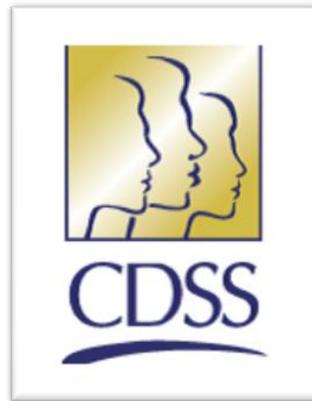


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*Our mission is to serve, aid, and protect needy and vulnerable children and adults in ways that strengthen and preserve families, encourage personal responsibility, and foster independence.*



## Children's Bureau Child and Family Services Reviews Program Improvement Plan

### I. PIP General Information

CB Region:	I		II		III		IV		V		VI		VII		VIII		IX	✓	X		
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**State of California**  
**California Department of Social Services**

*Our mission is to serve, aid, and protect needy and vulnerable children and adults in ways that strengthen and preserve families, encourage personal responsibility, and foster independence.*

**Program Improvement Plan**  
**for the**  
**Child Welfare Services Program**

California's state-supervised child welfare system is administered at the local level by 58 counties, each governed by a county board of supervisors. Funding for child welfare services is a combination of federal, state, and county resources. The range of diversity among the counties is immense and there are many challenges inherent in the complexity of this system. However, its major strength is the flexibility afforded to each county in determining how to best meet the needs of its own children and families. California's rich culture and ethnic diversity includes 224 languages, 109 federally recognized Indian tribes, and an estimated 40-50 non-federally recognized tribes. The state's counties differ widely by population, economic base, and are a wide mixture of urban, rural and suburban settings.

The California Department of Social Services (CDSS) is the agency authorized by statute to promulgate regulations, policies and procedures necessary to implement the state's child welfare system and ensure safety, permanence and well-being for children and families. Within the statutory and regulatory framework, counties are charged with providing the full array of services necessary to meet the needs of at-risk children and families.

The CDSS is committed to improving outcomes for children and families involved with the child welfare system in California. This Program Improvement Plan (PIP) is aligned with that commitment. However, there must be a recognition that it will be implemented at a time when the state is grappling with a fiscal crisis. California faces a \$26 billion budget deficit and as the PIP is being written there is no state budget and implications for the state's child welfare system remain unknown. Nonetheless, the strategies and action steps contained herein are rooted in evidence-based practices, build upon the current strengths of the California system and will continue to evolve practices that will, over time, result in system change.

The department's vision is to ensure that **“every child in California lives in a safe, stable, permanent home, nurtured by healthy families and strong communities.”**

In our view, setting a vision for those in the child welfare system is synonymous with a comprehensive view of child and family well-being for all of California's children. To this end, CDSS and its partners statewide have achieved significant reforms of the child

welfare system over the last several years. A greater emphasis has been placed on prevention and early intervention to support families before it becomes necessary for child welfare services to intervene. The bedrock of today's system is positive outcomes and accountability for all activities with a focus on results. This requires coordinating services and supports for families in a way that enhances family strengths. Finally, achieving this vision involves significantly increasing the amount of community-level collaboration among service providers to support children and families where they live.

The Child and Family Services Review (CFSR) is the federal government's program for assessing the performance of state child welfare agencies with regard to achieving positive outcomes for children and families. It is authorized by the Social Security Amendments of 1994 under titles IV-B and IV-E that requires the Department of Health and Human Services to disseminate regulations for reviews of state child and family services programs. The CFSR is implemented by the Children's Bureau of the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services.

The ACF review process includes a statewide assessment, onsite review of 65 cases, and stakeholder interviews at the state and county level, and the state's data profile. Based on the review findings, ACF makes a determination of substantial conformity or improvement needed for each of seven outcomes and seven systemic factors. The state is required to develop a Program Improvement Plan (PIP) to address areas not conforming to federal standards. The state is not required to meet the national standards at the end of the PIP implementation; however, it must achieve a specified amount of improvement for each outcome deemed not in substantial conformity as well as improve systemic factors that impact outcomes. California underwent a CFSR in 2002 (Round I) and implemented a two-year program improvement plan. The State completed another CFSR (Round II) in February 2008 which is the basis for this PIP.

## **Building Momentum**

Between the development of the 2002 PIP and the 2008 CFSR, ACF revised their national standards to be more complex. It should also be noted that a direct comparison between the 2002 and 2008 CFSR is not appropriate due to methodological differences.

This new PIP reflects our vision and incorporates significant actions to ensure that California continues to improve child welfare outcomes for children and families. This PIP builds on initiatives taken in the intervening years between development of the original plan and the most recent CFSR to achieve our vision. A list of definitions relating to specific programs can be found at the end of this document. Some of the significant actions taken by the state include:

- The implementation of the Child Welfare Services Outcome and Accountability System Pursuant to State Law (AB 636), effective January 2004. The new system, referred to as the California-Child and Family Services Review (C-CFSR), focuses primarily on measuring outcomes in Safety, Permanence, and Child and Family Well-Being. The new system replaces the former Child Welfare Services Oversight System which focused exclusively on regulatory

compliance and brings California's oversight into alignment with the Federal Child and Family Service Review oversight system of the states.

- California invested \$32.5 million in the 11-county pilot over the period of State Fiscal Years 2005-06 through 2007-08. This program focused on three areas: developing a standardized safety, risks, strengths, and needs assessment; models for differential response; and protocols for permanency and youth transition. During 2004-05, pilot counties participated in state-county workgroups to develop protocols to implement strategies to improve stability and permanency for children and youth in foster care including Differential Response and standardized safety assessments. These pilot counties, relative to non-pilot counties, demonstrated a number of improvements:
  - Increased reunification rates
  - Improved adoption rates within 24 months
  - Increased relative placement and fewer long-term foster care placements
  - Increased collaboration with community partners and engagement of families.

During this time, the first of the three content areas has been implemented statewide, all counties use a standardized assessment. The second area, differential response, has been increased to include additional counties. Finally, expansion of the permanency protocols is addressed in this PIP.

- Implementation of the Kinship Guardianship Assistance Payment Program (KinGAP), a permanency option for children in long-term foster care placement with relative caregivers. The program became effective on January 1, 2000 and was significantly expanded in state FY 2005-06.
- Increases in both funding and participation in the California's Kinship Support Services Program (KSSP). In 2006, the 40% relative placement criteria were eliminated to allow statewide expansion of the program, and an additional \$2.5 million was appropriated for the program (for a total of \$4 million).
- The establishment of the California Child Welfare Council, an advisory body responsible for improving the collaboration and process of the multiple agencies and courts that serve children and youth in the child welfare system.
- Expansion of Wraparound, a collaborative team planning process that addresses the barriers to effective treatment and support for a family with a child that has complex and enduring needs, from pilot to part of individual counties' service array effective January 1, 2005. In California, Wraparound has grown from one county in 1997 to thirty-nine counties.

The improvement processes in place are operational and demonstrating effectiveness. While there is good reason to be pleased with our progress, there remains a need for continued improvement. With the new federal composite measures, and the state's

data profile of August 29, 2007, California acknowledges that although the performance bar has been raised, the state recognizes it must sustain the momentum and build on what is in place that advances the quality of services and systems. Based on the level of engagement and commitment to excellence exhibited by the various stakeholders involved in the CFSR process, the CDSS expects to experience many positive trends in the next several years.

## **Outcomes and Accountability**

The Children and Family Services Division (CFSD) of the California Department of Social Services plays a vital role in the development of policies and programs that support its vision of “every child will live in a safe, stable, permanent home, nurtured by healthy families and strong communities.” The goals of CFSD are to prevent child abuse; provide services early to prevent foster care placement; assure foster care placements are short-term and children reside in safe, permanent families; and prepare and support transitioning youth to be self-sufficient, and independent with a permanent adult connection.

California’s outcomes and accountability system is built on an open and continuously recurring three-year cycle of self-assessment, planning, implementation and review. The triennial cycle began in June 2004 and as of June 2007, all 58 counties have completed one entire cycle. With the aid of the initial CFSR and subsequent PIP processes, coupled with the implementation of the C-CFSR, the state is better able to analyze program areas and develop specific policies and improvement strategies to promote positive outcomes for children and families. While successfully shifting program focus toward improved outcomes, the C-CFSR process is still considered to be in its infancy. This PIP builds on these early successes by expanding and enhancing the quality assurance process that is already in place.

The state remains steadfast in its commitment to continuous quality improvement of child welfare services. Like most states, California is challenged to meet the newly established federal outcome measures. The C-CFSR reflects that the state is performing below the national standard in all Safety Measures and Permanency and Well-being areas. The construction of the new federal standards requires the state to re-evaluate its progress in light of the recent State Data Profile, particularly alongside the Permanency Composites, underlying components, and weighted measures.

With the revised CFSR measures, comes the need to transition the outcome system to incorporate the new composites into current data collecting and reporting processes. CDSS and its University of California at Berkeley (UCB) partners have updated data systems to permit the state, counties, and interested parties to access more user-friendly web-based information to validate progress by county and in the aggregate statewide. Part of this update will include modifications to the new federal standards. Particularly useful is the enhanced CDSS/UCB website which has been modified as a “dynamic” website ([http://cssr.berkeley.edu/ucb\\_childwelfare/default.aspx](http://cssr.berkeley.edu/ucb_childwelfare/default.aspx)). This feature will permit user-friendly and interactive manipulation of data fields that will improve our collective ability to better assess progress and analyze strengths and needs in performance areas.

## Collaboration

Throughout the assessment process, PIP development and ongoing improvement efforts, California has benefited from collaborative efforts with several agencies and groups who contribute their expertise and valuable insight. Among many, the state engages caregivers, tribes, probation, youth, courts and child welfare agencies to provide higher quality services to families and improve outcomes for children.

For example, CDSS has a long-standing commitment to making improvements on Indian Child Welfare Act (ICWA) compliance. The ICWA workgroup consists of over 70 tribal ICWA workers/advocates, 30 county child welfare and probation representatives and 17 CDSS staff. The agenda for ICWA workgroup bi-monthly meetings is set in accordance to issues and topics that have emerged from discussions in the workgroup or in discussions as CDSS staff consults with tribal and county representatives throughout the state.

The state has also engaged in collaboration with philanthropic entities. The California Child Welfare Co-Investment Partnership is a public-private partnership whose purpose is improving the lives of children and families who are in or are at-risk of entering the state's child welfare system. Formed in 2006, the Partnership includes organizations committed to investing in the practices and supportive infrastructure that will improve the child welfare outcomes of safety, permanency and well-being. Members of the partnership include CDSS, the County Welfare Directors Association of California (CWDA), the Administrative Office of the Courts (AOC) and private philanthropic foundations including the Annie E. Casey Foundation, Casey Family Programs, the Stuart Foundation, the Walter S. Johnson Foundation and the Zellerbach Family Foundation. Staff support is provided by the Child and Family Policy Institute of California.

Building on our strength of collaboration across systems, the State Interagency Team (SIT), will continue to be key to interdepartmental strategies that support systemic change. This team is chaired by CDSS and is comprised of representatives from Department of Public Health, Department of Mental Health, Department of Alcohol and Drug Programs and the Department of Developmental Services. In addition to those agencies, the Department of Education, Employment Development Department, First 5 Commission, Workforce Investment Board, Judicial Council/Administrative Office of the Courts, and the Office of the Chancellor for Community Colleges participate. The purpose of the SIT is to provide leadership and guidance to facilitate implementation of improved systems benefiting the common population of children, youth and families served by SIT agencies. The SIT promotes shared responsibility and accountability for the welfare of children, youth and families by promoting the alignment of planning, funding and policy across state departments.

In addition, the AOC and CDSS share a common goal of improving the child welfare system. These two agencies are working in concert to improve both outcomes and systemic factors for children and families. In 2003 through 2005, the Court Improvement Plan (CIP) Reassessment found progress in key areas, including the representation of

children, the experience of judicial officers, and the numerous support and technical assistance programs now available to the courts. The CIP team is actively working with CDSS to help implement the Reassessment recommendations. Specifically, Rule of Court 5.505 will be put into place to establish performance measures in the areas of child safety, permanency, and child/family well-being.

An important mechanism for the collaboration between CDSS and its stakeholders is the Child Welfare Council (CWC) created by legislation in 2006. The CWC is a state advisory body that considers recommendations to improve child and youth outcomes through increased collaboration and coordination among the programs, services and processes administered by the multiple agencies and courts that serve children and youth in California's child welfare system. The CWC mission is to provide an effective, collaborative forum for the three branches of government, foster youth and their families, and key stakeholders to advocate for effective and promising strategies and adequate resources to improve outcomes for children, youth and families involved with or at risk of involvement in the child welfare system. This body is comprised of several subcommittees including:

1. Early Intervention and Prevention Committee - to prevent children, youth and families from entering the foster care system.
2. Permanency Committee - to reunify children and youth with their families whenever possible. When reunification is not possible, to identify and support another path to permanency through adoption, legal guardianship, or a lifelong, permanent connection.
3. Child Development and Successful Youth Transitions Committee - to ensure that the health, mental health, educational and social development needs of children and youth in the child welfare system are met and that youth are prepared for successful transitions to adulthood through collaborative partnerships at the State and local levels.
4. Data Linkage and Information Sharing Committee - to ensure that data is linked across major child serving agencies, including child welfare, education, health, mental health, and alcohol and drugs and to promote the sharing of information and data across systems that enables caregivers, social workers, multidisciplinary teams and the courts to ensure continuity of care and services for children, youth and families.

The CWC has developed a set of goals consistent with strategies presented in this program improvement plan. These goals include reducing the number of children in out-of-home care through the development of prevention and early intervention strategies designed to serve families already referred to the child welfare system and vulnerable families not yet referred; initiating family finding engagement and tribal affiliation connections from the first and subsequent contact with the child welfare system; and providing more comprehensive supports to families and individuals caring for children and youth through interagency collaboration to obtain additional resources.

CDSS works closely with the County Welfare Directors Association (CWDA) in developing strategies toward establishing programs and initiatives aimed at improving the lives of children and families. That relationship has evolved over the years to become an effective partnership between the state and counties. Development of child welfare policies includes significant interaction between CDSS and CWDA. For example, CWDA co-chairs a number of committees with CDSS including the CFSR Steering Committee and the Outcomes and Accountability Data Committee. Through participation in these processes the CWDA acts as a partner in developing policy for the child welfare system in California. The CWDA Executive Committee also provides opportunity for exchange of ideas by both state and county leadership. This and other specialized subcommittees demonstrate the importance of structured state and local processes for achieving positive outcomes.

## **Evidence-based PIP Strategies**

In recent years, the CDSS has increasingly utilized evidence-based practices to bring about change in the child welfare system. Evidence-based practices are those that have empirical research supporting their efficacy. As part of this effort, during the first PIP, CDSS sponsored and continues to sponsor the California Evidence-Based Clearinghouse which is a critical tool for identifying, selecting, and implementing evidence-based child welfare practices that will improve child safety, increase permanency, increase family and community stability, and promote child and family well-being.

A number of evidence-based strategies designed to improve the child welfare system in California are discussed below in some detail. While each strategy is presented individually, it is important to note that several of these strategies work in concert to produce the desired change. Similarly, many of the outcomes measured during the CFSR and noted in the PIP are affected by multiple strategies.

### *I. Expand use of participatory case planning strategies.*

Findings indicate a need to increase engagement of youth, families, caregivers, tribes and service providers in the case planning and decision making processes. Several case planning engagement approaches are being used across the state; however, they do not exist in all areas.

A number of key concerns emerged from the most recent CFSR that will be addressed by using this strategy. For example, it was noted that there was uneven practice in the involvement of children and parents in the decision-making process. Similarly, engagement of tribes for case planning and service delivery were found deficient (for further details of the key concerns, please see the summary of concerns in the next section).

Research indicates that increased levels of family and community involvement are related to lower foster care re-entry rates (Littell & Tajima, 2000; The Results Group [11-

county pilot evaluation], 2008). Participatory case planning encompasses several formal models and informal philosophies. These programs engage youth and families in case planning and decision making. Several ways that participatory case planning may be conceived include:

- Team Decision Making (TDM) – a process based on the belief that a child’s well being is best served when the family, community and child welfare agency collaborate to make decisions about the child’s placement.
- Family Participation in Case Planning – a case planning process that actively engages families in defining their strengths and identifying resources that will address the problems which resulted in the disruption of their family.
- Youth Inclusion in Case Planning – a case planning approach where social workers involve youth in addressing issues related to permanency and transition to adulthood at each interaction with them, focusing on establishing reunification, adoption, guardianship or other permanent life-long connection with a trusted, caring adult.

Other forms of participatory case planning include Family Group Conferencing, Family to Family (F2F), and Wraparound. Beyond these more formal approaches the state will encourage the use of social worker visits and other contacts to engage families, youth and community partners in case planning and subsequent services throughout the life of the case.

This strategy will be implemented through increased training for child welfare and probation staff, identifying best and promising social worker practices, and expanding effective model case planning approaches statewide.

## *II. Sustain and enhance permanency efforts across the life of the case.*

Our review indicated that some efforts and practices to achieve a permanent, stable family for children and youth are not applied throughout the life of a case. Specific concerns raised during the CFSR revolved around inconsistent practices in concurrent planning and reunification efforts. Moreover, these practices may not be uniform across the state. Difficulties with timely notification of court proceedings to interested parties (i.e., caregivers, youth, tribes, etc.) were noted. Finally, several issues surrounding permanency included insufficient efforts to identify extended family members and support existing relationships of children removed from the home.

Findings show that even though progress has been made, efforts to obtain a permanent family for a child do not always continue when reunification (returning youth to their family) is not successful or when adoption or guardianship is not readily available.

Research shows that children’s outcomes are improved for those placed into relative care (Hartnett et al., 1999). Data shows that the state must strengthen efforts towards finding a permanent family for a child in a timely manner. This will help prevent children and youth staying in foster care longer than needed. Additional research found that children who are in foster care longer are at-risk for re-entry to the foster care system

(Wattenberg, et al., 2003). Caregivers, courts and tribes must become more involved. Such practices may include concurrent planning which consists of working to reunite the youth with their family while at the same time planning for other possible options. This is done in case it is not possible to reunite the youth with their family. Other practices may include helping children and youth keep or make connections with extended family members or others who may be important in a way that supports a safe and stable family.

Application of this strategy will strengthen permanency planning and follow-through by activities such as nurturing supportive relationships and working closely with courts and tribes. Additionally, including the youth, family members, caregivers and other involved people in placement decisions will be part of this strategy. This strategy will include efforts to improve the detection of and contact with both maternal and paternal family members. Barriers that prevent a child from keeping a permanent family will be better identified and removed, particularly barriers for relative caregivers.

### *III. Enhance and expand caregiver recruitment, training, and support efforts.*

Findings show there are not enough foster homes for children and youth in need of foster care (Redding, Fried, & Britner, 2000). There is a need to strengthen recruitment and retention efforts to ensure placements for foster children and youth are available and stable. There is also a need to find and support extended family and kin (Hartnett et al., 1999). These issues were echoed in the CFSR report. Similarly, training and support for foster families needs to be improved. It has been shown that children's outcomes are at least somewhat related to support of caregivers including financial compensation (Duncan & Argys, 2007). These concerns were raised by a number of stakeholders during the review. Moreover, it was noted that while there are a number of promising pilot programs in place, there is no strategy for statewide implementation.

The strategy is designed to recruit and retain a range of caregivers by increasing community outreach, improving finding of family and relatives, increasing ongoing support for caregivers, and improving training for caregivers. In addition, the state will work toward implementing a number of effective programs to serve a larger portion of the families in California. A caregiver advisory committee will be convened to provide insight from caregivers and recommendations to CDSS.

### *IV. Expand options and create flexibility for services and supports to meet the needs of children and families.*

There are not enough services that are within the reach of children and families involved in the child welfare system. Limited access to high quality mental health services, inpatient substance abuse treatment, therapeutic foster care, and post adoption and guardianship services were shown to be among the most needed. Practices such as Wraparound improved access through coordination of services. Not enough transportation services and gaps in foreign language interpreters and culturally trained providers were also identified as barriers to obtaining services.

This strategy is intended to address these concerns by building on approaches that are currently in place in California. It will be carried out through activities aimed at improving ways of obtaining services and better coordinating services through interdepartmental coordination and collaborations with community-based groups and programs designed to ensure comprehensive support services. The SIT will develop state-level interdepartmental strategies that reduce barriers and increase interagency collaboration with an initial focus on mental health, substance abuse treatments and educational services. In addition, the Linkages Project will be used to build an effective collaboration between CalWORKS and Child Welfare regarding services and supports for families. Finally, the state will expand the Wraparound program to increase the number of families receiving wraparound services. CDSS will also incorporate the Office of Child Abuse Prevention's (OCAP) 3-year plan into the state Outcomes and Accountability system as an additional avenue for collaboration with community service providers.

*V. Sustain and expand staff/supervisor training.*

One of the improvement activities created during the first CFSR was the implementation of a standardized core set of courses to train new social workers and supervisors. It also provided for ongoing training. It was put into place to have uniform training across the state. New rules are in place as of July 1, 2008, to make the core training a mandatory requirement. Despite this change, there are a number of issues raised in the latest CFSR that are amenable to change through various forms of training. Some of the areas identified as training priorities include social workers' use of concurrent planning and permanency issues. Also, there is a need to focus on training related to high needs children and youth. Probation staff reported their need for increased child welfare training as well.

This strategy will be carried out through activities such as putting the training requirements into practice, modifying the core curriculum to emphasize key issues, and enhancing the ongoing training for child welfare and probation staff and supervisors. More specifically, curricula will be developed and implemented in the area of child welfare for probation workers and concurrent planning. In addition, the state will work with county partners to better track the participation and effectiveness of ongoing training for staff.

*VI. Strengthen implementation of the statewide safety, risk and needs assessment system.*

Although there are indications that the standardized safety assessment system is effective in assessing risk and identifying the services needed to address risks, some concerns were identified in the CFSR. There is a body of evidence that suggests that increased visits with social workers are related to more positive outcomes in children (Bronson, 2005). In a few California cases, some services were provided, but they did not adequately address the safety issues in the family, and the children remained at risk

in the home. In several cases, there was a general lack of adequate safety and risk assessments in the child's home during the period under review. In addition, there were few attempts to engage families in the process of determining risks. Again, engagement of the family has been linked to more positive outcomes for children and families (Littell & Tajima, 2000; Loman & Siegel, 2004a). Finally, the CFSR reviewers noted a lack of quality social workers visits that included an evaluation of strengths and needs. The inclusion of Differential Response, including the on-going review of family strengths and needs is related to a number of positive outcomes for children including increased family engagement (Loman & Siegel, 2004a, 2004b), community involvement (Siegel & Loman, 2000) and increases in services provided (Institute of Applied Research, 2005). Moreover, the use of Differential Response comes at no cost to the safety of children (Loman & Siegel, 2004b).

Implementation of the standardized safety assessment process ensures that families are systematically assessed for safety, risks and needs throughout the life of the case. As cases move forward to comprehensive assessment and service planning, services and resources are evaluated for effectiveness in reducing risk and potential for addressing necessary changes in family functioning.

A number of specific actions related to this strategy are available to increase safety such as completing assessment prior to initial contact and recording within 48 hours, and assessing family strength and needs on all open cases. To that end, the state will review timeliness of investigation data with counties. In particular, those counties that fall below the median level for the state will be provided with additional technical assistance. In addition, efforts will be made to strengthen implementation of the Safety, Risk, and Needs Assessment process including advanced training on Interviewing for Strengths and Needs and Writing Individualized Case Plans in conjunction with family members. Finally, the state will engage county partners to enhance focus on Safe-Measures (or other reporting methods) as a tool for supervisors to monitor timely completion of these assessments.

Through these six broad strategies, California will continue to build on existing relationships and programs to improve the child welfare system and subsequently, improve the lives of children and families. However, it is important to note that during the period covered by the previous PIP, California committed state general fund dollars to increase total program funding by \$473.3 million, resulting in an overall 25 percent increase, for several child welfare service special projects. Over this same period, county child welfare agencies contributed millions of dollars of their own discretionary funds. These, along with several million dollars in support from philanthropy, have enhanced statewide efforts to promote the safety of children, promote the right to a stable permanent home, and secure child well-being. This investment of state and local funding produced meaningful changes in the child welfare system, but the ability to enhance resource intensive programs is in jeopardy. At this time, the impact for State Fiscal Year budget shortfalls is in excess of \$26 billion. This has serious implications for social service and other state programs that are financed by significant State General Fund support. It cannot be overstated that the creation of this PIP and more

importantly, the specific actions contained within the plan, are heavily dependent on budgetary constraints and were developed during a fiscally uncertain time.

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## II. PIP Strategy Summary and TA Plan

State: California

Date Submitted: \_\_\_\_\_

Primary Strategies	Key Concerns	TA Resource Needs
<p>Expand use of participatory case planning strategies.</p>	<ul style="list-style-type: none"> <li>• Uneven practice in involving children/youth and parents (both mother and father) in assessing and addressing needs and risk issues, case planning, and decision making.</li> <li>• Uneven practice in engaging caregivers and others in assessing and meeting their needs to care for the child as part of case planning.</li> <li>• Insufficient engagement of tribes in case planning and service delivery.</li> <li>• Frequency and quality of caseworker/probation officer visits was not sufficient to meet the needs of children/youth, mother, or father.</li> <li>• Lack of assessing and addressing educational needs of children, keeping educational passport current and providing educational information to foster parents and helping them advocate for educational services.</li> </ul>	<ul style="list-style-type: none"> <li>• Engaging Substance Abusing Families.</li> <li>• Engaging fathers in case planning and decision-making processes.</li> </ul>

Primary Strategies	Key Concerns	TA Resource Needs
<p>Sustain and enhance permanency efforts across the life of the case.</p>	<ul style="list-style-type: none"> <li>• Child/youth’s placement was not stable.</li> <li>• Uneven practice in assuring that children in care achieve permanency in a timely manner due to the following: <ul style="list-style-type: none"> <li>➢ Late social worker reports/lack of proper ICWA noticing were noted for continuances and delays in completion of 6 month periodic reviews and 12 month permanency hearings;</li> <li>➢ Delays in completing home studies and finalizing adoptions and lack of proper ICWA notification; and</li> <li>➢ Not thoroughly considering all options before establishing a permanency goal of OPPLA, particularly for children under 10.</li> </ul> </li> <li>• Not enough effort made to place siblings together.</li> <li>• Insufficient efforts to promote visitation with mother/father/siblings.</li> <li>• Not enough effort dedicated to recruiting adoptive home for children.</li> <li>• Inconsistent practice in concurrent planning and reunification efforts.</li> <li>• Limited supports to youth/ family after connections are made.</li> <li>• Inconsistent practice in providing timely notification of court proceedings for caregivers, youth, and tribes and encouraging them to provide input into court proceedings.</li> <li>• Guardianship cases not closed because of concerns relating to loss of necessary children services.</li> <li>• Inadequate search for maternal and paternal relatives.</li> <li>• Insufficient efforts to support child’s relationship with parents.</li> </ul>	<ul style="list-style-type: none"> <li>• Concurrent planning practices.</li> <li>• Finding and engaging maternal and paternal family members.</li> </ul>

Primary Strategies	Key Concerns	TA Resource Needs
<p>Enhance and expand caregiver recruitment, retention, training, and support efforts.</p>	<ul style="list-style-type: none"> <li>• Inadequate number of foster care homes.</li> <li>• Caregivers lack sufficient knowledge of child’s needs and specialized training and support to meet the needs of children/youth in their care.</li> <li>• Insufficient caregiver training in the following areas: <ul style="list-style-type: none"> <li>➤ How to meet diverse need of children in their homes;</li> <li>➤ How to advocate for services for children in their care;</li> <li>➤ Resources that are available and how to access them;</li> <li>➤ How to navigate the court system and the caregiver’s role in the court process;</li> <li>➤ How to ensure children’s educational needs are met, especially with regard to Individual Education Plans;</li> <li>➤ Dealing with trauma;</li> <li>➤ Dealing with older children and behavioral issues; and</li> <li>➤ Meeting the cultural and Tribal-specific needs of Native American children.</li> </ul> </li> <li>• Foster parents did not receive the Caregiver Information Form and summary of agency recommendations; for those receiving form, did not receive instructions or assistance on how to complete.</li> <li>• The standards for foster family homes were not being applied equally since some local licensing agencies continued to treat training completion as a condition for licensure while training completion was not treated as a condition for approval.</li> <li>• Not enough State leadership on overall recruitment efforts.</li> <li>• Unsatisfactory payment rates for foster parents.</li> <li>• Not enough Tribally-approved foster homes.</li> </ul>	<ul style="list-style-type: none"> <li>• Statewide campaign (recruitment and retention of resource families).</li> </ul>

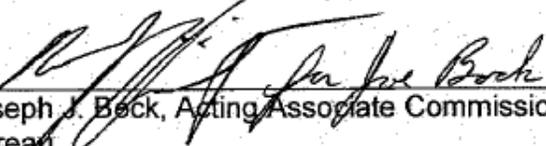
Primary Strategies	Key Concerns	TA Resource Needs
<p>Expand options and create flexibility for services and supports to meet the needs of children and families.</p>	<ul style="list-style-type: none"> <li>• Inadequate availability of services to meet needs of children and families (services such as mental health, inpatient substance abuse treatment, therapeutic foster care, and education).</li> <li>• Not enough services for parents of children who are probation wards.</li> <li>• Children remained at risk in-home because services were either not provided or did not adequately address safety issues in the family.</li> <li>• Resource capacity, including culturally-competent services and qualified therapeutic providers, varied from community to community and was insufficient in many areas.</li> <li>• Independent living services are either offered too late or youth are not given information about what services are available to them.</li> <li>• Not enough post-adoption and other post-permanency services.</li> <li>• Extensive variations in service accessibility not only across counties, but also within counties.</li> <li>• Difficulties in obtaining services when child is placed outside the county of jurisdiction.</li> <li>• Programs designed to individualize service delivery such as wraparound, differential response, and team-decision making are not implemented countywide and statewide.</li> <li>• Services and service plans, particularly among education, mental health, and housing, are not coordinated and are confusing for families.</li> </ul>	<ul style="list-style-type: none"> <li>• Collaborative approach to service array (local level collaboration between child welfare agency and community partners).</li> </ul>

Primary Strategies	Key Concerns	TA Resource Needs
Sustain and expand staff/supervisor training.	<ul style="list-style-type: none"> <li>• The State regulation requiring initial and ongoing training will not be in effect until July 2008 and therefore was not in place during the onsite CFSR.</li> <li>• Limited child welfare related training for probation staff, including a core curriculum that does not adequately prepare them to carry out the same functions as child welfare caseworkers.</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>
Strengthen implementation of the statewide safety needs assessment system.	<ul style="list-style-type: none"> <li>• Investigations not initiated within the required timeframes.</li> <li>• Need to improve the rate at which children do not experience repeat maltreatment.</li> <li>• Inadequately assessing and addressing safety and risk factors for children that remain at home and those in care.</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>

### III. PIP Agreement and Amendments

The following Federal and State officials agree to the content and terms of the attached Program Improvement Plan:

  
 \_\_\_\_\_  
 John Wagner, Director, Department of Social Services      Date 10/30/09

  
 \_\_\_\_\_  
 Joseph J. Beck, Acting Associate Commissioner, Children's Bureau      Date 10/16/09

This section should be completed only in the event of renegotiations regarding the content of the PIP, pursuant to 45 CFR 1355.35(e)(4). The specific renegotiated content should be inserted in the PIP Matrix under the appropriate section being replaced or modified. A summary by the action step, benchmark or improvement goal can be listed below. Copies of approved, renegotiated PIPs should be retained and distributed as noted above immediately upon completion of the renegotiation process.

The renegotiated content of the attached PIP, as summarized below, has been approved by State personnel and the Children's Bureau Regional Office with authority to negotiate such content and is approved by Federal and State officials:

Renegotiated Action Steps, Benchmarks, or Improvement Goals	Date Renegotiated	Approval of State Executive Officer for Child Welfare Services
		Approval Children's Bureau

<b>Primary Strategy:</b> 1. Expand use of participatory case planning strategies.		<b>Applicable CFSR Outcomes or Systemic Factors:</b> Permanency Outcome 2, Well-Being Outcomes 1 and 2, Case Review System, and Service Array.			
<b>Goal:</b> Increase engagement of children/youth, families and others in case planning and decision-making processes across the life of the case for safety, permanency, and well-being.		<b>Applicable CFSR Items:</b> Items 17, 18, 19, 20, 21, 25, 37			
<b>Action Steps and Benchmarks</b>	<b>Person Responsible</b>	<b>Evidence of Completion</b>	<b>Qtr Due</b>	<b>Qtr Done</b>	<b>Quarterly Update</b>
1.1 Determine baseline and assess utilization of participatory case planning practices.	CDSS (Richard Smith and Karen Gunderson)	Evidence of completion of step 1.1 (1.1.1 through 1.1.4).	Q4		
1.1.1 Review and revise Permanency Protocols based on lessons learned through 11-county pilot; disseminate revised protocols.		Issued All County Letter with revised protocols.	Q2		
1.1.2 Develop procedures for county data entry of participatory case planning activities; and release ACIN with data entry instructions to counties.	CDSS (Richard Smith and Linday Farris)	Issued All County Information Notice with data entry instructions.	Q1		
1.1.3 Methodology for measuring family engagement efforts finalized		Methodology instruction manual.	Q1		
1.1.4 Baseline calculated.		Revised PIP with baseline.	Q4		

1.2	Review and update core curricula on various models of participatory case planning and decision-making practices to address children's safety, permanency and well-being at all decision points and throughout the life of the case.	CDSS (Linne Stout) CalSWEC (Barry Johnson)	Revised curriculum sections.	Q4		
1.2.1	Implement updated core curriculum.		One training agenda in which the revised curriculum was provided.	Q5		
1.3	Develop advanced training module on specific strategies for engagement of fathers and related materials to address organizational culture change.	CDSS (Linne Stout) CalSWEC (Barry Johnson)	Copy of Engaging Fathers Curriculum	Q4		
1.3.1	Implement advanced training on engaging fathers.		One training agenda in which the curriculum was provided.	Q5		
1.4	Develop family engagement and participatory case planning guidelines for Linkages Project.	CDSS-OCAP (Linne Stout) CFPIC (Danna Fabella)	Copy of developed guidelines and list of counties receiving guidelines.	Q2		
1.4.1	Incorporate guidelines into Linkages semi-annual meetings.		One meeting agenda in which the guidelines were provided.	Q3		

1.4.2 Survey counties for implementation of practice.		Survey results summary and list of who received the results.	Q4		
1.5 Examine fiscal implications of participatory practices.	CDSS (Barbara Eaton)	Copy of fiscal implications report addressed to CDSS Deputy Director.	Q6		
<b>Renegotiated Action Steps and Benchmarks</b>					

<b>Primary Strategy:</b> 2. Sustain and enhance permanency efforts across the life of the case.		<b>Applicable CFSR Outcomes or Systemic Factors:</b> Permanency Outcome 1 and 2, Well-Being Outcome 1, and Case Review System.			
<b>Goal:</b> Enhance practices and strategies that result in more children/youth having permanent homes and connections to communities, culture and important adults.		<b>Applicable CFSR Items:</b> Items 6, 7, 8, 9, 10, 12, 13, 15, 16, 26, 27, 28			
<b>Action Steps and Benchmarks</b>	<b>Person Responsible</b>	<b>Evidence of Completion</b>	<b>Qtr Due</b>	<b>Qtr Done</b>	<b>Quarterly Update</b>
2.1 Increase efforts to locate mothers, fathers, and maternal/paternal family members at case onset and strengthen connections across life of the case	CDSS (Karen Gunderson and Richard Smith)	Evidence of completion of step 2.1 (2.1.1 through 2.1.2).	Q6		
2.1.1 Develop and disseminate protocols.		Issued All County Information Notice	Q5		
2.1.2 Measure increase of finding families practices by determining the number of entry children whose placement is with a relative at 60 days.		Revised PIP with quarterly data.	Q6		
2.2 Improve potential for reunification.		Evidence of completion of step 2.2 (2.2.1 through 2.2.2).	Q4		
2.2.1 Development of legislative proposal for trial home visits.	CDSS (Karen Gunderson), AOC (Jennifer	Copy of submitted legislative proposal.	Q4		

2.2.2 Promote “cultural brokers” and family advocate/mentor models through dissemination of promising/evidence based practices.	Walter; Leah Wilson) CDSS-OCAP (Linne Stout)	Issued All County Information Notice	Q3		
2.3 Assess quality of social worker visits with parents and children.	CDSS (Richard Smith)	Evidence of completion of step 2.3 (2.3.1 through 2.3.2).	Q8		
2.3.1 Finalize methodology and tool for case reviews		Copy of methodology and tool	Q2		
2.3.2 Establish baseline level of quality of visits		PIP quarterly report	Q2		
2.4 Utilize Caregiver Advisory Group to identify and make recommendations related to reducing/removing barriers to permanence.	CDSS (Karen Gunderson)	Evidence of completion of step 2.4 (2.4.1).	Q5		
2.4.1 Submit recommendation to CDSS management for consideration of implementation.		Copy of meeting agenda in which the Caregivers Advisory Group recommendations were discussed.	Q5		
2.5 CA Child Welfare Evidence Based Clearinghouse will identify and publish evidence based practices related to post-permanency services.	CDSS/OCAP (Linne Stout)	Copy of website where the evidence based practices are posted and URL.	Q4		
2.6 AOC will provide ongoing training and TA to dependency courts and stakeholders regarding	AOC (Jennifer Walter)	Two court training agendas in which one or more of	Q6		

	reunification, tribal engagement, concurrent planning and participatory case planning.		the topic items in 2.6 were provided.			
2.7	Implement Resource Family Approval Pilot in 5 counties.	CDSS (Karen Gunderson)	Evidence of completion of step 2.7 (2.7.1 through 2.7.3).	Q5		
2.7.1	Select counties.		List of counties selected.	Q2		
2.7.2	Convene workgroup to develop implementation requirements.		One meeting agenda in which the implementation requirements were discussed.	Q3		
2.8	Implement Residentially Based Services Reform project in selected counties (Los Angeles, San Bernardino, Sacramento, and Bay Area Consortium).	CDSS (Karen Gunderson) and selected county partners and stakeholders.	Evidence of completion of step 2.8 (2.8.1 through 2.8.4).	Q8		
2.8.1	County proposals submitted to CDSS.		Copies of two county proposals.	Q1		
2.8.2	County proposals approved by CDSS.		Copies of two approval letters.	Q2		
2.8.3	Project implementation.		Copy of evaluation report.	Q8		
2.8.4	Workgroup convened to develop plan for transforming group home system.		One meeting agenda in which the transformation of the group homes system was discussed.	Q8		
<b>Renegotiated Action Steps and Benchmarks</b>						

<b>Primary Strategy:</b> 3. Enhance and expand caregiver recruitment, retention, training, and support efforts.		<b>Applicable CFSR Outcomes or Systemic Factors:</b> Well-Being Outcome 1, Case Review System, Training, Licensing, and Recruitment and Retention.			
<b>Goal:</b> Improve caregiver support strategies and augment educational/training curriculum.		<b>Applicable CFSR Items:</b> Items 17, 18, 29, 34, 42, 44			
<b>Action Steps and Benchmarks</b>	<b>Person Responsible</b>	<b>Evidence of Completion</b>	<b>Qtr Due</b>	<b>Qtr Done</b>	<b>Quarterly Update</b>
3.1 CA Child Welfare Evidence Based Clearinghouse will:	CDSS-OCAP (Linne Stout)	Evidence of completion of step 3.1 (3.1.1 through 3.1.2).	Q3		
3.1.1 Identify and publish information on resource family recruitment, retention, and training.		Copy of Clearinghouse web page with URL.	Q3		
3.1.2 CA Evidence Based Clearinghouse for Child Welfare will provide training on evidence based practices on resource families, recruitment, retention, training, and caregiver-social worker partnership.		Two training agendas which indicate one or more of the evidence based practices were discussed.	Q3		
3.2 Develop/initiate statewide campaign to recruit/retain resource families.	CDSS (Karen Gunderson)	Evidence of completion of step 3.2 (3.2.1 through 3.2.4).	Q6		
3.2.1 Seek federal TA.		Copy of application for Federal TA.	Q1		
3.2.2 Survey counties to identify promising practices at local level.		Copy of survey summary.	Q2		
3.2.3 Develop campaigns with county partners.		Copies of two county campaign	Q4		

		plans.			
3.2.4	Launch campaign.	Examples of campaign materials produced.	Q6		
3.3	Form state level Caregiver Advisory Group including youth, to develop statewide agenda for recruitment, training, support and retention.	CDSS (Karen Gunderson)	Evidence of completion of step 3.3 (3.3.1 through 3.3.3).	Q6	
3.3.1	Announce formation of advisory group and application for membership process; select members.		Copy of advisory group announcement.	Q2	
3.3.2	Convene group.		Copies of two advisory group agendas.	Q4	
3.3.3	CDSS considers recommendations for implementation.		Copy of advisory group recommendation summary to Deputy Director.	Q6	
3.4	Develop program outcomes, rate structure, and oversight policies and procedures for MTFC.	CDSS (Barbara Eaton)	Evidence of completion of step 3.4 (3.4.1 through 3.4.2).	Q8	
3.4.1	Support implementation and use of MTFC.		Copies of materials developed for 3.4 and implementation plan.	Q8	
3.4.2	Increase number of MTFC programs		PIP quarterly report with total number of new MTFC programs.	Q8	

3.5 Test "Better Together" model to facilitate collaboration between caregivers and social workers in five counties.	CDSS (Karen Gunderson and Linne Stout)	Evidence of completion of step 3.5 (3.5.1 through 3.5.2).	Q8		
3.5.1 Workshops initiated.		Copies of two workshop agendas.	Q5		
3.5.2 Use lessons learned to determine feasibility of expanding utilization of model.		Feasibility summary to caregiver advisory group.	Q8		
3.6 Establish a communication network for caregiver advocates.	CDSS-FCO (Karen Grace-Kaho)	Evidence of completion of step 3.6 (3.6.1 through 3.6.3).	Q4		
3.6.1 Identify advocacy organizations for caregivers and create directory by county.		Copy of advocacy directory.	Q1		
3.6.2 Convene annual meeting of key caregiver advocacy organizations to exchange information.		Copy of meeting agenda.	Q4		
3.6.3 Share information via caregiver network email list to disseminate information.		Copy of caregiver dissemination list.	Q2		
3.6.4 Explore funding streams to support caregiver advocacy and implement depending on availability of funds.		Copy of funding summary and draft implementation plan.	Q5		
<b>Renegotiated Action Steps and Benchmarks</b>					

<b>Primary Strategy:</b> 4. Expand options and create flexibility for services and supports to meet the needs of children and families.		<b>Applicable CFSR Outcomes or Systemic Factors:</b> Safety Outcome 2, Well-Being Outcomes 1, 2 and 3, and Service Array.			
<b>Goal:</b> Increase statewide access to varied existing services options for children/youth, and families in foster care.		<b>Applicable CFSR Items:</b> Items 3, 4, 17, 21, 23, 35, 36, 37, 40			
<b>Action Steps and Benchmarks</b>	<b>Person Responsible</b>	<b>Evidence of Completion</b>	<b>Qtr Due</b>	<b>Qtr Done</b>	<b>Quarterly Update</b>
4.1 Linkages Project utilized to disseminate best practices on effective collaboration between CaWORKS and Child Welfare regarding services and supports for families.	CDSS-OCAP (Linne Stout) CFPIC (Danna Fabella)	Evidence of completion of step 4.1 (4.1.1 through 4.1.3).	Q8		
4.1.1 Utilize semi-annual project meetings to inform participants of best practices.		Copy of two meeting agendas.	Q6		
4.1.2 Disseminate screening tools and associated protocols.		Screening tools and associated protocols.	Q4		
4.1.3 Analyze annual reports to determine level of county implementation.		Annual Report	Q8		
4.2 Implement integration of OCAP's 3-year plan into Outcomes and Accountability System to strengthen service continuum through collaboration with community based service providers including informal supports.	CDSS (Linne Stout and Richard Smith)	Evidence of completion of step 4.2 (4.2.1 through 4.2.2).	Q8		
4.2.1 Finalize CSA and SIP guidelines to provide guidance to counties.		Copy of issued All County Information Notice releasing CSA	Q1		

		and SIP guidelines.			
4.2.2	Implement integration with 25 counties.		County SIPs posted online.	Q8	
4.3	Expand the Wraparound program and consequently increase the number of families receiving wraparound services.	CDSS (Linne Stout)	Evidence of completion of step 4.3 (4.3.1 through 4.3.4).	Q8	
4.3.1	Provide technical assistance (TA) to non-wraparound counties to help assess their feasibility to implement wraparound.		Site visit reports including # of TA days.	Q1	
4.3.2	Provide training and technical assistance to enable current wraparound counties to build capacity to serve more children.		Site visit reports including # of T/TA days delivered to one wrap county.	Q1	
4.3.3	Establish baseline measure of number of wraparound "slots".		Revised PIP with baseline.	Q1	
4.3.4	Increase number of capacity for wraparound services.		Quarterly report with data on capacity increase.	Q8	
4.4	Utilize the State Interagency Team (SIT) to strengthen service array options by developing State level interdepartmental strategies that reduce barriers and increase	CDSS (Greg Rose)	Two copies of SIT meeting agendas and current work plan.	Q1 and Q8	

interagency collaboration. Priority areas include mental health, substance abuse, and education.					
4.5 Coordinate with Child Welfare Council (CWC) to expand substance abuse treatment services.	CDSS (Greg Rose)	Minutes of meeting indicating CDSS' participation on CWC and CWC committees.	Q1 and Q6		
4.6 Monitor and provide technical assistance for IV-E Waiver Demonstration Project (L.A. and Alameda Counties) to determine impact of waiver on service array.	CDSS (Linne Stout)	Evidence of completion of step 4.6 (4.6.1).	Q4		
4.6.1 Support funding flexibility efforts to expand/enhance services and supports to meet children/family needs.		Two county summaries of IV-E Waiver TA provided.	Q4		
4.7 Establish workgroup to determine feasibility of statewide implementation of Differential Response (DR).	CDSS (Linne Stout)	Evidence of completion of step 4.7 (4.7.1 through 4.7.3).	Q6		
4.7.1 Finalize DR model and parameters for model fidelity in rollout.		Workgroup recommendations to Deputy Director.	Q4		
4.7.2 Research and identify state and federal options that support DR.		Summary of options to Deputy Director.	Q6		
4.7.3 Develop a plan for statewide implementation .		Copy of implementation plan.	Q6		
4.8 Collaborative proposal	ADP (Peggy)	Copy of submitted	Q1		

submitted for in-depth TA from the National Center for Substance Abuse and Child Welfare.	Bean), CDSS (Karen Gunderson), AOC (Jennifer Walter)	proposal.			
4.9 Disseminate information to counties about utilizing the AOC's clearinghouse of culturally appropriate services for Indian children/families as a resource.	AOC (Jennifer Walter)	Two announcements to all counties indicating availability of AOC resource for culturally appropriate services.	Q6		
<b>Renegotiated Action Steps and Benchmarks</b>					

<b>Primary Strategy:</b> 5. Sustain and expand staff/supervisor training.		<b>Applicable CFSR Outcomes or Systemic Factors:</b> Training			
<b>Goal:</b> Increase educational and training opportunities for staff and supervisors working in the child welfare system.		<b>Applicable CFSR Items:</b> Items 32, 33			
<b>Action Steps and Benchmarks</b>	<b>Person Responsible</b>	<b>Evidence of Completion</b>	<b>Qtr Due</b>	<b>Qtr Done</b>	<b>Quarterly Update</b>
5.1 Enhance training for probation staff.	CDSS (Linne Stout)	Evidence of completion of step 5.1 (5.1.1 through 5.1.4).	Q4		
5.1.1 Collaborate with CPOC to survey county probation departments to assess training needs.	CPOC (Karen Pank)	Survey Results	Q1		
5.1.2 Develop three new child welfare related curriculum for probation specific needs; deliver training.		Table of contents of new curriculum or one training agenda.	Q3		
5.1.3 Increase awareness of the availability of nine day probation officer core training.		One copy of training announcement.	Q4		
5.1.4 Increase awareness of availability of two-day mandated training for probation officers on TPR, concurrent planning and visitation.		One copy of training announcement.	Q4		
5.2 Implement new social worker training regulations:	CDSS (Linne Stout) and CalSWEC (Barry Johnson)	Evidence of completion of step 5.2 (5.2.1 through 5.2.2).	Q5		

5.2.1 Develop and distribute Frequently Asked Questions ACIN in response to ACIN (released 7/08) on implementation of new training regulations.		Issued ACINs for new implementation of training regulations and FAQs to counties.	Q1		
5.2.2 Modify county training plans to incorporate annual tracking report of core training participation by social workers.		Modified plans on file and annual tracking report.	Q5		
5.3 Strengthen concurrent planning training.	CDSS (Linne Stout),	Evidence of completion of step 5.3 (5.3.1 through 5.3.3).	Q8		
5.3.1 Revise common core social worker training to enhance concurrent planning content.	CalSWEC (Barry Johnson)	Excerpts of revised sections of curriculum.	Q7		
5.3.2 Revise advanced concurrent planning curriculum for CWS staff, attorneys, care providers and other community partners.		Excerpts of revised sections of curriculum.	Q4		
5.3.3 Provide training based on the new curriculum.		Two training agendas.	Q8		
5.4 Develop curriculum on mental health, domestic violence, substance abuse, and education for juvenile court system and implement distance learning on these topics.	AOC (Jennifer Walter; Leah Wilson)	Online training available on domestic violence and mental health (web link provided).	Q5		
<b>Renegotiated Action Steps and Benchmarks</b>					

<b>Primary Strategy:</b> 6. Strengthen implementation of the statewide safety assessment system.		<b>Applicable CFSR Outcomes or Systemic Factors:</b> Safety Outcomes 1 and 2			
<b>Goal:</b> To improve timeliness of investigations and enhance services to families to ensure safety of child.		<b>Applicable CFSR Items:</b> Items 1, 2, 3, 4			
<b>Action Steps and Benchmarks</b>	<b>Person Responsible</b>	<b>Evidence of Completion</b>	<b>Qtr Due</b>	<b>Qtr Done</b>	<b>Quarterly Update</b>
6.1 Review timeliness to investigation quarterly data with counties that are not in line with the State's median performance level; provide technical assistance as indicted.	CDSS (Richard Smith)	Contact with counties and technical assistance provided.	Q8		
6.2 Strengthen implementation of the safety, risks, strengths, and needs assessment.	CDSS (Linne Stout)	Evidence of completion of step 6.2 (6.2.1 through 6.2.5).	Q8		
6.2.1 Enhance training of trainers' curriculum by incorporating data reviews as a method for supervisors to monitor timely completion of safety, needs and risk assessments.		Excerpts of enhanced training curriculum.	Q3		
6.2.2 Provide training at the county level to build supervisor capacity to monitor fidelity to the safety assessment tool.	RTA trainers	Two RTA training agendas.	Q3		

6.2.3 Develop and deliver advanced training module on Interviewing for Strengths and Needs and “Writing Individualized Case Plans” in conjunction with family members.	CDSS (Linne Stout)	Advanced training module and one training agenda.	Q4		
6.2.4 CDSS to conduct quarterly review of safety and risk assessment data to ensure increases in the use of safety/risk assessments in a timely manner prior to case closing.	CDSS (Richard Smith)	PIP quarterly report with data on increase in use of safety/risk assessments as indicated in 6.2.4.	Q1 through Q8		
6.2.5 CDSS to conduct quarterly review of FSNA data to ensure increases in the use of strengths and needs assessments.	CDSS (Richard Smith)	Quarterly report of administrative data PIP quarterly report with data on increase of FSNA as indicated in 6.2.5.	Q1 through Q8		
<b>Renegotiated Action Steps and Benchmarks</b>					

State: California

Type of Report:  PIP  Quarterly Report: Quarter: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

**V: National Standards Measurement Plan and Quarterly Status Report**

Safety Outcome 1: Absence of Maltreatment Recurrence												
National Standard	94.6%											
Performance as Measured in Final Report/Source Data Period	92.6%/2006b2007a											
Performance as Measured at Baseline/Source Data Period	92.7/FFY 2008											
Negotiated Improvement Goal	93.3%											
Renegotiated Improvement Goal												
Status (Enter the current quarter measurement for the reported quarter.)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12

State: California

Type of Report:

PIP

Quarterly Report: Quarter: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Safety Outcome 1: Absence of Maltreatment of Children in Foster Care												
National Standard	99.68%											
Performance as Measured in Final Report/Source Data Period	99.49%/2006b2007a											
Performance as Measured at Baseline/Source Data Period	99.71%/FFY 2008											
Negotiated Improvement Goal	State met standard.											
Renegotiated Improvement Goal												
Status (Enter the current quarter measurement for the reported quarter.)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12

State: California

Type of Report:

PIP

Quarterly Report: Quarter: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Permanency Outcome 1: Timeliness and Permanency of Reunification												
National Standard	122.6 (scaled score)											
Performance as Measured in Final Report/Source Data Period	107.2 (scaled score)/2006b2007a											
Performance as Measured at Baseline/Source Data Period	108.6 (scaled score)/FFY 2008											
Negotiated Improvement Goal	111.7											
Renegotiated Improvement Goal												
Status (Enter the current quarter measurement for the reported quarter.)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12

State: California

Type of Report:

PIP

Quarterly Report: Quarter: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Permanency Outcome 1: Timeliness of Adoptions (Permanency Composite 2)												
National Standard	106.4 (scaled score)											
Performance as Measured in Final Report/Source Data Period	95.3 (scaled score)/2006b2007a											
Performance as Measured at Baseline/Source Data Period	99.7 (scaled score)/FFY 2008											
Negotiated Improvement Goal	103.8											
Renegotiated Improvement Goal												
Status (Enter the current quarter measurement for the reported quarter.)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12

State: California

Type of Report:

PIP

Quarterly Report: Quarter: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

<b>Permanency Outcome 3: Permanency for Children in Foster Care for Extended Time Periods (Permanency Composite 3)</b>												
National Standard	121.7 (scaled score)											
Performance as Measured in Final Report/Source Data Period	106.0 (scaled score)/2006b2007a											
Performance as Measured at Baseline/Source Data Period	113.1 (scaled score)/FFY 2008											
Negotiated Improvement Goal	116.3											
Renegotiated Improvement Goal												
Status (Enter the current quarter measurement for the reported quarter.)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12

State: California

Type of Report:

PIP

Quarterly Report: Quarter: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

<b>Permanency Outcome 1: Placement Stability (Permanency Composite 4)</b>												
National Standard	101.5 (scaled score)											
Performance as Measured in Final Report/Source Data Period	93.3 (scaled score)/2006b2007a											
Performance as Measured at Baseline/Source Data Period	92.9 (scaled score)/FFY 2008											
Negotiated Improvement Goal	95.7											
Renegotiated Improvement Goal												
Status (Enter the current quarter measurement for the reported quarter.)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12

State: California

Type of Report:  PIP  Quarterly Report: Quarter: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

**B. Item-Specific and Quantitative Measurement Plan and Quarterly Status Report**

Outcome: Safety 1		Item: 1 Timeliness of initiating investigations of reports of child maltreatment											
National Standard	95.0%												
Performance as Measured in Final Report	In 86.0% of cases reviewed, the agency responded in a timely manner.												
Performance as Measured at Baseline/Source Data Period	94.5% of investigations responded to in a timely manner FFY 2008.												
Negotiated Improvement Goal	94.7% of CWS and Probation cases using the Children’s Bureau method for establishing targets. [Baseline+Std. Error; .945+.0018; 61875 applicable cases]												
Method of Measuring Improvement	Of all referrals open for investigation during the quarter (baseline annualized for FFY 2008) the % that are investigated in a timely manner (CWS/CMS-quarterly data; state measure 2B retrieved from CDSS/UCB website, <a href="http://cssr.berkeley.edu/ucb_childwelfare">http://cssr.berkeley.edu/ucb_childwelfare</a> ). Denominator will be all required immediate and ten-day investigations summed. Numerator will be the number of immediate and ten-day investigations completed as required summed. On a rolling quarterly basis, this proportion is annualized using the sum of the quarterly numerators and dividing by the sum of the quarterly denominators.												
Renegotiated Improvement Goal													
Status (Enter the current quarter measurement for the reported quarter.)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	

State: California

Type of Report:

PIP

Quarterly Report: Quarter: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Outcome: Permanency 1		Item: 7 Permanency goal established in timely manner											
Performance as Measured in Final Report	In 59% of cases reviewed, the permanency goal was established in a timely manner.												
Performance as Measured at Baseline/Source Data Period	In 74.6% of out-of-home cases, permanency goal was established within 60 days of entry into foster care/FFY 2008.												
Negotiated Improvement Goal	75.3% of CWS out of home cases using the Children's Bureau method for establishing targets. [Baseline+Std. Error; .746+.0074; 13276 applicable cases]												
Method of Measuring Improvement	The denominator is the number of first time entries during the quarter. The numerator is the number of those cases without a "missing" case plan goal. On a rolling quarterly basis, this proportion is annualized using the sum of the quarterly numerators and dividing by the sum of the quarterly denominators.												
Renegotiated Improvement Goal													
Status (Enter the current quarter measurement for the reported quarter.)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	

State: California

Type of Report:

PIP

Quarterly Report: Quarter: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Outcome: Permanency 1		Item: 10 Permanency goal of other planned permanent living arrangement											
Performance as Measured in Final Report	In 28% of cases reviewed, the permanency goal was other planned permanent living arrangement.												
Performance as Measured at Baseline/Source Data Period	In 14.7% of out-of-home cases, permanency goal was other planned permanent living arrangement/FFY 2008												
Negotiated Improvement Goal	14.4% of CWS cases using the Children's Bureau method for establishing targets. [Baseline+Std. Error; .147-.0027; 66413 applicable cases]												
Method of Measuring Improvement	AFCARS Data Profile Section III, Permanency Goals for Children in Care. Numerator is the number of children for whom permanency goal is "Long Term Foster Care". The denominator is the number of children in care of the last day of the reporting period.												
Renegotiated Improvement Goal													
Status (Enter the current quarter measurement for the reported quarter.)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	

State: California

Type of Report:

PIP

Quarterly Report: Quarter: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Outcome: Well-Being		Item: 18 Child and family involvement in case planning											
Definition/Methodology	The percentage of cases, open on the last day of the quarter that have had a Family Engagement Effort (FEE) contact with a Parent/Child/Caregiver within the report period.												
Data Source	CWS/CMS administrative data												
Baseline and Baseline Period	Baseline to be determined PIP Q4.												
Negotiated Improvement Goal	To be determined PIP Q4 using the Children's Bureau method for establishing targets.												
Method of Measuring Improvement	Quarterly state data from CWS/CMS (annualized); Items include Case Planning with Family, Family Meeting/TDM/Family Case Conferencing, Meeting w/ Community Partners and Family, Meeting w/ CalWorks Staff and Family.												
Renegotiated Improvement Goal													
Status (Enter the current quarter measurement for the reported quarter.)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	

State: California

Type of Report:

PIP

Quarterly Report: Quarter: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Outcome: Permanency 2      Measurement of Action Step 2.1- Family Finding												
Definition/Methodology	The percentage of CWS entry cases at 60 days who indicate placement with a relative on the last day of the quarter.											
Data Source	CWS/CMS administrative data.											
Baseline and Baseline Period	Baseline to be determined PIP Q5.											
Negotiated Improvement Goal	To be determined PIP Q5 using the Children's Bureau method for establishing targets.											
Method of Measuring Improvement	The denominator is the number of first time entries during the quarter. The numerator is the number of first time entry cases where placement was with a relative within 60 days of entry. On a rolling quarterly basis, this proportion is annualized using the sum of the quarterly numerators and dividing by the sum of the quarterly denominators.											
Renegotiated Improvement Goal												
Status (Enter the current quarter measurement for the reported quarter.)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12

State: California

Type of Report:

PIP

Quarterly Report: Quarter: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Outcome: Well-Being 1		Item: 17 Needs and services of child, parent and foster parent.											
Definition/Methodology	Percentage of foster care and in-home children as of the last day of the quarter who are receiving Wraparound services.												
Data Source	Quarterly reports from county to CDSS.												
Baseline and Baseline Period	5.4% of open cases were receiving Wraparound services/Calendar Yr. 2008												
Negotiated Improvement Goal	5.6% of CWS cases using the Children's Bureau method for establishing targets. [Baseline+Std. Error; .054+.0017; 64838 applicable cases]												
Method of Measuring Improvement	The denominator is the total number of children in foster care as of the last day of the quarter, extracted from the automated case management system (CWS/CMS). The numerator is the total number of county-reported wraparound slots as of the last day of the quarter. On a rolling quarterly basis, this proportion is annualized using the sum of the quarterly numerators and dividing by the sum of the quarterly denominators.												
Renegotiated Improvement Goal													
Status (Enter the current quarter measurement for the reported quarter.)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	

State: California

Type of Report:

PIP

Quarterly Report: Quarter: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Outcome: Safety 2		Item: 3 Services to family to protect child(ren) in home and prevent removal											
Definition/Methodology	The percentage of CWS cases opened during the quarter where a family strengths and needs assessment was completed.												
Data Source	CWS/CMS administrative data extracted via SafeMeasures®												
Baseline and Baseline Period	61.8% of cases/FFY 2008												
Negotiated Improvement Goal	62.3% of cases using the Children's Bureau method for establishing targets. [Baseline+Std. Error; .618+.0046; 41733 applicable cases]												
Method of Measuring Improvement	The denominator is the total number of case referrals that were promoted to open cases during the quarters. The numerator is the total number of those promoted cases where a completed family strengths and needs assessment (FSNA) was completed. On a rolling quarterly basis, this proportion is annualized using the sum of the quarterly numerators and dividing by the sum of the quarterly denominators.												
Renegotiated Improvement Goal													
Status (Enter the current quarter measurement for the reported quarter.)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	

State: California

Type of Report:

PIP

Quarterly Report: Quarter: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Outcome: Safety 2		Item: 4 Risk of harm to child											
Definition/Methodology	The percentage of CWS family maintenance (FM) and family reunification (FR) cases closed during the quarter where a safety assessment was completed within 65 days prior to case closing. <sup>1</sup>												
Data Source	CWS/CMS administrative data extracted via SafeMeasures®												
Baseline and Baseline Period	22.8% of cases/FFY 2008												
Negotiated Improvement Goal	23.2% of cases using the Children's Bureau method for establishing targets. [Baseline+Std. Error; .228+.0041; 40003 applicable cases]												
Method of Measuring Improvement	The denominator is the total number of CWS family maintenance and family reunification cases closed during a quarter. The numerator is the number of those closed cases that had a safety assessment completed within 65 days prior to closing. On a rolling quarterly basis, this proportion is annualized using the sum of the quarterly numerators and dividing by the sum of the quarterly denominators.												
Renegotiated Improvement Goal													
Status (Enter the current quarter measurement for the reported quarter.)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	

<sup>1</sup> Sixty-five (65) days is the indication in the SDM Procedure Manual. These measures are only for SDM counties and do not include CAT counties.

State: California

Type of Report:

PIP

Quarterly Report: Quarter: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Outcome: Safety 2		Item: 4 Risk of harm to child											
Definition/Methodology	The percentage of CWS family maintenance (FM) and family reunification (FR) cases closed during the quarter where a risk assessment was completed within 65 days prior to case closing.												
Data Source	CWS/CMS administrative data extracted via SafeMeasures®												
Baseline and Baseline Period	60.1%/FFY 2008												
Negotiated Improvement Goal	60.6% of cases using the Children's Bureau method for establishing targets. [Baseline+Std. Error; .601+.0048; 40003 applicable cases]												
Method of Measuring Improvement	The denominator is the total number of CWS family maintenance and family reunification cases closed during a quarter. The numerator is the number of those closed cases that had a risk assessment completed within 65 days prior to closing. On a rolling quarterly basis, this proportion is annualized using the sum of the quarterly numerators and dividing by the sum of the quarterly denominators.												
Renegotiated Improvement Goal													
Status (Enter the current quarter measurement for the reported quarter.)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	

State: California

Type of Report:

PIP

Quarterly Report: Quarter: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Outcome: Well-Being 1		Item: 19 Caseworker Visits with Child											
Definition/Methodology	The percentage of cases rated as a “strength” in quality of visits.												
Data Source	Online case review.												
Baseline and Baseline Period	Baseline to be determined PIP Q2.												
Negotiated Improvement Goal	To be determined PIP Q2 using the Children’s Bureau method for establishing targets.												
Method of Measuring Improvement	Online reviews from CWS/CMS of 381 cases from Los Angeles, Fresno and Santa Clara counties regarding quality of visits. Definition of quality of visit will be consistent with federal CFSR. Data will be reported annually.												
Renegotiated Improvement Goal													
Status (Enter the current quarter measurement for the reported quarter.)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	

State: California

Type of Report:

PIP

Quarterly Report: Quarter: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Outcome: Well-Being 1		Item: 20 Caseworker Visits with Parents											
Definition/Methodology	The percentage of cases rated as a “strength” in quality of visits.												
Data Source	Online case review.												
Baseline and Baseline Period	Baseline to be determined PIP Q2.												
Negotiated Improvement Goal	To be determined PIP Q2 using the Children’s Bureau method for establishing targets.												
Method of Measuring Improvement	Online reviews from CWS/CMS of 381 cases from Los Angeles, Fresno and Santa Clara counties regarding quality of visits. Definition of quality of visit will be consistent with federal CFSR. Data will be reported annually.												
Renegotiated Improvement Goal													
Status (Enter the current quarter measurement for the reported quarter.)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	

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## DEFINITIONS

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**Cultural Brokers:** Cultural brokering has been defined as "...bridging, linking or mediating between groups or persons of different cultural backgrounds to effect change" (Jezewski, 1990).

**Dependency Representation, Administration, Funding and Training (DRAFT):** is a voluntary pilot program involving 20 courts, in which the responsibility for dependency counsel contract administration is shifted from the local courts to the Administrative Office of the Courts (AOC).

**Differential Response (DR):** is an intake system which allows the child welfare agency to respond in an individualized manner to referrals based on the unique needs, resources and circumstances of the family. Services are provided based on the family's needs, resources and circumstances.

**Family Group Decision Making (FGDM):** is a family focused and culturally sensitive approach to developing permanency plans for children who are in foster care or who are at risk of entering foster care due to parental abuse/neglect. Focusing on encouraging the family, supported by professionals and resources, to craft a plan to meet both child and family needs.

**Family to Family (F2F):** The Annie E. Casey Foundation Family to Family (F2F) Initiative is a nationwide child welfare and foster care reform initiative based on four basic principles providing goals, strategies and tools to assist states and local child welfare agencies achieve better outcomes for children and families. Program components include: Building Community Partnerships; Team Decision Making; Resource Family Recruitment, Development and Support; and Self-Evaluation. For more information log onto:  
<http://www.aecf.org/Home/MajorInitiatives/Family%20to%20Family.aspx>.

**Finding Families:** is an approach to identifying, locating and engaging relatives of children in out of home care. The goal is to establish relationships and explore a permanent family placement and/or relationship with adults for the child. The purpose is to expand options that build healthy relationships and meaningful connections for children in care.

**Intensive Treatment Foster Care (ITFC):** is a family-based treatment alternative to group care for children with emotional and behavioral difficulties.

**Kinship Support Services Program (KSSP):** supports the well-being of children in formal kinship placements and prevents the entry of children in informal kinship care into the child welfare system. California established the KSSP as a unique grants-in-aid program allowing various counties to develop and fund specialized, community-based kinship support services. This program provides services to caregivers who provide for

their relative children within their familiar family settings to ensure safe, stable and permanent placements for dependent children or children who are at risk of dependency.

**Linkages:** is a collaborative resource that establishes connections between Temporary Assistance for Needy Families (TANF) and Child Welfare programs to streamline and improve serves for shared customers.

**Multidimensional Treatment Foster Care (MTFC):** is an evidence based model of treatment foster care for children with severe emotional and behavioral disorders and/or severe delinquency. This model creates opportunities for youth to live successful lives in families rather than in group or intuitional settings.

**Other Planned Permanent Living Arrangement (OPPLA):** This term refers to long term foster care as a goal. This goal should be utilized with extreme caution, particularly when set for younger children and should only be selected after other permanency options have been exhausted.

**Parent Partners:** is a term used to describe experienced parents in child welfare helping parents new to the child welfare system by:

- Sharing their own experiences and modeling appropriate and empowering behavior;
- Connecting parents with appropriate resources, often providing a personal contact;
- Serving as contacts at court hearings and team decision-making meetings;
- Serving as a link between parents and the child welfare system; and
- Expanding the parents' social networks by peer-to-peer mentoring with a focus on existing families involved in the child welfare system to provide support for new families involved in the child welfare system.

**Residentially Based Service Reform Project (RBS):** is established by Assembly Bill 1453 (Soto) to transform the current system of group care for foster children or youth, and for children with serious emotional disorders into a system of residential based services by 2011. Up to four counties will participate in the pilot.

**Resource Family Approval Pilot:** Established by Assembly Bill 340 to develop a pilot project in up to five counties to implement a streamlined, family-friendly process for approving relatives, foster parents and adoptive parents to care for foster children.

**Standardized Safety Needs Assessment System:** is a system that aids social workers in assessing safety, risk level, strengths, and current and future potential harm to a child. Risk and safety instruments include:

- **Structured Decision Making (SDM®):** is an approach to child protective services that uses clearly defined and consistently applied decision-making criteria for screening for investigation, determining response priority, identifying immediate safety concerns, and assessing the risk of future abuse and neglect.

Children and family needs and strengths are identified and considered in developing and monitoring progress toward a case plan.

- **Comprehensive Assessment Tool (CAT®):** The CAT's primary objective is to ensure that core safety, risk and protective factors serve as the criteria for assessment decisions, and that assessments are conducted at multiple decision points in the life of a child welfare case. There are two defining and unique features of the CAT: it is designed by social workers; and it integrates an evidence base, built from historical case data, into the tools to provide critical decision-making support for social work practice. The components of the system include; five assessment tools, reports that explain what places children and families at risk, and training and technical assistance over a secure website.

**Team Decision Making (TDM):** is a process for bringing together youth, birth families, relatives, foster families, community members, service providers, social workers, and others to empower the youth, share information and collaborate on all placement decisions.

**Wraparound:** is an intensive, individualized care management process that allows for youth with serious emotional and behavioral disorders to be served in their home and community.

**Permanency Protocols:** A conceptual framework that supports permanency outcomes. The three areas of emphasis of the framework are Team Decision Making meetings, Family Participation In Case Planning, and Youth Inclusion In Case Planning.