations and children one to five years old made up 30.7 percent of allegations totaling 43.5 percent.

Current open cases represent children and families with complex and challenging needs. Those include multigenerational trauma and involvement with CWS and the criminal justice system, untreated behavioral health and substance use issues, as well as conditions associated with poverty (e.g., reduced family income, family instability, unemployment, transportation, and housing).

County Strengths

Findings from the CSA stakeholder forums, focus groups, and Peer Review consistently noted important improvements in internal practice (CWS and Probation), service array, and agency collaboration since the last CSA report.

Service Array

Overall, there is an agreement of the wide array of services available to families. The service array in the region is seen as robust and available with some exceptions. Generally, gaps occurred not because services were unavailable but rather due to challenges with accessing existing services. These challenges often related to readiness to access services by families and youth, transportation (cost and accessibility due to traveling long distance using public transport), and coordination and communication between county staff (e.g., social worker), contracted service provider, and service recipient (family/youth). There is a need for better and quicker access to mental health services.

Agency Collaboration

Stakeholders noted improved communication, collaboration in case development with providers and caregivers, and participation in collaborative, meetings, trainings, and events.

Practice Reforms and Use of Evidence-based/Promising Practices

CFS and Probation have increased the use of family centered/family engagement models and practices which has been enhanced by the implementation of CCR and RFA. Participants noted the use of CFTs and SOP (for CFS) as contributing to improved screening, assessment, service delivery and ultimately to successful outcomes. In addition, consistent use of community services such as WRAP and peer services is identified as key contributor to positive outcomes.

Areas Needing Improvement

Family Engagement

Participants noted the County's efforts to involve families. However, they noted more could be done to identify and engage family and support systems (especially paternal family members) throughout the life of the case and not simply during the initial removal. Specifically Orange County could examine how to better use their Family Finding services to support families across the continuum of the case. Stakeholders continue to identify

challenges and the importance of engaging fathers and paternal family members across the case planning. Ongoing efforts are needed to identify and engage paternal family members through the life of the case. Finally, for CFS, Orange County can continue to strengthen and increase use of SOP language and require behaviorally specific case plans and more consistency in practice.

Service Array Coordination

Consistently when gaps in service were noted, they were often due to poor coordination, timing of services, and limited long-term safety planning and after care services. For example, stakeholders noted the need to strengthen the way in which cases are transitioned and information is shared between case workers and other service providers. The County has in place practices that are effective but which are not regularly applied (e.g. warm hand off, close review of case histories and assessments, engagement with service providers to monitor progress). In addition, stakeholders noted the high quality of visitation services and saw these as valuable in improving placement and reunification. They also noted that Orange County courts recognized the value of visitation services in supporting reunification. Suggested improvements in visitation services included support staff to fulfill mandates of travel and supervision.

Staff Training/Support

Current caseloads for CWS and Probation staff are comprised of families and youth facing multiple and complex challenges. In addition, both departments have strengthened their internal practice by training staff on the use of evidence-based screening, assessment, and engagement strategies. Both of these conditions (i.e., complex cases and additional time needed to administer tools) require staff to spend more time with each case. Thus, participants recommended reviewing caseloads for CWS and Probation, as well as ongoing training and supervision to ensure staff have the support they need to implement these evidenced-based tools with fidelity. For youth who are in group home care, improved training of staff to monitor and ensure accountability of the quality of group home care was noted as important. As it related to relationship with the courts, stakeholders noted the need to improve training and alignment between CFS and Probation practices and judges. Thus stakeholder noted the need to increase trainings. For example, use Safety Organized Practices (SOP) language in court reports and provide training to court so they have more buy in. County should appeal judge decisions as appropriate.

Orange County's Ability to Serve Children and Families across the Continuum of Care

Orange County has a robust infrastructure of services and supports. These services and supports include other Orange County agencies such as Health Care Agency (HCA), community partnerships, educational partners, as well as contracted services. Orange County has Family Resources Centers (FRCs) that provide preventative and court ordered services within the family's community. However, like most large counties, there is an underutilization of these services and support available to the public through the FRCs, which in part is due to the challenges of successfully marketing these services to the community.

Relevant Outcome Data Trends

Exhibits 67 and 68 provide a summary of Orange County's performance on federal measures.

Exhibit 67. Summary of CFS Outcome Data for Orange County, January 2018		
	County	Federal
S1 Maltreatment in Foster Care	5.11	8.5
S2 Recurrence of Maltreatment	8.0%	9.1%
P1 Permanency in 12 months for children entering foster care	36.5%	40.5%

P2 Permanency in 12 months for children in foster care 12 to 23 months	46.2%	43.6%
P3 Permanency in 12 months for children in foster care 24 months or longer	34.1%	30.3%
P4 Re-entry into foster care in 12 months	8.9%	8.3%
P5 Placement Stability	4.08	4.12

Exhibit 68. Summary of Probation Outcome Data for Orange County, January 2018		
	County	Federal
S1 Maltreatment in Foster Care	7.6	8.5
S2 Recurrence of Maltreatment	NA	9.1%
P1 Permanency in 12 months for children entering foster care	4.3% (n=23)	40.5%
P2 Permanency in 12 months for children in foster care 12 to 23 months	0.0% (n=5)	43.6%
P3 Permanency in 12 months for children in foster care 24 months or longer	8.3% (n=12)	30.3%
P4 Re-entry into foster care in 12 months	0.0% (n=4)	8.3%
P5 Placement Stability	3.38	4.12

Summary of Effect of Systemic Factors on Outcome Data Measures and Service Delivery

Management Information Systems

Regular training is provided to CFS and Probation staff to ensure appropriate use of existing information systems. On a regular basis, staff is collecting and entering data; thus data is available to inform practice. The new CARES system that will eventually replace CWS/CMS will help in continued streamlining of information and data collection. Furthermore, the use of Safe Measures in Orange County has allowed for some time saving case management at the worker level. Further usage and training on the functionality of Safe Measures will continue to allow staff some quick at a glance look at their caseloads. It also allows supervisor to monitor compliance within their units and managers the ability to monitor compliance in their program

In addition, there is desire by the agencies and providers to become more data informed to not only improve practice but also the overall quality of the service array. Specifically, some providers have proposed having improved data systems for referral and service coordination.

County Case Review and Quality Assurance System

The County continues to move toward a CQI model, which supports the ability to review cases to inform training, practice, as well as staff caseload and offers a direct opportunity to provide more tailored services to families and thus improve outcomes. Opportunities that could be leveraged include improve the use of standardized assessments to inform case planning and service referrals, strengthen partnership with the Courts to decrease inconsistent court decisions, orienting courts and providers to SOP behavioral language, better equip staff to be ready for court (written and verbal) by training via county council, and build court (judge/lawyer) understanding of the approaches used by CFS and Probation to reduce reentry rates. For example, use SOP language in court reports and provide training to court so they have more buy-in. The County should appeal judge decisions as appropriate.

As part of the CQI model, Orange County completes 25 CFSR case reviews per quarter using the Administration for Children and Families (ACF) CFSR Onsite Review Instrument (OSRI). CDSS randomly assigns 25 open or closed and in-home or out-of-home cases to review each quarter. QST staff preform these reviews to ensure an

unbiased review process. QST has seven to eight certified case reviewers, also known as quality assurance staff conducting all case reviews for Orange County. The review information is then given to the managers, supervisors, and staff that had their cases reviewed. QST has also attended unit meetings and all-program meetings to provide further information about the case review process and how to make it meaningful in terms of daily practice. This allows for the staff to better understand the CQI process.

Foster and Adoptive Parent Licensing, Recruitment, and Retention
The County continues to move toward increasing the number of children and youth placed in relative care and has put several strategies to train and recruit families. However, they anticipate the implementation of RFA and CCR will impact the number of available and approvable resource homes/families for CFS and Probation.

Staff, Caregiver, and Service Provider Training
Existing trainings such as QPI, SOP, RFA, and CFT are working well and alignment of practice and service delivery would lead to improved outcomes. Opportunities to increase SOP and trauma-informed practices continue to be looked at and the deepening of practice continues.

Agency Collaboration
As noted earlier, there are ongoing efforts into increasing stakeholder and family experience. Orange County has extensive and very engaged collaboratives. However, more targeted efforts could help sustain and build on the work to date, including further engagement with key sectors such as behavioral health and school systems especially for immigrant communities. In addition, as the SIP is developed, Orange County could work with stakeholders, partners, and collaboratives to align and integrate CSA findings and SIP strategies into their work. Orange County understands that neither CFS nor Probation can do this work alone. Community involvement is critical to the success of our families. Partnering and establishing great working relationships to better assist the families involved in the public child welfare or probation systems is the key to moving forward with the welfare reform efforts. However, like most public agencies, bureaucracy can get in the way of creative work. That is why maintaining and creating working relationships is even more crucial to the reform efforts.

Service Array
As noted earlier, successful outcomes are noted when there is readiness by family members to engage in services aimed to address key issue facing the family is the protective issue. However more for cases complicated by mental health, substance abuse or other issues leading to poverty, require tailored case plan and early identification and referral of services to be made to address the root cause and not simply the protective issue.

Consistently when gaps in service were noted, it was often due to coordination and timing of services such as the limited use of a warm handoff. Orange County is large and diverse and existing bilingual and culturally responsive services are not equally available and accessible across the county, trauma informed services. Participants noted the County's efforts to involve families. However, they noted more could be done to identify and engage family and support systems (especially paternal family members) throughout the life of the case and not simply during the initial removal (family finding and bio family engagement, especially fathers). Staff working in the front end such as Emergency Response, Investigations and Placement gather a lot of information about the biological family, however as the case moves through the dependency system and depending the status of the case less information is gathered about the family.

Progress, challenges and overall lessons learned from the previous SIP
For the period 2014-2019, CFS and Probation focused the SIP on the following outcomes:

- CFS
    - Permanency in 12 months for children entering foster care (entry cohort)
    - Permanency in 12 months for children in foster care 24 months or more
- Probation
    - Reunification within 12 months (entry cohort)
    - Placement Stability (At least 24 months in care)

CFS learned several valuable lessons from the previous SIP. One of them is that having too many SIP strategies can lead to fragmentation of priorities. Furthermore, having too many strategies makes it more difficult to track progress. Some strategies did not seem to have their intended results, which gave CFS the opportunity to reevaluate these strategies and strike them from the SIP.

Briefly describe the initial strategies and/or next steps the county will take in the C-CFSR cycle as they move toward development of the SIP

During the stakeholder sessions and final day of the Peer Review, Orange County solicited input from stakeholders for potential strategies to address re-entry and permanency. Strategies and information gathered during the CSA will be used to inform the development of the SIP charts. Harder+Company will work with the CSA Team to develop the SIP report. The findings of the CSA will be shared among the Leadership team, Child Welfare System Improvement Plan (CSWIP) partnership, Foster Care Youth Outcomes, Eliminating Racial Disparity and Disproportionality (ERDD) workgroup, and other stakeholders. This will create an opportunity for input into the SIP strategies. Other next steps will be evaluating the information gathered, looking at key areas of improvement needed, and working with research to ensure that strategies developed are measurable. Some new initiatives or possible strategies that Orange County is currently looking at are drafting a strategy that both CFS and Probation could share together such as CFTs with dual youth. Also look at the strengthening SOP practice by implementing language in case plans and court reports.

13. EndNOTES

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14. Appendix

A. Orange County Organizational Chart

COUNTY OF ORANGE ORGANIZATIONAL CHART
July 6th, 2018

B. Orange County Child and Family Services

OC SocialServicesAgency
Our Community, Our Commitment

Children & Family Services Division

	Children and Family Services Anne Bloxom Director	
Jackie Sanchez Secretary III	Unit 3000	Margene Barker Admin Mgr. I

Family Assessment & Shelter Services
Denise Churchill
Deputy Director
— Unit 3000 — Vacant / Secretary II

- OCFC — Kim Ragen — Admin Mgr. II (Unit 3201)
- OCFC — Cheryl Alexander — Admin Mgr. I (Unit 3201)
- RFA Lead & Application and Assessment — Norean Lubchenko — Admin Mgr. II (Unit 3600)
- Retention and Support — Victor Chavez — Admin Mgr. I (Unit 3600)
- RFA/Placement Coordination — Susan Collins-Rogers — Admin Mgr. I (Unit 3600)
- RFA/Recruitment and Training — Marlene Telegades — Admin Mgr. I (Unit 3600)

Intervention & Prevention Services
Scott Burdick
Deputy Director
— Unit 3000 — Tracy Hertenstein / Secretary II

- ER I — Colleen Honch — Admin Mgr. II (Unit 3111)
- ER II — Shawn Robinson — Admin Mgr. II (Unit 3112)
- ER III — Mahonri "Mo" Sapiga — Admin Mgr. II (Unit 3114)
- Child Abuse Registry/Adult Protective Svcs — David Zietz — Admin Mgr. II (Unit 3113)
- FMCS/CAST — Julie Poulos — Admin Mgr. II (Unit 3131)

Continuing Family Services
Christine Smith Snapper
Deputy Director
— Unit 3000 — Cindy Eazor / Secretary II

- Specialized Fam. Svcs Continuing & Court Officers Program — Jane Collier — Admin Mgr. II (Unit 3164)
- Integrated Continuing Services — Sylvia Cordova — Admin Mgr. II (Unit 3161)
- Visitation Support Services — Angela Santos — Admin Mgr. I
- Specialized Family Services — Trisha Schwenn — Admin Mgr. II (Unit 3163)
- Permanency Services Program — Veronica Zuniga — Admin Mgr. II (Unit 3162)
- Collaborative Courts Program — Christopher Avventino — Admin. Mgr. I
- Court Services — Kristi Fiskum — Admin Mgr. II (Unit 3141)
- Foster Care Eligibility — Prashant Kamboya — Admin Mgr. II (Unit 1400)

Planning & Permanency Services
Ken Santini
Deputy Director
— Unit 3000 — Gabriela Thatcher / Secretary II

- Tustin Family Campus/FaCT/Resource Dev. Mgmt. — Ericka Danczak — Admin Mgr. II (Unit 3310)
- FaCT — Rachel Levin — Admin Mgr. I
- Multi-Agency Family Partnership — TerryLynn Fisher — Admin Mgr. II (Unit 3701)
- Operational Support Services — Janie Gonzalez — Admin Mgr. I (Unit 3190)
- Child & Family Team — Rita Rangel — Admin Mgr. I (Unit 3173)
- Transitional Planning Services — Jaime Muñoz — Admin Mgr. II (Unit 3500)
- Policy Development Unit — Martin Raya — Admin Mgr. I (Unit 3172)
- Personnel Coordinator — Leticia Galvez — Staff Specialist (Unit 3190)
- CFS Systems Group — Pam Miller — Admin Mgr. II

July 2018

C. Orange County Probation Department

ORANGE COUNTY PROBATION DEPARTMENT

Steven J. Sentman
Chief Probation Officer
Lynda Weisman, Executive Secretary

Sue DeLacy Chief Deputy Probation Officer **Adult Operations Bureau** *Secretary, Maria (Norvie) Meaney*	**Doug Sanger** Chief Deputy Probation Officer **Juvenile Operations Bureau** *Secretary, Louise Tan*	**Bryan Prieto** Chief Deputy Probation Officer **Juvenile Facilities Bureau** *Secretary, Nora Fernandez*	**Todd Graham** Chief Deputy Probation Officer **Operations Support Bureau** *Secretary, VACANT*
Brian Johnson, Director Adult Court Services **Javier Medina** Assistant Division Director **Erik Wadsworth, Director** Adult Field Supervision **Steve Sandoval** Assistant Division Director **Catherine Stiver, Director** Special Supervision **Jessica Johnson** Assistant Division Director **Stacey McCoy, Director** PCS-Field Supervision **Priscilla Suzuki-Johnson** Assistant Division Director	**Timothy Todd, Director** Juvenile Field Supervision **Tawnya Medina** Assistant Division Director **Christy Ronald, Director** Juvenile Court Services **Jeff Burgett** Assistant Division Director JDAI Custody / Non-Custody Intake Diversion Alternatives to Detention	**Daniel Hernandez, Director** Juvenile Hall Assistant Division Directors **Kerri Carvo** **Martin Corrales** **Joycelyn Durk** **Sanford Rose** **Joseph Stokely, Director,** Youth Guidance Center and Youth Leadership Academy **Barbara Lee** Assistant Division Director, YGC **VACANT** Assistant Division Director, YLA **Jeff Corp, Director** Joplin Youth Center **Isabell Gutierrez** Assistant Division Director	**Dana Schultz, Director,** Admin Fiscal Services **Clare Schiller, Director** Professional Standards Division Assistant Division Directors **Michael Redwood** **VACANT** **Shawn Small, Director** Employee Development and Support Division **Scott Chandler, Director** Strategic Support Division **Carla Lopez** Assistant Division Director **Jean Yu, Director,** Information Technology Division **Franco Cheuk, Admin Manager II**

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D. Orange County Region

Orange County is a diverse region comprised of over 3 million residents and spanning nearly 800 square miles with the county seat located in Santa Ana. In total, there are 34 cities and large unincorporated areas located within Orange County. Due to the diversity of residents living within the county boundaries socio-economic status and health outcomes of residents varies from city to city. For instance, the percentage of Orange County children living in poverty is more highly saturated in Santa Ana, Stanton, and Anaheim.

E. List of Participating Organizations/Stakeholders

The following is a list of organizations and stakeholders who were engaged, and provided feedback, throughout the CSA process. As a note, stakeholders could have been engaged in multiple activities. Overall, nearly 600 stakeholders were engaged throughout the entire CSA process.

Orange County Organizations	
All For Kids	Juvenile Court attorneys
Birth Parents	K2C Academy
California State University Long Beach, School of Social Work	Law Enforcement- Santa Ana Police Department
CASA	New Alternatives
Casey Foundation	OC 98
CFS and Probation Staff	OC College Grade Pre.
Children's Hospital of Orange County (CHOC)	OC Department of Education
City of Santa Ana – Youth Services	OC SSA
County Counsel	OCAPICA
CWSIP	Olive Crest Housing (staff and youth)
Department of Probation	Orange County Department of Education
Doing Good Works	Orange County Department of Education, Foster Youth Services
Eliminating RDD	Orangewood
Family Support Network	Orangewood Children's Foundation
Foster Youth (current, and former foster youth, as well as non-minor dependents)	Padres Unidos (probation parent group)
Foster Youth Outcomes Group	Parent Union (Parent Union for Child Public Education)
Golden West College	Resource Parents
HCA/BHS/CYS	Social Services Agency
HCA/CYBM	SSA Administration
HCA/OC Accept	SSA Research
Health Agency MHSA/TAY	The Raise Foundation
Health Care Agency	Trinity Youth Services Apple Valley
Health Care Agency Public Health Nursing	Trinity Youth Services El Monte
Health Care Agency/BHS/CYP/Innovation Projects	UC Davis Extension Resource Center
Heat Come Home	Youth Development Board
Human Options/Family Resource Center	
	UC Foster Care Els. Policy
Irvine Valley College	Vision 2020 Saddleback
	Young Lives Redeemed
	Youth Voice Representative (OCDE)

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F. Interagency Placement Committee (IPC) Workflow and Approval Process for Short-Term Residential Therapeutic Program (STRTP) Placement

Child and Family Team (CFT) input provided regarding placement	• The Child and Family Team (CFT) discusses/documents placement recommendations, including the determination a Short-Term Residential Therapeutic Program (STRTP) is appropriate. o A CFT meeting is required *prior to* recommending a youth for STRTP placement. (Exception: Expedited and Emergency STRTP placements.) • Following placement, the CFT will be provided information regarding the specific STRTP placement. The CFT will, on an ongoing basis, re-assess the appropriateness of placement and consider when a "step-down" to home-based care may be feasible.	Begin Here: Best Practic
IPC Referral (F063-25-826) completed and submitted by SSW/DPO	• When the CFT has determined STRTP placement is recommended, the assigned social worker/deputy probation officer completes and submits the *Interagency Placement Committee Referral for STRTP Placement (F063-25-826)*. Additional details and instructions are provided on the form. • For Expedited STRTP placement the assigned social worker/deputy probation officer may submit the *Interagency Placement Committee Referral for STRTP Placement (F063-25-826)* prior to CFT consultation.	Begin Here: Expedited Process

IPC Meeting conducted	• The Interagency Placement Committee (IPC) will include a representative from:
	   o the county placing agency
	   o the county Mental Health Plan
	   o Probation for all Dual Agency cases. (Probation may be consulted on probation-involved youth not designated as Dual Agency cases.)
	• The IPC determines the eligibility and appropriateness of STRTP placement for the youth, pursuant to WIC §§ 11462.01 & 4096.	

STRTP *not* recommended	• If the IPC determines STRTP placement is *not* recommended:
	   o Alternate placement options will be explored, per IPC input and in consultation with the CFT.
	      -Or-
	   o The assigned social worker/deputy probation officer, in consultation with the CFT, will submit additional information to the IPC to support a recommendation of STRTP placement.	

STRTP recommended	• If the IPC determines STRTP placement *is* recommended, the county placing agency will proceed in matching the youth with a STRTP.	

STRTP placement with commonality of need identified	• The county placing agency will identify a STRTP which meets the specific needs of the youth and where the youth has a commonality of needs with the other youth in the STRTP.
	• For Emergency STRTP placement:
	   o Within 72 hours of placement, a licensed mental health professional will assess if behavioral and therapeutic needs can be met by the STRTP.
	   o Within 30 days of placement, the IPC will determine the appropriateness of STRTP placement in consultation with the CFT.
	• If the identified STRTP is out-of-county, initiate Out-of-County Notification and Presumptive Transfer protocols.
		Begin Here: Emergency Placement

Youth placed in STRTP	• The county placing agency will complete the applicable placement steps, including providing the STRTP with the written determination that STRTP placement is appropriate. • Following placement, the CFT will be provided information regarding the specific STRTP placement. The CFT will, on an ongoing basis, re-assess the appropriateness of placement and consider when a "step-down" to home-based care may be feasible.	

(References: AB 403 (2015); AB 404 (2017); ACL 17-122; ACIN I-75-16; WIC §§ 4096, 11400, 11462.01, 16514)

G. Stakeholder Summaries

On August 2nd and August 8th, stakeholders of both Child and Family Services and Probation convened to discuss the 2019-2024 SIP focus areas of reentry into care and permanency in 12 months for children in foster care 12 to 23 months. The first portion of the sessions focused on providing context of the overall CFSR process and understanding Orange County's current SIP progress. Session attendees then broke out into topic specific small groups (i.e., either reentry or permanency focused) to discuss the following:

1. **What's Working Well?**
   a. *What do you see in your work with families that helps maintain successful reunification/permanency?*
   b. *What has the agency done over the last 5 years to make improvements in re-entry/permanency?*
2. **What needs improvement?**
   a. *What are the barriers families face in sustaining successful reunification/permanency?*
3. **What ideas do you have for strategies that the agency can implement to help decrease re-entry/increase permanency rates?**
   a. *What do you see as areas the agency could improve to decrease re-entry rates/increase permanency rates?*

Once the group had discussed all three questions, they prioritized their top ten strategies that could help address reentry and permanency rates. These strategies were then shared out and discussed with the entire group. Below you will find the responses to each of the three questions above.

Topic: Reentry into Care

What's working well?	What needs improvement?
1, 2, 3 family treatment	Availability of resources and length of time services are available
Bringing families home	Better data
Bringing families home to facilitate reunification housing	Court's reaction to parental mis-steps
Child can live with parent in program for substance abuse etc.	Domestic violence
Connecting families with community resources	Employment
CRISP	Families don't reach out due to fear
CSEC services and resource center	Families need information repeated frequently to gain understanding
Earlier ID of CSEC youth	Homelessness
Faith in motion	Housing
Family Resource Centers	Inadequate resources (waiting lists, CWS families not prioritized)
Family services	Lack of expertise in matching resources with families
Grassroots community education and support	Lack of resources list
Great teamwork between WRAP and social worker	Lack of service providers for youth and placement
In-home family coaches (NAI) builds community supports	Mental illness
Intensive family support services at F.M. or trial	Mistrust by families due to fear of child welfare

visit	
Neighborhood-based prevention	Parents' inability to manage children's behaviors
Relative placement	Substance abuse
Social workers at detention	Support after re-unification
SOP and better risk assessment	
Well-educated workforce	
WRAP prior to return	
Wrap-around	

What ideas do you have for strategies that the agency can implement to help decrease re-entry rates?

Address families child care and other ancillary needs prior to reunification

Agency collaboration regarding resources (global inventory)

Analyze what's working well in successful placements

Better data

Better use of SOP (mapping)

Bring back Drug Court

CFT-like meeting after case closes (referral to FRC)

Collaborate to increase in-patient substance abuse facilities and aftercare

Community and parent training related to autism

For older kids: extend time of WRAP services

Home nursing visitation for children with medical needs

Increase childcare for high-needs children

Increase funding for Respite especially for older youth

Lack of resources and L.E. training for families who have children with autism

More family residential substance abuse treatment

More specialized placements for high-needs youth (medical, CSEC, behaviors, etc.) and placement support

Provide intensive in-home support during Family Maintenance

Providers have drug Medi-Cal ability

Staff mentoring 1-on-1 supervision

Substance abuse program for youth

Visitation coaching

Topic: Permanency

What is working well?	What needs improvement?
Children and Family team meetings (CFT)	Approval process long
Faith-based groups	Culinary --> Boredom in G.H.
Family finding	Family resistance to training
Family Meetings	Get children later in care -- less time to work with them
Interagency Placing Committee (IPC)	Group home shortage
Parenting programs like "Padres Unidos"	House size
Permanency Round Table	Mindset of providers "market mind set"
Stakeholder collaboration and inclusion	Need more mentors
Wraparound services (YOW)	Need more permanent homes
Youth reporting centers	Opportunities for success
	Orientation not focused to population
	Relative placement more complicated ("space" CCR)
	Shortage of ISFC+TFC homes
	Youth lack of hope

What ideas do you have for strategies that the agency can implement to help increase permanency rates?
Embed MH @ probation sites officer
Engage youth (inc. strategies)
Include permanency @ CFT discussions
Include police in trauma training
PRTs
TAY Court (connect to resources)
Teaming -- increasing MH support (incentives?)

Youth Service Providers Focus Group

Topic: Engagement

What is working well?	What needs improvement?
Access to resources, both within one's organization and outside of it	Additional points of engagement and education for volunteers
Acknowledging the good things that youth are doing	Asking youth more of what they want/need
Activities that provide attending youth the opportunities to meet other foster youth	Better incentives for youth that can aid them with Daily Living Skills
Awareness of issues/needs which informs natural points of contact	Breakdown between county and housing providers in getting youth to engagement opportunities (such as college/career fairs)
Being flexible and available to youth	Building upon more natural supports for families in their communities
Case management assistance	Consistent social work
Collaboration from the Recreational Department	Delayed responses from SSA to providers
Collaborative efforts	Different expectations of youth
Community volunteers and events	Disciplines still working in silos (i.e. need more strength in team-building around each youth between providers)
Completing the FAFSA challenge	Disenfranchised youth with no felt power or decision-making in their own lives
Driver license – prepare resumes for future jobs/interviews	Driven towards age groups on groundshome life, domestic activities, cooking, etc.
Establishing stability and building hope	Duration of social workers
Funding available	Especially engaging probation youth
FYL's position at group homes	Especially within CSW, SSA
Higher education providers being available to go to youth for presentations and information	Give more opportunities for youth to be heard in own meetings
Increased engagement of youth who are older	Helping NMD and 7Y understand and see benefits of continued supports that are available
Individual ILP services	Individualize expectations based on youth, NOT contracts or county goals
Information being disseminated	Lack of honesty
Interaction between youth, therapist, and staff	Lack of incentives such as stipends
Inter-agency communication and partnerships	Long waitlist for CASAs, mentors
Inviting youth voice and FYO meetings	Maintaining lasting connections
Mentorships' ability to meet youth where they are at	Mental health services
Normalization of experiences through support from others	More ILP workshops provided
One-on-one touchpoints with youth such as CASA, housing counselors	More opportunities for engagement
Online surveys with the Doing Good Works people	More opportunities for youth to have internships
Orangewood found ILP workshops	Need more community-based engagement points

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Other providers bringing youth to colleges	of access
	Need to hire more young people with foster care experience
Partnering with Eddie Nash and other groups to provide fun opportunities for youth engagement	Need to optimize use of technology for engagement
Passionate people	Need to reach youth such as 12+ years old
Peer youth employed in key successful provider positions	Needs more consistent, timely information-sharing between team members
Proactive approaches, as opposed to reactive ones	Not being able to reach all populations (such as homeless or 18+ youth)
Proper assessment of needs	Not everybody are on the same page
Regular meetings with housing staff/support teams	Not receptive to feedback; feedback was requested then dismissed
Reunification with families	Peer/parent patrons to help child return to home
Sensitivity and relationship-building	Promote more sibling connections/relationships
Services information being shared with youth in meetings	Providing employment, affordable housing, training/education
Strong partnerships that allow for sometimes different conversations for benefit of youth	Relationship with law enforcement
Team meetings	Resources and support of the city
TIC friendly	Social workers don't meet youth enough
TILP meetings for youth to make and reach goals	Strengthening support for youth to access services
Trauma-informed practices	Substance awareness
We are listening to the youth in order to provide what they need	Technology (such as the Think of Us app)
Wide variety of incentive programs and flexibility for intake	Understanding youth needs countering negative influences and train of thought
WIFL, NMD's, SSA and other stakeholders are working closely together to meet the young adults' needs; improved since AB12 came into law	Youth could use more exposure to higher education and other available options
Youth engagement such as school tutoring, sports, outings, and other activities	Youth experience fatigue with having to retell their stories
Youth who come in regularly are given lots of support; we have great rapport with them	Youth express discouragement about frequent changes in assigned therapist
Youth-centered/driven	Youth groupings (keeping youth from negatively feeding off each other at events, such as planning to smoke, plan fights, or ditch)
Trauma-informed care	Youth homelessness
	Youth who do not come in regularly are less likely to be aware of support services; they also seek help after it is too late to assist in early intervention problem solving

Topic: Service Array

What is working well?	What needs improvement?
AB12	0 mental health after age of 21
Access to transportation, housing, community resources all in abundance (basic services)	21+ therapy
CARES/EOPS @ community colleges	Age/legality limitations (not having the correct paperwork or not "officially" being in the system from 13-18)
Collaboration between service providers especially to deliver services	Arts and culture (soft skills)
Collaborative platform to share resources	Being informed
College events	Better access to tutors and more college tours
Education support	Better job in helping them understand how utilizing them will benefit them
Family transportation	Better transitions to transition homes
Filling gaps that exist others may not be able to fill	Career and identity exploration and development
Filling out FAFSA, we are FAFSA challenge winners!	College readiness
FSP's (team meetings like OCF, STAY, YOW)	County does not have any dual diagnosis residential treatment for non-severe and persistent mental health disorder or emancipated/aged-out youth
Good support up to age 18	County does not have higher level of care (beyond sober living and group homes) housing for severe and persistent mental health disorder or emancipated/aged-out youth
Great, committed partners	Drug groups
Housing wrap around but less restrictive	Exposure to pros and cons of early, single parenting with birth control options
ILP events/workshops/resources	Foster homes
Job exposure/career development	Government contracting/procurement process is cumbersome and rigid – precludes responsiveness to emergencies, weeds out small innovator providers, sluggish, discourages new innovation
LGBTQ youth	Have not yet optimized technology such as the Think of Us app
Lots of service available both on/off campus (financial aid, health/wellness, job placement, books/supplies)	Help with textbooks $
Lower threshold of entry into FSPs	High social worker caseload + turnover = workers who don't know their youth and their needs
Mental health initiatives	Holes in communication
mentors	Homeless population
Mentorship/relationship support	Housing 21+
MOA programs and job readiness	Housing and support for high need youth
More time/energy is being spent on securing services for NMD's	Increased housing resources
Multiple collaborative providers	Lack of knowledge of service availability

Orangewood found. ILP workshops	Lack of mental health services for TAY youth
Orangewood WRAP, CASA, STAY	Meeting increased housing needs of special populations (i.e. single mothers and family models)
Personalized assessment with tailored support/direction	Mental health care for 21+ youth
Planned Parenthood providing informational meetings with youth	Mental health services
Providing staging for extra sports activities	More addiction services
SAC ILP workshops	More effective MENTAL HEALTH
Service provided	More options for housing that could reconnect youth with families
Sex ed for youth and providers	More STEM programming education
Sex-positive choices	More support from social workers after 18 years old
Teen Leadership foundation, teen-supported workshops and camps	More transition to adulthood support
THP, THPP, THP+FC, THP scattered sites	Need a longer term crisis/rehab program or supportive services in a housing setting
Thrive	Need better mental health services for NMD's and young adults
Understand the process of stopping cycles	Need character development
Variety of housing options that are moving to person-centered, holistic support models	Need employment readiness
Workforce development	Need more daily living skills workshops
YES ILP workshops	Need more focused community-based provision of services
Youth more involved in process	Need more mentors for Latino youth (males)
	Need more mentors for youth (more than 1)
	Need more specialized services for the very vulnerable – chronic mental health, drug use, etc. care needs
	Need to reach younger such as 12y+
	Needs more housing options for NMD's and young adults
	Not enough CSEC housing and support
	Not enough housing for emancipated youth
	Not enough mental health services/housing
	Not enough parenting programs + support
	Not enough services for the CSEC population
	Not enough substance above services
	Not individualizing youth in terms of goals/needs
	Onsite tutors
	Outcome evaluation framework could be better – especially if cohesive across providers
	Rehab facilities
	CSEC youth
	Services are under-supported financially
	Sex trafficking
	Significant gaps in adequately serving youth with

	mild/moderate mental illness – only get service when in acute crisis
	Specialize training for NMD CSW
	Substance use services
	Support for probation youth – mental health, substance abuse
	Transition process with other providers
	Transitional housing requirements (not meeting the needs of all youth)
	Transportation to get to college
	Trauma therapy
	Trauma-informed care/education practices
	Underfunded
	Underutilized by non-minor dependent parents
	Who provides what services?
	Youth express frustration over shortage of safe and stable housing. Transitional housing programs are full

H. Focus Group Protocols

1. Youth Focus Group Protocol

IF NOT ALREADY INTRODUCED: My name is _____ and this is _____. We work for Harder+Company Community Research, a consulting firm that is collecting information regarding County of Orange Children and Family Services and Juvenile Probation Services.

Today we are going to meet as a group for about an hour to get your thoughts about your experience with the services you receive(d) from County of Orange Children and Family Services (CFS) and Juvenile Probation. If you have not had any direct involvement with either of these agencies, we would still appreciate your input. We need your input in order to improve the important work CFS and Juvenile Probation do to protect the well-being of children and families. You're the experts here! You know your experience best and we are here to listen to you. If any of the questions or terms we use are unclear or different from what you use, please let us know so we can make sure we are all on the same page.

Everything you say today is completely confidential. **The only exception is if someone shares thoughts or plans about hurting themselves or others.** Otherwise, your name will not be attached to what you say and will never be reported in a way that could identify you. The information that you provide with be shared confidentially (without using your name) with county staff and partner organizations with an interest in improving CFS and Probation services. In any publication, information shared by you will be identified as received from families or youth served by CFS or Probation. With these things in mind, we encourage you to be open and honest today. Your time and input is really valuable; thank you for sharing it with us. Finally, at the end of our conversation, I will be providing you with a gift card of xx to thank you for your time today and your participation.

Please make yourself comfortable.

Begin focus group discussion

If it is alright with everyone, we would like to record the conversation. We want to be sure we note down everything you say and that we get it right!

Before we get started I'd like to suggest some guidelines for our conversation today:

- There are no right or wrong answers.
- Everyone has an equal chance to speak.
- Every opinion counts – we are going to respect what everyone says.
- Please do not interrupt one another. It is important that you speak one at a time since Taylor is going to be taking notes and that is impossible if we're talking all at once!
- What's said here stays here meaning please done share what you hear with anyone outside this room.
- What's said here does not affect the services you receive
- How do those guidelines sound to everyone? Can we agree to those for today?

Finally, before we get started, does anyone have any questions?

BEGIN NOTETAKING/RECORDING

We would like to start out by asking you for your first name so that we can get familiar with each other. (Note taker writes down first name).

OVERALL EXPERIENCE

1. From your experience, what did you find most helpful about the social worker and/or probation staff involved with your case? This can include things like the way they explained your case to you, the way they

spoke to you, the way they provided information on services and support options, or the way they handled your case overall, etc**.**

    a. **Probes**

        i. Can you tell me how you were involved in deciding the **placement decisions**?

        ii. Can you tell me how you were involved in deciding the **reunification decisions**?

        iii. What should CFS and /or probation have done differently?

        iv. Do you feel that your input (opinions/ideas/concerns) regarding your case is solicited?

        v. Do you feel that your inputs (opinions/ideas/concerns) regarding the child welfare system are heard?

2. In your opinion, what can social workers and/or probation staff do to work better with youth and families?
3. Is there anything that would help families not have multiple involvements with CFS or Probation?

SERVICE ARRAY

4. What services do you believe are **most** helpful to youth, families and your community? **[Note to facilitator, use the following prompts if no response from participants]**

    a. What services are needed to improve placement decisions?

    b. What services are needed to improve family reunification?

    c. What services are needed to improve families' ability to care for their children and minimize the likelihood of future involvement with CFS or Probation?

5. What services do you believe are **least** helpful to families?
6. In addition to the services you received were there any other services that you believe would have been more helpful that were not provided?

    a. [PROBE] What services are lacking?

7. In your opinion, how does the community see the services provided by CFS and/or Probation?
8. Do you feel there is good communication across the agencies and organizations that serve families?
9. If you could improve anything about CFS and Probation services what would it be?
10. Anything else that you would like to add that we have not already talked about?

CLOSING:

- Thanks for their input; Provide gift cards and ensure they signed form

    2. **Provider Focus Group Protocol**

IF NOT ALREADY INTRODUCED: My name is _____ and this is _____. We work for Harder+Company Community Research, a consulting firm that is collecting information regarding County of Orange Children and Family Services and Juvenile Probation Services.

Today we are going to meet as a group for about 90 minutes to get your thoughts about your experience with the services you receive(d) from County of Orange Children and Family Services (CFS) and/or Juvenile Probation. If you have not had any direct involvement with either of these agencies, we would still appreciate your input. We need your input in order to improve the important work CFS and Juvenile Probation do to protect the well-being of children and families. You're the experts here! You know your experience best and we are here to listen to you. If any of the questions or terms we use are unclear or different from what you use, please let us know so we can make sure we are all on the same page.

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Everything you say today is completely confidential. **The only exception is if someone shares thoughts or plans about hurting themselves or others.** Otherwise, your name will not be attached to what you say and will never be reported in a way that could identify you. The information that you provide with be shared confidentially (without using your name) with county staff and partner organizations with an interest in improving CFS and Probation services. In any publication, information shared by you will be identified as received from families or youth served by CFS or Probation. With these things in mind, we encourage you to be open and honest today. Your time and input is really valuable; thank you for sharing it with us. Please make yourself comfortable.

Begin focus group discussion

If it is alright with everyone, we would like to record the conversation. We want to be sure we note down everything you say and that we get it right!

Before we get started I'd like to suggest some guidelines for our conversation today:

- There are no right or wrong answers.
- Everyone has an equal chance to speak.
- Every opinion counts – we are going to respect what everyone says.
- Please do not interrupt one another. It is important that you speak one at a time since I will be taking notes.
- What's said here stays here meaning please don't share what you hear with anyone outside this room.
- What's said here does not affect the services you receive.
- How do those guidelines sound to everyone? Can we agree to those for today?

Finally, before we get started, does anyone have any questions? **BEGIN NOTETAKING/RECORDING**

We would like to start out by asking you for your first name so that we can get familiar with each other. (Note taker writes down first name).

OVERALL EXPERIENCE

1. From your experience, what did you find most helpful about the social worker and/or probation staff involved with your family? This can include things like the way they explained your case to you, the way they spoke to your child(ren), the way they provided information on services and support options, or the way they handled your case overall, etc. [**Note to facilitator, use the following prompts if no response from participants]**
   a. Tell me about what worked well in working with CFS or Probation staff. What did not work so well?
   b. Can you tell me how you were involved in deciding the **placement decisions**?
   c. Can you tell me how you were involved in deciding the **reunification decisions**?
   d. What should CFS and /or probation have done differently?
   e. Do you feel that your input (opinions/ideas/concerns) regarding your case is solicited?
   f. Do you feel that your ideas or concerns regarding the child welfare system are heard?
2. In your opinion, what can social workers and/or probation staff do to work better with youth and families?
3. Is there anything that would help families not have multiple involvements with CFS or Probation?

SERVICE ARRAY

4. What services do you believe are **most** helpful to youth, families and your community? **[Note to facilitator, use the following prompts if no response from participants]**
   a. What services are needed to improve placement decisions?

      b.   What services are needed to improve family reunification?

      c.   What services are needed to improve families' ability to care for their children and minimize the likelihood of future involvement with CFS or Probation?

5.   What services do you believe are **least** helpful to families?

6.   In addition to the services you received were there any other services that you believe would have been more helpful that were not provided?

      a.   [**PROBE**] What services are lacking?

7.   Do you feel there is good communication across the agencies and organizations that serve your family?

8.   What prevention (to avoid families being involved with CFS) and after care services are needed?

9.   What are the most common barriers to accessing youth services?

10. If you could improve anything about CFS and Probation services what would it be?

COMMUNITY PERCEPTIONS

11. In your opinion, how does the community see the services provided by CFS and/or Probation?

12. If a family in your community needed services such as parenting education, childcare, getting medical care, substance abuse, etc., would you know where to tell them to go for help?

13. Do you feel there is good communication across the agencies and organizations that serve families?

CLOSING:

Anything else that you would like to add that we have not already talked about? Thank you for your input.

3.   Padres Unidos Focus Group Protocol

Mi nombre es _____ y este es _____. Trabajó para Harder+Company Community Research, una compañía que está recogiendo información sobre los servicios que ofrece el departamento de Libertad Condicional de Menores (Probation) a familias y jóvenes aquí en Orange County.

Hoy vamos a reunirnos en grupo por 90 minutos. Vamos a hablar en grupo acerca de su experiencia con los servicios que están recibiendo/que recibió de Libertad Condicional de Menores (Probation). Si usted no ha tenido ninguna participación directa con esta agencia, todavía le agradezco su opinión. Necesito su información para mejorar el trabajo importante que hacen Libertad Condicional de Menores para proteger el bienestar de jóvenes y familias. Ustedes son los expertos aquí! Ustedes saben mejor que yo o el condado su experiencia y estoy aquí para escucharles. Si no entiende algo que le pregunte, por favor dígame.

Todo lo que digan hoy en día es completamente confidencial. La única excepción es si alguien comparte pensamientos o planes de hacerse daño a sí mismos o a otros. La información que estoy recogiendo se va a resumir en un reporte y lo voy a compartir con directores y personas del condado que están encargadas de los servicios a familias. No usaremos ningún nombre de las personas que han compartido información conmigo en los reportes que escribamos. Por eso les invitó a que por favor se sientan en confianza y me compartan sus opiniones y experiencias. Por favor, pónganse cómodos.

Comience la discusión del grupo

Si está bien con todos, me gustaría grabar la conversación. Cuando empecemos a hablar no voy a poder tomar todas las notas.Me gustaría grabar para repasar mis notas y luego voy a borrar la grabación.

Antes de empezar, me gustaría sugerir algunas directrices para nuestra conversación hoy:

- No hay respuestas correctas o incorrectas
- Todas las personas tienen la misma oportunidad de hablar.
- Cada opinión cuenta – vamos a respetar lo que dicen todos.
- Por favor, no interrumpen unos a otros. Es importante que usted hable de uno en uno.
- Lo que se dice aquí se queda aquí. Por favor no compartan lo que se oye con nadie fuera de este grupo.
- Lo que se dice aquí, no afecta a los servicios que reciben.
- ¿Como les parece a todos? Podemos estar de acuerdo con esas normas?

Por último, antes de empezar, ¿alguien tiene alguna pregunta?   **BEGIN NOTETAKING/RECORDING**

OVERALL EXPERIENCE

1. Primero hay he compartir nuestro nombre. Empezamos con _____
2. De su experiencia, ¿qué fue lo que le ayudo más a su familia de los servicios que le brindó el personal Libertad Condicional de Menores (Juvenile Probation staff)? Puede incluir cosas como la manera en que le explicaron su caso, la manera en que le hablaron a su hijo(a), o la como manejaron su caso.
    a. ¿Qué estovo bien o bueno en su experiencia? ¿Qué no estuvo tan bien?
    b. ¿En decidir donde se iba a quedar su hijo(a), como fue que el personal lo incluyó a usted?
    c. ¿Siente que le preguntador y tomaron en cuenta sus opiniones o ideas?
3. En su opinión, ¿cómo puede el personal Libertad Condicional de Menores (Juvenile Probation staff) mejorar su servicios y aumentar la confianza con familias o la comunidad?

SERVICE ARRAY

4. ¿Qué servicios cree usted que son de **más** ayuda para familias y la comunidad?
5. ¿Qué servicios cree usted que son de **poca** ayuda para familias y la comunidad?
6. Aparte de los servicios que ha recibido su hijo(a), ¿hay algún otro servicio que pudo ser de ayuda y que no le ofrecieron?
    a. [**PROBE**] 5. ¿Qué servicios hacen falta para prevenir que jóvenes se involucren con Libertad Condicional de Menores (Juvenile Probation)? ¿Qué Y que tal para asegurar que cuando terminen los servicios no vuelvan?
7. ¿Qué le parece la comunicación entre la agencia, otras agencias que ofrecen servicios y su familia? ¿Cómo se puedo mejorar?
8. ¿Cuáles son las barreras o limitaciones que enfrentan los jóvenes en recibir servicios?
9. Si usted pudiera mejorar cualquier cosa Libertad Condicional de Menores (Juvenile Probation), ¿qué sería eso?

COMMUNITY PERCEPTIONS

10. ¿Cómo ve o que opina la comunidad de los servicios que ofrece Libertad Condicional de Menores (Juvenile Probation)?
11. Si alguien en su comunidad necesitara algun servicio como clases de padres, guardería de niños, ayuda médica, de empleo, etc, sabría usted como informarlos?

CLOSING:

12. Estas son todas mis preguntas, ¿hay otra cosa que usted quisiera compartir? Muchísimas gracias!

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4. Resource Parents Focus Group Protocol

IF NOT ALREADY INTRODUCED: My name is _____ and this is _____. We work for Harder+Company Community Research, a consulting firm that is collecting information regarding County of Orange Children and Family Services and Juvenile Probation Services.

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Begin focus group discussion

If it is alright with everyone, we would like to record the conversation. We want to be sure we note down everything you say and that we get it right!

Before we get started I'd like to suggest some guidelines for our conversation today:

- There are no right or wrong answers.
- Everyone has an equal chance to speak.
- Every opinion counts – we are going to respect what everyone says.
- Please do not interrupt one another. It is important that you speak one at a time since I will be taking notes.
- What's said here stays here meaning please don't share what you hear with anyone outside this room.
- What's said here does not affect the services you receive.
- How do those guidelines sound to everyone? Can we agree to those for today?

Finally, before we get started, does anyone have any questions? **BEGIN NOTETAKING/RECORDING**

We would like to start out by asking you for your first name so that we can get familiar with each other. (Note taker writes down first name).

OVERALL EXPERIENCE

1. From your experience, what did you find most helpful in your experience with CFS staff and other services providers (e.g., visitation services) as a caregiver? This can include things like the way they explained the case to you, the way they spoke to the child(ren), the way they provided information on services and support options, or the way they handled the case overall, etc. [**Note to facilitator, use the following prompts if no response from participants]**
   a. Tell me about what works well in working with CFS or Probation staff. What does work so well?
   b. What should CFS and /or probation do differently?

     c.   Do you feel that your input (opinions/ideas/concerns) regarding the case is solicited?

     d.   Do you feel that your ideas or concerns regarding the child welfare system are heard?

2. In your opinion, what can social workers and/or probation staff do to work better with families?
3. Is there anything that would help families not have multiple involvements with CFS or Probation?

TRAINING

4. As it relates to <u>staff training</u>, where is the county we doing well? What needs to improve?
5. As it relates to <u>caregiver training</u>, where is the county we doing well? What needs to improve?
6. As it relates to <u>service provider training</u>, where is the county we doing well? What needs to improve?

SERVICE ARRAY

7. What services do you believe are **most** helpful to youth, families and your community? **[Note to facilitator, use the following prompts if no response from participants]**
    a. What services are needed to improve placement decisions?
    b. What services are needed to improve family reunification?
    c. What services are needed to improve families' ability to care for their children and minimize the likelihood of future involvement with CFS or Probation?
8. What services do you believe are **least** helpful to families?
    a. [**PROBE**] What services are lacking?
9. Do you feel there is good communication across the agencies and organizations that serve families, including communication with you?
10. What prevention (to avoid families being involved with CFS) and after care services are needed?
11. What are the most common barriers to accessing services?
12. If you could improve anything about CFS and Probation services what would it be?

COMMUNITY PERCEPTIONS

13. In your opinion, how does the community see the services provided by CFS and/or Probation?
14. If a family in your community needed services such as parenting education, childcare, getting medical care, substance abuse, etc., would you know where to tell them to go for help?

CLOSING

Anything else that you would like to add that we have not already talked about? Thank you for your input.

I. Staff and Stakeholder Survey

Introduction

Survey Purpose: To understand Orange County Children and Family Services (CFS) and Probation stakeholder and staff perceptions regarding the most effective services to prevent children from re-entering the foster care system and to help children achieve timely permanency, either through reunification, guardianship, or adoption.

How long will survey take?: 20-25 minutes

Deadline: Please complete by August 31, 2018.

Confidentiality and use of results: This survey is being administered by Harder+Company Community Research as part of Orange County Self Assessment. Your responses will go directly to Harder+Company and will not be attributed to you by name. They will only be combined to indicate the overall respondent perspectives. The aggregate results of this survey will be shared with Orange County CFS and Probation. Please feel free to be candid. **Thank you very much for participating.**

About You

1. Please select the box below that best describes you.

☐ Attorney	☐ Education
☐ Advocacy organization (e.g. CASA)	☐ Juvenile Court Personnel
☐ Community Based Agency	☐ Law Enforcement
☐ County Counsel	☐ Probation Officer/Supervisor/Manager
☐ County Department, specify_____	☐ Other: _____
☐ CFS Social Worker/Supervisor/Manager	☐

2. How long have you worked at your current agency? _____Years _____Months

Overall Experience with CFS

3. What do you see as the 3 most effective services to help strengthen families and prevent children from being abused and neglected? (SELECT ONLY 3)

☐ Assistance for stable housing	☐ Recreational/enrichment programs
☐ Family Centered Meetings (e.g., CFT)	☐ School-based programs
☐ Individual/family therapy/counseling	☐ Substance abuse programs/drug court
☐ In-home support/home visits	☐ Wraparound services
☐ Job training & assistance	☐ Other: _____
☐ Parental education/support groups	☐

4. If children do enter into CFS care, what do you think are the 3 most effective services that help families reunify within 12 months? (SELECT ONLY 3)

☐ Aftercare/Transition services	☐ Parental education/support groups
☐ Assistance for stable housing	☐ School-based programs
☐ Family Centered Meetings (e.g., CFT)	☐ Substance abuse programs/drug court
☐ Home passes/trial periods	☐ Wraparound services
☐ Individual/family therapy/counseling	☐ Other: _____

☐ In-home support/home visits	☐
☐ Job training & assistance	☐
☐ Parent child visitation	☐

5. Which of the following do you think are the biggest barriers that delay permanency for children in CFS? (SELECT ONLY 3)

☐ Availability of specialized community-based services	☐ Limited social/family support
☐ Coordination of care between agency, families and service providers	☐ Limited/lacking family financial resources
☐ Court process	☐ Social worker practice not aligned with families culture/values
☐ Home approval process	☐ Transportation
☐ Ineffective case plan goals	☐ Trusting relationship between agency and families
☐ Insufficient housing	☐ Wait list for services
☐ Lack of understanding the system	☐ Other: _____

6. Which are the 3 most effective services that increase placement stability? (SELECT ONLY 3)

☐ Childcare	☐ Parent child visitations
☐ Connection to community-based services	☐ Recreational activities
☐ Family Centered Meetings (e.g., CFT)	☐ Relative search/family finding
☐ Foster parent training and support	☐ School-based programs supportive of families
☐ In home supports	☐ Sibling contact/visitation
☐ Individual/family therapy/counseling	☐ Wraparound services
☐ Kinship care training/support groups	☐ Parent child visitations
☐ Parent child visitations	☐ Recreational activities
☐ Recreational activities	☐ Other: _____
☐ Relative search/family finding	☐
☐ School-based programs supportive of families	☐
☐ Sibling contact/visitation	☐
☐ Wraparound services	☐

7. Which are the 3 most effective services that help strengthen families so that children safely remain home with their families and not re-enter into the child welfare/ foster care services? (SELECT ONLY 3)

☐ Aftercare/Transition services	☐ Recreational activities
☐ Assistance for stable housing	☐ School-based programs supportive of families
☐ Connection to community-based services	☐ Wraparound services
☐ Individual/family therapy/counseling	☐ Other: _____
☐ Parental education/support groups	☐

8. What do you see as the three most critical opportunities for CFS to have greatest impact over the next five years?

1. _____
2. _____
3. _____

OCSSA

9. Select the top 3 systemic factors where you believe Orange County has made the most improvements over the past few years?   (SELECT ONLY 3)

☐ **Agency Collaboration**: coordination with other departments, CBO's, and other stakeholders in provision of services
☐ **Case Review System**: relationship with the Court and family engagement during case planning
☐ **Foster & Adoptive Parent Licensing, Recruitment & Retention**: the agency's foster and adoptive parents licensing, recruitment, and retention efforts
☐ **Management Information System:** technology used to manage and assess the provision of services
☐ **Quality Assurance System**: process that the agency uses to evaluate ongoing process, policies and procedures, including use of technology
☐ **Service Array**: agency services (direct or via contractors) to protect the well-being of children and to help families address issues of child maltreatment
☐ **Staff, Caregiver & Service Provider Trainings**: agency trainings for staff, caregivers, and providers to enhance service delivery

10. What do you see as the three most critical systemic factors related to CFS for the County Self-Assessment (CSA) to address over the next five years? (SELECT ONLY 3)

☐ **Agency Collaboration**: coordination with other departments, CBO's, and other stakeholders in provision of services
☐ **Case Review System**: relationship with the Court and family engagement during case planning
☐ **Foster & Adoptive Parent Licensing, Recruitment & Retention**: the agency's foster and adoptive parents licensing, recruitment, and retention efforts
☐ **Management Information System:** technology used to manage and assess the provision of services
☐ **Quality Assurance System**: process that the agency uses to evaluate ongoing process, policies and procedures, including use of technology
☐ **Service Array**: agency services (direct or via contractors) to protect the well-being of children and to help families address issues of child maltreatment
☐ **Staff, Caregiver & Service Provider Trainings**: agency trainings for staff, caregivers, and providers to enhance service delivery

CFS Practice

11. Are you familiar with CFS's effort to implement Safety Organized Practice (SOP)?

☐ Yes	☐ No

12. How comfortable are you implementing SOP?

☐ Very comfortable	☐ Comfortable	☐ Not sure	☐ Uncomfortable	☐ Very uncomfortable

13. These questions are about your interaction with CFS over the past 12 months.

Over the past year, CFS staff…	Always	Almost always	Someti mes	Almost never	Ne ver
a. utilized a SOP approach for engagement and assessment					
b. utilized open and clear communication when engaging with families					
c. recognized and appreciated family culture					
d. incorporated the child/ youth's voice at meetings to inform key decisions					
e. partnered with families when creating case plans					
f. Established or maintained collaboration with schools, public health, public safety and other community partners (or solicited input of community partners)					
g. Identified/maintained a support system/safety network to strengthen families					
h. Worked to maintain children's connections to siblings, family, school and community of origin					
i. Established aftercare plans with children, youth and families to provide support after case or referral closure					
j. From your experience, how can CFS social workers work better and increase trust with families or the community?_____					

Thank you for your feedback

J. Stakeholder Survey Databook

Overview of Respondents

Exhibit 1. Respondent's role (n=215)

Role	Percentage
CFS Social Worker/ Supervisor/ Manager	81.4%
Probation Officer/ Supervisor/ Manager	9.3%
Other	2.8%
Attorney	2.3%
Juvenile Court Personnel	1.4%
County Department	0.9%
Law Enforcement	0.9%
Advocacy Organization	0.5%
Community Based Agency	0.5%
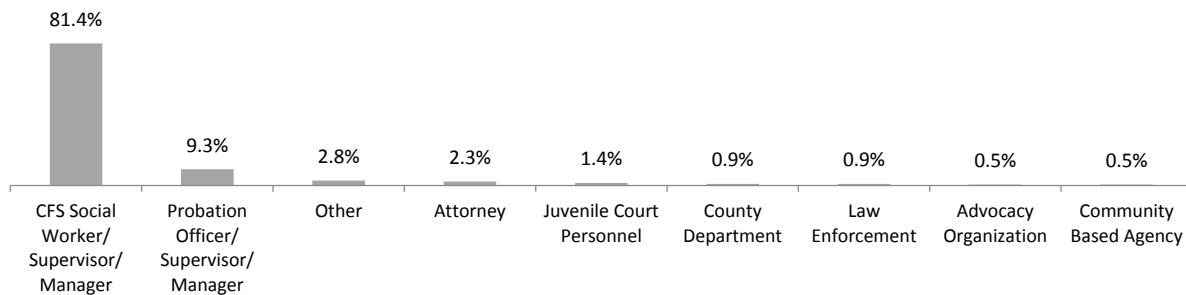
Exhibit 2. How long have you worked with your agency?

Respondents have been with their agency for differing timeframes, ranging from less than one year to 44 years. The median amount of time that respondents have been with their agency is 12 years.

Years	n
0-8 years	n=88
9-16 years	n=44
17-24 years	n=62
25+ years	n=19
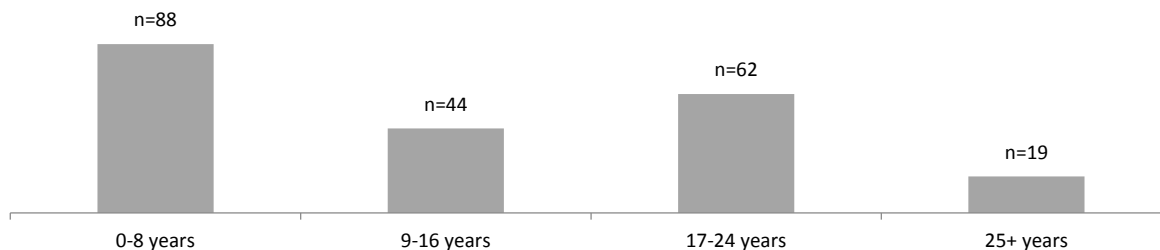
Child and Family Services

Overall Experience with CFS

Exhibit 3. What do you see as the three most effective services to help strengthen families and prevent children from being abused and neglected? (n=185)

Service	Percentage
Assistance for stable housing	49.7%
In-home support/ home visits	48.6%
Substance abuse programs/ drug court	48.1%
Wraparound services	34.1%
Individual/ family therapy/ counseling	33.5%
Parental education/ support groups	25.4%
Job training and assistance	13.5%
Family Centered Meetings	11.4%
School-based programs	10.3%
Other	4.9%
Recreational/ enrichment programs	3.2%

Exhibit 4. If children do enter into CFS care, what do you think are the three most effective services that help families reunify within 12 months? (n=185)

Service	Percentage
Parent child visitation	46.5%
Substance abuse programs/ drug court	40.5%
In home support/ home visits	34.1%
Assistance for stable housing	33.0%
Individual/ family therapy/ counseling	30.8%
Wraparound services	30.3%
Parental education/ support groups	22.2%
Home passes/ trail periods	14.1%
Family Centered Meetings	8.6%
After care/ transition services	8.1%
Other	5.4%
Job training and assistance	5.4%
School- based programs	0.5%

To prevent children from being abused and neglected, CFS staff feel assistance for stable housing, in home supports, and substance abuse programs/drug court are the three most effective services that families and children need.

If the children do enter into CFS care, CFS staff feel parent child visitation, substance abuse programs/drug court, and in home supports are the most effective services that help families reunify within 12 months.

Exhibit 5. Which of the following do you think are the biggest barriers that delay permanency for children in CFS? (n=185)

Barrier	Percentage
Limited social/family support	39.5%
Court process	37.8%
Insufficient housing	31.4%
Wait list for services	27.6%
Limited/lacking family financial resources	27.0%
Trusting relationship between agency and families	24.9%
Availability of specialized community-based services	22.7%
Coordination of care between agency, families and service providers	20.0%
Lack of understanding the system	10.8%
Ineffective case plan goals	10.8%
Social worker practice not aligned with families culture/values	7.6%
Home approval process	6.5%
Other	5.4%
Transportation	5.4%

Limited social or family support, court processes, and insufficient housing are the top three barriers that delay permanency for children in CFS. When placement is achieved, CFS staff feel in home supports, child care, parent child visitation, and community based services are effective services that increase placement stability.

Exhibit 6. What are the three most effective services that increase placement stability? (n=185)

Service	Percentage
In home supports	37.8
Childcare	36.2
Parent child visitations	29.7
Connection to community-based services	29.2
Foster parent training and support	27.6
Wraparound services	24.9
Individual/family therapy/counseling	18.4
Kinship care training/support groups	17.8
Relative search/family finding	16.2
Family Centered Meetings (e.g., CFT)	9.2
Sibling contact/visitation	8.1
School-based programs supportive of families	7.6
Other	4.9
Recreational activities	1.1

Exhibit 7. Which are the three most effective services that help strengthen families so that children safely remain home with their families and not re-enter into the child welfare/ foster care services? (n=185)
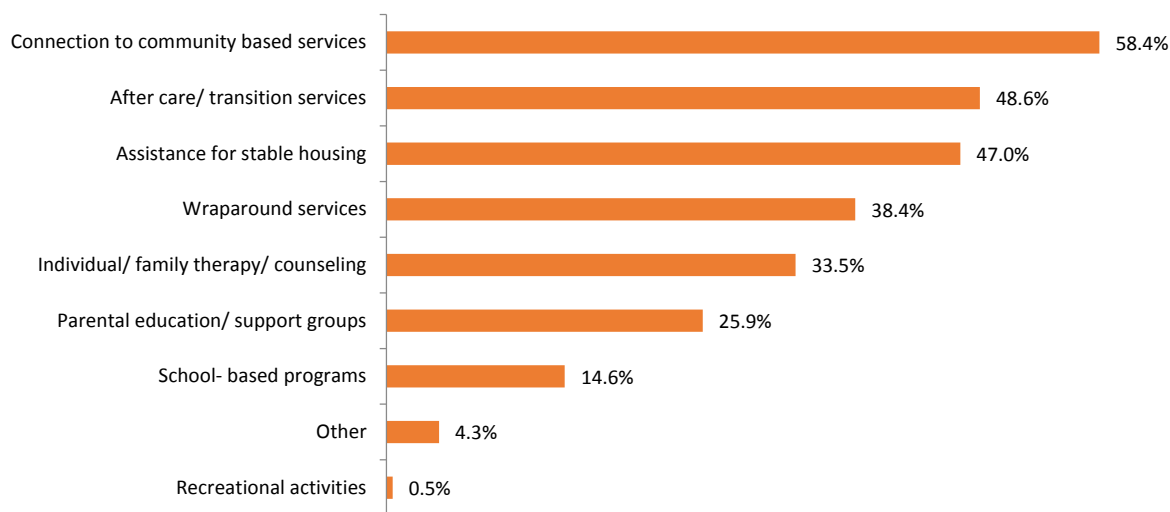
To help prevent reentry and ensure child safely remain in the home, CFS staff feel connections to community based services, after care/transition services, and assistance for stable housing are effective services that help strengthen families.

Systemic Factors in CFS

Exhibit 8.   Select the top three systemic factors where you believe Orange County has made the most improvements over the past few years (n=185)

	Percentage
Staff, caregiver, and service provider trainings	42.2%
Agency collaboration	36.8%
Service array	34.1%
Case review system	31.4%
Foster & adoptive parent licensing, recruitment, and retention	24.3%
Quality assurance system	21.1%
Management information system	11.9%

Exhibit 9.   What do you see as the three most critical systemic factors related to CFS for the CSA to address over the next five years? (n=185)

	Percentage
Service array	48.6%
Foster & adoptive parent licensing, recruitment, and retention	44.9%
Agency collaboration	36.8%
Case review system	34.6%
Staff, caregiver, and service provider trainings	33.5%
Management information system	21.6%
Quality assurance system	18.4%

Staff feel Orange County has made improvements in staff, caregiver, and service provider trainings, agency collaboration, and the service array. Although CFS staff are seeing some improvement in these areas, staff would like to see CFS focus more on service array, foster and adoptive parent licensing, recruitment, and retention, and agency collaboration over the next five years.

CFS Practice

Exhibit 10.   Are you familiar with CFS's effort to implement Safety Organized Practice (SOP) (n=159)

No, 1.3%

Yes, 98.7%

OCSSA
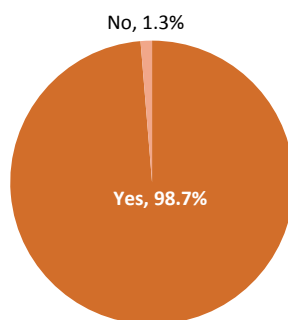
Exhibit 12.   How comfortable re you implementing (SOP) (n=159)

3.2%
5.1%

	19.7%	59.9%		12.1%

■ Very uncomfortable   ■ Uncomfortable   ■ Not sure   ■ Comfortable   ■ Very comfortable
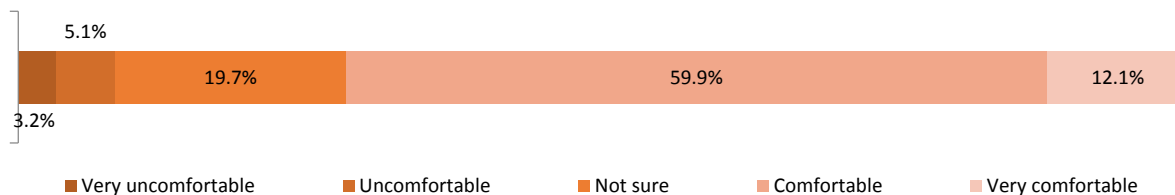
CFS staff are very familiar and comfortable with implementing SOP in their practice however, more than half of staff indicated only sometimes utilizing a SOP approach for engagement and assessment.

Exhibit 13. Over the past year, CFS staff[1]…

established aftercare plans with children, youth, and families to provide support after case or referral closure.
31.7%   35.9%   16.6%

worked to maintain children's connections to siblings, family, school, and community of origin.
18.4%   50.3%   25.9%

identified/ maintained a support system to strengthen families
31.5%   41.1%   21.2%

established and maintained collaboration with schools, public health, public safety, and other community partners.
21.8%   49.7%   19.0%

partnered with families when creating case plans.
30.3%   40.7%   18.6%

incorporated the child's voice at meetings to inform key decisions.
25.7%   47.3%   21.6%

recognized and appreciated family culture.
15.6%   44.2%   38.8%

utilized open and clear communication when engaging with families.
20.1%   45.0%   33.6%

utilized a SOP approach for engagement and assessment.
47.4%   37.5%   9.9%

[1] Percentages less than five percent not displaye

■ Never   ■ Almost never   ■ Sometimes   ■ Almost always   ■ Always

OCSSA

Overall Experience with Probation

Exhibit 14.   What do you see as the three most effective services to help strengthen families and prevent children from being abused and neglected? (n=27)
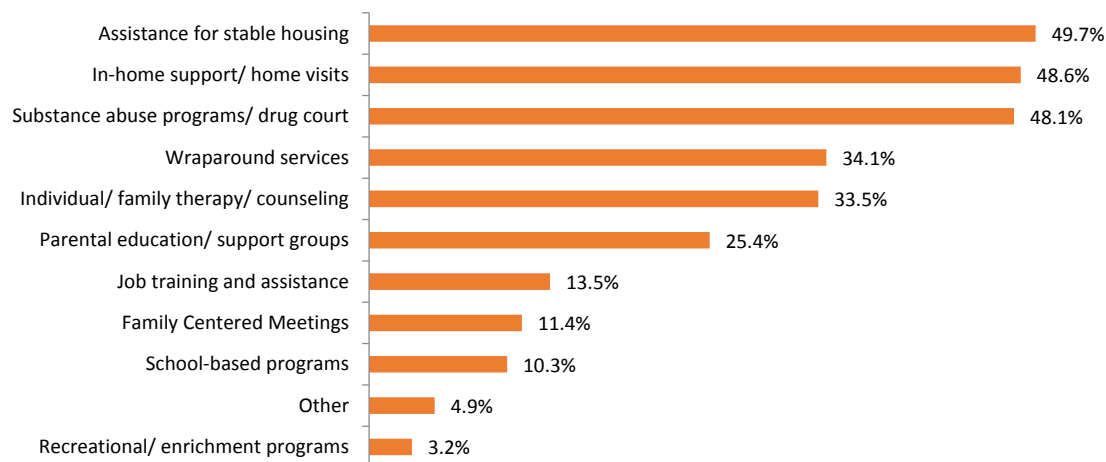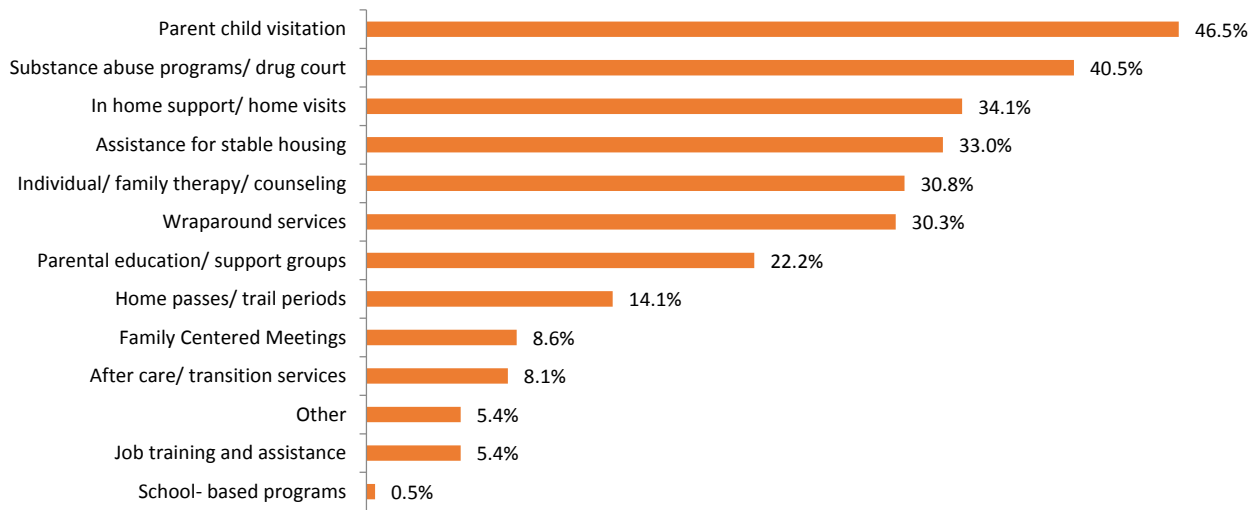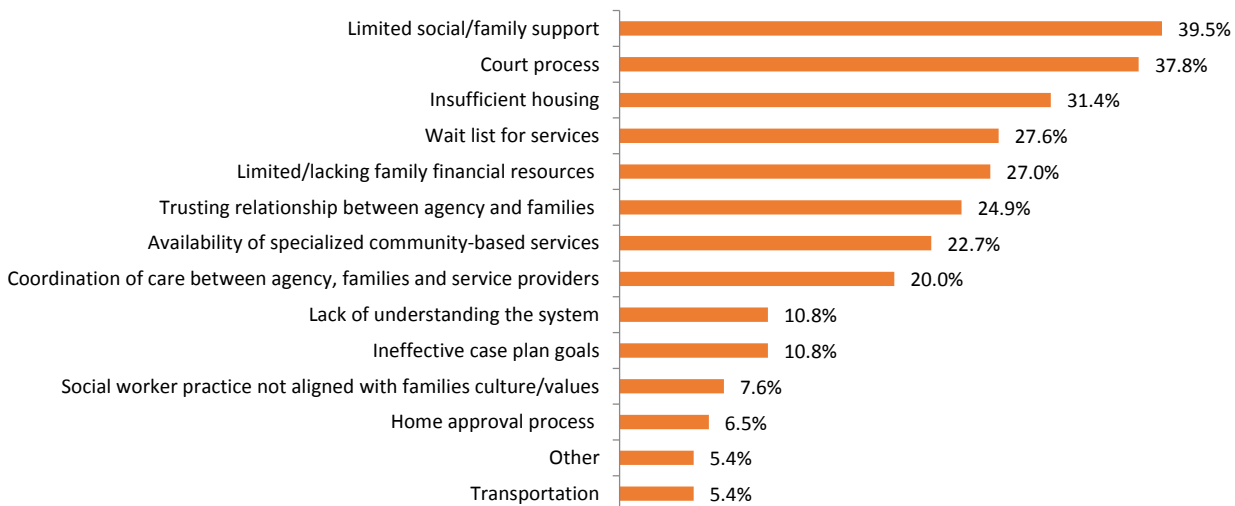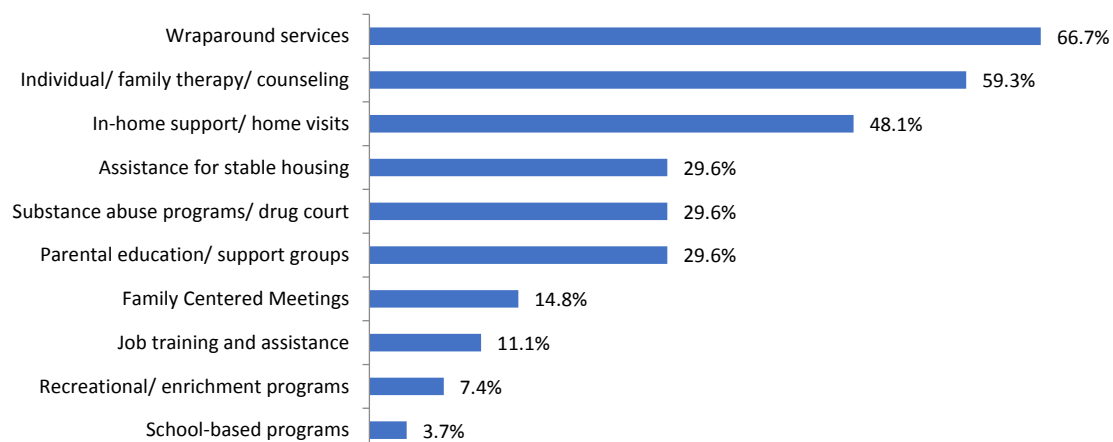
Service	Percentage
Wraparound services	66.7%
Individual/ family therapy/ counseling	59.3%
In-home support/ home visits	48.1%
Assistance for stable housing	29.6%
Substance abuse programs/ drug court	29.6%
Parental education/ support groups	29.6%
Family Centered Meetings	14.8%
Job training and assistance	11.1%
Recreational/ enrichment programs	7.4%
School-based programs	3.7%

Probation staff feel wraparound services, therapy/counseling, and in home supports are the three most effective strategies to help strengthen families and prevent children from entering care.

Exhibit 15.   If children do enter into probation, what do you think are the three most effective services that help families reunify within 12 months? (n=27)

Service	Percentage
Wraparound services	59.3%
Individual/ family therapy/ counseling	55.6%
After care/ transition services	33.3%
Parental education/ support groups	25.9%
Home passes/ trial periods	25.9%
In-home support/ home visits	22.2%
Substance abuse programs/ drug court	18.5%
Assistance for stable housing	18.5%
Family Centered Meetings	18.5%
Parent child visitation	11.1%
School-based programs	11.1%
Other	0.0%
Job training and assistance	0.0%

If children do enter care, probation staff feel wraparound services, therapy, and aftercare/transition services are effective services that help families reunify within 12 months.

Exhibit 16.   Which of the following do you think are the biggest barriers that delay permanency for children in probation? (n=27)

Barrier	Percentage
Limited social/family support	55.6%
Availability of specialized community-based services	51.9%
Limited/lacking family financial resources	40.7%
Coordination of care between agency, families and service providers	29.6%
Insufficient housing	25.9%
Trusting relationship between agency and families	22.2%
Wait list for services	18.5%
Other	14.8%
Court process	7.4%
Lack of understanding the system	7.4%
Home approval process	7.4%
Social worker practice not aligned with families culture/values	3.7%
Transportation	3.7%
Ineffective case plan goals	0.0%

Probation staff indicated limited social/family support, specialized community based services, and limited financial resources are the three biggest barriers that delay permanency. In terms of maintaining placement, probation staff feel community based services, wraparound, and in home supports are instrumental in achieving placement stability.

Exhibit 17.   Which are the three most effective services that increase placement stability? (n=27)

Service	Percentage
Connection to community based services	51.9%
Wraparound services	40.7%
In home supports	37.0%
Family centered meetings	29.6%
School-based programs supportive of families	25.9%
Parent child visitations	25.9%
Individual/ family therapy/ counseling	22.2%
Sibling contact/visitation	14.8%
Foster parent training and support	11.1%
Kinship care training/support groups	11.1%
Relative search/family finding	7.4%
Recreational activities	7.4%
Other	3.7%

Systemic Factors in Probation

Exhibit 18.   Select the top three systemic factors where you believe Orange County has made the most improvements over the past few years (n=27)
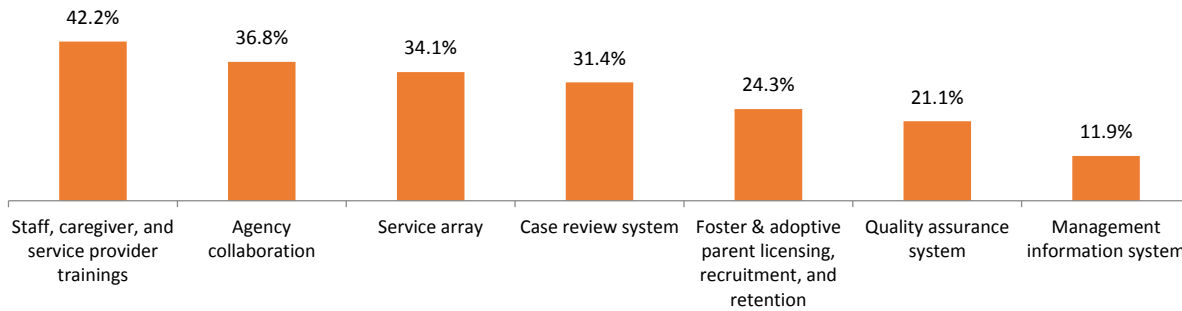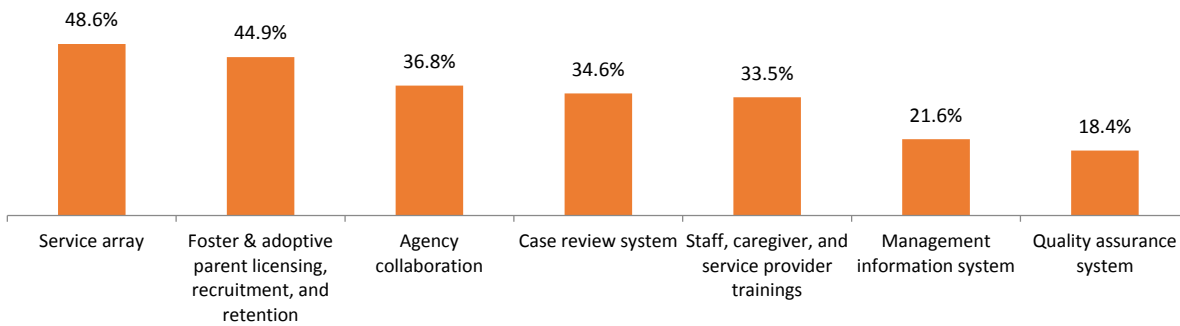
Factor	Percentage
Case review system	63.0%
Agency collaboration	59.3%
Quality assurance system	40.7%
Staff, caregiver, and service provider trainings	37.0%
Service array	25.9%
Management information system	14.8%
Foster & adoptive parent licensing, recruitment, and retention	7.4%
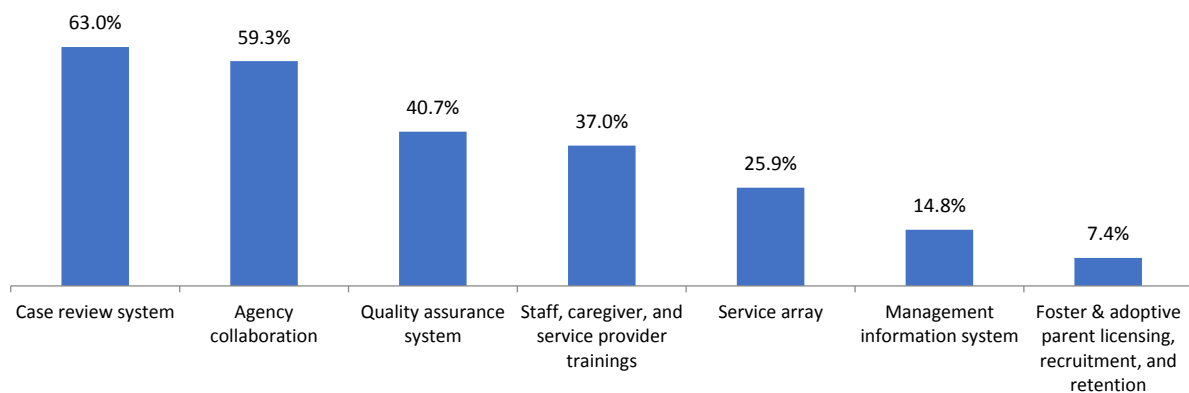
Probation staff feel the county has made improvements in their case review system, agency collaboration, and their quality assurance system over the past few years. Looking forward, probation staff would like to see the county address their service array, foster and adoptive parent licensing, recruitment, and retention, and staff, caregiver, and service provider trainings.

Exhibit 19.   What do you see as the three most critical systemic factors related to CFS for the CSA to address over the next five years? (n=27)

Service array	Foster & adoptive parent licensing, recruitment, and retention	Staff, caregiver, and service provider trainings	Agency collaboration	Management information system	Quality assurance system	Case review system
63.0%	51.9%	44.4%	37.0%	25.9%	25.9%	14.8%
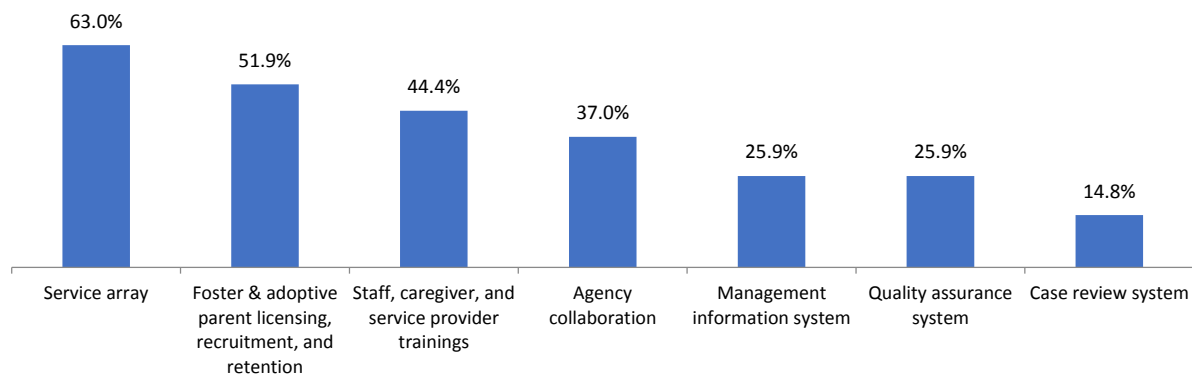
Probation Practice

Exhibit 20. Over the past year, Probation staff[2]…

established aftercare plans with children, youth, and families to provide support after case or referral closure.	19.0%	57.1%	23.8%
worked to maintain children's connections to siblings, family, school, and community of origin.	28.6%	47.6%	23.8%
identified/ maintained a support system to strengthen families	23.8%	42.9%	28.6%
established and maintained collaboration with schools,			
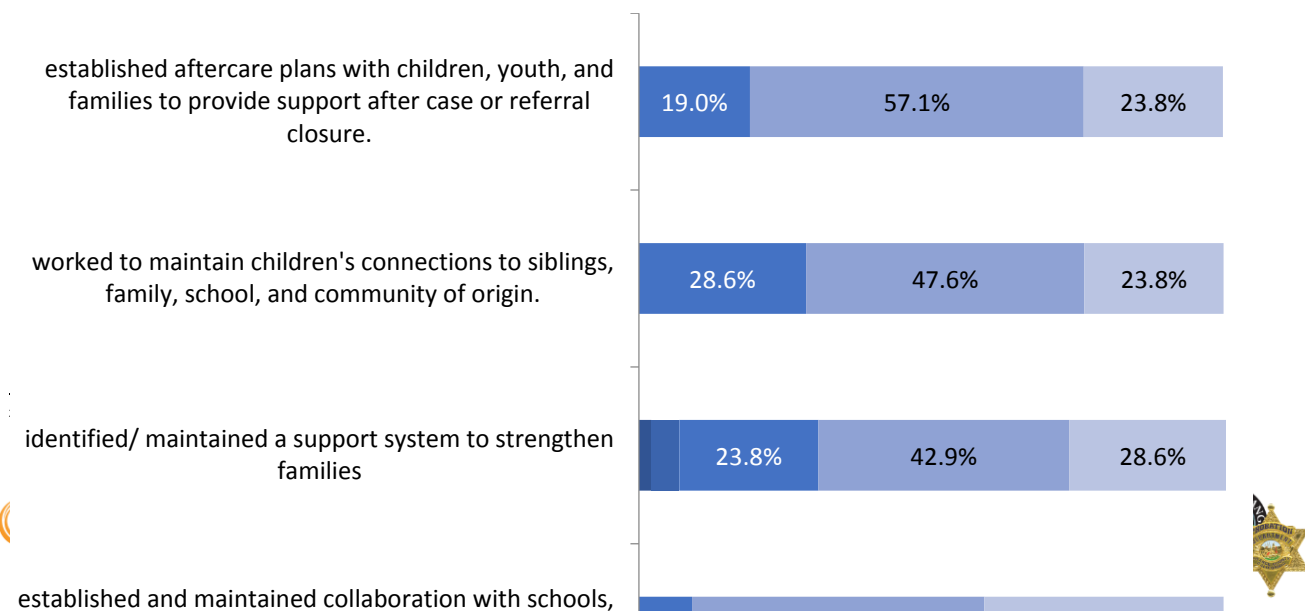
K. Peer Review Materials

Final Day Discussion Notes

On the final day of the peer review week, stakeholders convened to engage in a discussion around the themes that emerged throughout the peer review process. Prior to the presentation, stakeholders were asked to rate their agency on how successful they are doing in the focus areas (reentry and permanency). Stakeholders were then asked to supplement their rating with ideas of how their agency could improve in the topic areas. Stakeholder responses are listed below.

What do you need to do as a county to move up two levels?	Bike Rack	On a scale of 1-10, how do you feel CFS is doing on maintaining successful reunification?	On a scale of 1-10, how do you feel Probation is doing on reaching permanency?
Increase number of staff to have manageable caseloads	Shelter placement worry	1 = not successful, 10 = extremely successful	1 = not well, 10 = extremely well
Increase funding/resources for table housing	Family Finding: know/contract	3 marked < score of 5 ; 16 marked > score of 5	1 marked score of 5, 7 marked > score of 5
More resources, especially housing	Sy issue: MTI. Assessment		
QUALITY substance abuse treatment and services and one-on-ones	S.B. Contract for SHELTER: follow-up		
Increase available and qualified resource homes, increase services/resources geared towards court-ordered case plans	Absent parent search		
More resources/services in the home to prevent re-entry	Faith-based increase (learn more!)		
Housing resources/improve linkage to community			
Mentoring services during trial visit, supports lists that accept HUD, bringing families home and 3rd party checks			
Increase resources, strengthen informal/formal support system			
Increase staff and community resources			
Build support networks of family			
Employ harm reduction approach and focus on safety (vs. complicating factors) to reunify at earlier/earliest opportunity			
Better mental health services			
Increase linkages/connections to FRCs/local community resources to prevent re-entry			
Increase social worker support; SSII and more duties delegated to clerical staff			
Free clerical staff of other projects/duties to be more available to support SW			
Stop coming up with new projects and procedures... improve/expand on current ones... SOP/trainings manageable paperwork/procedures			
Continue to meet, train, and collaborate			
More community resources			
Have staff to help with family findings			
Increased parent accountability by the courts			
Updated/consistent training			

After the presentation of feedback gathered to date, stakeholders were asked to reflect on the feedback and write down their top two initial reflections. The list below is the verbatim responses provided by stakeholders.

Participant reflections on findings

- Aftercare/WRAP support; Visitation support, childcare so services can be completed. Increase these resources to prevent re-entry.
- Assessment and services: utilize technology/software (such as medical services do with monitoring population health variables) to prompt SW on Key assessment activity needing attention, case plans (utilize harm reduction approach and focus on safety vs complicating factors), utilize technology/apps such as Think of Us and Circle apps to improve connectedness of services, utilize tele-services to address transportation challenge and access to services, utilize video conferencing for some parent-child-sibling visits
- Better utilization AND sharing of outcomes data with contractors
- Biggest Need: Improve in-patient substance abuse resources (for adolescents) with coordinated

aftercare

- Caseload size - we need to improve our recruitment efforts so that we can fill positions faster and retain staff to keep caseload size down. Since we have such a large amount of visitation ordered I would like to hear more about what we need to do more.
- Centralization of community resources (and surrounding areas)
- Closer group homes to make family reunification participation more accessible to families.
- Collaborate with neighboring counties to refer families to appropriate resources to meet their needs while also providing reasonable services
- Collaborate with surrounding counties regarding available services.
- Complexity of problems for families
- Consistent use of SOP tools
- Continue with implementation of SOP and progress with sustainability.
- Contract with more transportation services and more supervised/monitored visitation services.
- Data visualization to present data - infographics, dashboards
- Develop service delivery collaboratives to share ideas and resources including representatives from other collaboratives like Veterans Collaborative.
- Effective and extensive use of Community Network and Resources. Bring this to upper management to find ways to reach this goal - includes many areas of improvement/support within the agency… Build on what we have; NO NEW PROJECTS.
- Employ the harm reduction approach to inform case planning decisions
- Engagement: use technology/app to facilitate engagement among parents/youth, providers, foster family and other supports and to nudge case plan participation (e.g., Circle and Think of Us apps), develop "care teams" around each family with infrastructure to support engagement and coordination, and distribute workload across the team, develop meaningful/focused plans utilizing harm reduction approach and focusing on safety vs. complicating factors
- Ensure services are tailored to family's and individual's needs.
- Explore technology to provide enhanced supports and to facilitate coordination among the case team - family, SW/PO, providers, supports (e.g., Think of Us app, Circle app by PSJH)
- Explore use of MHSA funds to provide therapy for undocumented residents and after-care counseling services.
- Explore use of tele-service to improve access and engagement
- Family-specific visitation (language, culturally-sensitive)
- Have a contract with in-patient drug tx
- Have more support staff to support SSWs and have support staff provide data entry
- How can we collaborate with schools with dual kids? Enroll in afterschool extracurricular activities, partner with community, e.x., boxing gyms, etc.
- How to use info: increase resources, contract provider, services etc. specifically geared at these populations. Train staff on how to access and use these resources effectively.
- ILP more specific to O.C.. Urban areas vs rural (different issues)
- ILS. While in juvenile hall. What can we do? We can work with the institution to provide this service as ALL youth could benefit from independent living skills training. We can work on a survey for the youth.
- Improve amount of trauma-informed services being used for families trying to reunify and maintain reunification

- Improve quality of programming at STRTPs and support providers in transitioning mentality from group homes
- Improve use of SOP mapping - we can better demonstrate the multiple types of mapping in different settings.
- Improved services and quality programming in group homes…
- Include faith-based organizations
- Increase affordable housing for families
- Increase after-care services
- Increase availability of in-patient substance abuse treatment
- Increase availability of MH services - with CONSISTENT clinicians and psychiatrists - limit changing therapists and expand hours of availability
- Increase efforts to educate immigrant communities and fathers about their roles when they become involved in the system.
- Increase number of parent mentors available to engage parents
- Increase prevention services
- Increase services and connections to services for families with co-occurring disorders
- Increase SOP (utilization) mapping. Continue to train staff and support staff for the roll-out
- Increase use of CFT and CFT meetings, which may require a reduction in caseload to enable staff to attend CFT meetings.
- Increase visibility of Healthy Tomorrows Program (school-based prevention)
- Increase visitation and in-home supportive services for probation officers, ex: more providers for programs such as in-home coach
- Increase warm hand-offer and transitions
- Increase/expand use of trauma-informed practices and services
- Increased use of data to inform practice
- In-patient facilities increase. Brainstorm on how community can provide this.
- Lack of available resources/programs offered at STRTP/group homes
- Mental health @ probation sites? How? When?
- MH embed at sites access to more resources at office/sites
- Need for more LT treatment support and options
- Need more services specific to the special needs of our clients. Bring back DDC (Dependency Drug Courts), MH TY easier for clients to access, housing
- Need to increase synergy between social worker and service provides. Connect the two more in order to better identify the appropriate resource.
- Offer training on stress management
- Offer training on trauma-informed practices and how to integrate into programs
- Offer training on workload management techniques/strategies
- Ongoing and consistent mapping
- Passionate SW Dad Matter. Utilize passionate SW to motivate and infect the other SWs. Provide more services to dad --> increase reunification.
- Pilot project for tele-health counsels (work, transportation issues)
- Placement matching: activate CONTINUOUS family finding and engagement launched @ relative search + utilize tools such as mapping/matrix

- Provide Family Finding efforts for all children who need it.
- Provide staff with ongoing and high-level trauma-informed training
- Provide training to social workers on what trauma-informed services are, why provides better outcomes. And train social workers on how to assess for co-occurring additions and the level of issues with a family which cause risk/safety issues! Connect the appropriate services.
- Quality of programming in the STRTP's: training for staff providing programming in group homes, monitoring of quality of programming provided.
- Questions about increased visitation say more about it.
- Reduce caseloads to enable staff to be more thorough and to attend trainings and CFT meetings
- Re-entry: Provide services to parents and youth to manage daily living stressors, uncertainty of housing, employment and immigrant status, actively formalize role of relatives to support FR and nudge parents to fully and actively participate in FR services.
- Request that HCA assess every youth who comes into the system.
- Re-unification: Utilize technology/apps to engage, coordinate and nudge parents/youth in services with SW, providers and other supports, increase use of video-conferencing for parent-child-sibling visits.
- Share data about relevant issues with case carrying social workers vs. only with SOP and executive team (i.e., reunification rates by unity, programs, etc., re-entry rates)
- Shortage of STRTP's in Orange County. Family reunification is hard when parents are unwilling to travel or can't travel.
- SOP mapping. Identify behaviors and how it connects to child safety. Modify case plans to behavior-specific.
- SOP takes more time - we can better demonstrate efficiencies of SOP.
- Specialized services are needed to do more in-depth analysis in choosing the right contract providers
- TAY Court - interested in this as some are moving to a TAY caseload 18-24
- The need for "customized" services to address the needs of our families/populations in a way that requirements from court/probation/SSA can be effectively met
- The need for consistent and quality case management across the Agency. Continue to provide in-depth training to new workers and continuing trainings for seasoned workers.
- To increase training participation, condense to two hours or so vs. half/full-day, offer webinars for remote + after access, and distill training into bite-sized learning for deployment at unit or program level
- Transition/after-care: enlist services not contingent on having an open case. Utilize technology/apps for nudging, checking in, support for parents/youth by SW, providers, foster parents and supports.
- Use harm reduction approach and focus on safety factors (vs. complicating factors) to address the "extensive mental health and substance misuse" challenge
- Use more positive reinforcement and improve quality of services within group homes.
- Use of data to inform practice… 1) Data integrity campaigns around the importance of getting accurate data to help tell our story. 2) Share data outcomes with managers and supervisors on a regular basis. 3) Use data to evaluate workload impacts.
- Use the information: What does one mean regarding increased visitation; like the idea of more in-home supportive services?
- What resonated most: collaboration, individualized services - complex needs. Learn how to effectively utilize and put into effect so skills are internalized and generalized long term
- When kids placed out of county, can there be a LIAISON in that county who can help us with referrals?

- While services are available, they may be under-utilized by clients due to not having a good understanding of their needs, and having limited access to those services. There seems to be a gap between what is available, what is offered, and what is truly necessary to meet the needs of our community. Services need to be tailored to our client's needs.
- Work with community to increase residential substance services
- WRAP/Aftercare. Therapy wraparound team. Extend WRAP to continue post-CWS or other wraparound services

Children and Family Services and Probation: Peer Review

September 10, 2018

Welcome

Agenda

- Welcome
- Agenda and Introductions
- Overview of the CFSR, C-CFSR
- Overview of OCAP
- County of Orange Demographics
- Orange County SIP progress

- Outcomes of focus for next SIP
- Break
- Team Building
- Interview Tool Overview
- Wrap up/Next Steps

OC Self Assessment
Our Community, Our Commitment

Table Introductions

Please go around your table and say:

- Your name

- County and role

- If from Orange County:
  - Your favorite place to take visitors

- If Peer County:
  - A place you would like to visit within OC

OC Self Assessment
Our Community, Our Commitment

The Federal Child and Family Services Review (CFSR) and The California Child and Family Services Review (C-CFSR)

Goals, History and Processes

CFSR: Overall Goals

- To ensure conformity with the Title IV-B and IV-E child welfare requirements in the Social Security Act

- Determine what is happening to children and families who have contact with the child welfare and/or probation systems

- Support states to enhance their capacity to improve outcomes and systems for children and families

OC Self Assessment
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CFSR Process

States submit data to the federal government

→

The Children's Bureau (CB) compiles and sends a report back to each state

→

Each state conducts a Statewide Assessment and submits it to the CB

Based on the information gathered from the assessment, stakeholder interviews are held and case reviews are conducted (in collaboration with the CB)

→

Each state is responsible for meeting "substantial conformity" on safety, permanency and well-being outcomes and systemic factors

→

A Program Improvement Plan (PIP) is required for any item not in substantial conformity

OC Self Assessment
Our Community, Our Commitment

California-Child and Family Services Review (C-CFSR) Process
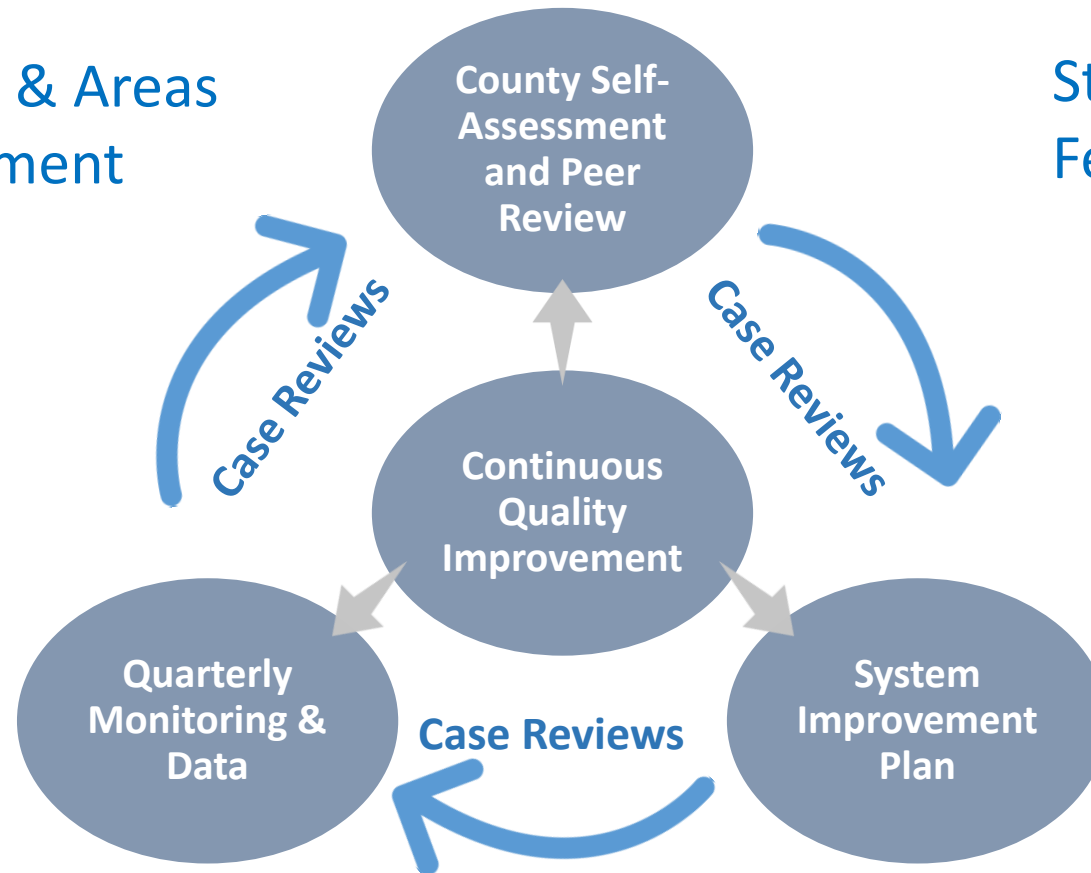
Office of Child Abuse Prevention (OCAP)

Role in the Peer Review

Value of Prevention

- What one word comes to mind when you hear PREVENTION?

- Who is responsible for prevention in your county?

- Why is prevention important to the peer review?

OC Self Assessment
Our Community, Our Commitment

What is Prevention

Prevention is…

A System of three levels

An "upstream" approach

Who's responsibility?

A Community network

Collaborative effort

Importance to Peer Review/CSA

Services provided prior to Child Welfare/Probation involvement

Assessment

Best practices

Impact of federal measures

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Levels of Prevention

Primary Prevention: general population

- Public awareness
- Child development
- Healthy relationships
- Positive parenting

Secondary Prevention: populations that have one or more risk factors

- Poverty
- Parental substance abuse
- Domestic violence
- Parental mental health concerns
- Young parental age
- Parents with a history of former child abuse and neglect

Tertiary Prevention: families where maltreatment has occurred

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CFSR Continuum of Care

Prevention
(Primary prevention) →
- Directed at the general population ; attempt to stop maltreatment before it occurs
- Seek to raise the awareness of the general public, service providers, and decision-makers about the scope and problems associated with child maltreatment

Protection →
- Services provided to the child and family to achieve a safe, stable, and healthy living environment for the child
- Goal for the child is to achieve reunification, guardianship, or adoption

Permanency →
- Services to ensure the continuing stability, safety, and well-being for children and youth who have moved from the temporary custody of the child welfare system into a permanent legal arrangement with committed caregivers

Aftercare/ Prevention
(Tertiary prevention) →
- Focus on families where maltreatment has already occurred (indicated)
- Seek to reduce the negative consequences of the maltreatment and to prevent its recurrence; child welfare or probation may become involved

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Orange County Demographics

2018 data

County of Orange

Population

3,205,771

Households with Children

398,311

Sex
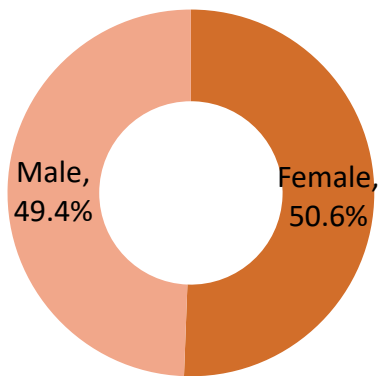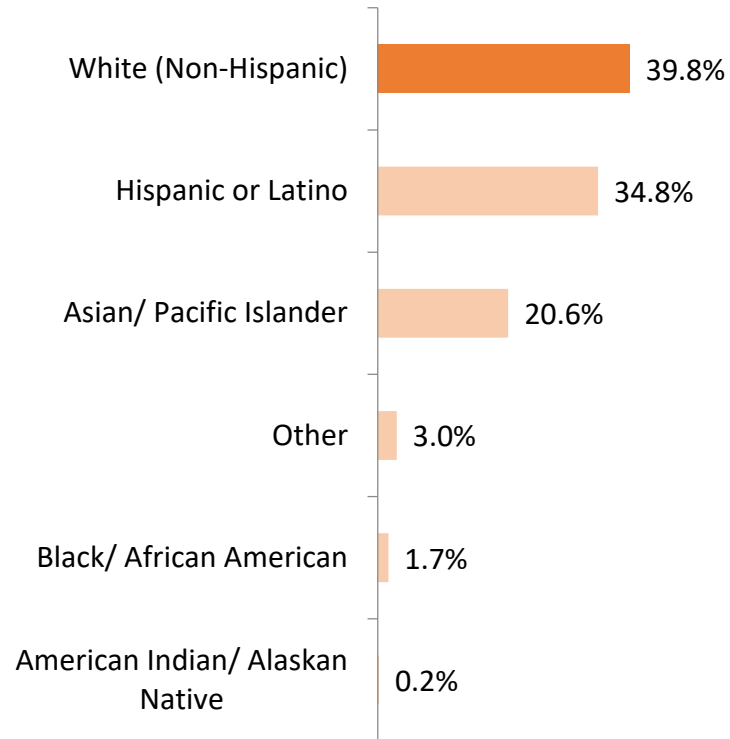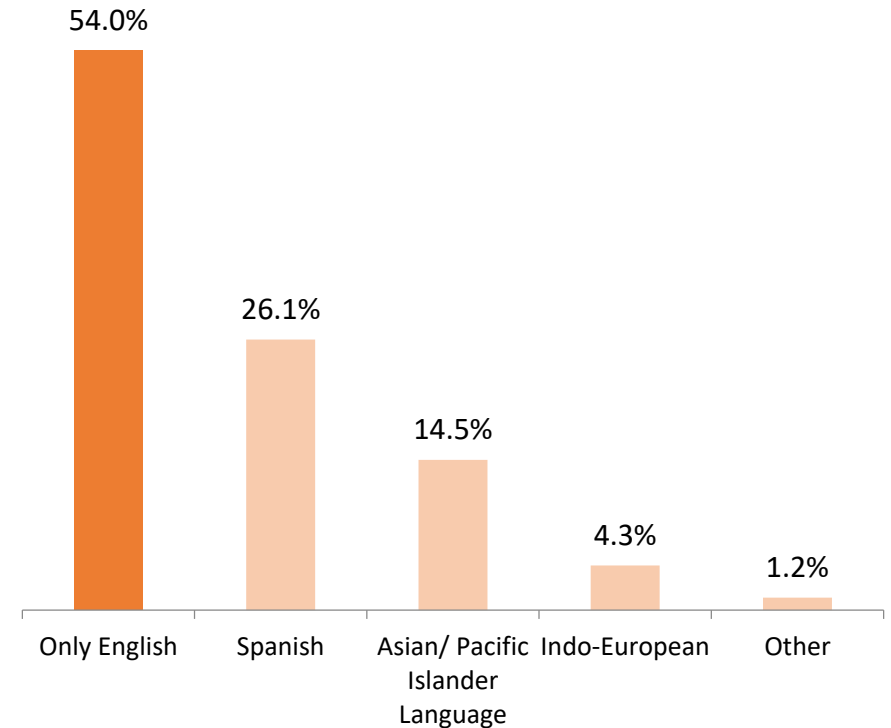
Male, 49.4%
Female, 50.6%

Race/Ethnicity

White (Non-Hispanic)	39.8%
Hispanic or Latino	34.8%
Asian/ Pacific Islander	20.6%
Other	3.0%
Black/ African American	1.7%
American Indian/ Alaskan Native	0.2%

Language Spoken at Home

Only English	Spanish	Asian/ Pacific Islander Language	Indo-European	Other
54.0%	26.1%	14.5%	4.3%	1.2%

OC Self Assessment
Our Community, Our Commitment
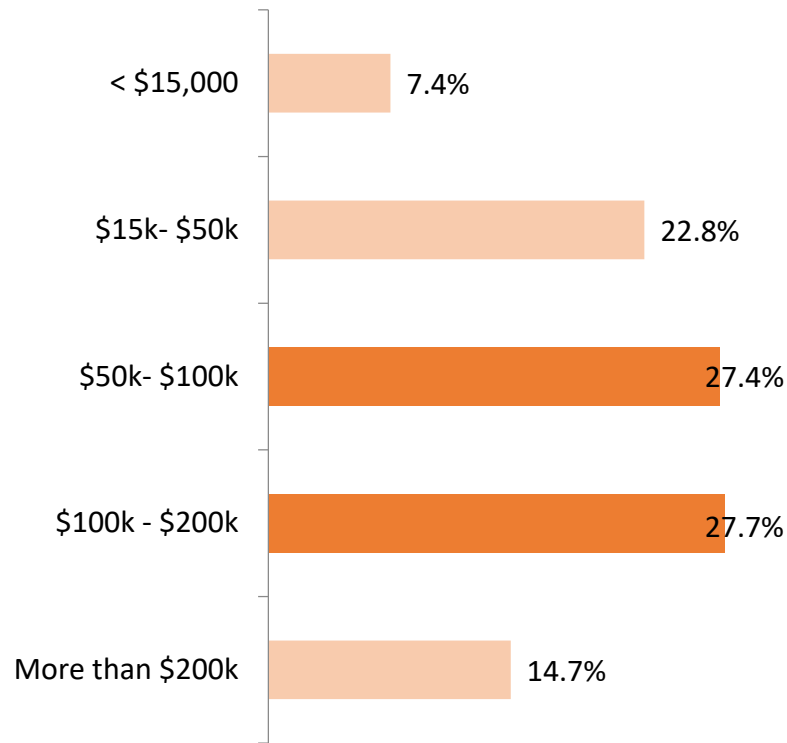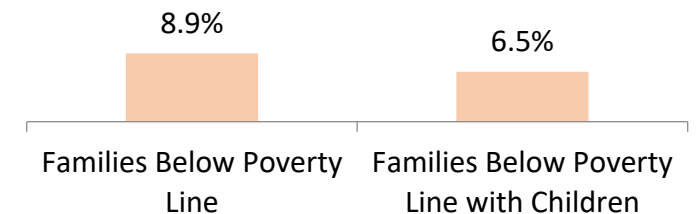
Housing and Homelessness

Median home price as of April 2018 was $715,000, a price which decreased by $10,000 compared to March 2018, and an increase of $40,000 compared to April 2017

Average rental rate in May 2018 was $2,189 – an increase of $154 compared to the previous year

Data source: http://www.oceconomy.org/housing/

Relationship of County Population to Homeless Population			
	Total Population	Homeless Population	Percent of Total
2013 Count	3,090,132	4,251	0.14%
2015 Count	3,145,515	4,452	0.14%
2017 Count	3,194,024	4,792	0.15%

Data source: Orange County Continuum of Care, 2017 Homeless Count & Survey Report

- Unsheltered homelessness increased in both 2015 and 2017
- Sheltered homelessness remained relatively stable in 2017

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Federally Recognized Tribes in the County

- No federally recognized tribes on reservations; however, we do have large population of urban Native Americans

- Our efforts to serve urban Native Americans include:
  - ICWA Notification Unit formed in 2003
  - ICWA unit members and designated social workers have received training from the Tribal Star Program
  - Tribal Star members participate in the ERDD Strategy Workgroup
  - One Orange County staff member is a certified National Tribal Indian Social Worker
  - Orange County has been represented at the National Indian Child Welfare conference, as well as the state conferences

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Our Community, Our Commitment

County Seat and Major Cities

County Seat
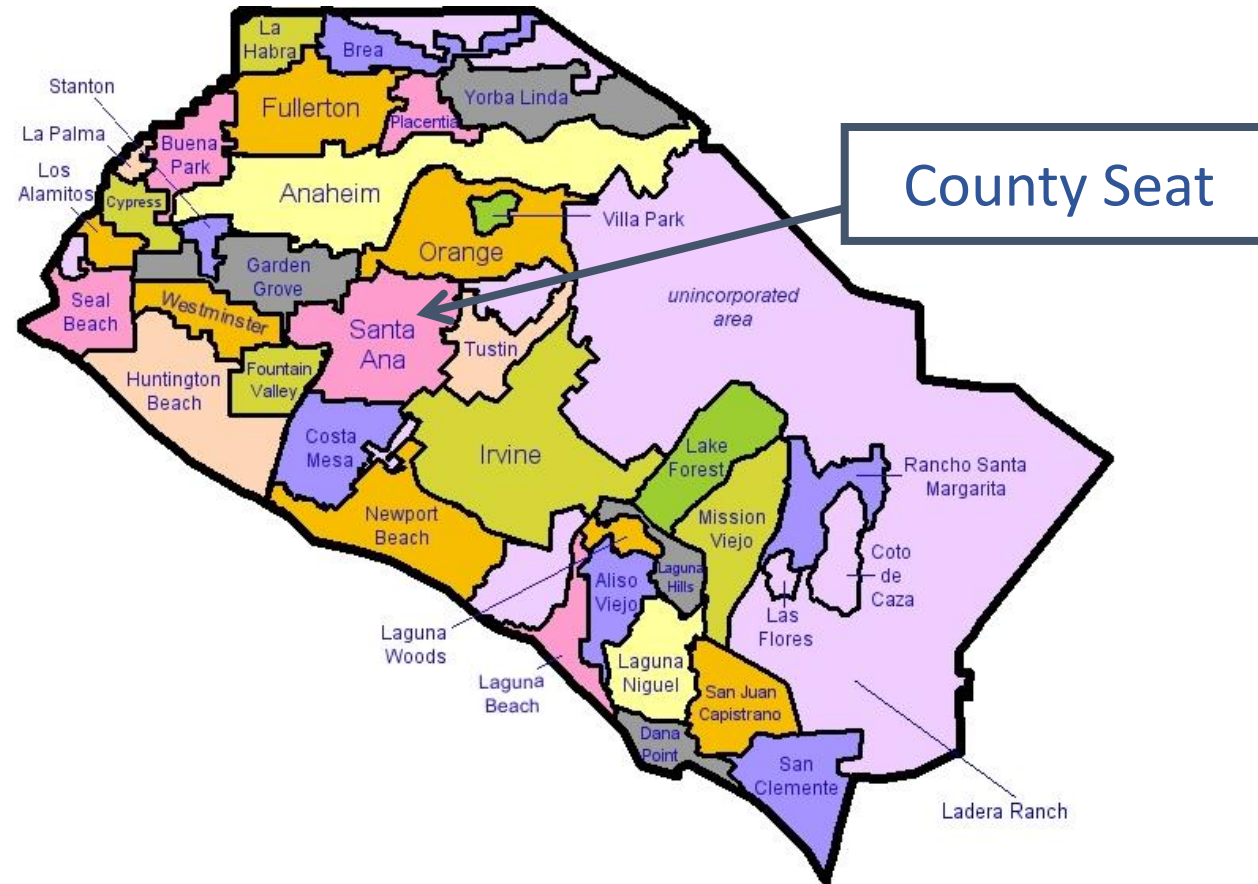
COUNTY OF ORANGE ORGANIZATIONAL CHART

July 6th, 2018

ELECTORATE

BOARD OF SUPERVISORS

PERFORMANCE AUDIT

OC ETHICS COMMISSION
DENAH HOARD

COUNTY EXECUTIVE OFFICER
FRANK KIM

GOVERNMENT & COMMUNITY RELATIONS
JESSICA WITT

- CEO / ADMINISTRATION
- AGENDA PREPARATION & COORDINATION
- LEGISLATIVE AFFAIRS
- SPECIAL PROJECTS
- PUBLIC INFORMATION OFFICE/CORPORATE COMMUNICATIONS

CHIEF HUMAN RESOURCES OFFICER
BRENDA DIEDERICHS

- ADMINISTRATIVE SERVICES
- CENTRAL HUMAN RESOURCE SERVICES
- EMPLOYEE BENEFITS
- EMPLOYEE & LABOR RELATIONS
- HRS OPERATIONS
- LEARNING & ORGANIZATIONAL DEVELOPMENT

CHIEF INFORMATION OFFICER
JOEL GOLUB

- COUNTY-WIDE TECH MGMT
- IT POLICY & STANDARDS
- IT STRATEGIC PLANNING

CHIEF FINANCIAL OFFICER
MICHELLE AGUIRRE

- BUDGET OFFICE
- FISCAL SERVICES
- PROCUREMENT
- PUBLIC FINANCE
- RISK MANAGEMENT

CHIEF REAL ESTATE OFFICER
THOMAS (MAT) MILLER

- OC LAND DEVELOPMENT
- REAL ESTATE SERVICES

CHIEF OPERATING OFFICER
VACANT

- CARE COORDINATION
- DEPUTY CHIEF OPERATING OFFICERS

PROGRAM I
PUBLIC PROTECTION

DISTRICT ATTORNEY
PUBLIC ADMINISTRATOR
TONY RACKAUCKAS

SHERIFF-CORONER
SANDRA HUTCHENS

OFFICE OF INDEPENDENT REVIEW
KEVIN ROGAN

PROBATION DEPARTMENT
STEVE SENTMAN

PUBLIC DEFENDER
SHARON PETROSINO

PROGRAM II
COMMUNITY SERVICES

CHILD SUPPORT SERVICES
STEVE ELDRED

HEALTH CARE AGENCY
PUBLIC GUARDIAN
RICHARD SANCHEZ

OC COMMUNITY RESOURCES
DYLAN WRIGHT

SOCIAL SERVICES AGENCY
INTERIM DIRECTOR
CAROL WISEMAN

PROGRAM III
INFRASTRUCTURE &
ENVIRONMENTAL RESOURCES

JOHN WAYNE AIRPORT
BARRY RONDINELLA

OC PUBLIC WORKS
SHANE SILSBY

OC WASTE & RECYCLING
TOM KOUTROULIS

PROGRAM IV
GENERAL GOVERNMENT SERVICES

ASSESSOR
CLAUDE PARRISH

AUDITOR-CONTROLLER
ERIC WOOLERY

CLERK-RECORDER
HUGH NGUYEN

TREASURER-TAX COLLECTOR
SHARI FREIDENRICH

CLERK OF THE BOARD
ROBIN STIELER

COUNTY COUNSEL
LEON PAGE

INTERNAL AUDIT
VACANT

REGISTRAR OF VOTERS
NEAL KELLEY

LEGEND

- ELECTED OFFICIAL DEPARTMENTS
- DIRECT REPORT TO THE BOARD OF SUPERVISORS

OC SocialServicesAgency

COUNTY OF ORANGE CALIFORNIA
Our Community, Our Commitment

Children & Family Services Division

Children and Family Services
Anne Bloxom
Director

Jackie Sanchez
Secretary III

Margene Barker
Admin Mgr. I

Unit 3000

Family Assessment & Shelter Services
Denise Churchill
Deputy Director
Unit 3000

Vacant
Secretary II

OCFC
Kim Ragen
Admin Mgr. II
Unit 3201

OCFC
Cheryl Alexander
Admin Mgr. I
Unit 3201

RFA Lead & Application and Assessment
Norean Lubchenko
Admin Mgr. II
Unit 3600

Retention and Support
Victor Chavez
Admin Mgr. I
Unit 3600

RFA/Placement Coordination
Susan Collins-Rogers
Admin Mgr. I
Unit 3600

RFA/Recruitment and Training
Marlene Telegades
Admin Mgr. I
Unit 3600

Intervention & Prevention Services
Scott Burdick
Deputy Director
Unit 3000

Tracy Hertenstein
Secretary II

ER I
Colleen Honch
Admin Mgr. II
Unit 3111

ER II
Shawn Robinson
Admin Mgr. II
Unit 3112

ERIII
Mahonri "Mo" Sapiga
Admin Mgr. II
Unit 3114

Child Abuse Registry/ Adult Protective Svcs
David Zietz
Admin Mgr. II
Unit 3113

FMCS/CAST
Julie Poulos
Admin Mgr. II
Unit 3131

Continuing Family Services
Christine Smith Snapper
Deputy Director
Unit 3000

Cindy Eazor
Secretary II

Specialized Fam. Svcs Continuing & Court Officers Program
Jane Collier
Admin Mgr. II
Unit 3164

Integrated Continuing Services
Sylvia Cordova
Admin Mgr. II
Unit 3161

Visitation Support Services
Angela Santos
Admin Mgr. I

Specialized Family Services
Trisha Schwenn
Admin Mgr. II
Unit 3163

Permanency Services Program
Veronica Zuniga
Admin Mgr. II
Unit 3162

Collaborative Courts Program
Christopher Avventino
Admin. Mgr. I

Court Services
Kristi Fiskum
Admin Mgr. II
Unit 3141

Foster Care Eligibility
Prashant Kamboya
Admin Mgr. II
Unit 1400

Planning & Permanency Services
Ken Santini
Deputy Director
Unit 3000

Gabriela Thatcher
Secretary II

Tustin Family Campus/FaCT/ Resource Dev. Mgmt.
Ericka Danczak
Admin Mgr. II
Unit 3310

FaCT
Rachel Levin
Admin Mgr. I

Multi-Agency Family Partnership
TerryLynn Fisher
Admin Mgr. II
Unit 3701

Operational Support Services
Janie Gonzalez
Admin Mgr. I
Unit 3190

Child & Family Team
Rita Rangel
Admin Mgr. I
Unit 3173

Transitional Planning Services
Jaime Muñoz
Admin Mgr. II
Unit 3500

Policy Development Unit
Martin Raya
Admin Mgr. I
Unit 3172

Personnel Coordinator
Leticia Galvez
Staff Specialist
Unit 3190

CFS Systems Group
Pam Miller
Admin Mgr. II

July 2018

ORANGE COUNTY PROBATION DEPARTMENT

Steven J. Sentman
Chief Probation Officer
Lynda Weisman, Executive Secretary

Sue DeLacy
Chief Deputy Probation Officer

Adult Operations Bureau

Secretary, Maria (Norvie) Meaney

Doug Sanger
Chief Deputy Probation Officer

Juvenile Operations Bureau

Secretary, Louise Tan

Bryan Prieto
Chief Deputy Probation Officer

Juvenile Facilities Bureau

Secretary, Nora Fernandez

Todd Graham
Chief Deputy Probation Officer

Operations Support Bureau

Secretary, VACANT

Brian Johnson, Director
Adult Court Services

Javier Medina
Assistant Division Director

Erik Wadsworth, Director
Adult Field Supervision

Steve Sandoval
Assistant Division Director

Catherine Stiver, Director
Special Supervision

Jessica Johnson
Assistant Division Director

Stacey McCoy, Director
PCS-Field Supervision

Priscilla Suzuki-Johnson
Assistant Division Director

Timothy Todd, Director
Juvenile Field Supervision

Tawnya Medina
Assistant Division Director

Christy Ronald, Director
Juvenile Court Services

Jeff Burgett
Assistant Division Director

JDAI

Custody / Non-Custody

Intake

Diversion

Alternatives to Detention

Daniel Hernandez, Director
Juvenile Hall

Assistant Division Directors

Kerri Carvo
Martin Corrales
Joycelyn Durk
Sanford Rose

Joseph Stokely, Director,
Youth Guidance Center and
Youth Leadership Academy

Barbara Lee
Assistant Division Director, YGC

VACANT
Assistant Division Director, YLA

Jeff Corp, Director
Joplin Youth Center

Isabell Gutierrez
Assistant Division Director

Dana Schultz, Director,
Admin Fiscal Services

Clare Schiller, Director
Professional Standards Division

Assistant Division Directors
Michael Redwood
VACANT

Shawn Small, Director
Employee Development and
Support Division

Scott Chandler, Director
Strategic Support Division

Carla Lopez
Assistant Division Director

Jean Yu, Director,
Information Technology Division

Franco Cheuk, Admin Manager II

Population Overview

Child Welfare

┌─────────────────────────────┐
│   │
│ **2,456** **Number in**   │
│   **care CFS**   │
│   │
└─────────────────────────────┘

Probation

As of June 2018	Juvenile Supervision[1]	Placement only
Total youth	2,270	148
Total staff	92	9
Average caseload	25	16
Vacant positions	--	4

OC Self Assessment
Our Community, Our Commitment

Staffing Caseload

Child Welfare: (*average*)

- Emergency Response: 10-12
- Intake/Investigation: 18
- Continuing Programs: 26-28

Probation:

- Juvenile supervision[1,2] = 25
- Placement only[1] = 16

[1] *As of June 2018*
[2] *Includes Juvenile Supervision Division, Juvenile Court Services Division and Gang Violence Suppression Unit*

OC Self Assessment
Our Community, Our Commitment

Methods for Assigning Cases

Child Welfare:

- **General**

- **Emergency Response:** Region, language, or specialized assignment

- **Intake/Investigation:** Language, specialized assignments, and round-robin

- **Continuing Programs:** Language, specialized assignments, round-robin (when possible by region)

Probation

- A case file is sent to the Placement Unit within one business day of the Placement order

- The Placement Unit officer will gather information on the case to get it ready for the Unit's weekly staffing meeting

- Cases are assigned based on the youth's needs and the resources that are available to them in the group/foster homes

- The case file will be given to the DPO assigned to the selected group/foster home

OCSelf Assessment
Our Community, Our Commitment

County Placement Operated Services

Child Welfare

Orangewood Children and Family Center

- Maximum capacity: 124

- Average # of children: 35 to 65

- 60% of the children are being placed within the 10 day period

- Services provided, schooling, medical, transportation, mental health services

Probation

Number in care:

- Juvenile supervision[1,2] = 2,270

- Placement only[1] = 148

[1] *As of June 2018*
[2] *Includes Juvenile Supervision Division, Juvenile Court Services Division and Gang Violence Suppression Unit*

OCSelf Assessment
Our Community, Our Commitment

County Placement Operated Services

Orangewood Children & Family Center

- Established in 1985 as a public/private sector collaborative effort and I n 2001, OCFC became licensed by the California Department of Social Services as a group home to provide County-operated emergency shelter care.

- Orangewood is open 7 days a week, 24 hours a day, and cares for children from age 2 days to 18 years.

Orangewood Admissions, Discharges, Census

OCFC Overall View - July 2018
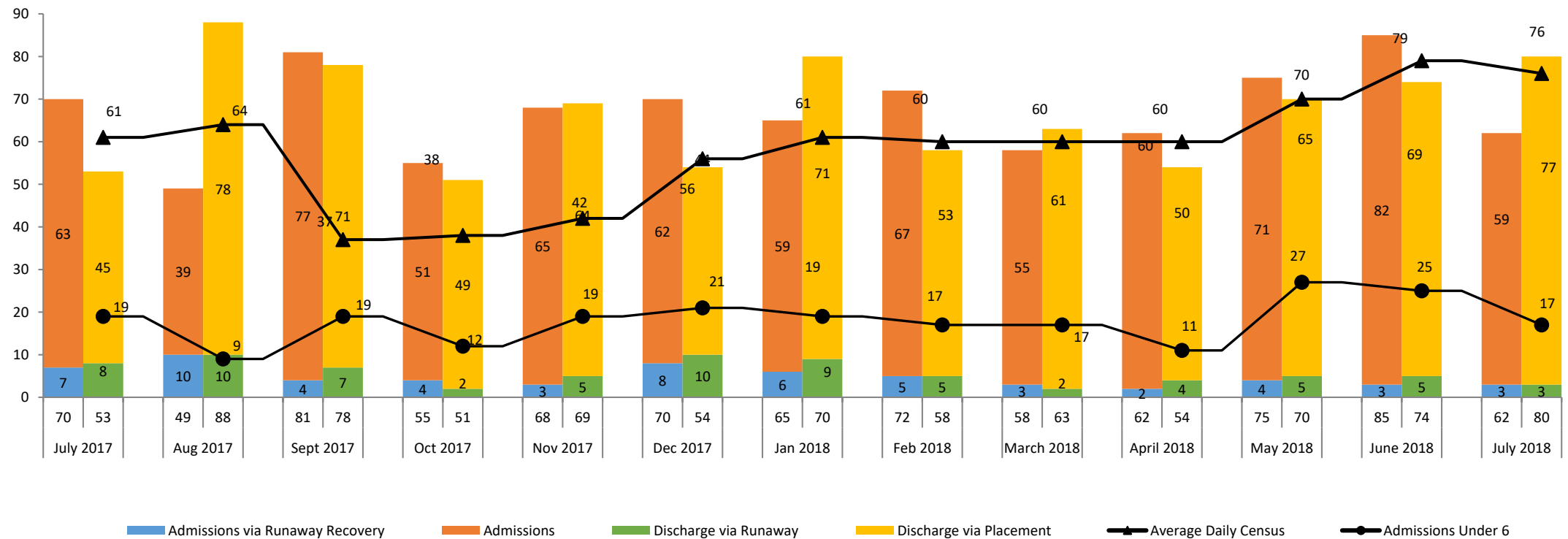
County Placement Operated Services

Probation

Juvenile Hall: Capacity = 380

Average Daily Population (as of June 2018) = 129

Commitment Days (As of June 2018)	N	%
0-30 days	209	34.6%
31-60 days	148	24.5%
61-90 days	72	11.9%
91-180 days	137	22.7%
181-310 days	26	4.3%
311+ days	12	2.0%

SERVICES: (including but not limited to):

- Medical/dental
- Mental health
- Education (including Special Ed)
- Alcohol & drug treatment
- Behavioral therapy
- Religious services

OC Self Assessment
Our Community, Our Commitment

2014-19
System Improvement Plan

Strengthening Families

SIP 2014-19 : Outcome Measures

Children and Family Services

- Permanency in 12 months for children entering foster care (entry cohort)
- Permanency in 12 months for children in foster care 24 months or more

Probation

- Reunification within 12 months (entry cohort)
- Placement Stability (At least 24 months in care)

OCSelf Assessment
Our Community, Our Commitment

Outcome Data Measures: Child Welfare

Outcome Performance Measures for –Quarter 1/2018

Outcome Measure	National Standard	County Performance
S1 Maltreatment in Foster Care	8.5	5.11
S2 Recurrent of Maltreatment	9.1%	8.0%
P1 Permanency in 12 months for children entering foster care	40.5%	36.5%
P2 Permanency in 12 months for children in foster care 12 to 23 months	43.6%	46.2%
P3 Permanency in 12 months for children in foster care 24 months or longer	30.3%	34.1%
P4 Re-entry into foster care in 12 months	8.3%	8.9%
P5 Placement Stability	4.12	4.08

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Outcome Data Measures: Probation

Outcome Performance Measures for – Quarter 1/2018

Outcome Measure	National Standard	County Performance
S1 Maltreatment in Foster Care	8.5	7.6
S2 Recurrent of Maltreatment	9.1%	NA
P1 Permanency in 12 months for children entering foster care	40.5%	4.3% (n=23)
P2 Permanency in 12 months for children in foster care 12 to 23 months	43.6%	0.0% (n=5)
P3 Permanency in 12 months for children in foster care 24 months or longer	30.3%	8.3% (n=12)
P4 Re-entry into foster care in 12 months	8.3%	0.0% (n=4)
P5 Placement Stability	4.12	3.38

Service Array: CFS and Probation Services

- Case Management/Family Advocacy
- Community Resources and Referrals
- Contracted monitored visitation services and transportation to visitation (*CFS Only*)
- Counseling (individual and family)
- Domestic Violence Prevention & Treatment
- Family Services Workers (FSW) and the Parent Mentor Program (*CFS Only*)
- Independent Living Services
- In-Home Coach
- Multidisciplinary Team
- Parenting Education
- Respite Care *(CFS Only)*
- Wrap around

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Where are we finding success?

CFS

- Bringing Families Home
- Conditional Release with Intensive Supervision Program (CRISP)
- Family Team meetings
- Mental health teaming
- Quality Support Team Case Review
- Safety Organized Practice
- Visitation coaching

Probation

- Early engagement of families
- Identification and removal of barriers
- Use of incentives to support youth engagement in programming and services
- Matching of youth to services
- Use of graduated sanctions

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Break

We will resume in 15 minutes

Looking Forward

SIP 2019-2024

What is our focus for our next SIP?

Children and Family Services

- Reentry into care

Probation

- Permanency in 12 months for children in foster care 12-23 months

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Building Our Teams

Peer Review Tools Orientation

Interactive Activity

Get in groups of 3

- Share your name, county, and years working for agency/dept
- For the questions below, write your interviewees response in a sticky
  - **Use one sticky per response**
  - What is the top thing on your bucket list for your time in OC?
  - If I visit your county, what is the one thing I should not miss (write your county's name)?
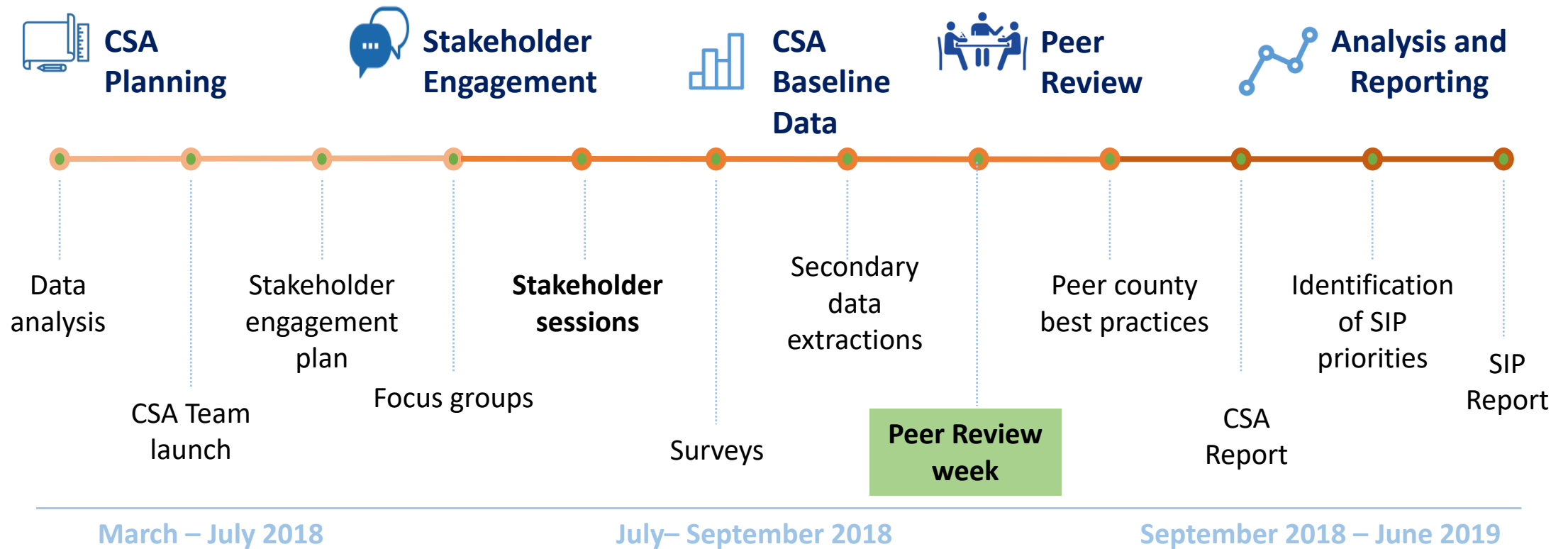 - What question would you like answered about the Peer Review Process

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CSA Activities leading to the Peer Review

Our Process

Our C-CFSR Engagement Timeline and Process

CSA Planning

Stakeholder Engagement

CSA Baseline Data

Peer Review

Analysis and Reporting

Data analysis

CSA Team launch

Stakeholder engagement plan

Focus groups

Stakeholder sessions

Surveys

Secondary data extractions

Peer Review week

Peer county best practices

CSA Report

Identification of SIP priorities

SIP Report

March – July 2018

July– September 2018

September 2018 – June 2019

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Peer Review Process

Overview

Peer Review Overview

What is it?

- Conversation with interview team (3 teams in total)
- Focused on area of practice
- More about practice/resources rather than case details
- Interactive/Supportive Peers
- No right or wrong answers
- Confidential
- Qualitative
- Outcome is to build the capacity of the agency

Peer Review is NOT

- an audit
- a Case Conference
- Time to solve problems
- Time for personal agendas

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Peer Review Overview

Peer Review is an opportunity for:

- Building and strengthening partnerships

- "Conversational" interviews

- Focus on practice

- Not a fix-it, no judgment

- Discover strengths and barriers around county services, policy, and practice, within the context of a case

- Peer sharing of strategies

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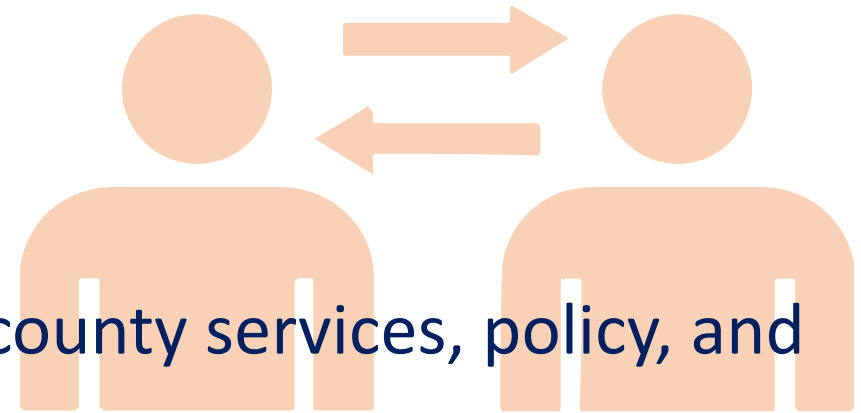
Peer Review Overview

Peer Counties Present

- Fresno (CFS)

- Riverside (Prob)

- Santa Barbara (CFS)

- Sonoma (CFS

- Yuba

- Yolo (Prob
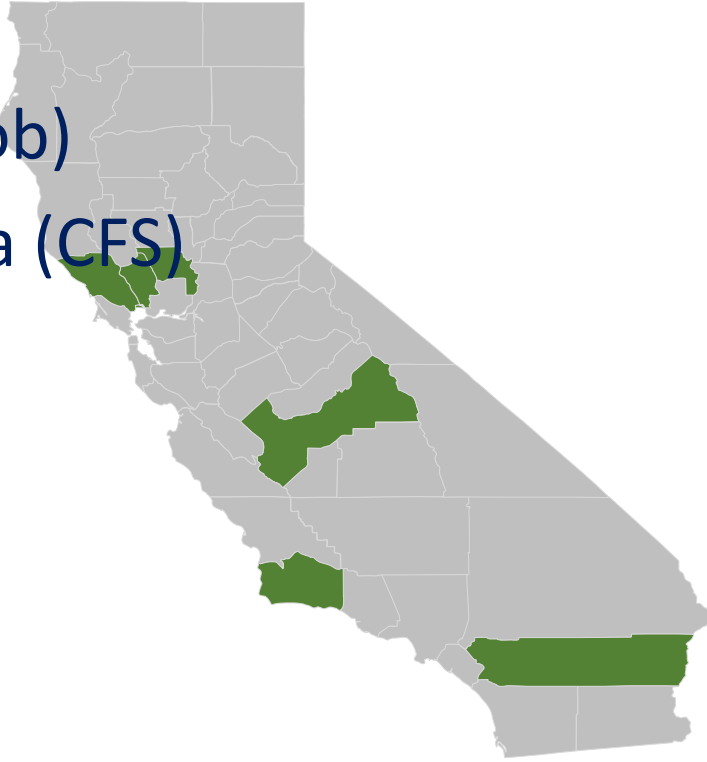
How are Peer Counties Selected?

- Peer counties with similar population size as Orange County

- Peer counties who have better performance than Orange County in our area of practice

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Peer Review Process

Your week

	Teams (n=3) Room 4300, B,C
Scribe/timekeeper	Harder+Co
Peer County Interviewers	see packet
Number of cases to review per team	9
Number of Probation Cases = 9 Number of CFS=18 (11 reentry/7 non reentry)	

TIME	ACTIVITY
8:00	Morning Briefing
8:30	Prep for Interview 1
8:45	Interview 1
9:45	Debrief Interview 1
10:30	Morning Break
10:45	Prep for Interview 2
11:00	Interview 2
12:00	Debrief Interview 2
12:30	Lunch
1:30	Prep for Interview 3
1:45	Interview 3
2:45	Debrief interview 3
3:15	Break
3:30	Debrief

Participating in the Interview

How will each interview time be spent?

- Prepare for Interview (15 min.)
    - Review case information

- Interviewee (OC county staff) enter the interview room

- Interview Starts
    - Interview Tool: Welcome, Introductions, Interview (60 minutes total)

- Interview Team Debrief (range between 15-30 min.)
    - Discuss as Team what you heard

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Interview Tool

Purpose: To serve as a conversation guide

- Standardized tool developed by the CDSS
  - Informed by other tools used in previous quality reviews, evidence based practices, and the literature
  - Includes additional Orange County specific questions
- Ability to aggregate information by focus area statewide
  - By including standardized interview questions, aggregate information related to each focus area can be obtained at a statewide level

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Interview Information

What happens with the information gathered?

- After each day of interviews, debrief what you heard as a large group
  - Building themes from the interviews
- On Friday the teams share the information with the county
  - Summary of daily debrief
  - Peer County recommendations for practice

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Join Your Team

Share out

- Little bit about what you do how your county/ agency/dept works

- Discuss Roles: Time Keeper, Recorder, Interviewer

- Discuss how you will handle an "oops" moments

Review Content in Interview Packets

- Tools and schedule

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Art of Interviewing

Set a friendly conversational tone

- Help them relax
    - Body language
    - Verbal feedback
    - Pause as needed

- Normalizing the "oops" moments

- Express appreciation for their participation and contribution

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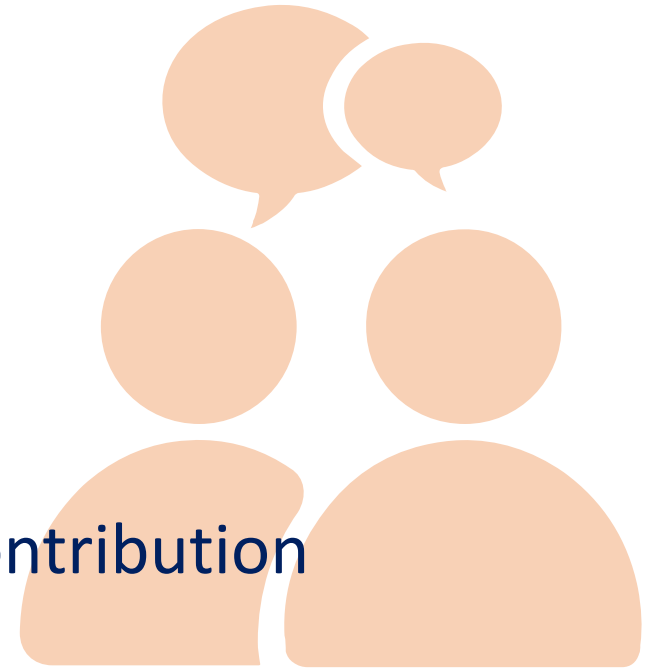
Review Interview Tool

With your teams

Questions

Children and Family Services and Probation: Peer Review

September 14, 2018

Reflection Questions

1. On a scale of 1-10, how do you feel CFS is doing on maintaining successful reunification?

   a. What do you need to do as a county in order to move it up to 2 levels?

2. On a scale of 1-10, how do you feel Probation is doing on reaching Permanency?

   a. What do you need to do as a county in order to move it up to 2 levels?

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Welcome

Our focus for our next SIP

Children and Family Services

- Reentry into care

Probation

- Permanency in 12 months for children in foster care 12-23 months

Self Assessment
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Our Engagement Timeline and Process

CSA Planning

Stakeholder Engagement

CSA Baseline Data

Peer Review

Analysis and Reporting

Data analysis

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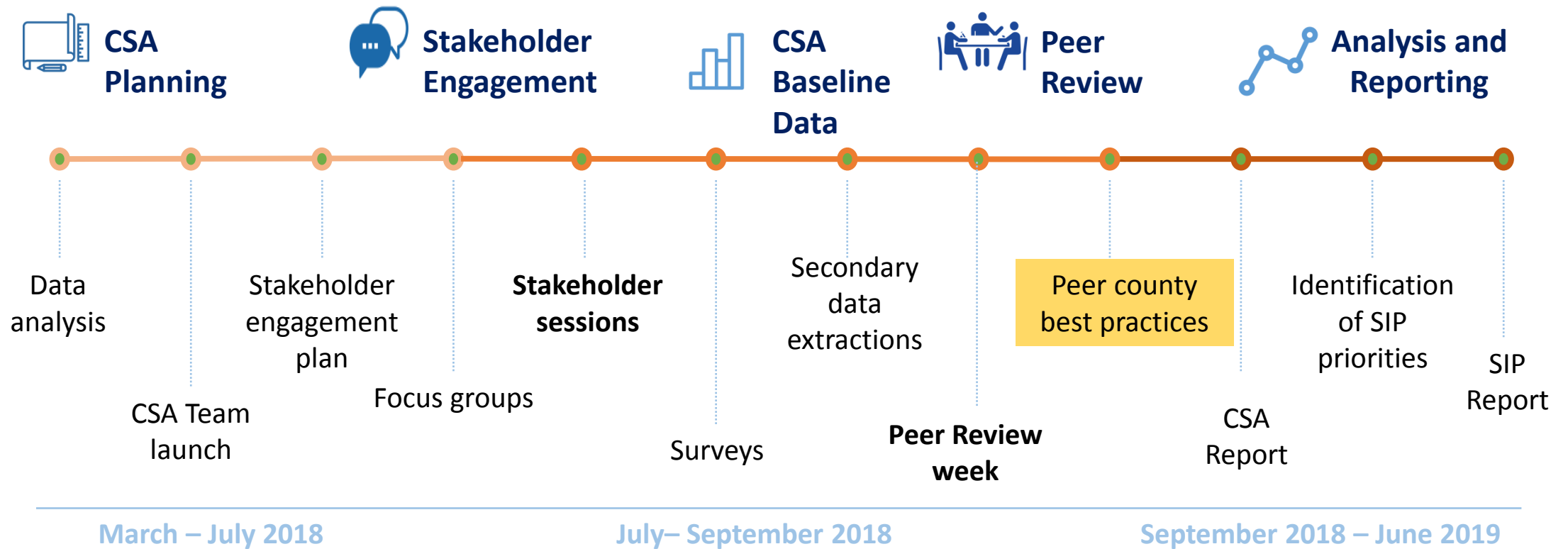
Stakeholder Input

Bright spots and opportunities

Stakeholder Voices

- Youth (CFS and Probation)
- Former and currently involved biological parents
- Peer Mentors/Peer Partners
- Foster parents
- Community partners/contracted agencies
- SW/PO
- CFS and Probation supervisors, managers, leadership

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Stakeholder Reflections

Lots of services but need to be tailored for complex needs
- *Increase availability and quality of bilingual, culturally informed services*
- *Use of peer led and aftercare services to address root cause*
- *Housing, mental health, substance abuse, residential, services for fathers*

Training and support for staff and partners to ensure consistency and quality of services
- *Need deeper training on trauma, co-occurring addictions, mental health, and medical conditions as well as in training in conducting and using assessment data*

Strengthen the implementation and reach of trauma informed practices

More coordination and communication of services to be offered and roles to be played by those involved
- *Staff , community partners, caregivers, providers*
- *Collaboratives are working (ERDD, Foster Youth, Outcomes, FSN, etc.)*

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Stakeholder Reflections

- **Awareness/Education/Access**
  - Parenting education
  - Parent advocacy and parental rights
  - Drug and gang involvement
  - Police/community relations
  - Stigma for being "involved" youth
  - Knowledge of resources (in/out)
- **School Engagement**
  - Parent engagement
  - After school programs
  - Skill building classes
  - Employment opportunities for younger youth
  - Education mentors

- **Services**
  - Specialized services
  - Mental health, AOD/ trauma services
  - Longer term crisis rehab
  - Positive youth development and engagement/character development
  - Job training, skill building
  - Better understanding of system and services available
  - Placements near home
  - Improved ILS services
  - Housing to avoid homelessness
  - Build upon natural supports

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Stakeholder Reflections

Probation

- Placements near home

- Quality programming in group homes

- ILS services more tailored to OC

- More use of positive reinforcement

- TAY Court (connect to resources)

- Teaming -- increasing MH support

- Include permanency at CFT discussions

- Engage youth voice (build connections)

- Embed MH at probation sites

CFS

- Improved use of data to inform practice (e.g., Analyze what's working well in successful placements)

- Improve use of SOP mapping

- Collaborate to increase in-patient substance abuse facilities and aftercare

- After-care and intensive family support (extend wrap)

- For complex needs, increase visitation, childcare, and parenting in-home supports

- PRTs

Your Thoughts: 10 minutes

Personal Reflection and Peer Sharing

- What resonated the most?
- How should we use this information?

  - Use your sticky to write down **two ideas**
    - Write clearly and legibly

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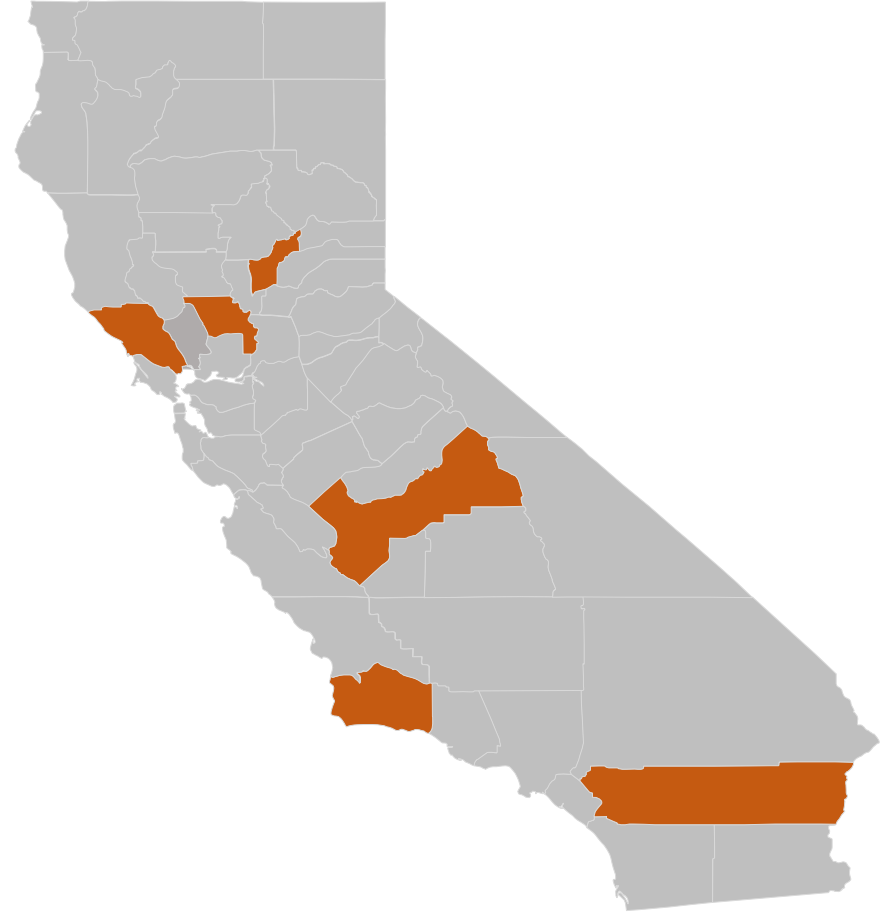
Peer Review Findings

Bright spots and opportunities

Peer Counties

- Fresno: Child Welfare
- Riverside: Probation
- Santa Barbara: Child Welfare
- Sonoma: Child Welfare
- Yolo: Probation
- Yuba: Child Welfare
  Reviewed 27 cases (18 CFS; 9 Prob)

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Peer Review Overview

What is it?

- Conversation with interview team
- Focused on area of practice
- Interactive/Supportive Peers
- No right or wrong answers
- Confidential
- Qualitative
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Peer Review is <u>NOT</u>

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- a Case Conference
- Time to solve problems
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How we gathered the feedback

- Three teams

- Each team debriefed and documented their findings after each interview

- Team members integrated debrief findings at the end of the day

- Themes were identified throughout that process

- Peer Review themes reflect the "voice" of the social worker and probation officers

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Some caveats and what we need from you

Caveat

- Will continue to review/analyze findings
  - What we are sharing is what rose to the top
- Same ideas can surface across domains
- Some ideas appear as strengths and weaknesses

What we need from you

- Use your stickie to write your ideas and questions
- Write legibly and associate your question/thought with the domain

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Background

Strengths

- Motivated, empathetic/passionate, well-trained and experienced workers
- Within each unit, consistency of assigned worker across length of case
- Specialized worker with specialized caseload
- Limited number of placement changes (Prob)
- A multitude of trainings are available for SWs and POs
- Lots of referrals and available resources/services
- Knowledge of SOP

Challenges

- Inconsistent SW/PO review of case background and history
- No warm-hand offs
- SW turnover (CFS)
- Extensive mental health and substance abuse issues
- Lack of time to attend training and conduct SOP practices

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Maintaining Connections

Strengths

- Placing with bio parents and relatives
- Visitation and sibling connections prioritized
- Provided family with resources for visits (gas card, gift card, etc.)
- Staff try to place youth in county and close to home
- Family/youth voices are heard

Challenges

- Culture considerations and fear
- Inconsistent use of TDMs and CFTs
- Lack of family finding efforts
- No concurrent planning

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Engagement

Strengths

- Use of TDMs and CFTs
- Safety plans implemented and followed up on
- SWs and POs consistently built good rapport with families and youth
- Workers conducted more visits than mandated
- Workers reviewed case plan progress with families ongoing
- Visits conducted in home
- SW/PO bond with children

Challenges

- Lack of parent engagement and cooperation
- Lack of behaviorally based case plans
- Lack of support staff (data entry, transportation, visitation)
- Inconsistent use of TDMs and CFTs

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Assessments and Services

Strengths

- Service array is large
- Specialized units
- Mandated monthly contact with service providers
- Little challenges associated with accessing services
- Family is engaged and bio parents are following through with services
- Workers are checking-in/following up with services providers
- One-stop-shop services (i.e., Orangewood, Prototype, CHOC)
- Screenings are being conducted every 6 months
- In-home services
- Youth and children are receiving regular dental and physical check ups

Challenges

- No comprehensive mental health or behavioral assessments
- Service compliance
- Connectedness of services
- No obvious services for treating the offense that resulted in removal
- Transportation
- Level of readiness for some services
- Lack of trauma focused services

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Placement Matching

Strengths

- Few placement changes
- Siblings placed together
- Placed with family
- Identified family early on
- Placed in same city
- Limited disruptions to child

Challenges

- Workers sometimes lacked historical context on prior placement decisions
- Lack of family finding
- Did not probe further once first placement was identified
- Both parents not being engaged to full potential
- Crime itself creates limitations (Prob)

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Reunification

Strengths

- CFTs/TDMs
- Reunified in a safe environment
- Quick reunification
- Court supportive of reunification

Challenges

- Reunify too soon
  - as it relates to court (ordering children home prematurely and going against recommendation)
  - Relative placement identified, rush to place
- Parental
  - Ambivalence
  - Incarceration
  - Lack of involvement
  - Substance abuse

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Transition/Aftercare

Strengths

- Engaged and supportive staff
- Prototype (one stop)
- Natural supports were big part of safety network
- Prepared for ILS/ AB12
- Child's lifestyle remained consistent throughout case
- Client resilient and intrinsically motivated
- Group home assisted with housing/ ILS
- Wrap services
- Visitation
- Services in the home

Challenges

- Lack of sustained participation by parents/youth
- Inconsistent use of CFT
- Restrictions or requirements of treatment programs
- Returning child to parent prior to parent being ready
- Lack of conjoint therapy for entire family
- Lack of trauma focused services
- Limited use of community services (CASA, mentors)
- Lack of aftercare

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Reentry

Strengths

- Family involvement
- Motivated and resourceful parent
- Frequent and long visitation
- Short stay away from parents
- Basic needs met
- SW as advocate
- Large service array
- Timely access to targeted services

Challenges

- Lack of addressing underlying issues
- Multiple generations involved
- Employment stress
- Relative placement (responsibility of bio)
- Lack of permanent housing
- Complicating factors (MH, AOD, job, housing)
- Lack detailed plans for minimizing risk and increasing protective factors
- Placed with parent too soon without sufficient support or safety plan

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Concurrent/ Permanency Planning (Prob)

Strengths

- Identified concurrent plan early
- Child developed goal of living with family and was included in the concurrent planning
- Use of therapy
- Engagement of youth/client
- Strong circle of support for youth

Challenges

- No clear plan
- Immigration status
- Limited use of community services (CASA, mentors)
- Limited placement resources
- Complicating factors (MH, Sub use, severity of issues)

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Recommendations for Training

- Communication relationship building
- Engagement skills, empathy, customer service for new workers and some of the old
- Help staff build experience, care for their job and understand their job
- Refresher training for SW with long history in dept. vs standard

- Training for foster parents around responsibility, expectations
- Understanding of how cases are assigned
- Training in other units
- Training and more support by county council to CFS
- Group home training with supervision communication, documentation,
- CSEC training

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Recommendations for CFS Resources

- Accessing out of county services
- Bringing Families Home (keep after funding ends)
- CRISP (expand)
- Prototype for fathers
- Father engagement services
- Address distance to services
- Support staff for visitation services
- Hire more SWs to decrease caseload (~20)

- Opportunities for more collaboration amongst community agencies
- Comprehensive list of resources
- More communication with and understanding of resources if out of county
- More funding
- More hands-on, in-home services
- More housing options-housing limitations effect reunification
- Address waitlist of CASA

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Recommendations for Probation Resources

- Better use of "dead time" for youth (engagement, and orientation)
- Housing for youth and adults aside from sober living homes
- Increased availability/quality of group homes
- Services/placement options for transgender youth and youth with MH
- Parent education in services and system (improve placement orientation related to parental rights)

- Provide ILP service in juvenile hall
- Permanent Resource Family in the unit to do the Family Finding and RFA
- More comfortable travel cars and flexible schedules
- Keep caseload low (under 20)
- Use and knowledge of risk assessment tools
- Wrap services for both parents when not together
- Placement Coordinator: staff support for referral process
- More group homes in OC

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Recommendations for CFS Polices/Procedures

- Streamline paperwork

- More specialized and smaller caseload (e.g. by age group/issue and type)
  - Cases are harder and SOP, CFT take time

- Better relationships with courts (accountability/ understanding of CFS recommendations)
  - Bring court along with SOP practices
  - County should appeal judge decisions as appropriate

- Increase use of SOP language and behavior specific plan

- Alignment with key players
  - Court, social workers, and management on the same page

- Increase efforts to engage fathers

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Recommendations for Probation Policies/ Procedures

- Policy for Probation monitoring of group homes
  - Licensing
  - Accountability,
  - Array of services
- Earlier interventions by courts (early offenses not seen as serious until escalates)
- Active placement orders and youth at home
- Address challenges with supporting CSEC youth

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Systemic Factors

1. Management Information System

   Dual data entry (CMS and Prob system)

2. Case Review System

   Inconsistent judge and court decisions

   Training of CFS staff by county council

3. Foster & Adoptive Parent Licensing, Recruitment & Retention

   No current unit to help with recruitment

   Placement decisions impacted by system or local policies vs maintain connections (e.g. more likely to place with relatives within geographical proximity even if close)

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Systemic Factors cont.

4. Staff, Caregiver & Service Provider Trainings:
   SOP implementation

5. Agency Collaboration
   Warm hand off with CBOs

6. Service Array
   Lots of services
   Increase in trauma informed

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Insights/Opportunities

- Consistency in the practice

- Opportunity to improve quality that can include accountability, standards, improved implementation and communication

- Strengthen use of historical data, SOP, Family Finding, warm hand off, concurrent planning, engagement and alignment with courts

- Mental health assessment, trauma-informed practices, county council trainings

- Increased efforts to engage fathers and extended family from both bio parents

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Break

We will resume in 15 minutes

Peer Sharing

- Peer name and county

- Role in your county

- Highlight about your county

- Given that your county is performing better than Orange County, share your best practices or ideas

- Q&A

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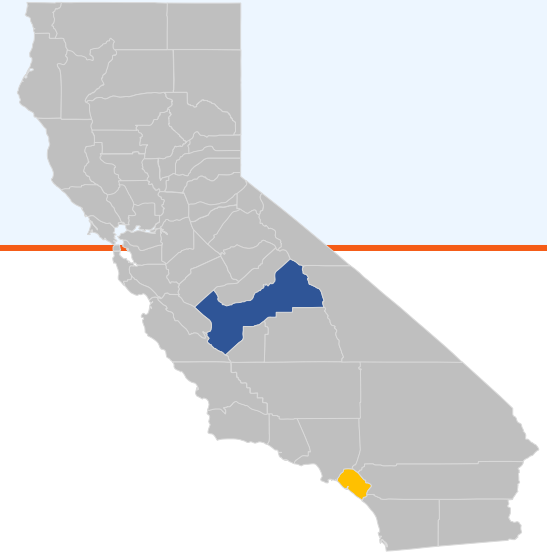
Peer County: Fresno

Peer County: Fresno

Child Welfare Recommendations

1. Safety Organized Practice (SOP, 2012)

2. Fresno County Model
   a. Exploration & Engagement
   b. Power of Families
   c. Circle of Support
   d. Healing Trauma

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Peer County: Fresno

Child Welfare Recommendations

3. Fresno Implementation Team

- Data and Evaluation
- CFTs
- CSEC
- ICWA
- Achieving the Dream

- Learning Circles
- ER Training Unit
- Training Workshops
- Campus Development

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Peer County: Riverside
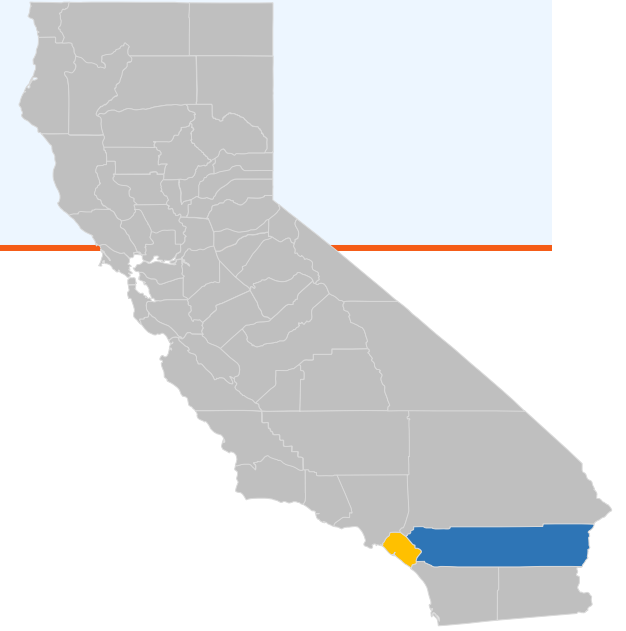
Peer County: Riverside

Probation Recommendations

Placement Coordinator
- Central location

- Screening Committee
  - All placement cases
- Placement best fit
  - Needs of the client

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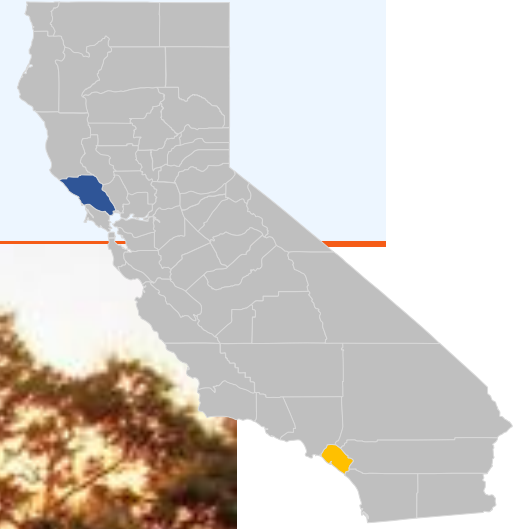*Our Community, Our Commitment*

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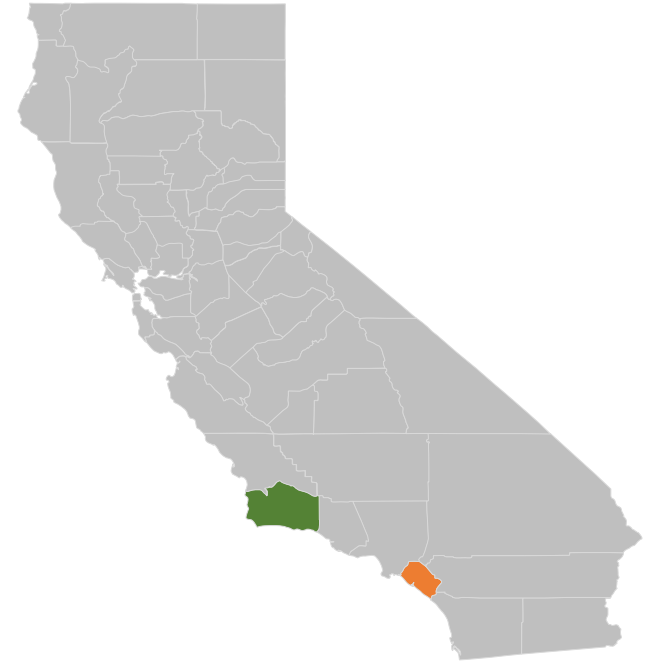
Peer County: Santa Barbara
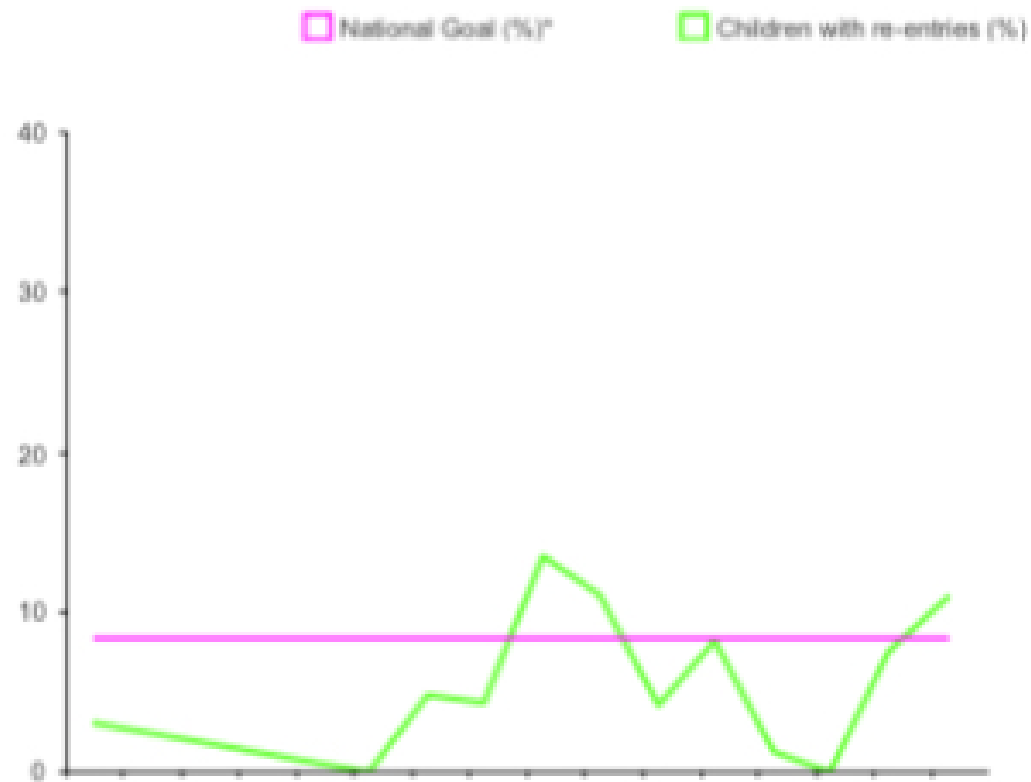
Child Welfare Recommendations

- Case staffing

- Ongoing family finding services

- Intensive in-home services prior to and after return in FM

- Absent parent due diligence

- Mental health assessment on all children

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Peer County: Sonoma

Peer County: Sonoma

Sonoma County: 3-P4--Re-entry to foster care in 12 months
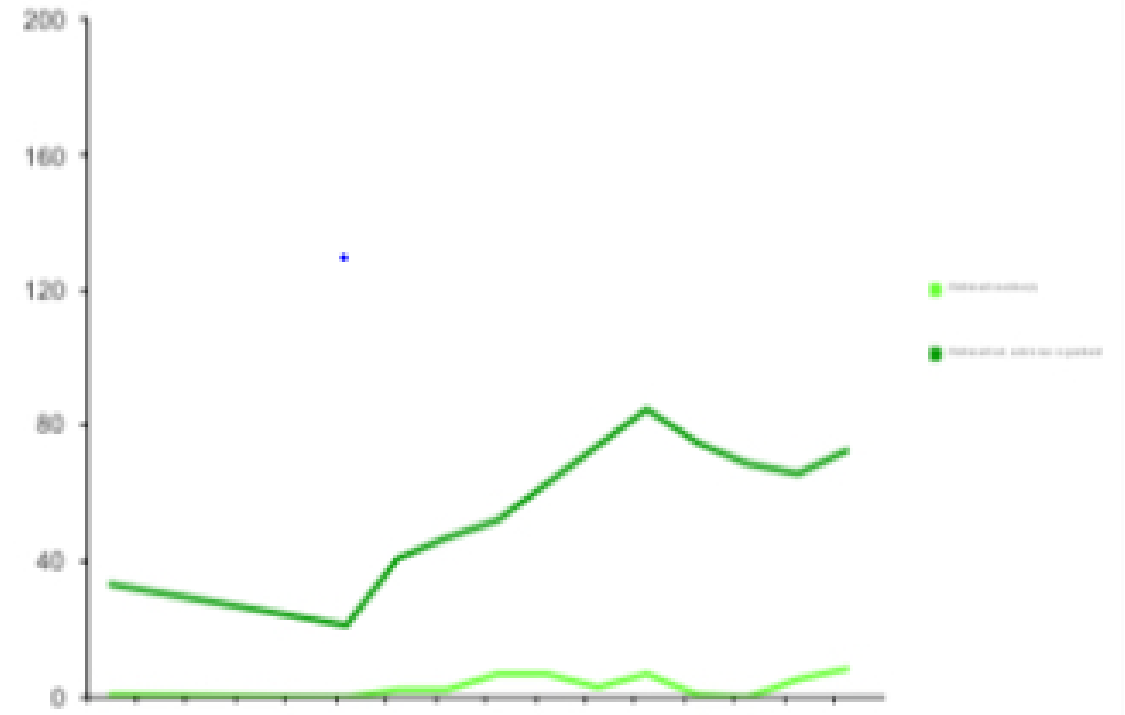
Peer County: Sonoma

Child Welfare Recommendations

- Safety Organized Practice
  - Engagement with the family
  - TDM/TEAM
  - Harm/Danger/Safety
  - Parents voice in case planning
  - Child(ren)'s voice

- Parent Mentors
- CASA
- WRAP
- Court Relationship

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Peer County: Yolo

Probation Recommendations

- Blue Ribbon

- Placement reviews- per CCR

- Pre placement committee (PPS)

- CFT committee/facilitators

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Peer County: Yuba

Child Welfare Recommendations

- Ensure family reunification worker attends initial CFT with ER worker

- Offer parenting classes to incarcerated parents

- Hold CFT to determine the case plan

- Ensure social worker observes visits 1x per month

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Questions

THANK YOU!

- Fresno: Child Welfare
- Riverside: Probation
- Santa Barbara: Child Welfare
- Sonoma: Child Welfare
- Yolo: Probation
- Yuba: Child Welfare
- Interviewees

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