

County of Santa Cruz Child Welfare Services County Self Assessment 2010



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A. COVER SHEET

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Kristine Adams, Foster and Adoptive Parent Representative

Terry Beck, Foster and Adoptive Parent Representative

Beth Bobby, Administration Office of the Courts

Dane Cervine, Health Services Agency, Children's Mental Health

Laura Garnette, Probation Department

Fernando Giraldo, Probation Department

Celia Goeckermann, Parents Center

Michael Groves, Foster Parents Association and Foster Parent Representative

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Suzanne Stone, Above the Line

Susan True, First 5 Santa Cruz County

Michael Watkins, Santa Cruz County Office of Education

Cynthia Wells, Santa Cruz Community Counseling Center

Parent Participant in Assessment:

Please note that a parent who had been a recipient of child welfare services was not involved in the child welfare assessment in 2010. In the 2007 assessment one parent was actively involved in the majority of the assessment however she was unable to continue this support. Human Services did actively recruit other parents however participation did not occur due to challenges of transportation and ultimately a lack of desire to participate. Human Services would like to be able to offer stipends for participation however at this time there is no funding for stipends.

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Social Workers and Caregivers:

The Human Services Department would like to express its sincere appreciation to the numerous FCS Social Workers working to protect children every day and all the resource families caring lovingly for children who cannot safely remain at home.

B. DEMOGRAPHIC PROFILE

1. Population

a. General Population

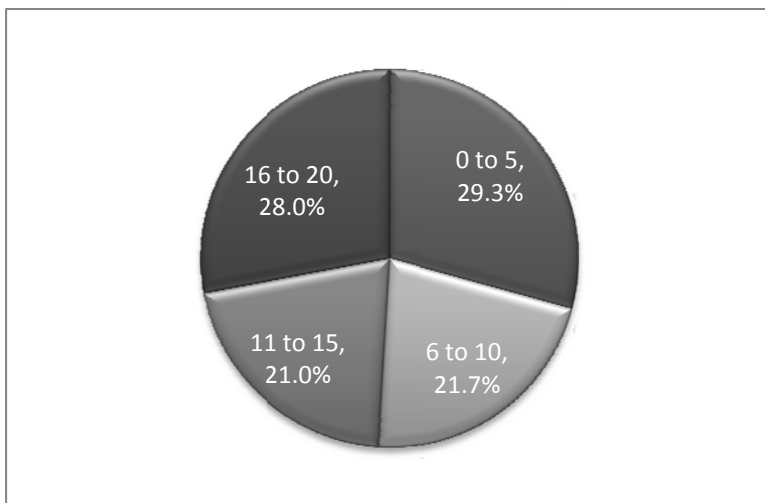
Santa Cruz County is located along the north side of Monterey Bay on California's central coast with a population of over a quarter of a million people (266,637). The four incorporated cities of Santa Cruz County include, in the order of greatest population, the city of Santa Cruz with a population of 58,000, Watsonville at approximately 51,000, Scotts Valley at just over 11,000, and Capitola with approximately 10,000. Over half of the population lives in unincorporated areas¹.

Currently there are no active Native American Indian tribes in the county. However, Santa Cruz was home to the nomadic Ohlone Native Americans in the early 18th century. Today, over 90% of the county's population is either White (61%) or Latino (31%). The remaining groups account for much smaller fractions of the population: Asians (4%), Blacks (1%), Pacific Islanders (1%) and other/multi-racial groups (2%). From 1998 to 2008 there was a slight increase in the Latino percentage of the population and a decline of the White population.²

b. Child Population

In Santa Cruz County there were 70,671 children and youth under the age of 20 in 2009, a decline from 77,082 ten years ago in 1999. As shown in Figure 1, 29% of the population was ages 0 to 5, 28% ages 16 to 20, 22% ages 6 to 10, and 21% ages 11 to 15. The population of school age children and youth age 6 to 17 had a - 15% change from 1999 to 2009.

FIGURE 1: COUNTY CHILD POPULATION BY AGE, 2009



California Department of Finance, 2010

¹ State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 1990-1999,2000-2050.

² State of California, Department of Finance, Race/Ethnic Population with age and sex detail, 2000-2050

About half of the population under 20 is Hispanic and 40% are white. In addition, 4% are Asian/Pacific Islander, 3% other, 1% Black, and Native Americans make up .03%.³

In 2006-2008, the majority (68.5%) of households with children were headed by a married couple. Additionally, 9.0% of households with children were headed by a single father and 21.6 by a single mother.⁴ The percentage of families in poverty was 6.8%, and the percentage of children ages 0-17 living in families with incomes below the federal poverty level in 2008 was 17.8%, up from 2006, when it was 12.5%.⁵ The federal poverty level is often considered a measure of extreme poverty. In 2008, the federal poverty threshold for a family of 3 was \$17,600 annual income. The 2008 income representing Self Sufficiency for a family of three in Santa Cruz County was \$58,247⁶. The monthly average caseload of CalWORKs was 2,410 in the county fiscal year of 2009/10, an increase from 2006/07 when it was 2,100.⁷

The county's unemployment rate for 2009 was 11.3; however in 2010 the monthly rates have ranged from a rate of 15.2 to 11.2, reflecting the current volatile economy. The city of Watsonville has had a particularly high unemployment rate with 23.3% unemployed in August 2010. Many of these households are supporting children. Another indicator of children in poverty is the number of students enrolled in reduced cost meal programs in school. In 2009, 47.1% of the county's students were enrolled in these reduced price meal programs, which is up from 43.8% in 2007⁸. A significant cost (as well as a needed support) for working parents is often child care, however, there is a dearth of licensed child care slots according to the California Child Care Portfolio, which states that only 34% of children ages 0-13 with parents in the labor force have licensed child care available.⁹ Santa Cruz County had 631 families waiting for subsidized child care on the Centralized Eligibility List during April 1 2009 to June 30, 2009.¹⁰

The California Department of Education reports that as of the 2007/08 school year, there were over 38,000 students enrolled in the 12 public K-12 school districts in the county.¹¹ Almost one third (28.6%) of Santa Cruz County K-12 students were classified as English language learners in 2008-09.¹² Also, in this school year 12.6% of students were enrolled in special education.¹³ This percentage has remained stable throughout the last five school years. The countywide four-year high school drop-out rate was 14% for this time period which was slightly up from the prior three years, when accurate measurement began. The largest numbers of drop out students (256) were of Hispanic/Latino ethnicity, and the second largest (160) were White.¹⁴

³ California Department of Finance Annual Population Projections

⁴ U.S. Census Bureau, American Community Survey.

⁵ U.S. Census Bureau, American Community Survey.2006-2008

⁶ Insight Center for Community Economic Development, August 2008

⁷ Human Services Department, August 2010

⁸ California Department of Education, Educational Demographics Unit. 2007.

⁹ The California Child Care Portfolio, California Child Care Resource and Referral Network. (July 2010).

¹⁰ California Department of Education, Status Report on the Implementation of County Centralized Eligibility Lists

¹¹ California Department of Education, Educational Demographics Office

¹² California Department of Education, Educational Demographics Unit. 2007.

¹³ Special Tabulation by the State of California, Department of Education, Special Education Division; Assessment, Evaluation and Support (June 2010).

¹⁴ California Department of Education, Educational Demographics Office (CBEDS, sifb0809 7/7/09)

In 2009, there were 3,290 live births among mothers who reside in Santa Cruz County, which was slightly down from the year prior. However, teen births slightly increased as a percentage of overall births at 10% in 2009 from 8.5% in 2008. The increase is mostly among teens aged 15 to 17 compared to teens aged 18 to 19. In 2008, 4% of babies were born with low birth weight.¹⁵ The majority but not all of young children, receive their required immunizations before kindergarten. In 2008, 85.3% of entering kindergarteners had received their required immunizations¹⁶.

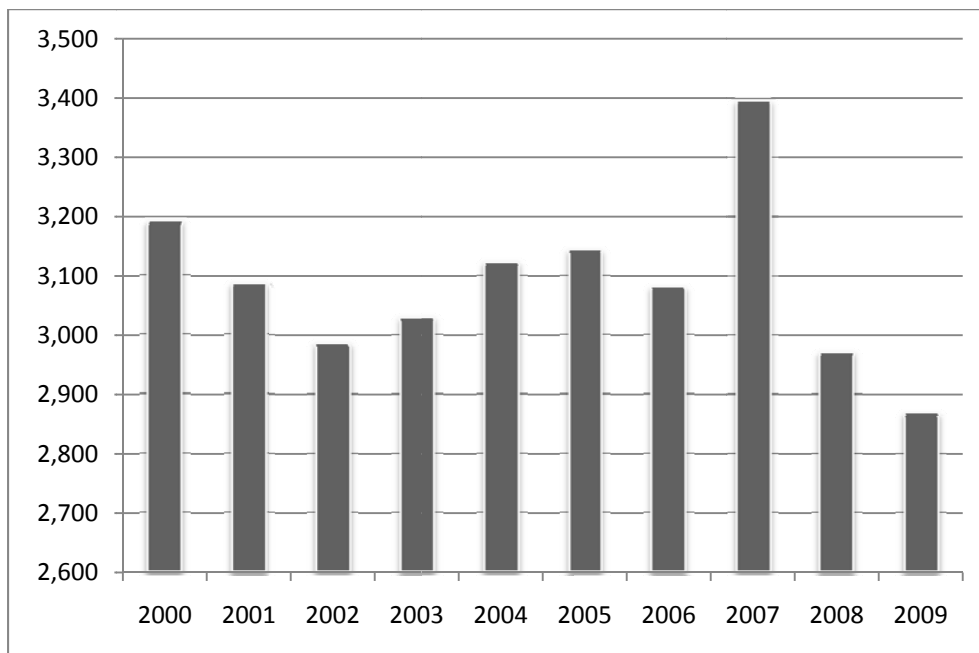
There have been significant demographic changes in the county that impact the child welfare population. One significant issue is the population change, there are fewer school age children residing in the county and slightly fewer births. Also, the children and families residing in the county are facing extremely difficult economic times as evidenced by high unemployment and large number of children living in poverty.

2. Participation in the Child Welfare System

Children with Referrals (Allegations of Child Abuse)

The number of children with abuse or neglect allegations has declined over the last ten years and has shown a considerable decline in the last three years. Figure 2 shows that the number of children with allegations in 2009 was just under 2,900 which is considerably down from 2007 when it was close to 3,500. This decline may be partly due to the decline in the local child population and reflects the national trend of declining referrals to child welfare.

FIGURE 2: NUMBER OF CHILDREN WITH ALLEGATIONS



¹⁵ Births, Santa Cruz County <http://santacruzhealth.org/pdf/2009%20Birth%20Data.pdf>

¹⁶ California Department of Public Health, Immunization Branch, Kindergarten Assessment Results

The rate of children with allegations per 1000 children has also declined. In 2009, the incidence of children with allegations per 1000 children was 50, compared to 2007 when it was 58.7.¹⁷ This represents the county's lowest rate of children with allegations since 2003. The rate of referral decreased considerably for infants as shown in Figure 4.

FIGURE 3: CHILDREN WITH REFERRALS PER 1000 CHILDREN

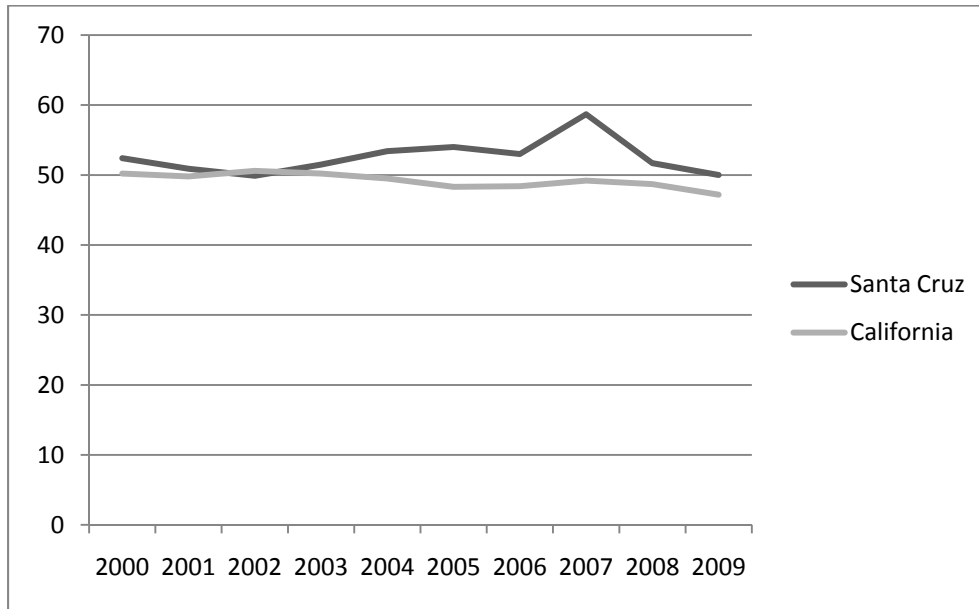
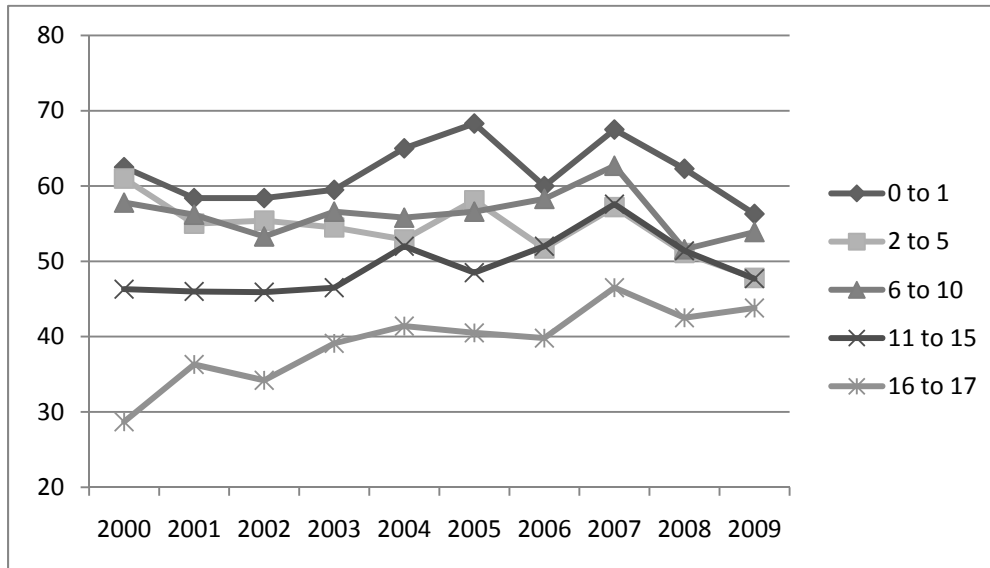


Figure 4: Rate of Referral by Age

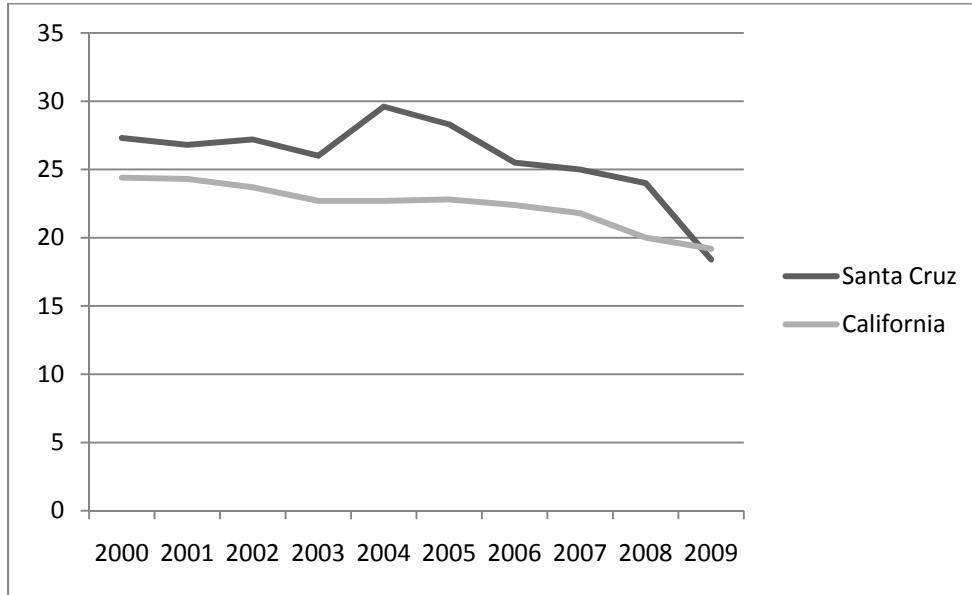


¹⁷ Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Williams, D., Zimmerman, K., Simon, V., Hamilton, D., Putnam-Hornstein, E., Frerer, K., Lou, C., Peng, C. & Moore, M. (2010). Child Welfare Services Reports for California. Retrieved 8/27/2010, from University of California at Berkeley Center for Social Services Research website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>

Substantiated Allegations

The percent of allegations that were substantiated has also declined over the ten-year period and dropped in the last three years. In 2007, 25.5% of referrals were substantiated, whereas in 2009, 18.4% of referrals were substantiated as shown in figure 5. The most dramatic change occurred from 2008 to 2009, with a 23% decline.¹⁸

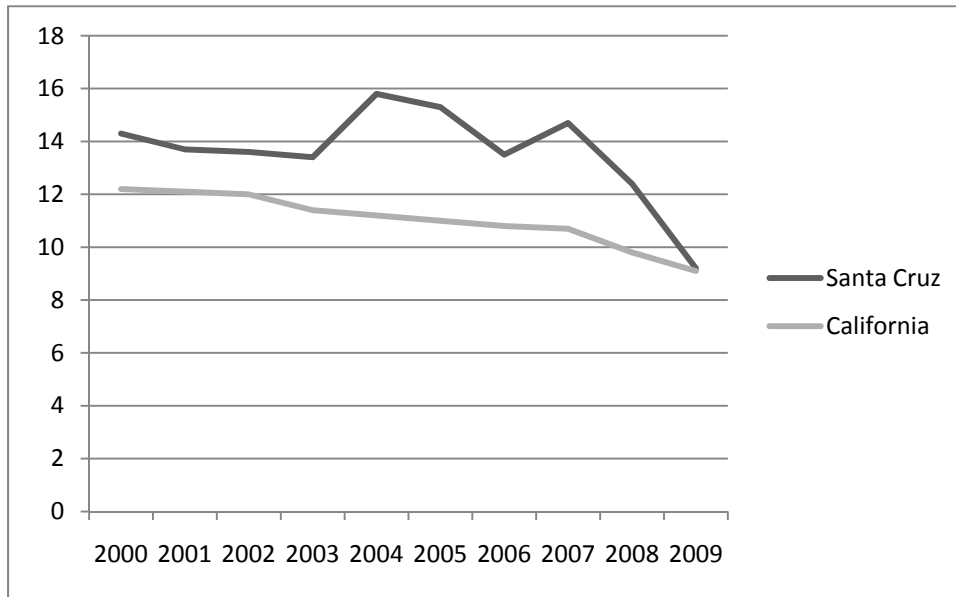
FIGURE 5: PERCENT OF ALLEGATIONS THAT WERE SUBSTANTIATED



The incidence of children with a substantiated allegation has declined. In 2007 this rate was 14.7 per 1000 children and in 2009 the rate was 9.2. The dramatic change occurred between 2007 and 2009, with a 37% decline.

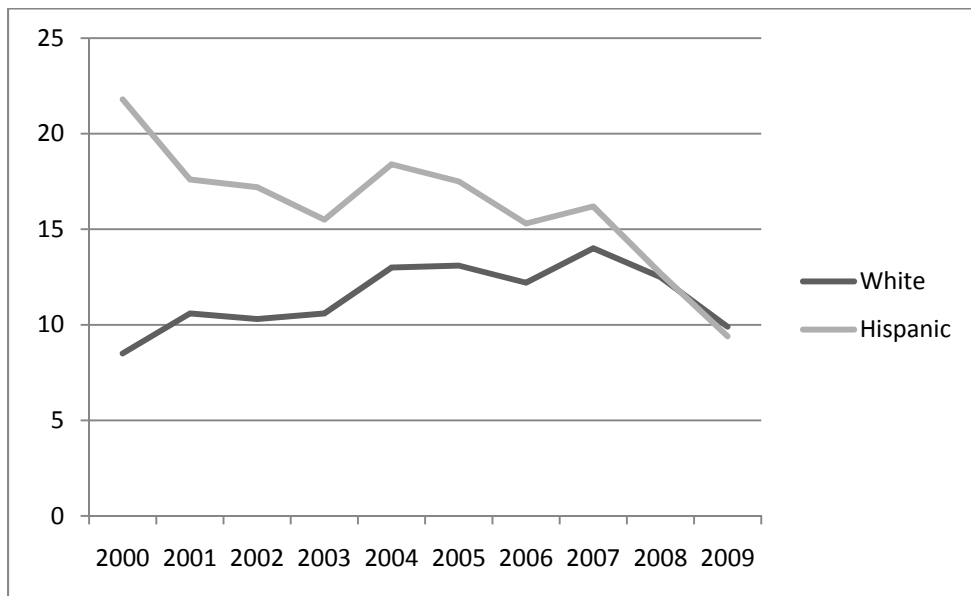
¹⁸ Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Williams, D., Zimmerman, K., Simon, V., Hamilton, D., Putnam-Hornstein, E., Frerer, K., Lou, C., Peng, C. & Moore, M. (2010). Child Welfare Services Reports for California. Retrieved 8/27/2010, from University of California at Berkeley Center for Social Services Research website. URL: <http://cssr.berkeley.edu/ucb_childwelfare

FIGURE 6: SUBSTANTIATIONS: INCIDENCE PER 1,000 CHILDREN



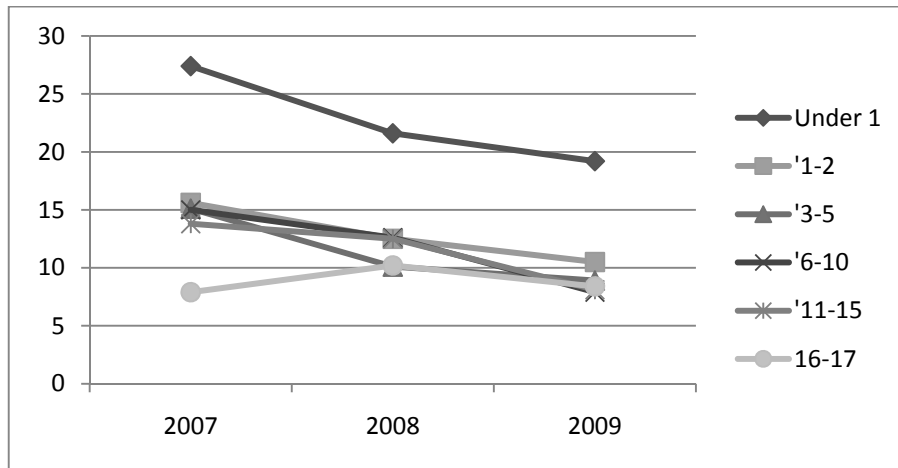
The 2009 substantiation rate per 1000 children for Hispanics and Whites are similar—9.4 for Hispanics and 9.9 for Whites. The substantiation rate for both ethnic groups has declined since 2007, however. Hispanics have experienced the greatest decline with a -42% change. The disparity indices for these two ethnic groups in 2009 are close to 1.0, with 1.04 for Hispanics and 1.09 for Whites. Black children continue to have the highest disparity index for substantiated allegations with 1.7 in 2009 (9 substantiated). This is considerably below the disparity index for Black children with substantiated allegations was 3.6, (25 substantiated referrals).

FIGURE 7: SUBSTANTIATION RATE BY WHITE AND HISPANIC CHILDREN



There was a considerable decline in the number of substantiated allegations in children of school age from ages 6 to 15 however the decline for infants, was most prominent.

FIGURE 8: RATE (PER 1000 CHILDREN) OF CHILDREN WITH SUBSTANTIATED REFERRALS BY AGE (OVER LAST THREE YEARS)



The department welcomes any information suggesting that there is less child abuse occurring in the community. However analysis suggests that this decline is primarily due to practice and data procedure changes. The Department notes two significant factors that have influenced the substantiation rate. (1) In December 2007, the State issued All County Letter No. 17-52, which directed counties to stop using the allegation of “Substantial Risk”. In response to this direction, FCS no longer uses this allegation in cases where the evidence is not strong enough to substantiate a form of abuse, but the Department plans to file a Court petition due to the high level of risk to the child. The State has altered the data system procedures so that child welfare agencies are now able to open cases based on an inconclusive investigation outcome rather than using a substantiation of Substantial Risk. (Previously, the state data system did not allow a case to be opened on a disposition of inconclusive.) (2) In addition, a change has also occurred for the allegation of “At-Risk, Sibling Abused”. Whereas previously the Department substantiated this allegation for at-risk siblings of children with a substantiated abuse allegation, this practice is no longer done. Due to the recent changes, the department is now able to open a case based on an inconclusive disposition of sibling abuse.

Out of Home Care

As with the rate of referral, the rate of first entries to care declined. In 2007 the rate of children (per 1000 children) entering care for the first time was 3.1, and in 2009 it was 2.3. In 2007 there 179 entries and in 2009 there were 132 children entering care for the first time. The rate of first entries has declined for Hispanics since 2003. ¹⁹

¹⁹ Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Williams, D., Zimmerman, K., Simon, V., Hamilton, D., Putnam-Hornstein, E., Frerer, K., Lou, C., Peng, C. & Moore, M. (2010). Child Welfare Services Reports for California. Retrieved 8/27/2010, from University of California at Berkeley Center for Social Services Research website. URL: <http://cssr.berkeley.edu/ucb_childwelfare

FIGURE 9: THE NUMBER OF CHILDREN WITH FIRST ENTRIES

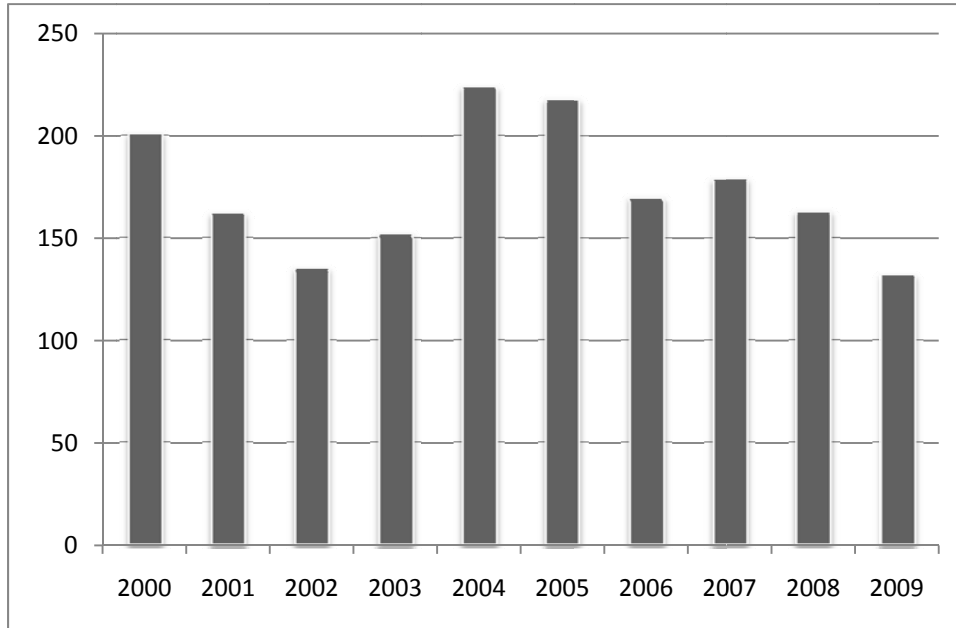


FIGURE 10: FIRST ENTRIES PER 1,000 CHILDREN

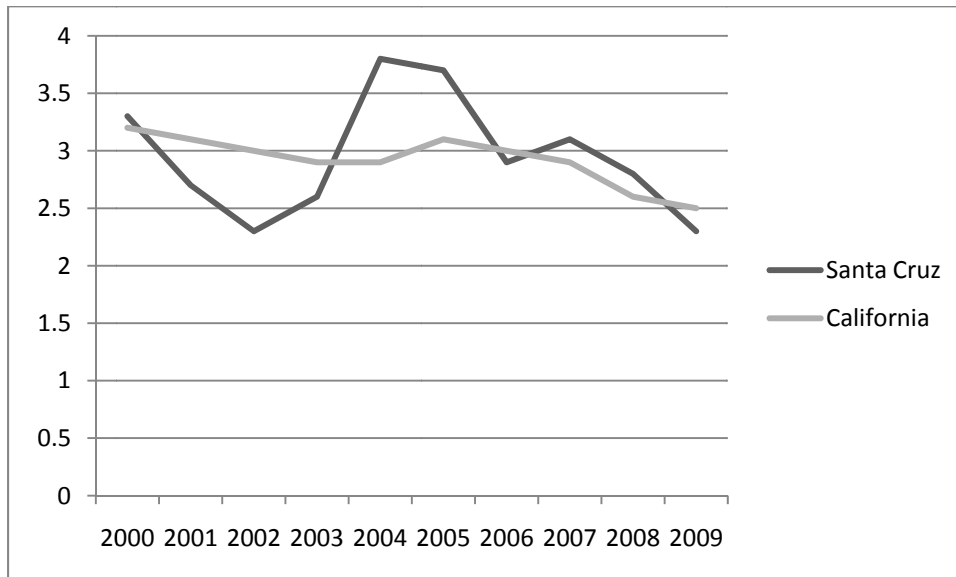
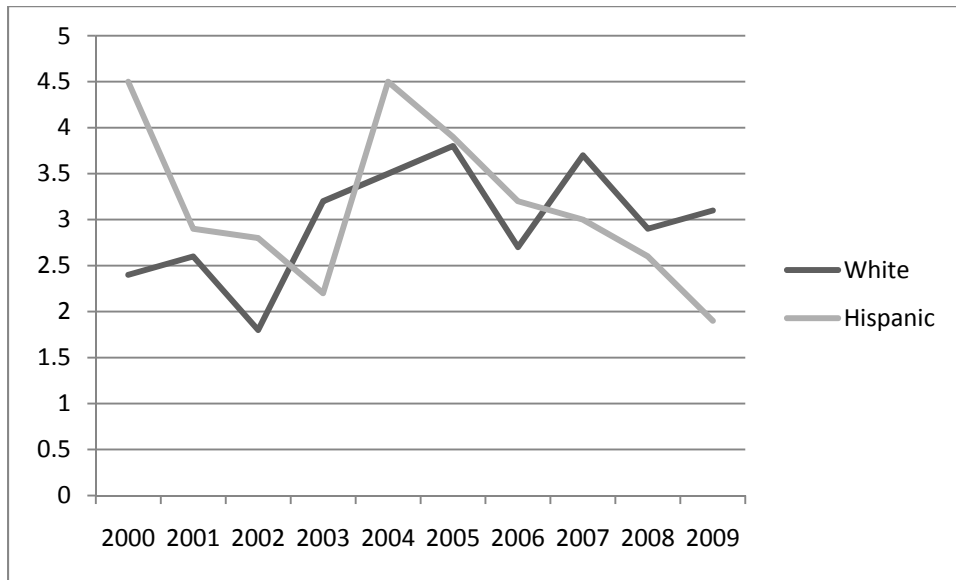
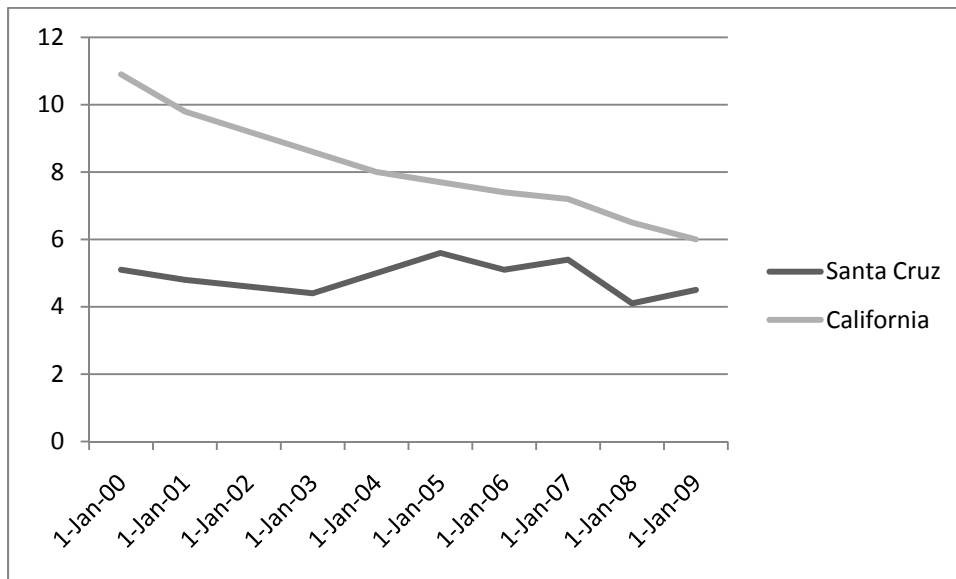


FIGURE 11: RATE (PER 1000 CHILDREN) OF CHILDREN WITH FIRST ENTRIES BY WHITE AND HISPANIC



On January 1, 2010 there were 237 children in care. The number of children in care has declined, which may be due to fewer entries but also to a greater number of exits. The rate of children in care in the county has also declined over the last 10 years and in the last three years. The rate of children in care per 1000 children was 4.5 on January 1, 2009, which is down from 5.4 three years ago.

FIGURE 12: RATE OF CHILDREN IN CARE PER 1000 CHILDREN



C. PUBLIC AGENCY CHARACTERISTICS

1. Agency Structure

The Family and Children’s Services (FCS) Division of the Human Services Department provides all child welfare, adoption and foster care licensing services. The services include emergency response, in-home family maintenance services, family reunification services, permanency planning, adoptions, and foster care licensing.

a. County Operated Shelter(s)

Santa Cruz County does not operate a children’s shelter.

b. County Licensing

The State Department of Social Services contracts with the County to license foster family homes. Foster family homes must meet State health and safety requirements in order to be licensed, and potential foster parents are screened and evaluated for suitability. Licensing staff makes home visits in order to determine each home’s capacity for meeting the needs of children and to investigate complaints against facilities.

c. County Adoptions

HSD, as a licensed adoption agency, accepts relinquishments from parents who wish to make a plan of adoption for their child. The major workload of the program, however, is on behalf of children in foster care. In order for a foster child to be adopted, the Juvenile Court must terminate parental rights and order a permanent plan of Adoption. HSD’s Forever Families Team (formerly known as the Adoptions Unit) provides services related to the adoption of dependent children in the child welfare system. The Forever Families Team is made up 4 social Workers and a supervisor. Social workers in consultation with community service providers working with the families, prepare the 366.26 report to terminate parental rights. Information is gathered from providers to best inform the court of the dependent child’s developmental progress. The Forever Families Team provides pre-adoption counseling to assist parents with permanency planning for their child or children. To provide for the timely finalization of adoptions, the Department also completes the Adoption Petitions and finalization paperwork and files all necessary materials with the Court for its client families. The adoption is then finalized in Superior Court. The Forever Families Team also manages the Adoption Assistance Program (AAP), which provides a financial stipend for families who have adopted children with special needs. Through the AAP Program, adopting parents continue to receive referrals and counseling for post-adoption services. All adoption services are governed by state regulations, the Welfare and Institutions code and the Family code.

2. County Governance Structure

The Family and Children’s Services (FCS) Division is a component of the Santa Cruz County Human Services Department (HSD), which provides the County’s public assistance, social services, and

employment training services. The FCS Division is responsible for all child welfare, adoption and foster care licensing services and the FCS Division Director directly reports to the HSD Agency Director. The Santa Cruz County Probation Department provides juvenile probation services. Both departments are responsible to the County Administrative Officer and the Board of Supervisors. The County Administrative Office is responsible for the preparation and supervision of the County's budget, legislative analysis, contract and grant administration, intergovernmental relations, supervision of non-elected department heads, and oversight of all departmental functions.

a. Staffing Characteristics

The following table shows the turnover rate in the FCS Division, by type of position, for FY 2009-2010. For purposes of this self-assessment, the turnover rate was defined as the number of workers who left the Agency by resigning or who were terminated during the 2009-2010 fiscal year (July 1, 2009 through June 30, 2010) divided by the total number of positions for each staff category. Those workers who moved from one child welfare services unit to another (e.g., from adoptions to emergency response) were not included in this rate.

Staff analysts, or non case-carrying workers were defined as staff providing program and staff support who do not carry cases. Included in the CWS Senior Social Workers are staff who do not carry cases but provide social work support. Examples include the home approval social worker, the Team Decision Making (TDM) facilitator, and the court officer.

FIGURE 13: STAFF TURNOVER

| Type of Position | Number Who Left the Agency during FY 2009–2010 | TOTAL number of positions by category FY 2009 – 2010 | Turnover Rate (percent) |
|--|---|---|--------------------------------|
| Managers | 0 | 5 | 0% |
| Administrative Support (clerical) | 0 | 11 | 0% |
| Social Worker I & II (examples include home finding social workers; visit supervisor; foster care licensing social worker) | 0 | 4 | 0% |
| Public Health Nurses | 0 | 2 | 0% |
| Senior Social Workers | 4 | 53 | 7.5% |
| Supervisors | 0 | 12 | 0% |
| Staff Analysts (NON-case carrying) | 0 | 2 | 0% |

| | | | |
|-------------------------------------|---|----|------|
| All Positions/Overall Turnover Rate | 4 | 89 | 4.5% |
|-------------------------------------|---|----|------|

The FY 2009-2010 turnover rate in FCS was a very modest 4.5%. We are fortunate that our staff tend to stay in their jobs, which provides a great deal of stability for the division and for our clients. However, it is important to note that, due to budget reductions, FCS budgeted staffing has been significantly reduced over the last three years, since our 2007 CSA. Most, but not all, of the positions that were eliminated were vacant at the time, and had been held vacant for a period of time after a staff member left the division. The overall result has been a 27% reduction in FCS budgeted staffing since FY 2007-2008. Fortunately, our caseloads have also declined during this time so we have not experienced a large increase in social worker caseloads. However, our business model has clearly suffered as a result of the reductions, with only half the clerical support that we had three years ago, a 23% reduction in social work staff, and a 36% reduction in social work supervisors. These reductions, in addition to two years of staff furloughs, have hampered the division's ability to implement and integrate evidence-based practices into our casework. The reductions have also made it difficult to implement SIP strategies, and have meant that we were unable to complete all of the SIP strategies that we set out to complete in three years.

FIGURE 14: STAFFING REDUCTIONS

| Type of Position | FY 2007-2008 | FY 2010-2011 | PERCENT REDUCTION |
|--|---------------------|---------------------|------------------------------|
| Managers | 5 | 5 | 0% |
| Administrative Support (clerical) | 20 | 10 | 50% |
| Social Worker I & II (examples include home finding social workers; visit supervisor; foster care licensing social worker) | 4 | 4 | 0% |
| Public Health Nurses | 2 | 2 | 0% |
| Senior Social Workers | 62 | 48 | 23% |
| Supervisors | 14 | 9 | 36% |
| Staff Analysts (NON-case carrying) | 3 | 2 | 33% |
| All Positions | 110 | 80 | 27% |

Contracted Services

The following services are contracted to community-based nonprofit agencies or independent consultants:

- After hours hotline services
- Counseling services (individual, group and family counseling)
- Parent education—since the last CSA, we have implemented the Triple P model which we are currently piloting with our child welfare parents.
- Supervised visitation services
- Independent Living Program services
- Transitional Housing Placement-Plus Program
- Differential Response (Families Together) Services
- Resource parent recruitment and community-based support (Roots & Wings program)
- Child-specific recruitment of permanent homes for older youth (Roots & Wings program)
- Resource Parent Training and Peer Support Services

Worker Caseload Size by Service Program

The following table shows staffing and caseload figures for Emergency Response services, Dependency Investigations, Ongoing services, and Adoptions for FY 2009-2010 (July 2009 through June 2010).

FIGURE 15: CASELOAD SIZE

| <i>Program Area</i> | <i>Average number of case-carrying workers assigned to each program per month</i> | <i>Average number of children in each program per month</i> | <i>Average caseload size per worker per month</i> |
|--|--|--|--|
| Emergency Response Services | 12 | 108 assigned referrals (families) | 9 referrals (families) |
| Dependency Investigations | 6.5 | 25 (petitions filed) | 3.8 petitions |
| Ongoing Services: Voluntary & Court Family Maintenance, Family Reunification, Permanency Planning (combined) | 19.5 | 424 children | 21.7 children |

| | | | |
|-----------|---|----|---------------|
| Adoptions | 4 | 59 | 14.7 children |
|-----------|---|----|---------------|

Traditionally, Santa Cruz County has significantly overmatched its Child Welfare Services allocation, investing substantial County funds in CWS programs as an expression of the community’s commitment to safety for children. As a result, we have been able to maintain reasonable caseloads. However, we frequently have social workers out on medical leave or maternity leave, so actual caseloads are higher than those shown in the chart.

b. Bargaining Unit Issues

Clerical, social worker and supervisory staff are represented by Service Employees International Union (SEIU) Local 521. Five locals have come together to cover the North Central region by forming one larger, more powerful local. The County and SEIU have historically enjoyed a cooperative working relationship. SEIU contacts the County about overall and individual workload issues if they are contacted by a union member with a concern. However, these issues are generally addressed in a non-adversarial manner and generally to the satisfaction of all invested parties.

FCS staff can participate in the HSD Workload Committee, pursuant to Article 26 of the General Representation Memorandum of Understanding (MOU). The Committee is composed of three general representation members, three management members and one union representative. The Committee’s intent is to ensure fair and equitable workload size across specific job classifications in the MOU. Staff may also forward individual workload concerns to the Committee for consideration. The Committee has a specific protocol for staff to address workload concerns.

c. Financial/Material Resources

Sources and Expenditure of Funds

This section describes supplemental funding streams that support child welfare activities in Santa Cruz County.

[PSSF/CAPIT/CBCAP/Children’s Trust Fund](#)

The chart in attachment A shows the distribution and uses to which Santa Cruz County puts our PSSF, CAPIT, CBCAP, and Children’s Trust Fund resources. The largest amount of the funds support the County’s differential response program, Families Together. Other uses of the funds are for supervised visitation, a flexible fund for immediate need payments for CWS families, pre- and post-adoptive counseling, the Child Abuse Prevention Council’s prevention activities, and staffing for the County’s Children’s Network.

[Other Supplemental Funding Streams](#)

- Adoption Opportunities: Diligent Recruitment Grant from the federal Administration for Children, Youth and Families—The FCS division is currently completing the second year of a five-year federal grant for diligent recruitment of permanent homes for children in the

foster care system. Our program funded by this grant is called “Roots and Wings” and is described in detail elsewhere in the CSA. The project emphasizes recruitment and support of resource families in general, with a particular focus on finding permanent homes for older youth.

- First 5 – First 5 of Santa Cruz County provides funding for the Families Together differential response program, which was first implemented in September 2006. In FY 09/10 and continuing into FY 10/11, First Five has also provided funding to train parent educators as well as clinicians and visit supervisors in the Triple P model of parent education. The Triple P curriculum is now being provided to child welfare parents at the Parents Center and by Children’s Mental Health clinicians.
- Mental Health Services Act (MHSA)—MHSA funds are used to support services to dependent services that are provided by Children’s Mental Health, as well as to support mental health services provided by the local Independent Living Program. In addition, MHSA funds have been and continue to be used to support training and service provision for Triple P parent education services.
- Early Periodic Screening Diagnosis and Treatment (EPSDT) funds -- In recent years, HSD has collaborated with Children’s Mental Health to access MediCal EPSDT funds to maximize services in several areas.
 - EPSDT funding is used to enrich the Independent Living Program (ILP) by providing a high level of mental health counseling and supportive services to current and former foster youth. ILP services are designed to assist youth ages 15-21.
 - EPSDT services provide therapeutic treatment services to foster children who are in out of home placement. This includes therapeutic supervised visitation, which assists families in overall family functioning and facilitates eventual reunification.
 - EPSDT sources partially fund mental health services to dual diagnosis clients who have been linked to the child welfare system.
 - EPSDT funding also partially support mental health services to Families Together clients who are referred by the child welfare system.
- Wraparound Services for Probation Wards: Santa Cruz County operates a Wraparound program utilizing foster care funds as authorized by SB 163. The program is a collaborative effort by the Probation Department and HSA’s Mental Health and Substance Abuse Division, as well as HSD. The program serves 36 youth and their families at any given point in time; the target population is wards of the Juvenile Court who are on probation. Maintaining high fidelity with Wraparound principles, the goal in each case is to preserve and strengthen the home environment and increase a family’s capacity to engage natural helpers in order for children to continue to live in their home environments.
- Flexible Funds Provided by Non Profit Organizations: Two nonprofit organizations, the Youth Resources Bank and Court Appointed Special Advocates (CASA), provide flexible funds that can be accessed to address individual unmet needs of children in the child welfare system.

Blending/braiding of multiple funding streams

There are several programs that blend multiple funding streams in order to provide a unified service. A description of this is below:

- **Transitional Housing Program Plus (THP Plus)** – THP Plus state allocation and EPSDT funds are braided to support this program. EPSDT funds are utilized to enhance THP Plus services through the provision of a full array of mental health rehabilitation and case management services to eligible youth. Services include assessment, individual and /or group counseling, crisis intervention, medication management support and chemical dependency treatment services with 24-hour on-call availability. A more detailed description of services can be found in the service array section.
- **Crossroads Group Home** – Child Welfare funds and EPSDT funds are braided together to support short-term intensive mental health assessment, treatment and rehabilitative services in a 6-bed, level 10 residential group home for youth ages 12-17. The program provides a stable short-term living environment for adolescents experiencing difficulty in foster placement, or homelessness, and coordination with the case carrying Child Welfare social worker and Mental Health staff.
- **Independent Living Program (ILP)** – EPSDT funds are used to augment the state ILP allocation in order to support the provision of mental health services to eligible youth in this program, which is described in the service array section. Key mental health services provided in this program and funded by EPSDT include individualized assessment, individual and group counseling, case management, assistance with educational progress, employment skills, daily living skills, social skills, self esteem, and if needed, medication management skills.
- **Therapeutic mental health services to children in out-of-home placement** – EPSDT funds are braided with Child Welfare funds to provide intensive mental health services for the purpose of reunification for children in foster placement. Staff at the Parents Center, a local non-profit counseling agency, are contracted to provide a full array of mental health rehabilitation and case management services including assessment, counseling, family therapy, therapeutic supervised family visitation and crisis intervention. For a further description of this program, please see the service array section.
- **Families Together** – First 5 of Santa Cruz County provides funds that are blended with PSSF Family Preservation and Family support funds, as well as County Children’s Trust Funds and MAA funds to support the Families Together differential response program for Santa Cruz County. This program is described in detail in the service array section.

d. Political Jurisdictions

Schools

There are 12 public K-12 school districts plus the County Office of Education operating the alternative schools. FCS collaborates with the districts and the County Office of Education in several ways:

- **Placement Meetings:** School staff are invited to attend FCS placement review committee meetings. Placement meetings also include Probation and/or Children’s Mental Health staff.

When a child is being placed in a group home at level 14 or above, FCS works with Mental Health and Probation for approval of the placement.

- **Individual Education Plans:** FCS works closely with the schools in regard to individual educational plans (IEPs) and associated educational funding.
- **AB490:** Over the last three years, Santa Cruz County's Foster Youth Advisory Board, a collaborative body coordinating foster youth education issues, developed and implemented a Memorandum of Understanding among the County Office of Education (COE), FCS, Probation, CASA and all local school districts to delineate roles, responsibilities, and procedures for educational services to children in care and ensure compliance with AB490. The Board continues to focus on implementing AB 490 to minimize disruption of school attendance during placement, increase the number of children who are able to stay in their home schools, and ensure that children in foster care have the same educational resources as other children.
- **Investigations:** FCS works cooperatively with individual schools when investigating child abuse referrals and interviewing children at school sites.

Law Enforcement Agencies

Local law enforcement agencies include:

- California State Parks, Santa Cruz District
- City of Santa Cruz Police Department
- City of Scotts Valley Police Department
- City of Watsonville Police Department
- City of Capitola Police Department
- Santa Cruz County Sheriff's Department
- University of California at Santa Cruz Police Department

The FCS Division has established Memoranda of Understanding (MOU) and Joint Protocols with Mental Health, Juvenile Probation and the law enforcement agencies listed above. Separate agreements for various aspects of child welfare, including investigations and cross reporting, domestic violence, sexual abuse, and juvenile sex offenders, delineate each party to the agreement's role(s) and responsibilities. The MOUs assist the agencies in working cooperatively in cases with overlap between agencies. Several important areas of collaboration include:

- **Cross Training:** The County has sponsored cross training between child welfare, probation and law enforcement staffs. The cross training has enabled greater understanding among the various agencies of the work of their colleagues, how to strengthen collaboration, avoid duplication of effort, increase consistency of response and continue to address how to better work together.
- **Domestic Violence Reports:** A provision of the MOU between FCS and law enforcement specifies that law enforcement will report all domestic violence incidents where children

were present as soon as possible, but no later than three days after the incident, to the FCS Division.

- **Interagency Child Abuse Council:** The Interagency Child Abuse Council, a collaborative among law enforcement, child welfare, the District Attorney's Office, Probation, Parole, and two community-based providers coordinates ongoing investigations in sexual abuse cases. The Council also promotes cross communication between the Council partners. Included in the cross communication is alerting Council members when a perpetrator has been paroled.
- **Child removals:** FCS staff work closely with law enforcement when children are removed from their homes. As provided in our MOU, social workers and law enforcement officers conduct child welfare investigations jointly. The law enforcement agencies have legal authority to take children into custody and FCS does not.
- **Conflict Resolution:** FCS generally has strong working relationships with the various law enforcement agencies. When issues arise as they sometimes do in cases with many vested parties, the chain of command is used to resolve the issue. Working collaboratively, FCS and the various law enforcement agencies have resolved confidentiality issues and are able to communicate openly which leads to better relationships and fewer misunderstandings, reduces duplication of effort and ultimately contributes to better services for children and families.

District Attorney

In addition to the other law enforcement agencies noted above, the FCS Division works closely with the District Attorney on matters of shared responsibility. The District Attorney is very interested in child welfare issues and works closely with FCS. On mutual investigations, FCS may be called upon to provide information to the District Attorney so that the District Attorney can analyze the information and determine his own recommendations.

Bureau of Indian Affairs

There are no Bureau of Indian Affairs recognized tribes in Santa Cruz County.

Local Cities

The four local cities are as follows:

- City of Capitola
- City of Watsonville
- City of Santa Cruz
- City of Scotts Valley

In addition to the collaboration with city police departments, another vital aspect of collaboration with the cities is the relationship with local fire departments. These departments work cooperatively with our Licensing Unit on home inspections for licensing and home approvals as needed. Firefighters are also first responders to emergency (911) calls and are mandated reporters.

FCS staff also participates in multidisciplinary teams formed to address specific issues through the County Neglected Properties Task Force. The teams may include child welfare, adult protective services, county counsel, cities, zoning, environmental health and safety and planning, depending on the nature of the issue with the particular property/family. Dirty house/property issues are sometimes addressed through these multidisciplinary team meetings. Using this approach ensures that all issues are identified and addressed and helps reduce duplication of efforts. The team can sometimes access funds to help the family address the issues identified.

D. PEER QUALITY CASE REVIEW SUMMARY

In January of 2010, Santa Cruz County completed a Peer Quality Case Review (PQCR). Following a review of outcome data, Santa Cruz selected Measure C1.4 Re-entry Following Reunification as the Child Welfare Services PQCR focus area. The focus area was chosen because Santa Cruz County's rate of foster care re-entry has been on an upward trend since July of 2006. From July of 2004 to June of 2006 Santa Cruz County's average annual re-entry rate was 8.4% and exceeded the Federal Standard of 9.9%. However since July of 2006 Santa Cruz re-entry rates have risen steadily from 10.2% for the time period 7/06 to 6/07 to the most recent reported rate of 17.6% for the period 7/08 to 6/09.

Focus groups were conducted with social workers, supervisors, Parents Center staff and Court Partners. Surveys were administered to foster youth, birth parents and resource parents. During the PQCR Week, five social work staff were interviewed by their social work peers from other counties on two cases each, one where re-entry occurred and one where it had not.

The detailed PQCR results were reported in the Santa Cruz County Peer Quality Case Review Final Report, submitted to the State in April 2010. Although various different themes emerged from the PQCR, overall the primary theme was that reunification sometimes occurs too quickly in Santa Cruz County, without parents having adequately stabilized and addressed the issues that brought them to the attention of the system. Many FCS social workers seem to be making perfunctory use of SDM assessment tools, and need to use the tools in a more substantive way to help drive casework decisions. In addition, in the past, FCS has not used TDMs as a tool to improve decision making about reunification and safety planning prior to reunification. However, in December 2009 (prior to the PQCR) we did implement TDMs for all children prior to reunification and we believe that this practice will reduce the number of children who return to foster care after reunification. We have also implemented a re-entry case review workgroup that reviews re-entry cases in order to identify and make practice recommendations to address factors that may be contributing to re-entry.

Probation

Santa Cruz County Probation chose to examine concurrent planning as it relates to transitional services for youth in the Probation system. Since the PQCR and in some instances, prior to this process, the Probation department has implemented some changes and developed protocols to address issues identified for improvement through the PQCR. A transition protocol for youth returning home with intensive wraparound services was developed and implemented. The protocol states that for youth returning home with wraparound services, a transition meeting shall occur two weeks prior to return

home or within one week of returning. This meeting is to develop an appropriate plan for services for a seamless transition home with intensive services yielding a greater chance of success. Regarding provider accountability, fidelity measures have been identified to track adherence to the wraparound model as well as the implementation of a youth and parent survey post program. Some of these indicators will be included in an annual report submitted to the CDSS Wraparound consultant, while some of the indicators are reviewed during a monthly System of Care Meeting. Lastly, the placement unit will be attending relevant trainings regarding concurrent planning, placement and permanency and family finding often offered through UC Davis Extension or jointly through Santa Cruz County Family and Children's Services.

E. OUTCOMES

In the next pages Santa Cruz County's performance on the California Child Welfare Outcomes are analyzed. The source for these data is the Child Welfare Services Report from the University of California at Berkeley Center for Social Services Research²⁰ unless otherwise noted.

1. Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

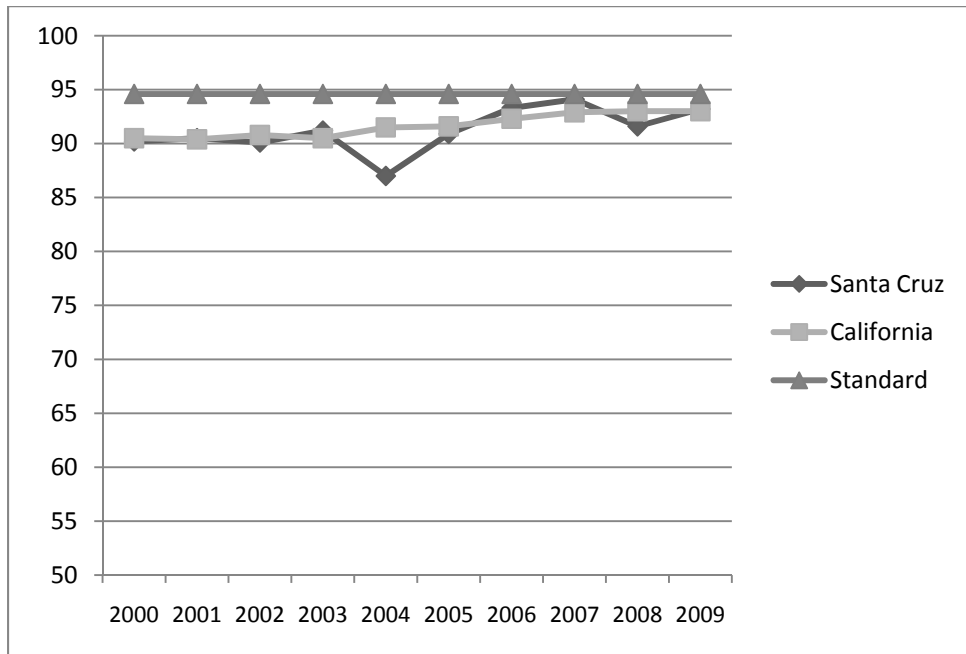
Recurrence of maltreatment refers to situations in which a child had a substantiated report of abuse or neglect, and then had a second substantiated report within a specific time period.

Indicator S1.1: No Recurrence of Maltreatment (6 months)

This indicator reflects the percentage of children who had a first substantiated report of abuse or neglect, and did not have a second substantiated incident within six months. As shown in Figure 16, Santa Cruz County's performance over the last three years has remained near but slightly below the standard. The County's most recent performance in 2009 was 93.2% which is below the federal standard of 94.6%.

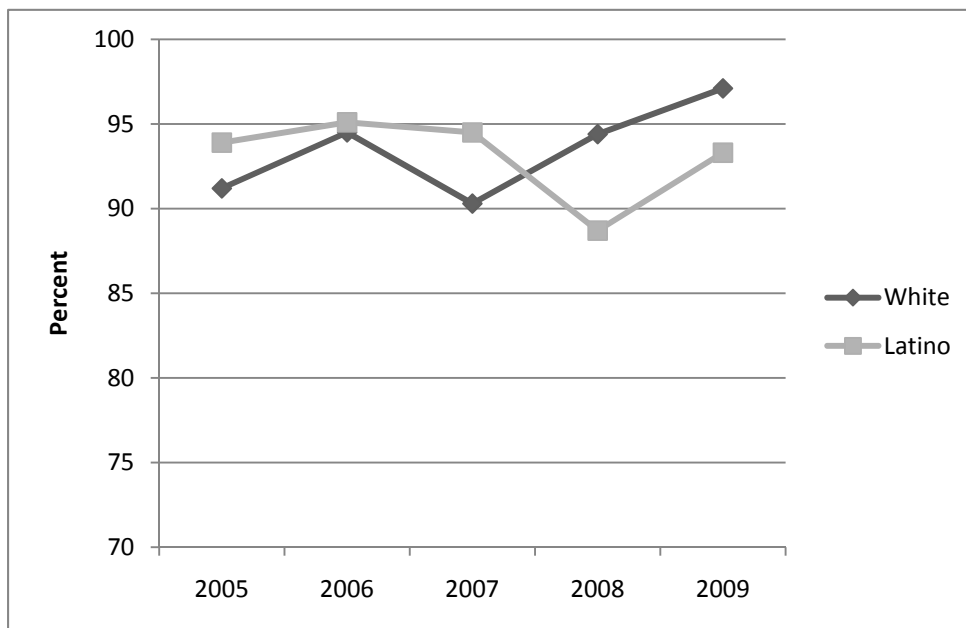
²⁰ Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Williams, D., Zimmerman, K., Simon, V., Hamilton, D., Putnam-Hornstein, E., Frerer, K., Lou, C., Peng, C. & Moore, M. (2010). Child Welfare Services Reports for California. Retrieved 9/3/2010, from University of California at Berkeley Center for Social Services Research website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>

FIGURE 16: PERCENT OF CHILDREN WITH NO RECURRENCE WITHIN 6 MONTHS



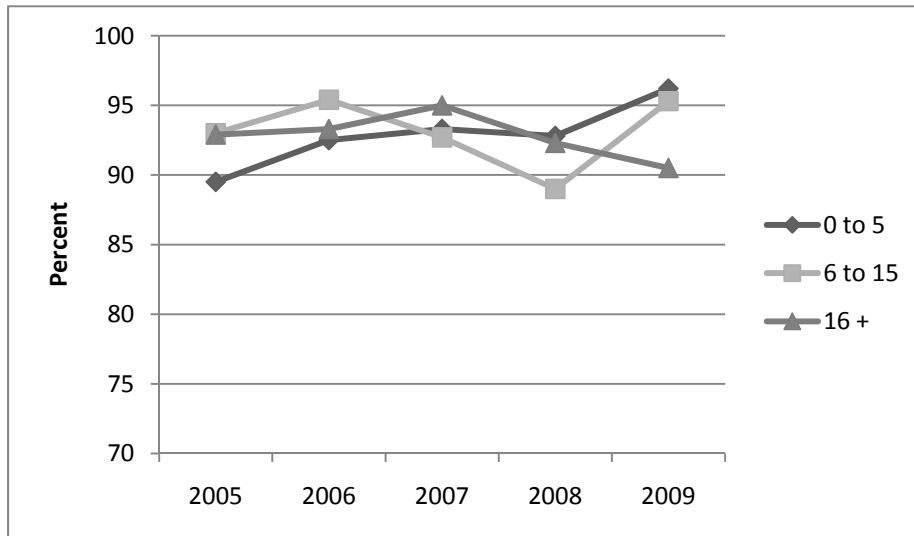
Further analysis of these data show that there are slight differences in trends for 6 month recurrence rates between ethnic groups and age groups. In the last three years, the percentage of white children who did not have a subsequent substantiated allegation of abuse within six months increased while the percentage of Latino children who did not have a subsequent substantiated referral slightly decreased.

FIGURE 17: NON - RECURRENCE BY ETHNICITY



In the last three years, the percentage of children 0-5 who did not have a subsequent substantiated allegation of abuse within six months increased.

FIGURE 18: NON RECURRENCE BY AGE



This outcome measure is influenced by the work of the Santa Cruz County Differential Response program, locally called Families Together. **Families Together (FT)** was launched by public/private consortium that included FCS, Public Health, Children’s Mental Health, First 5 and Santa Cruz Community Counseling Center in 2005. FCS utilizes CAPIT and PSSF to fund Families Together. The program receives referrals from FCS on families who have been referred and assessed out of child welfare or the referral was substantiated but inconclusive. At least one child in the family must be under age 6 to be served by the program. As shown above, since 2005, there has been an increase in the percentage of children age 0-5 who did not experience a subsequent substantiated child abuse referral and therefore FCS plans to continue with this funding to ensure the support of these vulnerable young children.

Indicator S2.1: No Maltreatment in Foster Care

This measure reflects the percentage of children who were not victims of a substantiated maltreatment report by a foster parent or facility staff while in out-of-home care. In 2007 there were 3 children (.57%) who experienced maltreatment in foster care, and in 2008 and 2009 one child experienced maltreatment while in care each year. Maltreatment in foster care is rarely identified in Santa Cruz County.

FIGURE 19: ABSENCE OF MALTREATMENT IN FOSTER CARE

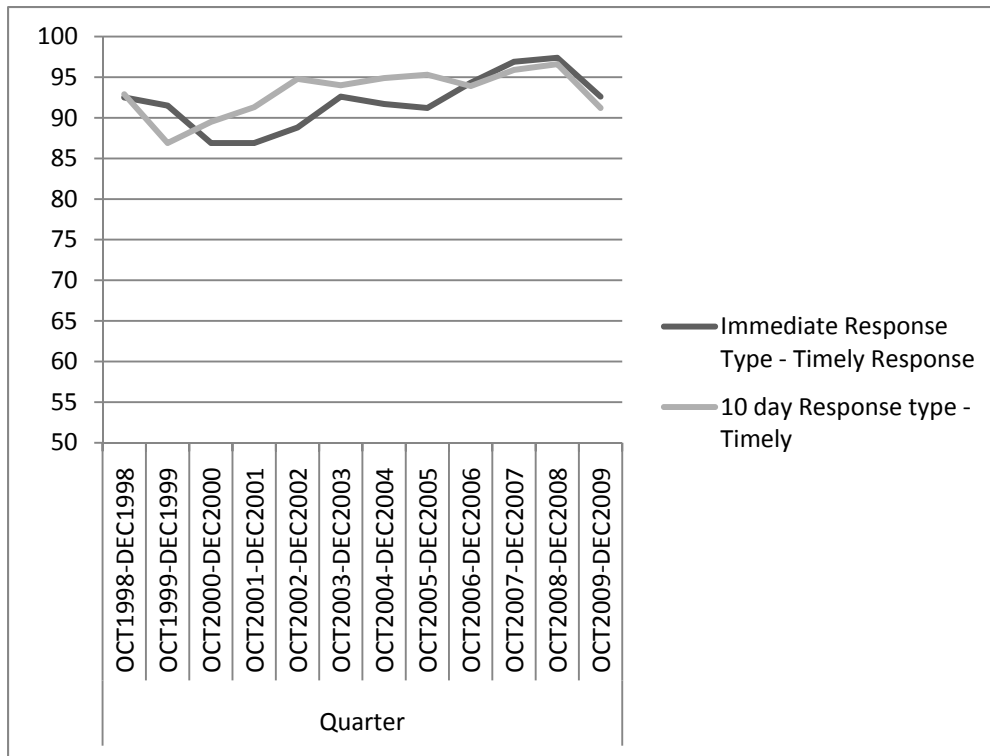
| | 2005 | 2006 | 2007 | 2008 | 2009 |
|----------------|------|------|------|------|------|
| Not Maltreated | 571 | 545 | 520 | 455 | 427 |
| Maltreated | 7 | 0 | 3 | 1 | 1 |
| Total | 578 | 545 | 523 | 456 | 428 |

2. Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

Indicator 2B: Timely Response to Investigations

These reports count both the number of child abuse and neglect referrals that require, and then receive, an in-person investigation within the time frame specified by the referral response type. Referrals are classified as either immediate response or 10-day response. In the last quarter of 2009, a timely response was recorded on 92.6% of immediate response referrals and 91.2% of 10 day response referrals. These percentages are less than the state averages, which were 96.9% for Immediate Response and 93.3% for 10 day response. In addition, the performance on this indicator has declined over the last three years. However, we are confident that Santa Cruz County Emergency Response workers nearly always attempt the first contact within the required time frame. This gap between Santa Cruz County's performance and that of the State reflects a lack of timely referral data entry for some referrals. The problems primarily involve the lack of documentation of unsuccessful attempts to make contact and the lack of documentation of contacts that are made after hours rather than during regular business hours. This will require the FCS division to carry out a renewed effort to improve the data entry on referrals despite shrinking resources.

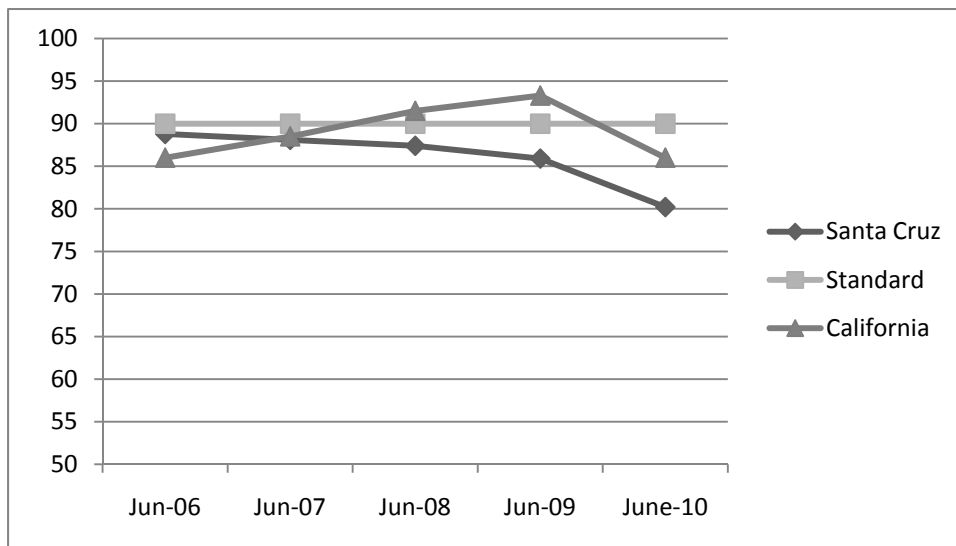
FIGURE 20: TIMELY RESPONSE TO INVESTIGATIONS



Indicator 2C: Timely Social Worker Visits

These reports measure the compliance rate for case worker visits with children. The rate is equal to the percentage of children requiring a caseworker contact who received the contact in a timely manner. Although timely social worker visits are the number one priority for social work staff, Santa Cruz County has struggled with timely data entry of social work visits which as demonstrated in Figure 21, showing the month of June's performance over a ten year period. In this month in the year 2004 to 2007, FCS was near the standard of 90%. However, in the last three years there has been a decline in the performance. In June 2008, 87.4% of visits were completed and recorded timely, in June 2009, 85.9% of visits were completed and recorded timely and in June 2010, Safe Measures indicates that only 80.2% of visits were completed and recorded timely. In the last year, greater supervision emphasis has been placed on this issue. This data entry is now an item of review in all on-going Social Worker supervision meetings. In addition, the Manager and Supervisor regularly review Safe Measures to monitor progress. There will be a renewed effort in this area to ensure that contacts are completed and recorded in a timely manner.

FIGURE 21: TIMELY SOCIAL WORKER VISITS



3. Permanency Outcome: Children have permanency and stability in their living situations without increasing re-entry to foster care.

a. Reunification

Reunification Composite

Santa Cruz County has performed above the national standard on the reunification composite for the majority of the last decade. However in the last quarter available (Quarter 4 2009) Santa Cruz's performance was 121.7, which is slightly below (98.8% of) the standard. This is most likely due to the indicator for re-entry after reunification which has been below standard. Performance on this indicator is discussed below.

Indicator C1.1: Reunification within 12 months (Exit Cohort)

Indicators C1.1 and C1.3 reflect the percentage of children reunified with their parents within 12 months of removal from the home, for those children in care 8 days or longer. Since the last CSA, Santa Cruz County has continued to reunify a high percentage of families within 12 months. The county’s most recent performance on Indicator C1.1 (for calendar year 2009) is 76.7%. This performance is above the federal standard of 75.2%, and higher than the statewide performance of 64%. Across the last ten years, timely reunification (less than 12 months) has been high. Further analysis shows that there are not significant differences by ethnicity for the primary ethnic groups of Latino and White. Due to low numbers of children in the other ethnic groups, trends are not definitive. In regards to age, the percentage of children 3 to 5 who have reunified within 12 months has considerably increased over the last three years, from 52.4% to 78.9%. However, the percentage of children age 11 to 15 that reunified within 12 months has decreased from 81.5 to 66.7% over the last three calendar years. The reasons for these divergent trends are not immediately apparent.

FIGURE 22: OF CHILDREN REUNIFIED, PERCENT THAT WERE REUNIFIED IN 12 MONTHS

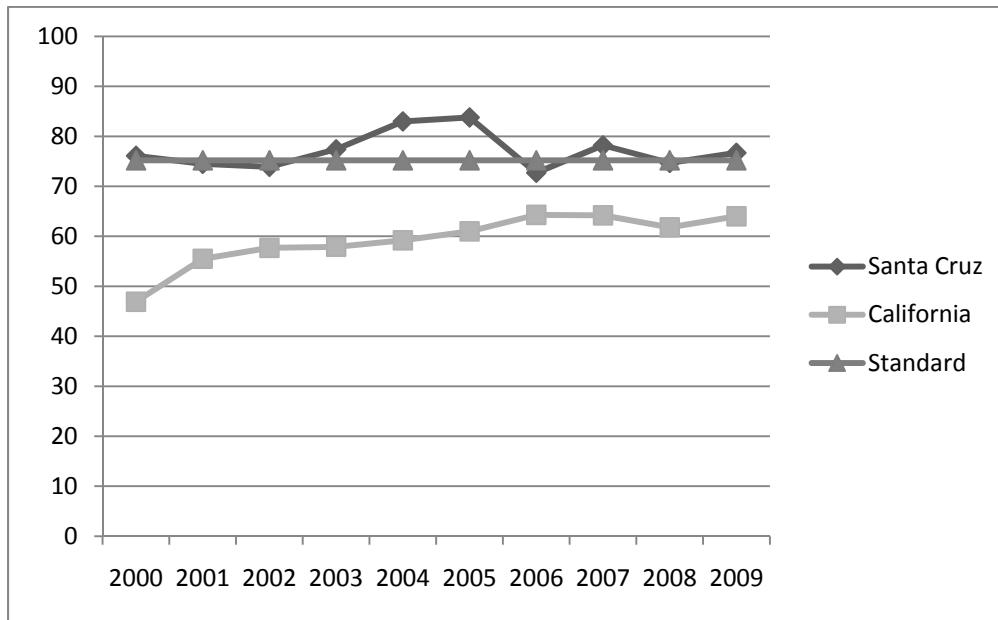


FIGURE 23: PERCENT OF CHILDREN REUNIFIED TIMELY BY AGE (OVER LAST 3 YEARS)

| | 2007 | 2008 | 2009 |
|-----------------|-------|-------|-------|
| 0 to 2 | 87.80 | 89.47 | 87.50 |
| 3 to 5 | 52.4 | 56.3 | 78.9 |
| 6 to 10 | 78.6 | 68.8 | 73.7 |
| 11 to 15 | 81.5 | 66.7 | 66.7 |
| 16 to 17 | 81.3 | 94.1 | 80 |

PSSF funds are utilized to support therapeutic supervised visitation. Visitation is one of the most important predictors of reunification. In addition, PSSF funds support a Family Reunification Flexible fund. These funds are used for items such as housing or other basic needs to support the reunification of a family. These funds often aid in the timeliness of reunification and FCS plans to continue with this funding in order to support timely reunifications.

Indicator C1.2: Median Time to Reunification (Exit Cohort)

This indicator reflects the median length of stay in months for children discharged to reunification for children in care 8 days or longer. Figure 24 provides the county’s performance on this measure over the last ten calendar years. The most current figure, 5.7 months, is close to the federal standard of 5.4 months. Over the last three years, the median time has increased, as in 2007 there was a median time of 3.9 months. Both Latino and White children have experienced an increase over the last three years. Latinos had a slightly faster median time as demonstrated by a 4.5 median time in 2009 while whites had a 6.9 median time in this time period.

FIGURE 24: MEDIAN TIME TO REUNIFICATION (EXIT COHORT)

| | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 |
|-------------|------|------|------|------|------|------|------|------|------|------|
| Median time | 6.1 | 3.3 | 3.8 | 4.9 | 3.8 | 3.8 | 5.8 | 3.9 | 6 | 5.7 |

Indicator C1.3: Reunification within 12 months (entry cohort)

This indicator measures the percentage of children reunified within 12 months of removal for a cohort of children first entering foster care. In the last three years, as shown in Figure 25, the county has performed near or above the federal standard of 48.4% of children reunified. In 2007, the county performed considerably over the standard. Over the last ten years, the county’s performance has been near or above the standard.

FIGURE 25: EXIT STATUS OF FIRST ENTRIES - CHILDREN IN CARE 8 DAYS OR MORE

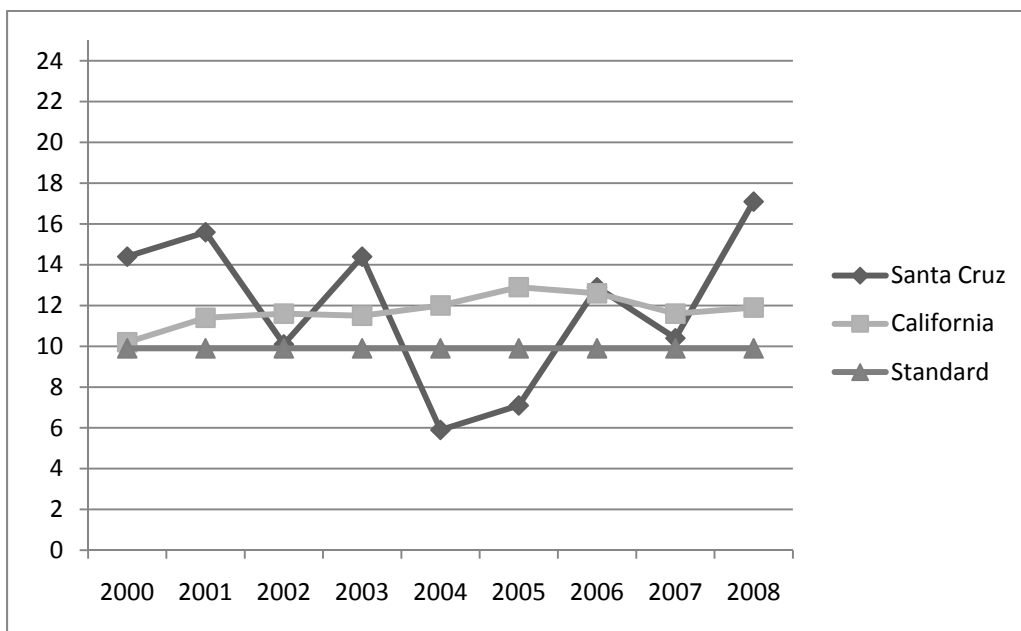
| | JUL2006-DEC2006 | JUL2007-DEC2007 | JUL2008-DEC2008 |
|--------------|-----------------|-----------------|-----------------|
| Reunified | 44.6% | 72.7% | 50% |
| Adopted | 2.7% | 1.3%% | 2.5% |
| Guardianship | 2.7% | 1.3% | 3.8% |
| Emancipated | 0 | 2.6% | 1.3% |
| Other | 4.1% | 3.9% | 5% |

| | | | |
|---------------|-------|-------|-------|
| Still in care | 45.9% | 18.2% | 37.5% |
|---------------|-------|-------|-------|

Indicator C1.4: Reentry Following Reunification (Exit Cohort)

This indicator reflects the percentage of children who re-entered foster care within 12 months after reunification. The most current Santa Cruz County figure, for calendar year 2008, was 17.1%, considerably higher than the federal standard of 9.9%. Figure 26 shows that Santa Cruz County’s performance on this measure has worsened in the last three years. This measure was a focus of the PQCR and is currently a major focus area for the division. Case reviews have been implemented for children re-entering care to examine the causes of re-entry and to consider whether practice changes might reduce the incidence of re-entry. In addition, beginning in December 2009, Team Decision Making (TDM) meetings are now conducted with every child prior to returning home to ensure a team decision and comprehensive plan for safety and support when the child returns. We anticipate that this new strategy will improve performance on this indicator.

FIGURE 26: PERCENTAGE OF CHILDREN REENTERING PLACEMENT WITHIN 12 MONTHS FOLLOWING REUNIFICATION



b. Adoption

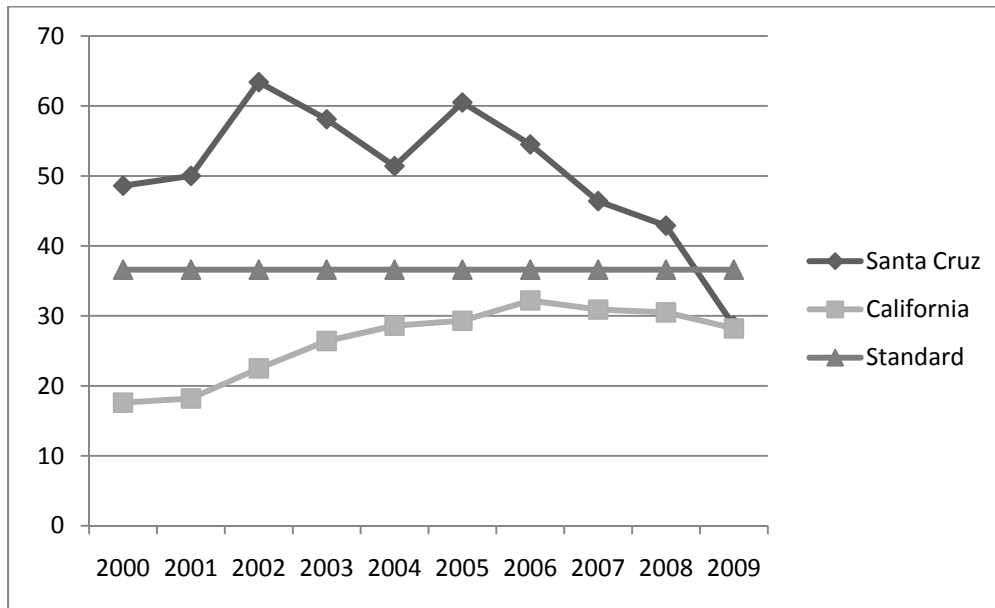
Adoption Composite

Santa Cruz has consistently performed near or above the federal standard for the adoption composite. The county’s most recent performance in Quarter 4 2009 was 127.6, which exceeds the federal standard by 37.6%.

Indicator C2.1: Adoption within 24 months (Exit Cohort)

Indicator C2.1 reflects the percentage of children adopted from foster care who are adopted within 24 months of placement. The federal standard for this measure is 36.6%. As shown in Figure 27, in the past, Santa Cruz County has consistently exceeded the federal standard as well as the statewide performance. However, over the last five years, the county's adoption timeliness has declined. The most recent performance is 28.6%, which was similar to the statewide average in this time period. This that this decline in adoption timeliness most likely reflects a learning curve due to significant staff turnover in the Adoptions Unit, both in the supervisor position (three different supervisors in the last five years) and social worker positions. It should be noted that Safe Measures data for fiscal year 2009/2010 (not yet reflected on the Berkeley website) is shown as 36.7%, which reflects a return to the federal standard. Further analysis suggests there are no significant differences by ethnic groups or age.

FIGURE 27: FOR EXITS TO ADOPTION IN THE YEAR, ADOPTION WITHIN 24 MONTHS



PSSF funds are used for adoption counseling which is provided by Cabrillo College Foster and Kinship Education program. The counseling service supports the timeliness of adoption by assisting families with concerns or challenges around adoption. FCS plans to continue with this funding so that families who are in the process of adoption may have access to supportive services to resolve any barriers to adoption and move towards a timely adoption.

Indicator C2.2: Median Time to Adoption (Exit Cohort)

This indicator reflects the median length of stay in months for children discharged to adoption. Figure 29 provides the county's performance on this measure over the last three calendar years. Santa Cruz County's median time to adoption has increased in the time period and in both 2008 and 2009 was longer than the federal standard of 27.3 months. As mentioned for Indicator C.2.1, this is likely due to high staff turnover in the Adoptions Unit during this period. More recent data in Safe Measures shows that in fiscal year 2009/2010 the median was 28.4, which is considerably closer to the federal standard.

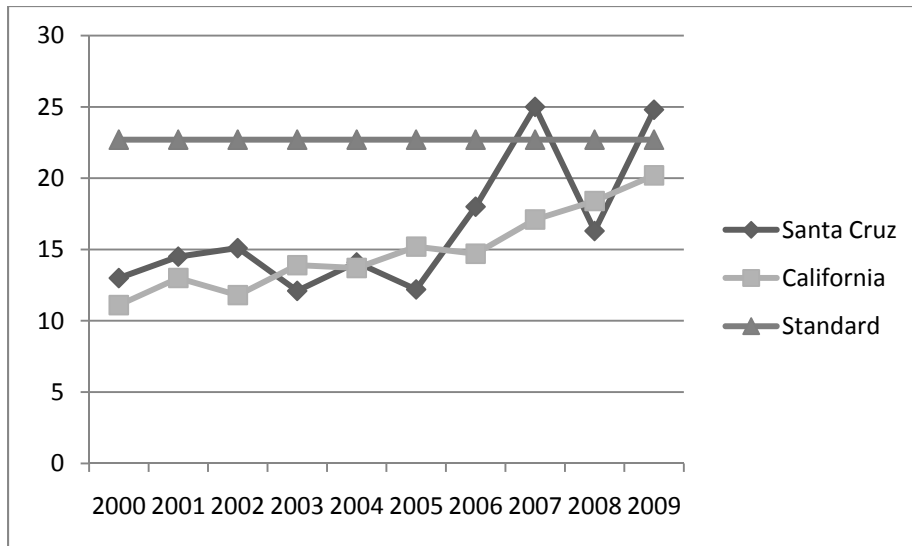
FIGURE 28: MEDIAN TIME TO ADOPTION

| | 2007 | 2008 | 2009 |
|--------------------|------|------|------|
| Median Time | 25.5 | 28.6 | 32.3 |

Indicator C2.3: Adoption within 12 months for children in care 17 months or longer

This measure computes the percentage of children in foster care for 17 continuous months or longer on the first day of the year, who were then adopted within 12 months. Santa Cruz County’s performance on this measure has improved dramatically since 2005. Despite a dip in 2008, the most recent performance (24.8%) on this measure is above the federal standard (22.7%).

FIGURE 29: ADOPTION WITHIN THE YEAR FOR CHILDREN IN CARE 17 MONTHS OR LONGER



Indicator C2.4: Of all children in foster care for 17 months or longer and not legally free, the percentage that became legally free for adoption over a six month period.

This measure computes the percentage of children who were in foster care for 17 continuous months or longer and not legally free for adoption on the first day of the period, who then became legally free for adoption within the next 6 months. Santa Cruz County does not meet the federal standard of 10.9%. The performance on this measure in the most recent calendar year, 2009, was 5.3%, which is up from 2% in 2007. Santa Cruz County’s practice is to terminate parental right and free children for adoption at the 366.25 Permanency Hearing when an adoptive home has been identified is impacting this measure due the fact that most children do not yet have an adoptive home identified.

Indicator C2.5: Of children in foster who became legally free for adoption during the year, the percentage that were discharged to adoption in less than 12 months

This measure computes the percentage of children discharged from foster care to adoption within 12 months of becoming legally free. In the last three years, Santa Cruz County has been well above the federal standard on this measure. In 2008, 90.5% of children who were legally free were adopted within 12 months, far exceeding the federal standard of 53.7%. The practice described above contributes to this performance.

c. Long Term Foster Care

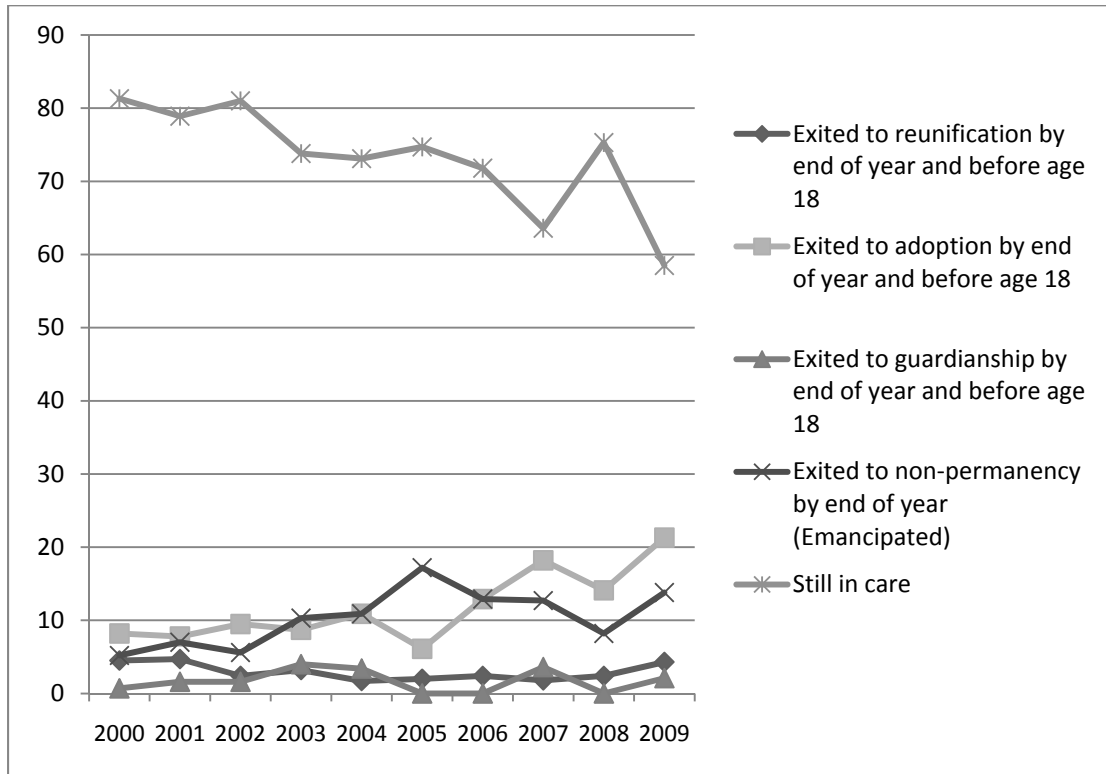
Composite: Long Term Care

This composite reflects permanency outcomes for children in long-term foster care. For the majority of the last ten years, Santa Cruz has performed below the federal standard for this composite. However, in the last year our performance is on an upward trend. In the last quarter measured (Q4 2009) the local performance on this composite was 117.7, corresponding to 94.4% of the federal standard, which is significantly up from the start of the three year period (quarter 1 of 2007) where our performance was only 71.7% of the federal standard. The individual components of this composite are analyzed next.

Indicator: C3.1 Exits to Permanency

This measure computes the percentage of children in foster care for 24 months or longer who were discharged to a permanent home by the last day of the year and prior to turning 18. The federal standard is that 29.1% of these children will be discharged to a permanent home by the end of the year. In 2009, 27.4% of Santa Cruz County children who were in care for 24 months or longer were discharged to a permanent home, which is slightly below the federal standard; however this performance is an improvement from 23.6% in 2007. A permanent home can be a reunification, adoption or guardianship. Improvement on this measure may be due to the increase in exits to adoption of these children as is demonstrated in Figure 31 below. Finding permanent homes for children in long-term care is a major focus of Santa Cruz County's grant-funded Roots & Wings initiative.

FIGURE 30: IN CARE ON THE FIRST DAY OF THE YEAR (24 MONTHS OR LONGER): EXIT TO PERMANENCY BY THE END OF THE YEAR AND BEFORE AGE 18 BY TYPE OF EXIT



Indicator C3.2: Exits to Permanency (Legally Free at Exit)

This measure computes the percentage of legally free children who were discharged to a permanent home prior to turning 18. The federal standard is 98%. Santa Cruz has consistently performed at or near this standard in the last three years as demonstrated in the table below.

FIGURE 31: LEGALLY FREE AND EXITED TO PERMANENCY BEFORE AGE 18

| | 2007 | 2008 | 2009 |
|--|------|-------|-------|
| Legally Free and exited to permanency before age 18 | 100% | 96.6% | 97.1% |

Indicator C3.3: In care three years or longer and emancipated or age 18 while in care

This measure computes the percentage of children who were discharged to emancipation or turned 18 while still in foster care, who had been in care three years or longer. The federal standard is that no more than 37.5% of emancipating youth will have been in care three years or longer. In 2009, the most recent time period available, 50% of Santa Cruz County youth that emancipated had been in care three years or longer. While this does not meet the federal standard, it represents a substantial improvement over 2004 and 2005, when 72% of emancipated youth had been in care for three years or longer. In addition, it should be noted that Santa Cruz County’s performance has generally been close to or better than the California state average for this indicator, which was 60% in 2009.

This challenging area of child welfare practice was one of the reasons that FCS applied for the Adoption Opportunities grant to create a diligent recruitment program to establish foster homes, and especially permanent homes, for children in care. This grant was awarded in 2008 and began implementation in 2009. One component of the grant is a focus on children who have been in care 18 months or longer and are age 11 or older. A part-time permanency worker is currently under contract to recruit and secure permanent homes for these children. As a result of these efforts, we anticipate that performance on this outcome will improve over the next few years.

FIGURE 32: IN CARE 3 YEARS OR LONGER (EMANCIPATED OR AGE 18 IN CARE)

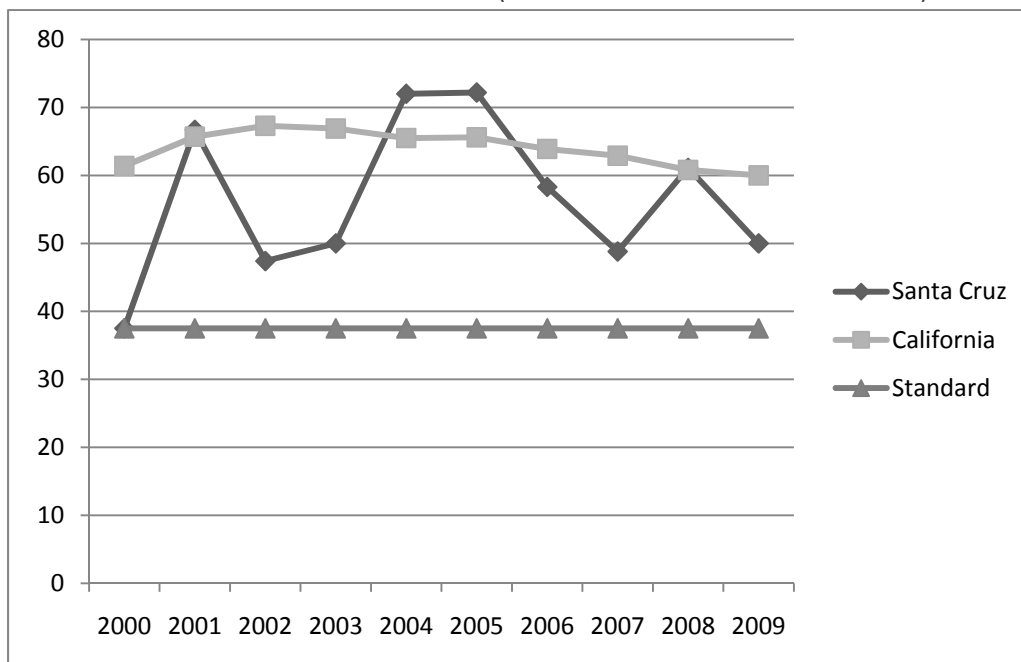


FIGURE 33: COUNT OF YOUTH WHO EMANCIPATED OR TURNED 18 (WHILE IN CARE) BY TIME IN CARE

| | 2007 | 2008 | 2009 |
|---------------------------|------|------|------|
| In care less than 3 years | 21 | 7 | 11 |
| In care 3 years or longer | 20 | 11 | 11 |
| Total | 41 | 18 | 22 |

d. Placement Stability

Composite: Placement Stability

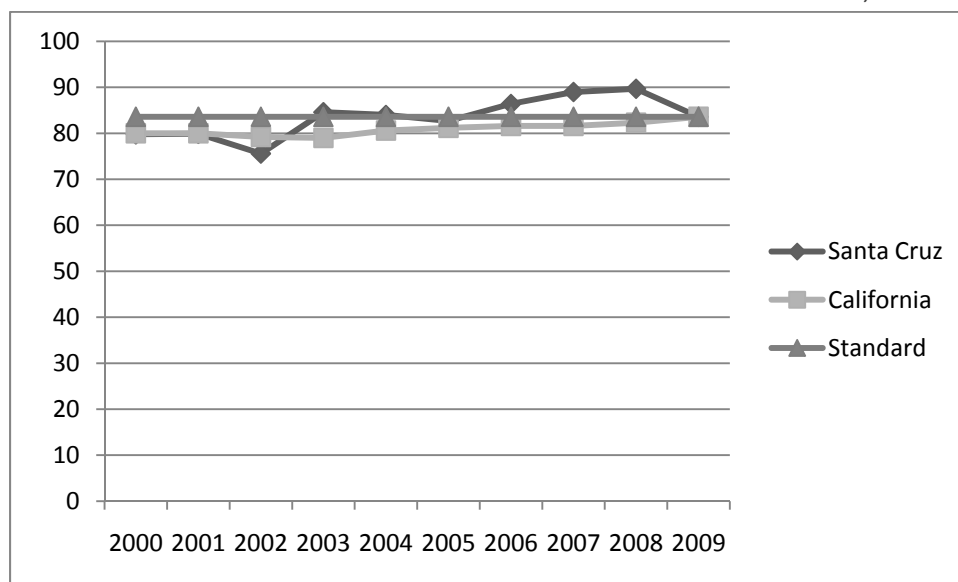
Santa Cruz County has demonstrated considerable improvement on the placement stability composite since 2003, when the C-CFSRs were initiated. In quarter 4, 2009 the county's score was 104.7, which is 6.2% above the federal standard. The individual components of this composite are analyzed next.

Indicator C4.1 - 3 Placement Stability

These measures reflect the percentage of children with two or fewer placements in foster care for three different time periods: 8 days or more, but less than 12 months, one to two years, and over two years. Time in care is based on the latest date of removal from the home.

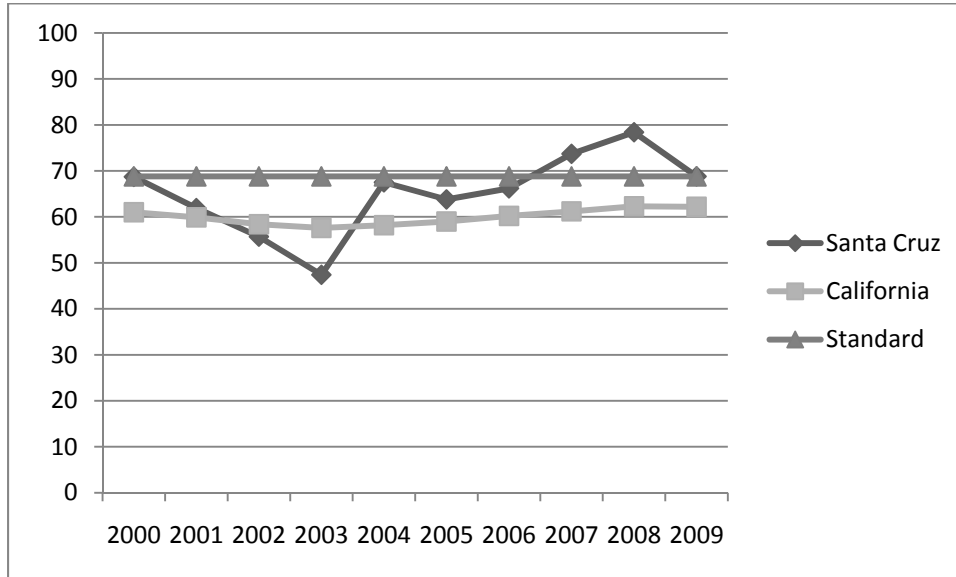
The national standard for placement stability for children in care 8 days to one year is 83.6%. Over the last three years, Santa Cruz has performed near or above the standard. In 2009, Santa Cruz performed at the standard, 83.6%, on this measure, meaning that 83.6% of children in care for up to one year had two or fewer foster care placements.

FIGURE 34: PERCENTAGE OF CHILDREN IN CARE 8 DAYS TO 12 MONTHS, BY NUMBER OF PLACEMENTS



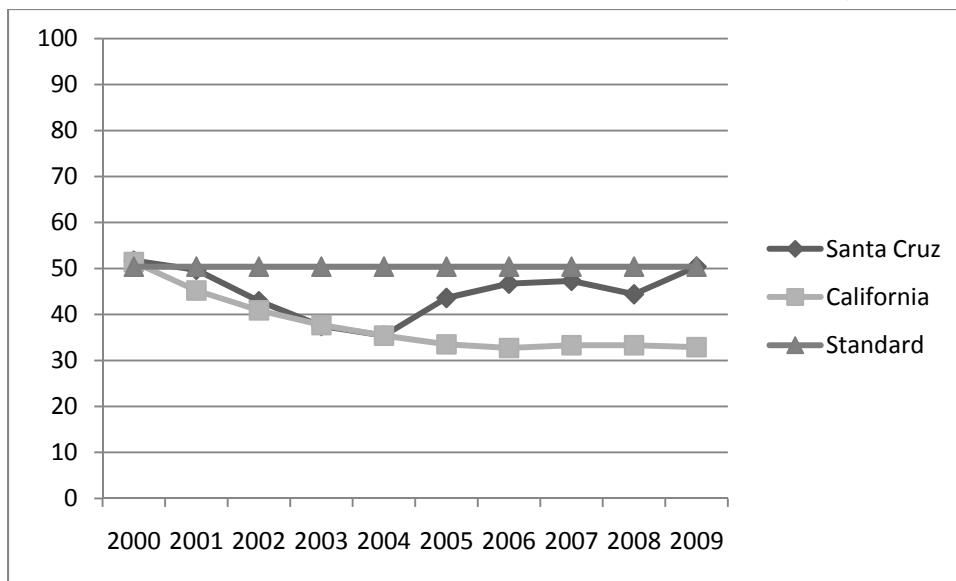
The national standard for placement stability with children in care one year to two years is 68.8%. As with the measure above, in the last three years Santa Cruz has performed at or above the national standard. In 2009, the performance on this measure was exactly at the standard of 68.8%.

FIGURE 35: PERCENTAGE OF CHILDREN IN CARE ONE TO TWO YEARS, BY NUMBER OF PLACEMENTS



Children who have been in care for two years or longer have the greatest likelihood of having multiple placements. The national standard is to have at least 50.4% of children who have been in care this long have two or fewer placements. In 2009, Santa Cruz performed at the standard, which is an improvement from the start of the three year period, when our performance was at 47.3%.

FIGURE 36: PERCENTAGE OF CHILDREN IN CARE AT LEAST 24 MONTHS, BY NUMBER OF PLACEMENTS



Indicator 8A: Exit Outcomes for Youth Aging Out of Care

In 2009, 23 youth emancipated from foster care. Almost all of these youth had housing arrangements and had received Independent Living Program services. Of the 23 youth, 78% had completed high school and 65% had obtained employment. All of the youth had at least one permanent connection with an adult.

FIGURE 37: EXIT OUTCOMES FOR YOUTH AGING OUT OF CARE (2009)

| | Emancipated | Completed High School or Equivalency | Obtained Employment | Had Housing Arrangements | Received ILP Services | Exited with a Permanent Connection |
|------|-------------|--------------------------------------|---------------------|--------------------------|-----------------------|------------------------------------|
| 2009 | 23 | 18 | 15 | 22 | 22 | 23 |

In order to support youth prior to exiting the system, Santa Cruz County operates the Supportive Adolescent Services (SAS) program, a strong, interdisciplinary program for older foster youth, including participation by FCS, Children’s Mental Health, Probation, and the Independent Living Program (ILP), operated by a nonprofit service provider. SAS is funded by a blend of child welfare allocation, Mental Services Act Fund, EPSDT, and ILP allocation. The SAS program places a high priority on college attendance, working diligently to assist youth in graduation from high school or obtaining their GED and registering at the local community college or a four-year college.

4. Permanency Outcome: The family relationships and connections of children served by the CWS will be preserved, as appropriate.

Indicator 4A: Children placed together with SOME or ALL siblings

These indicators provide point in time counts of sibling groups placed in foster care. There is no national standard for this measure; however, Santa Cruz County seeks to place siblings together whenever possible. These measures reflect the percentage of children who are placed with some or all of their siblings. Placement with siblings is often a challenge in Santa Cruz County due to the high cost of housing. Often, caregivers cannot afford homes large enough to accommodate sibling groups. FCS continues to make every effort to locate a suitable home that is able to accept sibling groups into their care. In addition, as part of the Roots & Wings project, FCS is actively recruiting foster families who can care for siblings.

On January 1, 2010, there were 135 Santa Cruz County children in care who had at least one sibling. Almost half (46.7%) of the children were placed with all of their siblings. Close to 70% were placed with at least some of their siblings. As shown below, kin placements have a higher percentage of placements with siblings than foster home placements.

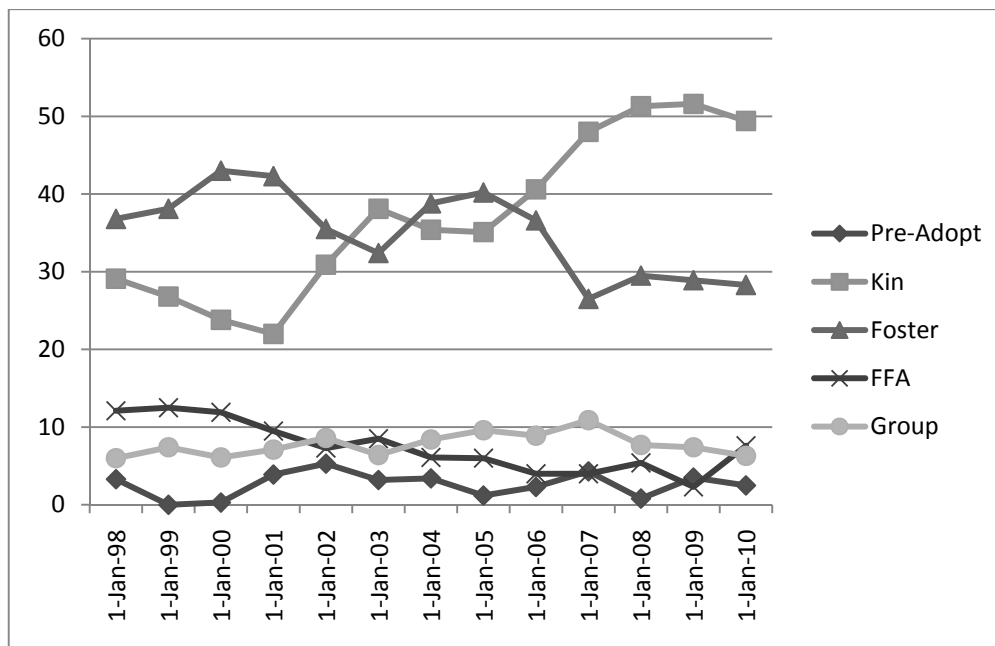
FIGURE 38: NUMBER OF CHILDREN PLACED WITH SOME OR ALL SIBLINGS BY TYPE OF PLACEMENT (JANUARY 1, 2010)

| Placement Type | Children with siblings | Placements with All Siblings | Placements with Some or All Siblings |
|----------------|------------------------|------------------------------|--------------------------------------|
| All | 135 | 46.7% | 69.6% |
| Kin | 68 | 57.4% | 72.1% |
| Foster | 43 | 27.9% | 67.4% |

Indicator 4B: Foster Care Placement in Least Restrictive Setting

Santa Cruz County has continued to work aggressively to place children with relative caregivers and NREFMs, since these placements are the least restrictive out-of-home placements and are in many cases in the child’s best interest. Figure 39 shows the percentage of Santa Cruz County children in the primary types of placement settings over time, on January 1 of each year over the last ten years. As this figure shows, relative/NREFM placements have increased substantially over this period of time, while foster home placements have declined. For the most recent time period, Santa Cruz County’s percentage of children in relative/NREFM care is 49.4%, exceeding the statewide average of 32.8%.

FIGURE 39: PERCENTAGE OF CHILDREN IN CARE (JANUARY POINT IN TIME) BY PLACEMENT TYPE



Indicator 4E: Placement of ICWA Eligible Children

This measure reflects the percentage of Indian Child Welfare Act (ICWA) eligible children placed in foster care settings defined by the ICWA. The Agency adheres to direction from the Bureau of Indian Affairs or a specific tribe regarding placement of children with an Indian family. A senior social worker is assigned as ICWA coordinator to track required notification and documentation to and from the Bureau of Indian Affairs, and to ensure that all ICWA requirements are met. Since there are no local tribes, Santa Cruz County generally has a very small number of ICWA eligible children in care. In the most recent available time period (Quarter 4 of 2009), Santa Cruz County had 4 ICWA eligible children in care. Because the involved tribes have not elected to take jurisdiction over these cases, children have remained in local care. As Santa Cruz County has no identified Indian resource families, all were placed with non-Indian, non-relative care providers.

5. Well Being: Families have enhanced capacity to provide for their children’s needs

At this time the state or county do not systematically measure enhanced capacity of families. Information on parents report of needs and whether these needs were met during participation with child welfare services is included in the service array section.

6. Well-Being Outcome: Children receive services appropriate to their educational needs

Indicator 6B: Individualized Education Plan

This report provides the number of children in out-of-home (OHP) placements who have ever had an Individualized Education Plan (IEP). This percentage has decreased over the three year period; however, this is due to a lack of data entry and not an accurate reflection of the number and percent of children with an IEP. FCS will ensure that data entry for IEP’s improves over the next period of time.

FIGURE 40: PERCENT OF CHILDREN WHO HAD AN IEP

| | OCT2007- DEC2007 | OCT2008- DEC2008 | OCT2009- DEC2009 |
|-----------------|---------------------|---------------------|---------------------|
| Have had an IEP | 3 | 1.5 | 0.4 |

7. Well Being: Children receive services adequate to their physical, emotional, and mental health needs.

5B1 & 2 Timely Medical and Dental Exams:

This report provides the percent of children meeting the schedule for Child Health and Disability Prevention (CHDP) and Division 31 medical and dental exams. Children are considered overdue for an assessment on the first day they enter a new age period without the assessment having been performed

in the previous age period. The average compliance for medical exams in 2009 was 85.5%, and for dental exams was 68.6%. Santa Cruz County's percentages for both of these indicators are better than the statewide percentages. Dental exams have been a challenge, as there is a lack of availability of providers who take MediCal, and it is often difficult to get an appointment within the required time frame. In addition, if an appointment time must be changed, rescheduling can push it out of the time frame. Dentists report that MediCal reimbursement rates are too low and that is why there are not enough providers.

FIGURE 41: PERCENTAGE OF CHILDREN WHO MET THE SCHEDULE FOR MEDICAL AND DENTAL EXAMS

| | Health Exams | Dental Exams |
|---------|--------------|--------------|
| Q4 2009 | 91.1% | 68.8 % |
| Q3 2009 | 80.4% | 66.3% |
| Q2 2009 | 85.3% | 73% |
| Q1 2009 | 85.2% | 66.5% |
| Q4 2008 | 85.9% | 61.7% |

Indicator 5 : Foster Care Children Authorized for Psychotropic Medications

This indicator provides the percentage of children in foster care with a court order or parental consent that authorizes the child to receive psychotropic medication. As shown in Figure 42, there has been a slight increase in the percentage of children in care who are authorized for these medications. In 2009, the percentage was 9.6%, which corresponds to 27 children. However, there has been an increased attention to data entry which may account for the increase. There is no federal standard for this measure, but Santa Cruz County's percentage of children authorized for these medications is lower than the state average of 13.6%.

FIGURE 42: PERCENT OF CHILDREN IN CARE AUTHORIZED FOR PSYCHOTROPIC MEDICATION

| | OCT2007- DEC2007 | OCT2008- DEC2008 | OCT2009- DEC2009 |
|---|---------------------|---------------------|---------------------|
| Authorized for psychotropic medications | 6 | 6.1 | 9.6 |

Other Child Well-being Indicators

In the last 2007 CSA, FCS had resources to conduct an extensive assessment including telephone interviews with parents, youth and caregivers. This type of surveying was not possible this year; however the results of these surveys continue to be utilized for program planning. One area of information that is often used concerns the well being of youth. In 2007, the youth survey focused on well-being of children in three areas: 1) school, 2) alcohol and drugs, and 3) health. A summary of these results are below.

The number one challenge reported by youth ages 12-18 who had an open child welfare case in 2005 or 2006, was school. According to the youth surveyed, low grades or failed classes was an issue for 39%,

23% had many absences over the last year, and 19% reported problems getting along with friends at school. Moreover, about half of foster parents and relative caregivers and CASAs said the child was performing below grade level in one or more subjects.

In terms of alcohol and drug use, more than one out of four (28%) of the 12 to 18 year olds that were surveyed said that they might have a problem with alcohol or drugs. Foster parents and relative caregivers thought that one out of three (33%) of the children that they cared for who were 12 and older had a problem with alcohol or drugs. Finally, some of the children were struggling with the effects of being exposed to drugs in-utero. Fourteen percent of caregivers surveyed said that one of the child's top two needs/challenges was alcohol/drug exposure at birth.

Health issues, in general, were cited as issues for more than one in three youth. Thirty nine percent of caregivers and 36% of parents said that the child's health was only fair or poor. Thus, only 61% and 64% of the caregivers and parents thought the children had health that was good or very good. Furthermore, half of parents felt that their child had an ongoing health problem which was mental health or behavior related and 62% of caregivers said that the child had emotional problems when they were first placed.

8. Outcome Summary

Santa Cruz County has analyzed the local performance on outcomes demonstrating the impact services have had on children as well as key child welfare processes. Many indicators show strengths in the system of services while others point to a need for improvement.

Among the safety indicators, Santa Cruz County is pleased that our data show a low recurrence of maltreatment and low maltreatment in foster care. Santa Cruz County continues to reunify children timely, at or above the federal goal and well above the state's performance. Of most concern is that re-entries to foster care have increased over the last three years. FCS has already begun to address this performance by conducting Team Decision Making (TDM) meetings prior to reunification and examining cases that re-enter for contributing factors.

Another area that needs improvement is social workers' data entry of their monthly contacts with children. The delay in entering these data is of great concern to FCS, and efforts to ensure compliance are now in place.

In the past, local performance on the adoption timeliness measure has been excellent, but this measure has declined since FY 06/07. As stated earlier, a contributing factor may be the substantial staff and supervisory turnover in the Adoptions Unit over the last four years. As this unit stabilizes, it is expected that the Santa Cruz County's performance will return to its previous high level.

There have been slight improvements in outcomes for children in long-term foster care (24 months or longer). The percentage of these youth exiting to adoption has increased, and the percentage emancipating from foster care has decreased. We anticipate that the child-specific recruitment efforts established in the Roots and Wings project will continue the positive trend in these outcomes.

Family and Children's Services has continues to place about half of our children with relative caregivers, and we see many benefits from this practice. One of these benefits is that more children are placed with some or all of their siblings, and another is that children experience fewer placement moves.

F. SYSTEMIC FACTORS

1. Relevant Management Information Systems

The primary database used in the FCS Division is the Child Welfare Services/Case Management System (CWS/CMS). In addition, the division uses a secondary database, SafeMeasures. SafeMeasures captures data from existing computerized files and links these data elements to key performance standards. The use of these systems is described below.

CWS/CMS

Santa Cruz County has fully utilized CWS/CMS since October 2000. This means that FCS uses all five components of the application: Case Management, Client Management, Placement Management, Court Management and Service Management.

CWS/CMS is critical to FCS's ability to carry out its responsibilities. The system enables us to keep electronic records of all casework activities, and to measure client progress. CWS/CMS makes it possible to track the progress of a child or family through the child welfare system, from the initial face-to-face contact to court hearing dates, court reports, and the finalization of adoptions. Data collected from CWS/CMS is utilized to measure FCS's success in achieving outcome goals. Every level of staff within FCS uses CWS/CMS data. Social workers and clerical staff enter data regarding referrals, investigations, case plans, court hearings, delivered services, and client progress. Supervisors review and approve case data in CWS/CMS at key decision points such as the close of the investigation, prior to case transfer, at each six month review, and when court reports/case plan updates are due.

FCS also uses Business Objects to extract data from CWS/CMS and produce monthly reports that are reviewed by supervisors and managers, and periodically runs Business Objects reports specific to a particular project. For example, Business Objects was used extensively in the 2007 County Self Assessment for collection of data related to surveys of birth parents, caregivers and youth, and a deep case file review on recurrence cases. Managers also review cumulative data reports to better monitor program performance, activities, service delivery, caseloads, and staffing levels.

In the Outcomes and Data Indicators section of this report, data quality issues were identified for the following outcomes:

- Indicator 2B: Percent of Child Abuse/Neglect Referrals with Timely Response. Although the county's performance on this measure continues to be strong, we believe that there continue to be data entry issues with the documentation of unsuccessful attempts to make contact and with the documentation of contacts that are made after hours.
- Indicator 2C: Timely Social Worker Visits. There is a continuing problem with social workers not entering their monthly contacts timely.

- Indicator 6B: Individualized Education Plan. FCS staff are not consistently entering information about IEPs in the CWS/CMS system.

FCS has identified several areas of concern related to the CWS/CMS system, and they are centered on the fact that CWS/CMS is a statewide database; therefore counties have very little control of it at the local level. Legislative and regulatory changes take weeks, months and sometimes years to be incorporated into the database. In addition, local data needs must be addressed outside the system in locally designed data systems. This results in increase demand on local information technology resources.

SafeMeasures

In early 2004, the Division implemented SafeMeasures as a quality assurance tool, not only to track progress locally on the state and federal performance measures, but also as a means to see where we may be having data entry problems or case management issues. FCS has continued to utilize SafeMeasures to identify and remedy issues that, in the past, would have been extremely labor intensive to address.

FCS is also using SafeMeasures to monitor compliance with the Division 31 regulations as well as with AB 636 outcome measures, including reviewing reports on Caseload Management, Compliance Summaries, Referrals & Investigations, Emergency Response, Family Maintenance, Family Reunification, Permanent Placement, Child Well-Being, and Federal Outcome Estimates.

Data Gaps

The County Self-Assessment process identified areas of information that were unavailable and necessary to comprehensively assess the child welfare system. These gaps were often due to a lack of information in CWS/CMS or a lack of information collected by key partners. There is a lack of systematic data on the incidence and prevalence of substance abuse in child welfare involved families.

- There is a lack of information on availability of foster parents and specific information such as preferred capacity and ability to be a concurrent placement.
- There is a lack of a field that identifies whether the child is in a concurrent foster/relative home. There is a need to determine if children and youth who have been in care for 18 months or more are in homes moving towards permanency or need further permanency efforts. It would be very helpful to have a data report identifying these children.
- There is a lack of a systematic way to collect and analyze data on the presenting safety factor that led to a case, for example substance abuse or domestic violence. This information is in the case plan but it cannot be easily compiled in a CWS/CMS data report.
- There is a lack of information on how mothers, fathers, and youth were engaged in services.

CAPIT, CBCAP and PSSF Information Management

Each contracted program that receives funds from CAPIT, CBCAP and PSSF is monitored by both a FCS program manager and an analyst. The analyst prepares an annual service contract with each provider, which includes objectives based on identified needs and service strategies as outlined in the CAPIT/CBCAP/PSSF three-year plan. Service providers submit quarterly reports on their progress toward these outcomes electronically via the Contract Management Center (CMC), and in written data reports. The FCS program manager meets with the contractor at least quarterly to review the overall progress of the program and to strategize with the contractor to resolve any program issues. Demographic information regarding clients served is gathered via an annual survey, for submission to OCAP.

In March of 2008, the Human Services Department issued an RFP to contract for child abuse intervention and prevention services funded by the CAPIT/CBCAP/PSSF allocations and County Children's Trust Fund. The RFP was based on service strategies recommended by the Children's Network of Santa Cruz County and outlined in Santa Cruz County's three-year plan for July 2008 through June 2011. The RFP process was completed and contracts were approved by the Board of Supervisors to begin in July 2008. Each contract has been renewed for a total of years, to provide services for state fiscal years 2008-09, 2009-10, and 2010-11. A new RFP will be issued in March of 2011, for fiscal years 2011-12, 2012-13, and 2013-14. That RFP will focus on service strategies to meet continuing needs as outlined in this CSA.

2. Case Review System

Case Review continues to be a key area of focus for Santa Cruz County's Self Assessment Process. In 2007 Santa Cruz County engaged in a comprehensive survey of community partners, caregivers, CASAs, parents and youth in order to establish a baseline of strengths and areas of focus for improvement. Those results were documented in the 2007 Self Assessment. That survey process included questions related to the core elements of the Case Review section. The intent was to review this subject matter from multiple perspectives by seeking out both anonymous and identified feedback from multiple stakeholder groups. As a result, many of the findings are still relevant to the 2010 Self Assessment process pertaining to Case Review.

Additionally, FCS sought input about current practice from stakeholders by conducting focus groups and surveys during the January 2010 PQCR process. Stakeholders included parents and youth, service providers, caregivers, Court partners, social workers and supervisors.

Finally, FCS was awarded a federal grant in 2008 that is aiding the Department in meeting specific permanency outcomes for children and youth. A significant portion of the planning year (September 2008 – September 2009) was spent utilizing outside contractors for the purpose of unbiased assessment of current permanency practices within FCS. These consultants included a nationally recognized expert on Concurrent Planning practices, a nationally recognized expert on Permanency (especially for older youth), a local expert on Permanency best practices, and a local expert on Customer Service. These

assessments included direct feedback from community partners, resource parents, and when appropriate, parents and youth.

a. Court Structure and Relationship

Juvenile Delinquency Structure

The Juvenile Delinquency Court is comprised of one Judge who hears matters pertaining to youth between the ages of 12 and 18, who have allegedly committed a law violation. An Assistant District Attorney, specializing in juvenile delinquency matters, files the petition against the youth and holds the burden of proof. All youth before the Court have the right to adequate representation by an attorney, often a Public Defender or a Private Attorney, specializing in juvenile delinquency matters. A Probation Officer assigned to the Investigations unit is also present in Court as a representative of the Probation Department and often the conductor of the process. Youth who are pending allegations of a law violation attend with their parent/guardian/family. In the event the youth and/or parent/guardian is a monolingual Spanish speaker, the Court will provide them with a Court appointed interpreter. Often times, youth will attend a Court hearing with another supportive caring adult. In 2009, 1,166 petitions were filed within Juvenile Delinquency Court, alleging new law violations committed by a youth.

Certain law violations are mandated referrals to the District Attorney, alleging new felony or misdemeanor charges to establish jurisdiction. In some instances, the probation department could respond to a law violation through informal behavioral contracts, referrals to counseling, assignment of volunteer service hours, referrals to Teen Peer Court, referrals to various educational classes, referrals to Neighborhood Accountability Boards or admonishment and dismissal. Some youth are offered diversion through the Victim Offender Dialogue Program or Youth Services. The Probation Department has direct contact with each youth and their parent/guardian who is referred by a law enforcement agency for a new law violation. This early response to juvenile crime is a key factor in reducing recidivism.

Once jurisdiction is established through a trial or admission by the youth that a law violation did occur, a Probation Officer completes an investigation of the minor's social background, prior juvenile record, describes the circumstances of the crime, determines what must be done to repair harm to the victim(s) and what interventions will help the minor alter his/her behavior for the future. The officer makes specific recommendations to the court in the form of a written report, which are intended to repair the harm caused by the offense, encourage the minor to become a productive member of the community, protect the safety and security of the community, and hold the minor accountable for his/her offending behavior.

After reviewing the dispositional report and receiving statements from the District Attorney and the minor's attorney, the Juvenile Court Judge determines the disposition that will best encourage and support the minor's rehabilitation. In 2009, there were a total of 178 court reports, inclusive of executive summary, original and supplemental dispositional reports.

The probation department has a strengthening relationship with the juvenile Court in that the judges typically are supportive of evidence base practices and the department's efforts towards detention reform and reducing racial and ethnic disparities in detention and the juvenile justice system. Probation is an active stakeholder and participant with judicial personnel as part of a Court Users Project. Santa Cruz County was selected by the Administrative Office of the Courts as one of four jurisdictions aimed at examining judicial systems and to promote system improvements. Judicial officers often participate in various stakeholder meetings within the community and with the probation department in a supportive effort at juvenile justice system reform.

Juvenile Dependency Court Structure

Described below are the primary elements of the local court structure for Juvenile Dependency Court. The Juvenile Court in Santa Cruz County is convened by the Superior Court. Dependency matters are heard by a Judge in the Santa Cruz County Courthouse located in Watsonville.

Hearings for pre-disposition and post-disposition reviews are held weekly and on separate days. Detention hearings are held daily. Trials, settlement conferences and mediations are scheduled in the intervening times. In January 2008 the Dependency Court divided the calendar (both pre and post-disposition) between North Santa Cruz County and South Santa Cruz County. A new South County facility allowed South County families to participate in the Court process without undue travel burden. However, with recent budget cuts to Superior Court, in June 2010 Dependency matters were once again consolidated in one end of the County (now South County). This will once again result in significant travel burden for families and caregivers interested in participating in Dependency hearings.

Each child is appointed **counsel**. Counsel remains appointed until the dependency is dismissed. The local law firm of Patterson and Dews is on contract through the Administrative Office of the Courts to provide this service. A parent whose lack of financial means prevents him or her from hiring an attorney is represented by the law office of Evguenia Vatchkova. If there is a conflict (e.g., if it is not appropriate for the two parents to be represented by the same counsel), another law firm, Laurie E. Daniels or Robbins & Strunk, represents the second parent. Parent representation has been inconsistent over the last few years due to the untimely death of the primary Parents Attorney contract holder in 2008. In 2010 Evguenia Vatchkova contracted with the Administrative Office of the Courts to provide this service. She has worked within the Santa Cruz County Dependency system as an attorney for a number of years and is well respected as a strong advocate and a believer in alternative resolution methods. The FCS Division is represented by the office of the County Counsel.

Advocacy and support resources for dependent children are provided by CASA. FCS works closely with the local CASA program and the Court to ensure that children promptly receive a Court Appointed Special Advocate. FCS requests a CASA for the majority of Family Reunification cases and certain select Family Maintenance cases where it appears the child would benefit from such a relationship. The relationship between FCS and CASA has strengthened significantly over the past three years and continues to be an area of focus for supporting permanency outcomes for youth. In 2008 an MOU was established between CASA and FCS to ensure consistent practice with respect to communication and collaboration. Staff from FCS and CASA Volunteers received extensive training on best communication

practices. Additionally, specific structures were delineated regarding resolving conflicting opinions on cases. As a result, more issues are resolved at the social worker/volunteer level. When appropriate, supervisors or managers from both agencies step in. Additionally, there are regular meetings between CASA and FCS managers as a quality assurance measure and to seek resolution of extremely difficult case issues. Finally, supervisors from both agencies meet on a quarterly basis to address day to day practice concerns and to celebrate partnership successes.

For post-disposition cases, FCS has a social worker assigned full-time in the role of “**Court Officer.**” The Court Officer appears in Court on behalf of case-carrying social workers, a practice that allows FCS staff to spend more time in direct service to clients. The Court Officer also files petitions and tracks Indian Child Welfare Act (ICWA) and Interstate Compact for the Placement of Children (ICPC) cases. She works with County Counsel’s Office to ensure that FCS is meeting all legal requirements of ICWA and of ICPC. The Court Officer provides regular feedback to social work supervisors regarding current practice in these areas and ensures that social work practice is above reproach. By centralizing all ICWA noticing, contact with tribes and ICWA reporting to the Court within one FCS position, the Department has significantly lowered its exposure to appeals in this area and has established good, ethical practice with respect to children who fall within the purview of this law.

The Dependency Court Systems Coordinating Meeting (DCS) is a **monthly meeting of all parties** who touch the Dependency system. It was initiated to support and improve the working relationships among all these parties, and to provide a venue for training on topics of mutual interest. Members include the Dependency Court Judge, Parents’ Attorneys, Minors’ Attorneys, CASA, FCS staff, Superior Court Clerk and County Counsel. All parties agree that this is a useful forum to share information and increase collaboration.

Court partners continue to agree that collaboration between and among the parties is constant and effective. As stated above, there is already a written MOU that establishes communication practices between FCS and CASA. Additionally, written communication protocols for FCS and attorneys are underway. Finally, FCS management and the Dependency Judge maintain contact as needed in an effort to address general Department/Court practice issues. Despite these efforts there continues to be room for Departmental improvement in the following areas: FCS consistency with informing other court participants of significant changes in a child’s placement, social worker or visitation and in the degree to which CASAs and attorneys are asked for input prior to key decisions.

Continuances

FCS social workers produce court reports one week in advance of Jurisdiction/Disposition Hearings, and two weeks in advance of Status Review, Permanency and Post-Permanency Hearings. This practice greatly reduces the need for continuances by allowing parties significant preparation time.

When Continuances are requested, the Dependency Court Judge grants these continuances only after reaching a legal finding of “good cause”. The typical reasons for continuances are as follows: pending necessary information has not been received by the social worker, ensuring Indian Child Welfare Act noticing compliance, attorneys have not had sufficient time or opportunity to speak with their clients

prior to the hearing, parent illness the day of the hearing, or the parent has not read the Court report prior to coming to the hearing. Many continuances are only for a few days to a week. Santa Cruz County Superior Court does not currently track the percentage of cases that are granted continuances. However, the current Judge provides feedback to FCS management if it appears that there is an increase in the overall number of Continuance requests submitted by the Department. Additionally, the Court Officer works with social work supervisors to ensure that workers understand what “good cause” requests are. Finally, all supervisors track Court report due dates for social workers in their units to ensure that all reports are received by the Court in a timely manner. Though the Department does well in this area, diminishing social work staff and increased demands for detailed information by the Court makes meeting these deadlines more and more difficult.

Though the Judge has also made it clear to all Dependency attorneys that only “good cause” Continuances will be granted, many Court partners agree that matters do not always resolve in a timely manner. This seems to be due to several factors including the following: the length of trials, the number of trials set, the lack of days during which a trial can be set (which has been further impacted by Court furlough days and Departmental furlough days), and some established Court practices regarding the requirement that cases must engage in Settlement Conferences prior to trial (despite the fact that all parties agree that a settlement will not be reached).

Termination of Parental Rights

Federal law has codified the goal of permanency for children by requiring the Dependency Court to consider termination of parental rights for all cases where children have been in out-of-home care in 15 of the previous 22 months of dependency. The State of California stipulates that Status Review hearings must occur at six and 12 months after disposition but that a third Status Review hearing must happen no later than eighteen months after removal. To that end, the Santa Cruz County Dependency Court does consider the permanency needs of children at the six month review for children under the age of three and at the twelve month review for children over the age of three. Additionally, FCS and the Santa Cruz County Dependency Court also consider whether or not W&I Code sec. 361.5 bypasses of reunification services criteria apply to any out-of-home pre-disposition case, thereby hastening permanency for youth whose family circumstances fit those extreme criteria.

However, while timely decisions about permanency for children have long been recognized as an important goal in child welfare, the Santa Cruz County Dependency Court System has a history of extending timelines to meet the recovery needs of parents, sometimes to the detriment of the permanency needs of children and youth. It is widely recognized by several stakeholder groups that substance abuse treatment services are not consistently readily available to child welfare clients in Santa Cruz County. Parents often have to wait a period of time before a subsidized treatment slot opens. Depending upon how long a parent has to wait, the ability to satisfactorily complete treatment and demonstrate consistent sobriety post treatment becomes difficult. The Dependency Court in Santa Cruz County has a history of taking these circumstances into consideration when determining whether or not it is appropriate to extend services from 6 to 12 months or from 12 to 18 months. In almost every case, the Court has not exceeded 18 months of reunification services.

During the 2007 Self Assessment process, many community members asserted that, though substance abuse recovery efforts are very important, the permanency needs of children simply cannot wait. To that end, FCS has made an extensive effort to address this issue on every level from written policies and procedures to in depth social worker discussions about child welfare practice, ethics and values. This process was significantly bolstered by the receipt of the federal Adoption Opportunities: Diligent Recruitment grant aimed at increasing real permanency for children and youth. As stated above, the Department engaged the services of several Permanency and Permanency related experts to assist in deconstructing practices and beliefs about permanency in child welfare in Santa Cruz County. One of these experts described child welfare practice in Santa Cruz County as “reunification at all costs” and that social workers see themselves as failures if reunification is not successful. As a result, significant efforts are being made to address a needed culture shift so children and youth can achieve true permanency.

Some of these efforts include the following: creating more interaction between the Forever Families Team (formerly named the Adoptions unit) and the Ongoing and Teen units; better policies and procedures with respect to Concurrent Planning and Case Transfer processes; a more clear policy regarding 361.5 Bypass cases; established policies regarding specific steps for assessing readiness for reunification (within the TDM policy and procedure); use of TDM prior to moving to overnight visitation with parents; educating the Court on the desirability of adoption as the only true permanent alternative to reunification; establishing Court orders for using Adoption websites such as AdoptUSkids in the pursuit of permanent homes; establishing practices for youth readiness for adoption; and engaging in general, targeted and specific recruitment efforts for permanent homes for youth and children. Finally, FCS has committed itself to continue staff dialogue about how to balance permanency and reunification goals.

As a result of these efforts, FCS has clarified its position about adoption and when to seek adoption. In the past, some Department staff as well as court partners developed a reluctance to pursue adoption in favor of legal guardianship as a means of giving parents another chance to achieve reunification at a later date. Due to the efforts outlined above, the Department has made clear that adoption is our goal for all children whose parents are not successful at reunification. However, despite the Department’s position, some social work staff and Court partners remain reluctant to pursue termination of parental rights because it potentially limits the child’s association with his or her birth family. This continues to be a challenging area both within the Department and in our relations with Court partners.

Facilities Available for Parents and Children

In January 2008 a new Santa Cruz County Courthouse was opened in Watsonville. This is the current location of both the Dependency Court and the Juvenile Justice Court. This Courthouse has appropriate facilities for families and is a significant improvement over other Courthouses in the County. Unfortunately there are two drawbacks to this location. First, due to Court budget cuts, Dependency and Delinquency hearings will only be offered in this location, thereby forcing all families living in other cities within the county to have to travel for hearings. Additionally, juveniles who are incarcerated are located about 30 miles from this new Courthouse.

Use of Alternative Dispute Resolution

Staff of Family Court Mediation provides mediation services on Dependency cases. The Court will refer cases to mediation if there is a likelihood the parties could resolve their differences and trial could be avoided. Access to this resource is limited so attorneys are also employing the use of Early Resolution Conferences in order to informally discuss issues with the family present in an effort to avoid unnecessary trials. If neither Mediation nor Early Resolution Conferences are effective in resolving conflict, Santa Cruz County uses settlement conferences with the Judge in order to narrow the trial issues. Often times, this process can be effective in avoiding a trial all together. However, as stated previously, there are circumstances wherein a settlement conference is ordered despite all parties awareness that there is no chance the matter will settle. This can lead to a delay in resolution of the matter.

b. Process for Timely Notification

As required by law, FCS informs all parties of hearings. Given the different noticing requirements for each hearing, a Policy and Procedure was established in 2006 to assist social workers in proper noticing techniques.

For the ***Detention hearing***, all parties (parents, children and caregivers) are noticed in person or via telephone. Social workers document their efforts to notice parents in the Detention report and document their efforts to notice the caregivers in CWS/CMS case notes. Caregivers are reminded of their right to be present at the Detention hearing.

The Santa Cruz County Superior Court provides notices for the ***Jurisdiction/Disposition*** hearing to the social worker at the time of the Detention hearing. The social worker notices all parties (parents, children and attorneys) present at the Detention hearing for the Jurisdiction/Disposition hearing. If there are parties not present at the Detention hearing, the Santa Cruz County Superior Court notices those parties at their last known address via mail. Social workers verbally notice caregivers for the Jurisdiction/Disposition hearing. Caregivers are reminded of their right to be present at the Jurisdiction/Disposition hearing.

Two weeks in advance of each ***Status Review***, Interim Review or Administrative Review hearing, FCS mails parents, children, siblings, attorneys, tribes, and other “parties to the action” the “Notice of Review Hearing – Juvenile” for a court hearing, or “Administrative Review Panel Notice of Hearing” for an Administrative Review. FCS Court Clerks maintain a “Court Calendar” which tracks upcoming reviews and notification dates. Four weeks prior to each hearing, the clerks send a “notification list” to the case carrying social worker. The social worker edits the list to ensure that all parties and their addresses are accurate.

Caregivers also receive the “Notice of Review Hearing – Juvenile” for a court hearing, or “Administrative Review Panel Notice of Hearing” for an Administrative Review. Via these last two documents, resource/foster parents and relative/non-related extended family member caregivers, including pre-adoptive parents, are reminded of their right to be present at these hearings and reviews. FCS includes

the “Caretaker Information Form” (JV-290) with the notice of hearings to caregivers. This State of California form solicits input from the resource/foster parents and relative/non-related extended family member caregivers, including pre-adoptive parents, on behalf of the child, in order for the Court to have direct communication from the caregiver. Instructions regarding how to provide this form to the Court are included with each notice, and lead the caregiver to forward the information directly to the clerk’s office. In this way, the caregiver can be assured that the communication goes to the Judge without third party interference. The information provided by resource/foster parents and relative/non-related extended family member caregivers, including pre-adoptive parents, is an important component in giving the Court a current picture of the specific foster child’s needs and well-being. However, few caregivers avail themselves of the opportunity to provide input in the Caretaker Information Form and its predecessor, the Caretaker Statement to the Court.

The Agency adheres to state law and regulation requirements for determining whether children have American Indian heritage to ensure compliance with the ***Indian Child Welfare Act (ICWA)***. Emergency Response social work staff are trained to ask parents about their ancestry at the time children are removed from their parent or guardian. Once a child is identified as potentially coming within ICWA regulation, the Agency has a designated coordinator (the Court Officer) who tracks required notifications and documentation to/from the Bureau of Indian Affairs. The Agency adheres to direction from the Bureau of Indian Affairs or a specific tribe regarding placement of children with an Indian family.

FCS notices all parties to an action, including caretakers as noted above, children, biological parents or guardians, de facto parents, minor’s counsel, parent’s counsel and CASA, in a timely manner.

FCS consistently properly notices parties to an action and it is rare that improper notice causes hearing delays. However, there are times when the Department requests continuances in order to achieve proper notice for the Indian Child Welfare Act if information from the family is not received by FCS in a timely manner.

c. Process for Parent/Youth Participation in Case Planning

The FCS Division focus in the case plan is on the welfare of the child. If the needs of the parent, guardian, or other caregiver are affecting the welfare of the child, then those needs will be addressed by designing a case plan unique to the needs of that family. FCS has a philosophy of strength-based, family-centered practice. This includes a tenet of client involvement in case planning and assessment of progress.

In 2006, FCS implemented a Case Planning Policy and Procedure designed to provide guidance and instruction to social workers about case planning at all phases of the dependency process. This policy not only instructs social workers on how to create and update case plans, but how to translate needs identified on the Structured Decision Making “Family Strengths and Needs” tool into specific case plan goals and activities. This tool provides literacy level appropriate sample language to social workers from which they can model unique case plans for each family. In the telephone survey of parents in 2007, 85% of parents said that they understood the content of their case plan and 71% said the case plan

incorporated their top two needs. They also said they understood the time limits of the case plan (79%) and felt that it was achievable (84%). This data suggests that the majority of parents in the Santa Cruz County child welfare system understand their rights and responsibilities with respect to case planning.

Parents

Santa Cruz County social workers strongly believe in the value of including parents in the case planning process. As of January 2010, Santa Cruz County provides a copy of a Parent's Bill of Rights (attachment B) at the time that a child is removed, and this document informs the parent of his or her right to participate in the case planning process and of what is at stake should the parent fail to participate in ordered services.

Fifty seven percent of parents reported in the 2007 survey that their first social worker who went to court with them at the beginning, talked with them about the services they thought they needed. The extent to which social workers can actively engage parents in a formal discussion about initial case plans often depends on the circumstances of child welfare involvement. In ***Informal Family Maintenance cases (voluntary services)***, most parents participate actively in case plan development and progress monitoring. Since parents choose what services in which they are willing to engage, it is necessary to have active dialogue about what services are appropriate and would be acceptable to the parent. Though parents participate in this process, they are still aware that declining services or not following through with social worker recommended services could have negative repercussions in the future should the family again come to the attention of the Department. Therefore, though there is a dialogue, the social worker still takes the lead in designing the appropriate case plan that addresses the risk posed by the parenting deficits.

Engagement of parents who participate in ***Court programs*** has been a bit more problematic. When children are removed from home and petitions are filed to seek dependency, the Court timelines make parental engagement in case planning difficult. Even for non-custody situations, the timelines leave little room for the social worker to actively engage parents multiple times in an effort to investigate risk, come to agreement on the current functioning, build rapport and agree on needed services. Dependency Court culture in Santa Cruz County requires that an initial case plan be attached to the Jurisdiction/Disposition report at week three of the removal. Though the law allows 60 days for case planning, Jurisdiction and Disposition are rarely bifurcated in Santa Cruz and many of the attorneys are strongly opposed to extending Disposition due to their clients' desire to start moving the case forward and getting the Court out of their lives. Additionally, due to the turnover in parental legal representation, many attorneys inexperienced in dependency law have recommended that their clients refrain from meeting with social workers or acknowledging any need for services prior to a Jurisdiction finding. That leaves the social worker with little choice about parental input in case planning.

As a result, Dependency Investigations social workers have less success in engaging parents or guardians in the initial case plan design in a formalized manner. Typically, the social worker conducts the initial interview regarding the allegations in the petition and this discussion leads the social worker to discuss possible services that may benefit the parent's ability to provide safe and stable care. The parent(s) have an opportunity to provide input about whether or not these suggested services fit his or her

circumstances. Additionally, both the Dependency Investigations social worker and the Emergency Response social worker make referrals for suggested services prior to a Jurisdiction finding and inform the parent(s) that any services he or she may participate in prior to that hearing would likely work in that parent's favor with the Court. Though again, this is a social worker led identification of services, the parent is able to express agreement or disagreement and is able to also put forth other needs that the social worker may be able to address with services prior to any formally ordered case plan. In sum, though some parents may not describe the conversation about services as a formal "design of case plan", this discussion dramatically informs the social worker's design of the official document and almost all parents are aware that they will be presented with a formal case plan document at the time of the J/D hearing.

Once the case transfers to **Ongoing services**, social workers are generally more able to engage parents in monitoring their progress and developing case plan updates. In fact, the 2007 parent survey revealed that 84% of parents said that their social worker talked with them regularly about progress on their case plan, and 66% said the social worker involved them in making changes to the case plan. Since that survey, Santa Cruz County has implemented **Team Decision Making** at the point of increasing visitation to overnight visits (in preparation for a return home). The community made this choice to implement at the potential point of return in order to address concerns about re-entry into the child welfare system. Given this choice of implementation, the parent has a significant voice in shaping the case plan for Family Maintenance services.

Second Parent Engagement

In cases where two parents are caring for a child, every effort is made to engage both parents. A second parent is important to family well being as research shows that as opposed to a single parent home; two parent homes can provide possible protection from child abuse and neglect. Compared to living with both parents, living in a single-parent home doubles the risk that a child will suffer physical, emotional, or educational neglect.²¹ The overall rate of child abuse and neglect in single-parent households is 27.3 children per 1,000, whereas the rate of overall maltreatment in two-parent households is 15.5 per 1,000 children. An analysis of child abuse cases in a nationally representative sample of 42 counties found that children from single-parent families are more likely to be victims of physical and sexual abuse than children who live with both biological parents. Compared to their peers living with both parents, children in single parent homes had a 120% greater risk of child abuse and in particular had:

- a 77% greater risk of being physically abused
- an 87% greater risk of being harmed by physical neglect
- a 165% greater risk of experiencing notable physical neglect
- a 74% greater risk of suffering from emotional neglect

²¹ *America's Children: Key National Indicators of Well-Being. Table SPECIAL1. Washington, D.C.: Federal Interagency Forum on Child and Family Statistics, 1997.*

- an 80% greater risk of suffering serious injury as a result of abuse ²²

Father Engagement

In most child welfare cases, the mother is the most immediately and easily identified parent, by virtue of having given birth to the children. However, efforts are made to engage fathers in the case plan, either as a single parent or a second parent. If the child is removed, efforts to locate a father are a primary focus. If a (non-offending) father becomes available for placement, FCS typically makes that placement.

Initially, the Juvenile Dependency Judge makes the finding that a father has “presumed” status. She can make the finding based on birth certificate, parents marriage, other court orders, or if the father has declared the child as his own. Once a father is elevated to “presumed” status, a Dependency Investigation worker has a lengthy interview with him about the allegations of child abuse and gathers information on the concerns and strengths of the family. The worker and father then talk about the case plan and he is referred to needed services. He will then meet monthly with an on-going Social Worker who will review his case plan progress and make revisions to the case plan as necessary. If the father is the child’s caregiver, the department works to assist the father with ameliorating the issues that brought the child(ren) to the courts attention. Reasons for fathers’ exclusion from a case plan could include inability to identify or locate a birth father.

In FY 2009/2010, according to local data in CWS/CMS, there were 705 case plans in effect, 316 (45%) listed a father as a participant in the case plan. One father can be listed on multiple case plans when he has multiple children which typically occurs when sibling groups are involved in FCS services. These 316 cases plans represented 198 unique fathers.

The rate of 45% father participation in case plans is not unusual. For example, a study in San Mateo compared the involvement of primary caregivers and non-primary caregivers with respect to case plan engagement and involvement in services. They found in San Mateo, 44% of non primary caregivers participated in case planning however only one fourth of these non-primary caregivers complied with the case plan services²³. The data on actual case participation is not currently available in Santa Cruz County.

Youth Engagement

In 2007 Applied Survey Research surveyed youth 12-18 years old. While specific questions regarding the extent to which youth were engaged in the case planning process by their social worker were not asked, 77% of youth said that their social worker was either helpful or very helpful in assisting them with addressing their top two needs. Since that survey was completed, the Department was awarded a

²² Sedlak, Andrea J. and Diane D. Broadhurst. *The Third National Incidence Study of Child Abuse and Neglect: Final Report*. U.S. Department of Health and Human Services. National Center on Child Abuse and Neglect. Washington, D.C., September 1996.

²³ Fatherhood in the Child Welfare System, Fourth Progress Report, Office of Children’s administration Research Practice Improvement Division, Children’s Administration, Department of Social and health Services, Olympia, Washington 2004.

federal grant that specifically addresses permanency for older youth who have been in care for 18 months or longer. To that end, the Department has significantly increased resources for this population including a contracted position (someone with significant expertise within child welfare) who works directly with social workers and youth to clearly identify barriers to permanency and assist the youth in overcoming those barriers. The youth is a vital component to the structured “readiness” process and this dialogue with the youth can lead to very personalized case plan elements. Despite these efforts to engage the youth more fully at case plan review points, the Department needs to make continued efforts to engage youth at the initial case plan point and to personalize the case plan elements for each child/youth.

d. General Case Planning and Review

Case Plans

FCS social work staff generate case plans designed to identify family strengths and needed services that will help parents keep their children safe and secure. State regulations require case plans for all families served by FCS.

As described in the previous section, in 2006 FCS implemented a comprehensive Case Plan Policy and Procedure that outlines not only suggested content of the case plan but specific procedures and requirements regarding how to generate the document in CWS/CMS and what the timeframes for completion are.

As previously stated, case plans are legally due within 60 days of the beginning of a case but Santa Cruz County Court culture expects the case plan to be designed by the Jurisdiction/Disposition hearing just three weeks after removal of the child. In accordance with State law, case plans are updated at least once every six months thereafter. The Department tracks compliance with this requirement through various means. Supervisors approve the case plans in CWS/CMS and SafeMeasures software generates, among other measures, continuously updated data on cases that are approaching a due date (60 days or six months). FCS supervisors routinely review these reports to track compliance. Additionally, the Court expects to review an updated case plan at each Status Review hearing and case plan details are typically discussed at each hearing (visitation frequency and duration, the potential need for further or different services, whether or not a psychological evaluation points to additional services, etc.)

FCS has adopted the Structured Decision-Making Tool for use by all social work staff when conducting assessments of risk to children and when engaging in the case planning process. The tool provides specific guidelines for assessing level of risk in order to minimize the influence of subjective conclusions and social worker bias. The “Family Strengths and Needs Assessment” tool guides the case planning process to promote greater consistency and appropriateness of case plan activities designed to help parents overcome issues placing children at risk. Though the Family Strengths and Needs tool is designed to encourage social workers to prioritize services in an effort to refrain from overwhelming families, the Court sometimes requires staff to increase the number of services within case plans. Some of these services do not necessarily coincide with prioritized needs identified in the SDM tool and potentially contribute to parental overwhelm.

In order to further promote fairness and equity, social workers and the Court also take pains to ensure monolingual Spanish speaking clients are not expected to participate in any service that is not available in their native language. If for some reason a service is ordered and then it becomes apparent that it is not available in Spanish, social workers will look for an alternative, or seek the service in a surrounding county and provide resources for transportation for that client. There are occasions when families need resources in other languages such as American Sign Language or Mixteco. In these instances where a vast majority of the services will not be available in the person's dominant language, FCS ensures that there are appropriate interpreters who can accompany that family member to each service.

With respect to the specifics of the case plan document, all case plans detail frequency of visitation between the social worker and the child/youth and between the social worker and the parent. Further, though certain exceptions to monthly visitation are allowed by the State for some Permanency Planning cases, it is Santa Cruz County policy that all children/youth are visited on a monthly basis. It is the expectation of the Department that children/youth are regularly seen in their placement as opposed to in the child welfare office, at visits or at school. However, there are certain circumstances under which one of these alternative contact scenarios may be used in an effort to better inform child safety and parent/child interaction. All case plans reflect a suggested visitation order between parent and child/youth for the Court to adopt.

Social worker/caregiver contact is also specified within the case plan. Though there are times when the caregiver's needs are specifically addressed within the case plan document, it is not current practice to do this regularly. It is rare for the local Court to order a caregiver to participate in services beyond what is needed to provide basic care for the child (maintaining school performance, participating in well child examinations, making the child available for visitation, etc.). In certain cases where a placement is considered to be the best suited for the child/youth, but that caregiver has unique needs, the Department seeks to address those needs outside of the purview of the case plan document. For example, the Department can refer the caregiver to counseling or assist the caregiver in seeking resources for a child's unique abilities or interests. To that end, the Agency maintains flexible funds, such as the Kinship Emergency Fund, to address the resource needs of relative caregivers and resource parents. If, for instance, a relative caregiver needs a larger home to care for a child, the fund may provide one-time moving assistance. It can also pay for specialized equipment needed to care for a child. Other funds are maintained which address the various needs of children, parents and resource parents.

As to whether or not the child is placed in the least restrictive placement, that issue is not addressed in the case plan itself because the Santa Cruz County Court expects that detailed discussion to take place within each Detention, Jurisdiction/Disposition, Status Review and 366.26 Permanency report. There is significant support by the Court and all attorneys to assist the Department in obtaining or maintaining kin placements. For that reason, Santa Cruz County consistently has a fairly high rate of kin placements (approximately half of all placements). Significant steps are taken by Emergency Response social workers to obtain information on kin at the point of removal and to make every attempt to have an approved placement for that child, with someone the child knows, immediately.

The effort to educate Court partners as to the value of kin placements has been so successful that there are times when the Court blocks attempts made by the Department to find permanent homes outside the child's circle when efforts to find someone within it have failed. This issue of finding the balance of least restrictive and at the same time safe and appropriate, placement continues to be a dialogue between the Bench, the attorneys and the Department.

Given that Team Decision Making has not implemented at the point of initial removal in Santa Cruz County, implementation of this service does not currently impact efforts to find the child's least restrictive initial placement. It is our hope to expand TDM implementation in the future, when resources permit.

As with the issue of least restrictive placement, efforts to make or finalize an adoption or other permanent plan do not get addressed within the case plan document because those efforts are addressed within each Court report. Within the Department, the Forever Families Team supervisor tracks all relevant information pertaining to specific adoption efforts for children for whom reunification has either failed or has a high likelihood of failing, including the following: the acknowledgement, the child summary, the home study, obtaining medical records, full disclosure interview, consent and joinder and any post-adoption agreement. The status of these elements is discussed within the 366.26 report.

Permanency Hearings

For all family reunification cases, Permanency hearings must be held within 12 months of the disposition hearing (within 6 months for children under the age of 3). To ensure compliance, the Santa Cruz Dependency Court sets the 6 and 12 month review hearing date from the date of the dispositional hearing where family reunification services were ordered. In virtually every case, therefore, a Permanency hearing is held within the required time frames.

At the Permanency hearing, the Court must first consider whether the child may be returned to the parent(s). For cases where reunification services have been unsuccessful, however, the Court may either (1) continue reunification services for another 6 months if there is a substantial likelihood of return to the parent within the next 6 months or (2) end reunification services and set a hearing date to decide what should be the child's permanent plan (366.26 Hearing). If concurrent planning efforts are successful, the child should have already been placed in the home that may become the child's permanent, preferably adoptive, placement.

However, as indicated previously, Santa Cruz County Dependency Court has a history of exercising its ability to extend reunification services past the initial Permanency hearing if the parent has not had timely access to, or has not finished engaging in substance abuse treatment. Though this does give the child more of an ability to safely and successfully reunify with a parent, it also delays the establishment of permanency for that child. As previously indicated, the Department has facilitated several in depth assessments of potential practice barriers to permanency and these assessments have indicated that both the Department and the Court have had a tendency to tip the scale too far away from permanency in favor of allowing for a slim chance of potential return to a parent in the future.

As stated above, these assessments have led to significant restructuring of practice including deployment of staff (moving some Forever Families Team social workers to co-locate with Teen Unit social workers); training regarding adoptions efforts for all youth not only for social work staff, but for Court and community partners as well; a case review process for addressing barriers to permanence for specific children/youth; significant recruitment efforts for families willing to be “forever families”; deployment of community contracts to support placements to become forever families; use of technology and media to seek appropriate forever families for specific youth; and use of a community contractor to work directly with identified youth to break down that child’s barriers to finding a permanent home.

The most significant effort has taken place within the minds and hearts of social work staff, with exposure to Permanency experts, Santa Cruz social workers have developed a better understanding that no supportive relationship takes the place of a permanent parental relationship. The Department now minimizes the number of recommendations for non-permanence (such as Legal Guardianship or Planned Permanent Living Arrangement). Additionally, the Teen Unit social workers are in the process of re-examining existing Legal Guardianship cases and assessing whether or not those youth and caregivers could benefit from considering adoption.

To further support the permanency needs of teens in foster care, FCS continues to operate the “Supportive Adolescent Services” Program staffed by five Permanency Planning social workers who carry reduced caseloads of youth aged 14 and above, five Independent Living Program Coordinators, two THP Plus Coordinators, six Children’s Mental Health Clinicians and one Dual Diagnosis Children’s Mental Health Clinician. The goal of the SAS Program is to support return to birth parents when appropriate, promote increased permanency to adoption or guardianship and to support successful emancipation through school success and survival skills development.

Concurrent Case Planning

Concurrent Planning is a process of identification of, and early placement into, a placement that can become a permanent living situation for children should reunification with parents fail. Traditionally, FCS had a policy that required social workers to begin the process of concurrent planning from the time the child is removed from the home, and continue this active process until a concurrent plan is finalized. However, there were few guidelines as to how specifically social workers should engage in this process. Further, there was little guidance as to what the case-carrying social worker was responsible for and what the Forever Families (adoptions) social worker was responsible for. As a result, FCS has been inconsistently successful with respect to following California law that dictates a concurrent plan needs to be in place by Disposition. In fact, social workers have, at times, been unable to implement a formal concurrent plan for some children even during the first six months of services.

In order to address this challenge, FCS implemented new Relative Placement and Concurrent Planning Policies and Procedures in 2007. The Relative Placement Policy and Procedure made a formalized structure for immediate identification of relatives at the time of removal with the goal of placing with a relative as the initial placement. These policies attempted to outline the roles and responsibilities of each social worker (case-carrying, Forever Families or Licensing) and what the expectations for ongoing

communication are. Whether or not initial relative placement was achieved, a Home Finding social worker (through the Licensing unit) was to work in conjunction with a family meeting facilitator to bring all known relatives and the parents together for a family meeting within days of removal. The intent of this meeting was for the family to identify the best and most concurrent (with a strong emphasis on adoption) relative placement for the child. Unfortunately, due to budget constraints, the Department could not maintain all the positions necessary to fully implement these policies as they were written. In an effort to bolster concurrent planning efforts, the Policy was re-written in 2010 and now provides clear direction for each program. As to placement with relatives, they are identified through discussions with parents and youth, through letters and phone calls to relatives, and through the use of computer database systems. It should be noted that efforts to locate possible non-offending parents is a primary focus of the case carrying social worker at this time. If this non-offending parent becomes available for placement, FCS makes that placement. If a petition has already been filed with the Dependency Court, the Agency makes efforts to assist the non-offending parent (if it is a father) in establishing paternity prior to dismissing the petition.

With respect to the option of placing with paternal relatives, every effort is made to encourage fathers to appear at the Detention hearing in order to be considered for Presumed status. If his status is raised at that time, FCS may consider his relatives immediately. However, even if he waits until the Jurisdictional/Disposition hearing to have his status raised, the Department can make a placement with his relative at that time if it is the most appropriate placement for the youth.

Once this placement is identified by the family (it may be the initial relative placement or it may not) then the family is referred to a Forever Families social worker who provides full disclosure and explains the adoptions process. At this point, the Concurrent Planning Policy and Procedure becomes the guiding practice. The Forever Families social worker maintains secondary assignment of the case in an effort to provide support to the placement family. All of these steps take place prior to the Disposition of the case, thereby ensuring that a concurrent plan is identified for the child. In the case that the child does not have any known or appropriate relatives for placement, the Forever Families unit works with the Licensing unit to identify a concurrent planning home who may be interested in adoption. Each court report completed by social work staff must contain an identification of the concurrent plan and prescribe the steps needed and steps taken to finalize the concurrent plan. To serve as a prompt to complete this process, FCS inserted instructions to social workers on the steps needed to meet this requirement into the CWS/CMS court report templates.

Competing interests can pose barriers to concurrent planning. At times, appropriate relatives are located who reside a significant distance from Santa Cruz County, such that placement would make on-going visitation with parents problematic. Although it falls short of the concurrent planning ideal of early placement, FCS will facilitate contact and visitation between the relative and the child in these cases.

In addition to working with youth and caregivers, FCS focuses much of its efforts towards early engagement of parents in needed services. Most often, parents receive information at the Detention hearing about services suggested by the social worker. Immediately following the Detention hearing,

Dependency Investigations social workers make referrals for services so that parents do not have to wait until the implementation of their case plan by the Court to get started. Many parents take advantage of these early referrals.

In Santa Cruz County, the Forever Families social worker writes the 366.26 Court report if the child has been identified as appropriate for a plan of adoption.

If a child is deemed not appropriate for adoption, the case carrying social worker writes the 366.26 Court report for Legal Guardianship or Planned Permanent Living Arrangement. The determination of “compelling reasons” for not pursuing adoption is made by the case-carrying social worker and the Forever Families social worker. A common reason why adoption is not the plan, is that the child has been residing with a relative, is strongly connected to that relative, and either the child or the relative (or both) does not wish to pursue adoption. As stated above, efforts to revisit the issue of adoption with these relative caregivers are currently underway.

Whether the Forever Families social worker or the case-carrying worker writes the 366.26 Court report, these reports are almost always timely with 366.26 Hearings occurring within 120 days of termination of reunification services. County Counsel notices for these hearings in order to ensure there are no unnecessary continuances for improper notice.

3. Foster/Adoptive Parent Licensing, Recruitment and Retention

a. Licensing

The State Department of Social Services contracts with the County to license foster family homes. Standards for foster parents are divided into two categories: licensure and placement. State licensing regulations outline the basis for assessing a foster parent on their home, provision of supervision and care, and attention to a child’s personal rights. The State Licensing Liaisons, the County Licensing Supervisor, and the Licensing Social Worker evaluate compliance with the licensing standards for licensing homes. Placement standards for licensing homes are based on first and second-hand information known about a particular foster parent. Feedback from the Placement Specialist, Licensing Social Worker, Foster Parent Recruiter/Retention Specialist, placing social workers, and service providers is a primary source of information upon which placement is recommended and accomplished. Multiple factors are considered including, but not limited to, the reliability of the home, level of prior cooperation meeting a child’s needs, appropriateness to the well-being of the child, cooperation with the child’s service plan, ability to meet sibling placement needs, language issues, and household composition.

Standards for relative and extended family caregivers are also set by the California Code of Regulations. They are supplemented by the Agency’s own FCS Division Policies and Procedures, including the Relative/NREFM Placement Policy and the Criminal Record Exemption Procedure, as well as multiple ancillary documents.

The Home Approval Coordinating Social Worker, the Licensing Supervisor, and the case-carrying Social Worker, in consultation with his or her supervisor and program manager, evaluate compliance with

relative and extended family standards for approved homes. Placement standards for approved homes are more subjective because the home's approval is based on the specific child's placement there. Other than the regulatory criteria referenced above, continued placement is based on first and second hand information known about a particular relative or NREFM. Feedback from the assigned social worker and his or her supervisor, the Home Approval Coordinating Social Worker, and the Licensing Supervisor are the sources of information formally reported and/or informally related about a home upon which a placement is recommended and approved, and upon which placement decisions continue to rely. Considerations include multiple factors including, but not limited to, the relationship of the caregiver to the child, potential for concurrent placement, reliability of the home, level of cooperation in meeting the child's needs, appropriateness for the well-being of the child, cooperation with the child's service plan, ability to meet sibling placement needs, language issues, protection from risk, and household composition.

Recruitment

In 2008, Family and Children's Services secured a five-year grant from the Children's Bureau of the Administration on Children, Youth and Families. The focus of the grant is diligent recruitment of families for children in the foster care system. The grant has enabled us to dedicate a full time contracted position to recruitment efforts. The program that FCS has developed through the grant is entitled Roots and Wings. The first year of the grant was designated as a planning year. During this period, FCS made numerous efforts to engage the local community in the process of developing a comprehensive recruitment plan. This involved hosting a county-wide kick-off event to which a broad cross section of Santa Cruz County community members were invited, including Department staff, service providers, faith based communities, resource parents, educators, health professionals, local business owners, and others with a vested interest in the foster care system. Out of this effort several subcommittees were formed to address issues of recruitment, retention, building community partnerships, and evaluation. The subcommittees provided an opportunity for the community to have significant input into the development of the federal work plan which drives the overall recruitment efforts. Roots and Wing's current recruitment efforts include:

General Recruitment: County wide efforts to raise awareness of the needs of children in foster care this includes:

- Providing current resource parents with "recruitment cards" that they can hand out as they see fit. This idea was developed by some of our resource parents who suggested that they carry something along the lines of a business card. The recruitment cards include some basic information about foster parenting and contact information for our recruiter.
- Incentive rewards to resource parents who refer potential resource parents to FCS.
- Media efforts including television ads in Spanish and English highlighting the general need for resource parents in Santa Cruz County, newspaper articles and opinion editorials featuring local long-term foster parents, and the utilization of technology such as Facebook and Youtube to bring attention to this need.

- FCS offers monthly orientations in English and Spanish. In the past, orientations were held in County offices. They are now held at various well-known locations throughout the community, such as the Boys and Girls club.
- The Roots and Wings recruiter reaches out to local businesses, organizations, and faith based groups to provide education about the need for foster parents in an effort to recruit foster families from among these groups and to ask their assistance in supporting foster youth and foster families in the community.
- Bookmarks with foster parenting and contact information which will be added to books at local libraries and bookstores.
- Brochures have been developed for public displays at community organizations and businesses, and to be used as hand outs at presentations.

Targeted Recruitment: County wide efforts to raise awareness of particular groups of foster youth for whom a limited number of foster homes are currently available. For Santa Cruz County this includes teens, sibling groups, and children with special needs.

- Efforts to raise awareness of geographical locations within the county where there are currently an insufficient number of foster homes and a high number of children removed.
- Television ads focusing on the need for foster homes to serve the specific groups described above.
- Community events held in areas with high rates of removal to recruit foster homes so children can remain in their schools of origin and close to their neighborhood supports.

Child-Specific Recruitment: Outreach to individuals, such as relatives, extended family members, and others from within the child's existing support network.

- A half-time grant-funded staff member dedicated to finding permanent homes for children 11 and older who have been in the Child Welfare system for 18 months or longer.
- Photolisting has recently begun for those children for whom the department has not been able to secure a local permanent home.

b. Retention

FCS works to retain foster, adoptive, and relative caregivers by ensuring that licensing processes run smoothly and adequately and that effective support is accessible to all caregivers. In addition to new services added in the last three years a Resource Parent Bill of Rights (Attachment C) was developed to be given to every resource parent. There are several levels of support provided to resource parents and these are outlined below.

Individual Support

Foster Care Licensing social worker is assigned to all foster parents to assist in licensing issues.

- Case-carrying social worker: the social worker assigned to the child and his/her family provides one on one support to caregivers.
- Two full-time Roots and Wings liaisons, who are out stationed at family resource centers in the community, have as their primary role the provision of one-on-one support to caregivers.
- The Roots and Wings liaisons help find and process volunteers from the community to assist children/youth in care with identified needs. Their needs are identified by the caregivers themselves and range from volunteers who provide tutoring to one volunteer who has taught a foster child to how to surf.
- Practical support, in the form of funds to address the needs of children in care, clothing, and gift cards are provided by both the social worker and the Roots and Wings liaisons.
- A Public Health Nurse, who is an employee of the Health Services Agency, works closely with caregivers to provide needed assessments and referrals to meet children's medical needs.
- Children's Mental Health: if child is being seen by Children's Mental Health, then a Mental Health Specialists in the Health Services Agency may provide therapeutic support to the caregiver and child.

Peer Support

The Foster Care Education Program of Cabrillo College provides several peer support strategies for caregivers. These strategies include access to an active group of parent mentors who partner with new resource parents and help them through the application process and their first placement. Parent mentors provide assistance to foster parents and offer support around general foster care issues, adoptive parenting, working with drug-exposed babies and building relationships with parents, relatives and non-relative extended family members.

Group support includes support groups and appreciation events. Caregivers may access monthly Caregiver Support Groups in Spanish and English. FCS and Cabrillo College conduct four annual appreciation events, often with assistance from the local Foster Parents Association. An appreciation event is held annually for resource families who are certified through the Options for Recovery Program or participate in the Specialized Training for Adoptive Parents (STAP) program. FCS utilizes local print media to run ads acknowledging and celebrating the efforts and commitment of existing foster parents during National Foster Care Month. The Agency also supports the annual foster children's holiday party run by the Insurance Underwriters Association of Santa Cruz County. Collaboration with the local Foster Parents Association is an important aspect of supporting caregiver retention and satisfaction.

Respite Care

Respite Care is a service the Agency administers and provides directly to resource parents on a reimbursement basis. General respite care is available to all caregivers and additional respite care is provided for resource families who are caring for drug-exposed infants and have received certification through the Options for Recovery (OFR) program and to pre-adoptive families through the STAP program.

Training

Training has been conducted by the Foster Care Education Program of the Chancellor's Office of the California Community College System since 1984. Currently the Cabrillo College FKCE Program works closely with the Santa Cruz County Human Services Department, particularly the Foster Care Licensing Unit, to determine both the prelicensing and inservice training needs of resource families in the County and to provide this training and support. These are described below:

- **Parents' Resource for Information, Development, and Education (PRIDE):** This is required 37 hour pre-licensure foster parent training, required before new foster parents can have a child placed in their care. It covers a range of topics such as child development, child trauma, and working with FCS.
- **Options for Recovery Program:** The Options for Recovery Program conducted by Cabrillo College recruits, trains, and supports OFR-certified resource families to care for children, aged birth to five, who have been affected by substance abuse in their family of origin or who are HIV positive. The OFR Program has been conducted in Santa Cruz County by Family & Children's Services since 1997, and through a subcontract with Cabrillo College since 2004. To become OFR-certified, caregivers must complete 33 hours of training, which includes a training series called SPARK-Santa Cruz (Successfully Parenting At-Risk Kids). OFR mentors (trained and experienced caregivers) are available for OFR-certified caregivers. The OFR program also provides training for birth parents in residential treatment.
- **Specialized Training for Adoptive Parents:** The Specialized Training for Adoptive Parents (STAP) Program conducted by Cabrillo Colleges provides services, support, and education to families in the process of adopting STAP-eligible children. A STAP-eligible child is one who is 18 years or younger and is currently in the child welfare system and has been affected by the parental use of drugs and alcohol *or* is HIV positive. The STAP Program offers training, therapeutic support groups, and mentor services to adoptive parents of STAP-eligible children.
- **Caregiver College:** is a new training series, offered through Cabrillo College. This training series is designed specifically for relative and Non-Relative Extended Family Member (NREFM) caregivers. If a relative or NREFM caregiver decides to become a licensed foster parent, this training meets the same requirements as PRIDE training.
- Ongoing special trainings on a variety of topics.

c. Satisfaction Survey

The efforts described above aim to provide a foundation of support for caregivers and address concerns or challenges as they arise. However, feedback gleaned from a written survey conducted for the previous CSA indicated that caregivers responding to the question, "Have you ever reconsidered being a caregiver?" provided answers such as, "it was too hard emotionally," "not enough financial support," and "not enough communication from FCS." While many efforts have been made to address these concerns, there is continued need for improvement in the areas of support for, and consistent communication with, resource parents. The Roots and Wings program has been designed to address these concerns.

In fall 2009, Santa Cruz County FCS contracted with evaluators from San Jose State University to conduct a customer satisfaction survey with county resource parents. A survey was developed and sent to a random sample of 115 caregivers drawn from the universe of caregivers active in 2008. The response rate was lower than was hoped, at 41%. Highlights of the survey responses are described below.

Caregivers were asked questions in regards to their satisfaction with the child's social worker, and with their licensing worker. The first question asked whether caregivers felt they were treated with respect. About 92% of respondents stated the child's social worker treated them with respect, and a similar percentage stated this about the licensing worker .

Another question asked about the cultural competence of agency staff. Nearly all respondents indicated that agency staff had an adequate knowledge of their culture and language: 97% of respondents stated this about the child's social worker, and 94% of respondents stated this about the licensing worker.

In regards to agency process, caregivers were asked whether phone calls to social workers were returned within 2 business days. There was a somewhat lower rate of satisfaction here. About 70% of respondents agreed that the child's social worker returned calls within two days, while over 25% disagreed. About 80% of respondents agreed that the licensing worker returned calls this quickly, and 19% disagreed.

Caregivers were also asked whether they received enough information from FCS about the child and his or her needs when the child was placed with them. Sixty-eight percent of caregivers felt they received enough information, while 31% felt they did not receive enough information.

Caregivers were asked whether they felt adequately involved in case planning. Only 60% indicated that they felt adequately involved in the case planning process for the child, and almost 40% did not feel adequately involved.

Caregivers were asked about their overall satisfaction with the experience of caregiving. About 80% of respondents reported being satisfied, and 20% dissatisfied; half of those who were dissatisfied were very dissatisfied.

Caregivers were asked what suggestions they had for FCS regarding strategies to support caregivers. The following themes emerged from the answers.

- Caregivers wanted more support, often in the form of information. In particular they wanted more information about the child's needs at the time of the child's placement, but caregivers also described a need for other kinds of information as well, on topics such as finding resources for children, timelines and payments, and emotional issues connected with caregiving. Other support suggestions included providing transportation for parental visits, and respite care for caregivers fostering newborns.
- Numerous caregivers suggested that the agency provide more financial support to resource parents. Some responses centered on specific needs that couldn't be met at current rates, while other focused on the inequity in payments between group homes and foster parents,

with foster parents receiving lower payments even when working with children who require a high level of care.

- Caregivers expressed a desire to be more fully included in the decision-making process for children. Some respondents reported feeling that their input about a child was not adequately considered by agency staff; others expressed a need to be considered as part of a team in the decision-making process for children, and to have their opinions considered when making decisions about a child.
- A fourth recommendation was to focus on children's needs over biological parents' needs. Some caregivers clearly felt there was an overemphasis on reunification in Santa Cruz, to the detriment of children in foster care.

A number of strengths in Santa Cruz county FCS can be identified in this caregiver satisfaction survey. Respondents report that they are treated in a respectful, culturally competent way by agency social workers. They report enjoying the daily activities involved in their caregiving work, and most report that overall, they are satisfied with their role as caregiver.

However, in a number of areas, there is a sizable group of caregivers who are dissatisfied. In terms of process, such as the prompt return of calls, lower percentages of caregivers reported being satisfied, and an even lower percentage of caregivers reported satisfaction with the amount of information received about the child upon placement. In responses to open-ended questions, a need for more support of various kinds, and in particular the need for accurate timely information about children's history, behavior and needs was voiced with feeling by numerous respondents. And finally, the findings related to caregiver involvement in case planning suggests improvement in this area is needed.

4. Quality Assurance System

a. CAPIT, CBCAP, and PSSF

Santa Cruz County ensures effective fiscal and program accountability for the CAPIT, CBCAP, and PSSF vendor/contractor services in the following manner:

- **Families Together:** CAPIT and PSSF funds are contracted out to support Families Together, a child abuse prevention program, and the differential response program in Santa Cruz County. The contractor provides quarterly electronic and written reports to the county on their progress toward specified objectives. Progress toward meeting the service objectives is used to determine quality and to indicate any strengths or weaknesses of the program. A program manager from FCS meets monthly with the contractor to determine a strategy for addressing an concerns, and to ensure that any necessary corrective action was implemented. Client satisfaction is evaluated through the use of an exit interview and an anonymous client satisfaction survey provided after case closure.
- **Children's Network of Santa Cruz County:** CBCAP funds are contracted out to provide support for the activities of the Children's Network of Santa Cruz County, the local children's services coordinating council. The Children's Network submits an annual report of their

activities to an FCS analyst, who monitors the contract to determine that support and technical assistance is provided to the Children's Network members as needed.

- **CWS Flex Fund:** PSSF funds are contracted out to provide flexible funding to meet emergency needs for families. All requests for funds are reviewed and approved by an FCS program manager and analyst prior to being submitted to the contractor for payment. Requests are evaluated for need and relevance to the family's case plan objectives. Fiscal accountability and oversight is maintained by the county Auditor's office.
- **Adoption Promotion and Support:** PSSF funds are contracted out to provide counseling services to potential adoptive families and post-adoptive families. All referrals for adoption promotion and support services are followed up by an FCS analyst to ensure that the family received services. Client satisfaction pre and post surveys are used to determine if services met the needs of the adoptive family. Program effectiveness is monitored by an analyst, who reviews the number of disrupted adoptive placements in SafeMeasures quarterly. Any areas of concern are addressed in regular meetings with the contractor.
- **Supervised Visitation:** A portion of FCS therapeutic supervised visitation program is supported with PSSF funds. The contracted service provider submits a written report summarizing the activity of each visit. Written reports are reviewed monthly by an FCS analyst and general qualitative feedback is given to the contractor. Client satisfaction is assessed during monthly contact between the FCS social worker and the family. Any concerns are reported to a FCS program manager, who meets bi-monthly with the contractor to discuss any program issues, strategize for any required program changes and ensure corrective action was implemented. Any issues of non-compliance are addressed by the FCS Director.

Quality assurance refers to the overall system of quality, including identifying and documenting how to assure and improve quality processes and outcomes. Quality control is an important part of quality assurance, and it refers to the activities and observations that are required by the quality assurance plan in order to evaluate processes and outcomes for improvement. FCS undertakes regular case reviews, uses SafeMeasures as a key method of quality control and to review compliance, and also reviews performance indicators.

In 2007 FCS adopted a comprehensive Quality Assurance Policy and Procedure that provided a background on Quality Assurance, identified eight key principles of quality and how each principle is linked to child welfare outcomes, incorporated the Council of Accreditation Standards of Practice and the Child Welfare League of America Standards of Excellence, and outlined quality control measures. The outcome was to ensure that children are in a safe and stable setting. Fundamental elements of this procedure, and the status of their implementation, are defined below.

Recommendations for *new/revised policies or procedures* are brought to the upper management team of FCS, which assigns a workgroup with a manager as lead and, when necessary, includes an analyst. All completed policies are approved by the Division Director and posted online. A more user-friendly Online Practice Guide (OPG) is being developed and significant portions of it were launched in summer 2010. The initial target date for full implementation of the OPG was 2008 but due to cuts in analyst positions

and changes within both manager and supervisory ranks within the Department, review of existing policies and procedures and subsequent conversion to the OPG format became a much more arduous task. A full time analyst position has been dedicated to this project with the goal of full implementation by the end of 2010.

State All County Letters, All County Information Notices, County Fiscal Letters, and County Fiscal Information Notices provide official information on how to operationalize new or revised laws and regulations. The relevant letters are reviewed by the Division Director, who assigns each letter to be reviewed as needed.

A fundamental way Santa Cruz County ensures service delivery for children who are at risk of abuse or neglect is by use of **Structured Decision Making Risk and Safety Assessment and Family Strengths and Needs Assessment tools**. Santa Cruz has fully implemented the tools and the Department relies upon their use to ensure appropriate families have access to services and families who don't currently meet criteria, but may in the future, are referred to the County's Differential Response program, Families Together. The Department has a high degree of compliance with these tools and, consequently, the appropriate families are offered the appropriate level of intervention and support.

One important mechanism for implementing a quality assurance system is to be able to analyze key data elements in a timely manner. **SafeMeasures** is a sophisticated quality assurance reporting service that allows supervisors and managers to access useful and timely information. It captures data from CWS/CMS and SDM databases and links these data elements to key performance standards. Key staff have been trained to use this resource for every day caseload assessment. Until recently, supervisors continued to use this resource routinely. However, consistent use of SafeMeasures is now an element in each supervisor's and manager's evaluation and has led to more consistent use of this powerful tool. Most social work staff have expressed that they appreciate how SafeMeasures details compliance for certain data elements because it allows them to immediately address data concerns.

FCS staff have developed a **case management checklist** for 100% of all ongoing cases, each month. FCS has also implemented a case review process developed by the Children's Research Council to look at SDM compliance. Under this process, each supervisor randomly selects and reviews a case from each worker each month, and the program managers randomly re-review a sample of these cases. However, this case review system has had difficulty in implementation and is not done with regularity.

Regular performance indicator **data reviews** include: (a) the Division Director and analysts review the quarterly state reports on performance indicators; (b) the Division Director and analysts review several CWS/CMS reports each month and compile a spreadsheet of key monthly statistics regarding workloads by program, and various other process and outcome measures; (c) Business Objects reports are generated monthly to assist specific supervisors and managers to monitor aspects of service delivery; and (D) yearly meetings with outcome progress with the all staff.

For children with Native American heritage and who are removed from their parents, **Indian Child Welfare Act (ICWA)** provides important rights to the tribe when determining permanency. FCS has assigned one worker (the Court Officer) with specialized training to notice the tribes (or all tribes, if the

specific tribe is not known, or the Bureau of Indian Affairs, if the type of heritage is not known) and receive the response. County Counsel double checks. There is a specific updated Policy and Procedure for ICWA compliance to ensure social work staff understand notice requirements as well as how to appropriately engage tribes when a child falls within the purview of ICWA.

Multi Ethnic Placement Act (MEPA), the federal law that prohibits racial profiling in placement and adoptions. The FCS MEPA policy is in compliance with federal law and social workers, including Permanency workers, are familiar with it. Additionally, all social work staff were given MEPA training in 2009.

The FCS **Concurrent Planning policy** assists social workers in the steps needed to immediately involve parents and extended family members in identifying the most appropriate placement, with the recognition that it may become the permanent placement if efforts at reunification fail. This policy was updated in 2010 and is consistent with the other Permanency efforts underway as outline in the Case Review section of this document.

By law, each foster child 16 and over is required to have a **Transitional Independent Living Plans (TILPs)** to identify transition issues and supportive services. FCS policy specifies that all youth 15 and up receive a TILP. The supervisor of the Teen Unit uses SafeMeasures each month to print a list of all youth in foster care who are 14 or older. Case-carrying workers are responsible for working with the youth to complete the TILP, which is attached to the Court report. The TILP is also used as a basis for assigning the youth to an Independent Living Program Coordinator to receive transition supports and services.

By federal law, **Termination of Parental Rights (TPR)** need to be considered by the Court for all children who have been in out of home care for 15 of the last 22 calendar months unless there are compelling reasons not to terminate parental rights. At the 12 month Permanency Hearing the Court considers what the permanent plan should be for the child. If the Court finds there is not a substantial probability for return to a parent, the Court then ends FR services and sets 366.26 Hearing within 90 days to consider a permanent plan, including whether parental rights should be terminated. Compelling reasons are included in the court report. Parents are advised at the beginning of the case that reunification may not be feasible, depending on their progress meeting case plan objectives. As indicated in the Case Review section of this document, the Department's focus on termination of parental rights has shifted substantially since 2008. All social work staff have received training regarding the benefits to the child of termination of parental rights in cases where reunification has failed. Additionally, since there has been significant improvement in resources to support identifying forever families for children, the number of cases making "compelling reason" arguments for not terminating rights is likely to diminish over time. However, as stated in the Case Review section of this document, the Department still has significant work to do with respect to educating Court partners regarding the desirability of adoption as the most appropriate permanent plan if reunification efforts fail.

Probation Quality Assurance

The Santa Cruz County Probation Department operates under the mandates of the Juvenile Delinquency Court and with the Court's support, has embraced the use of alternatives aimed at the reduction in

population and racial and ethnic disparities within the juvenile detention facility and justice system while maintaining community safety. As a national model site for detention reform and disproportionate minority confinement/contact, the Probation Department maintains a number of indicators and has implemented protocols as a means of quality assurance and for program utilization and oversight. Probation managers and some unit supervisors meet to review the detention population weekly, examining each youth's length of stay, ensure compliance with any interim court orders and explore the use of detention alternatives (pre and post-adjudication) and services for youth directly filed as an adult in court with lengthy stays in detention. Additionally, the detention status and appropriateness is reviewed pertaining to any cross-system youth (youth involved with children's mental health and/or family and children's services).

Specific statistical data for each caseload is updated and reviewed monthly. This data includes but is not limited to total of number youth per caseload by race and ethnicity, total number of reports and detention assessments completed by officer, youth recidivism, recidivism while pending court, failures to appear for court, length of stay in detention, average daily population in detention and by program, program outcome data, probation violations by type and detention risk assessment instrument (RAI) overrides. All indicators are disaggregated by gender and race/ethnicity. This data depicts program/service utilization and often used to examine the probation department's decision making points for continual improvements and to drive departmental policy and procedures for improved processes and outcomes for youth. For example, a high override rate existed when the decision of a detention RAI override rested with probation supervisors. A change in policy was developed and implemented to have the decision made by a manager, which resulted in a reduction in detention override rate and an increased utilization of detention alternative services.

Additionally, the average daily population of youth in foster care and institutional placements is monitored closely to ensure fiscal targets, to examine program success by proximity and seeks to examine any potential racial and ethnic disparities. Unit indicators such as the monthly program cost, length of stay, length of stay in detention from disposition to placement, proximity of program, offense history and completion type/outcome data, all disaggregated by gender and race/ethnicity are tracked and reviewed monthly. In the event that an out state placement is being considered by the Court or probation, approval is obtained through the County Multi-Disciplinary team prior to making such recommendation to the Court.

As a formal quality assurance process that ensures youth are placed in the least restrictive environment, considering community safety and repairing the harm of victims and to review that community interventions have been offered and tried is the placement screening committee. This review process is the discretionary entry point for foster care and institutional placements as a recommendation stemming from probation and family participation in a multi-disciplinary committee. A probation officer brings a youth/family before this committee when considering removal from home or intensive placement alternative services. Recommendations by the committee are examined and analyzed monthly and compared with Court outcomes for each youth participating in the committee process. A probation manager participates and monitors all recommendations from the committee tracking specific indicators and is reviewed by juvenile division managers monthly. The probation department is

currently examining specific data related to committee recommendations in the hopes of developing an instrument or tool that may be used in conjunction with other risk assessment tools to improve and ensure fairness and equitable treatment of all youth faced with removal from home or participation in community-based placement alternative services.

As a formal quality assurance process within the juvenile division of probation there is a service utilization review and evaluation meeting that occurs every other month to review key program utilization and unit indicators, fiscal oversight and to examine trends or problem areas recognized through data review. This is a proactive process by managers as efforts to problem solve or make programmatic and/or fiscal adjustments if needed.

Santa Cruz County Probation participates in regular System of Care review meetings involving justice system partners as Children's Mental Health, County Office of Education – Alternative Education, Division of Alcohol and other Drugs and occasionally Family and Children's Services. Programs and services are reviewed and inclusive of data indicators, review of fidelity to program models, implementation of evidence-based practices, program census review and brainstorming surrounding system improvements or program enhancements.

The probation department is also in its last stages of implementing a new case management system with improved capacity to meet the department's needs of data collection, review and report building. Additionally, an updated risk assessment will soon be implemented in the juvenile and adult divisions to aid in assessing appropriate risk level for effective level of supervision/case management.

5. Service Array

a. Array

Santa Cruz County is a community that benefits from a wide array of services. FCS and its partner providers refer families to a host of services within the community. In addition, in August 2010, Santa Cruz County United Way launched a 211 service for access to resource and services information via the telephone. Now any caller can get information 24 hours a day about local resources and supportive services. Services in the community that are regularly accessed by child welfare families include:

Child/Youth Development:

- Developmental Assessment
- Educational Support
- Independent Living Training & Support
- Children and Foster Youth Advocacy

Parenting Education:

- Purposeful (including therapeutic)Supervised Visitation
- Parenting Classes and Support Groups

Alcohol and Drug

- Assessment & Testing
- Outpatient Alcohol and Drug Treatment
- Inpatient/Residential Alcohol and Drug Treatment/Sober Living Environments
- Prenatal Alcohol and Drug Screening and Referral

Mental Health:

- Screening & Assessment
- Counseling (individual or group)
- Inpatient/Residential Services

Physical Health:

- Screening & Assessment
- Public Health Home Visits
- Public Health Nurse Medical Case Management

Domestic Violence

- Shelter
- Counseling & Education
- Family Support
- Home Visits/Case Management

Economic Support and Services

- Rental Subsidies
- Transitional Housing
- Income and Basic Needs Support
- Job Search Support
- Job Training
- Benefits Application Assistance
- Food Assistance

b. Assessment

There are a variety of assessments tools used that assist workers in ensuring that family needs are met. FCS primarily uses Structured Decision Making (SDM) Tools for its internal assessments. This is a set of online assessment tools developed by the Children’s Research Center. The SDM Hotline Tools, as well as Risk and Safety Assessments, are research-based and are used to determine the level and immediacy of the initial response and as a basis for recommendations in the Court reports. The Family Strengths and

Needs Assessment is consensus based and is used to identify the top needs and strengths of a family in order to build an effective case plan. After these assessments, FCS Social Workers refer the parent and/or child for comprehensive assessments in specific areas. The following is a list of the primary assessments utilized:

- **Child Mental Health:** Every new foster child/youth over the age of three who is entering out-of-home care is screened for possible mental health issues by the Dependency Investigations social worker, using the Mental Health Screening Tool (MHST) developed by the California Institute for Mental Health. The local version has been adapted into a single tool for ages 3 – 18. Based on this screening, the social worker makes referrals to Children’s Mental Health. Once the referral has been received, the Mental Health intake therapist completes the Ohio Scales (Worker version) and has the child’s caregiver complete a Child Behavioral Checklist (CBCL). If the child is 12 or older, s/he also completes an Ohio Scales (Youth version) to assess problems, functioning and satisfaction from the youth perspective. The results of these assessments are used by Mental Health staff to develop a plan for mental health services to the child.
- **Child Development:** Children under 5 whose parents are participating in the Dependency Drug Court, locally called Family Preservation court, receive an Ages and Stages Questionnaire which is a developmental screening that provides information on whether the child should be assessed for delays. However due to multiple demands on Social Workers it has been challenging to complete assessments for all children, therefore there is a need for increased resources to provide these screenings. When warranted, a comprehensive assessment is now done by Dominican Santa Cruz Hospital, in partnership with Stanford’s Lucile Packard Children’s Hospital and Children’s Mental Health. The newly established clinic consists of a neuro-developmental assessment team which includes a Stanford pediatric fellow, a developmental psychologist from the Lucile Packard Children’s Hospital, a Dominican Hospital LCSW case manager, a clinician from Santa Cruz County Children’s Mental Health, and a Dominican Hospital pediatrician. The clinic provides comprehensive assessment of the social-emotional development of a young child, as well as service planning and case management. In addition, any child that presents with developmental delays is also referred to San Andreas Regional Center whose staff assesses children for profound developmental disabilities.
- **Adult Substance Abuse:** FCS social workers refer individuals who present with substance abuse issues to be assessed by Health Services Agency (HSA) Alcohol and Drug Specialists. These specialists use the Addiction Severity Inventory (ASI) Lite to assess the presence and severity of an addiction. The specialist then refers the individual to appropriate treatment. Parents who participate in Dependency Drug Court, a specialized court that processes cases where drug or alcohol abuse is a significant contributing factor in child abuse or neglect, receive ongoing assessment and case management by an HSA Alcohol and Drug Specialist.
- **Adult Mental Health:** Assessments for counseling services are provided for most parents at the Parents Center, a local non-profit counseling agency that serves FCS families who reside throughout the County.
- **Adult and Child Physical Health:** A Public Health Nurse who is an FCS employee works with children going into foster care and gathers medical histories from parents and medical records from providers. She then creates medical case management plan. An HSA public

health nurse manages the medical case plan throughout the life of the case. Children are referred to local clinics and hospitals for any needed medical intervention.

- **Probation Assessments:** In the event that youth has an Individual Learning Plan (IEP) indicating a lower IQ or a recent history of exhibiting other behaviors identified by mental health staff, a formal assessment by the San Andreas Regional Center or an evaluation by a licensed psychologist will be requested through the Juvenile Delinquency Court. While these situations occur infrequently, the juvenile detention facility has limited access to a mental health clinician and a psychiatrist through the County Mental Health Department for early detection to avoid prolonged detention stays while pending evaluation for services. The probation placement unit reviews all assessments, individual learning plans and social and educational history available for appropriate level of care placement. Additionally, the placement alternative wraparound program performs a needs and risks assessment, a mental health assessment and a thorough review of all educational records. Staff works closely with the educational system and parent/guardian(s) to identify the need for an IEP update or other assessment(s)/services if appropriate.
- **Service Provider Assessments:** Each service provider typically conducts an assessment particular to the outcome they are working to achieve with the client, for example parent education programs typically conduct assessments on parenting knowledge, skills and attitudes.

c. Service Descriptions

Families receive a combination of services directly provided by FCS Social Work Staff and those provided by other public agencies as well as private agencies. FCS social workers assess family needs and broker services for children and families. Numerous public and private organizations offer a wide array of services to children and families involved with FCS. Service referrals are made dependent on the needs of children and parents that are determined in the assessments mentioned above.

Population Based Services

Specific services are designed to serve specific ethnic or gender-based populations. These are listed and described below.

Ethnic Minorities

By far, the largest ethnic/minority population in Santa Cruz County are Latinos. Within this group, there is also a significant monolingual Spanish-speaking population. Virtually every service provider offers culturally competent services in Spanish as well as English. Some have additional resources to provide services in other languages such as Tagalog and Mixteco. Family and Children's Services (FCS) provides child welfare assessment and case management services in English and Spanish by trained culturally competent staff. Services can be provided in other languages as well via translation services. Several key service providers located in the major population centers in Santa Cruz County also provide culturally competent services to ethnic/minority populations. Community service providers specializing in minority populations are:

- **Family Resource Centers (FRC)** are centrally located in the five distinct geographical locations of the county. Each of the FRC's have trained culturally competent staff providing an easily accessible, comprehensive array of services designed to meet the unique needs of the residents in the community they serve. Each of the resource centers provides both direct services and information and referral, including parenting education, health advocacy, resource distribution, case management, counseling and community organizing/empowerment services. In southern Santa Cruz County in the city of Watsonville, where the largest numbers of Latino residents live, La Manzana FRC is housed in a central and easily accessible downtown location. Several programs are situated around a large enclosed plaza. The FRC provides legal and financial referrals, childcare access, family advocacy, support groups, parent and child counseling, assistance with public benefits applications for SSI, TANF, Medi-Cal, Food Stamps, Healthy Families, Healthy Kids, and passport applications. Parenting education is offered through a variety of programs including *Triple P*, *Cara y Corazon* which is designed to meet the unique needs of the Latino population, *Play and Learn* and *Renacer*, a support group for parents of children with special needs. Family education services are also available, many of which are specific to the needs of Latinos such as adult Spanish literacy and English classes. In northern Santa Cruz County, Familia Center FRC is dedicated to serving low income Latino families and provides a similar wide array of services, including those designed to ease access to social services through advocacy, form and application assistance, translation assistance, information and referral and direct services such as topical and relevant education workshops, parenting education classes in Spanish (Triple P), homework clubs and recreational opportunities for children, and food distribution. All of the FRCs conduct outreach to their local communities through distribution of written material and engagement events in order to reach the underserved in their communities.
- **Substance Abuse Treatment:** Fenix Outpatient Services in Watsonville provides culturally competent, bilingual drug and/or alcohol abuse treatment services to adults. Services include individual, family and group counseling, AOD education, early sobriety, relapse prevention, anger management, and domestic violence prevention. Services are based on a sliding fee scale but no one is denied services due to inability to pay. Si Se Puede is a residential substance abuse treatment program providing AOD services designed to be culturally sensitive to the needs of Latino men. Services include residential treatment, on-going assessment, education, aftercare and exit planning.
- **Domestic Violence:** Women's Crisis Support/Defensa de Mujeres's mission is to end and prevent domestic violence and sexual assault by providing intervention and prevention services in a culturally sensitive way. Services are available in Spanish and include crisis intervention, emergency shelter, community education and services to children and youth.
- **Youth Services:** Pajaro Valley Prevention and Student Assistance (PVPSA) provides education, training, counseling and prevention services to students, families and staff of the Pajaro Valley Unified School District in Watsonville (which has a large Latino student population), with the goals of preventing criminal behavior, gang involvement, truancy, and drug, alcohol and tobacco use. With its south county location and with its bilingual, culturally competent staff, PVPSA serves a significant Latino population with bilingual, culturally competent staff. PVPSA provides alcohol, drug and tobacco prevention and education programs for youth and adults, youth and family counseling, violence prevention and intervention, community-based prevention efforts, school dropout prevention and parenting education. Barrios Unidos seeks to prevent and curtail

violence among youth in Santa Cruz County by providing culturally competent, esteem enhancing and self affirming educational activities and services for youth.

- **Father Support:** PAPAS/ Supporting Father Involvement is a local program designed to find the most effective ways to increase father participation in families and community, and is part of a research study funded by the California Office of Child Abuse Prevention for this purpose. PAPAS is located in the La Manzana FRC and draws much of its client base from the local Latino population. Fathers recruited for the study participate in highly structured group sessions centered on activities to promote self-esteem, relationship building with the mother and child, recognizing generational family patterns, and dealing role of stress and stress reduction. Fathers also receive a Family Worker who assists in brokering needed services and resources in the community.
- **Bilingual Legal Services:** The Santa Cruz County Immigration Project provides immigration legal services including naturalization, appeals, waivers, information & referral and community education & advocacy for persons legalizing under IRCA & related immigration programs. California Rural Legal Assistance serves the rural poor in Santa Cruz County with a mission to strive for economic justice and human rights on behalf of the rural poor (many of whom are ethnic/minority group members) by providing no-cost legal services and a variety of community education and outreach programs. CRLA serves individuals but also takes on multi-client cases that grapple with the root causes of poverty.
- **Community-based Health Services.** Salud Para La Gente is located in south Santa Cruz County and provides free/low cost primary health care services to the underserved populations including ethnic/minority populations in Santa Cruz County. Staff speak a multitude of languages including Spanish, Tagalog, Mixteco and English. Services include medical and dental care, eye care, Obstetrics and Gynecology, elder care and community outreach.

Services to Native American children

Very few children served by FCS are identified as having American Indian heritage. However, the department adheres to state law and regulation requirements for determining whether children have American Indian heritage to ensure compliance with the Indian Child Welfare Act (ICWA). Client needs are assessed to assure that the unique needs of each child and family are met. This assessment is accomplished by direct interview of the child and family, review of available history, consultation with other agencies or individuals who have had contact with the child or family, and consultation with experts in specific topic areas.

Native TANF provides services to Native Americans residing in Santa Cruz County offering cash assistance and supportive services to eligible needy Native American families with children in need of temporary aid and services. Services also include job preparation, employment opportunities, and other support services to increase self-sufficiency. The four purposes of Native TANF Program are to provide assistance to needy families so their children may be cared for in their own homes, end the dependence of needy parents on government benefits by promoting job preparation, work and marriage, prevent and reduce out of wedlock pregnancies and encourage the formation and maintenance of two parent families. Cultural sensitivity is built into the service delivery models as Native families may be more comfortable with culturally relevant based programs which specifically address their needs.

Services by Geographical Area

Santa Cruz County, which is geographically the second smallest county in California (though there are many counties with smaller populations), has two social service centers located in the two largest population centers: the cities of Santa Cruz and Watsonville. Additionally, many services are provided in local Family Resource Centers strategically placed throughout the county in more localized population centers. They are the Davenport Family Resource Center serving the north coast region, Mountain Community Resource Center serving the San Lorenzo Valley and mountain communities, the La Familia FRC serving greater Santa Cruz, Live Oak FRC serving the mid-county communities, and the La Manzanita FRC serving Watsonville and the south county communities. As already mentioned, these FRC's specialize in providing many direct services to meet needs particular to the communities they serve and in easing access to resources not directly provided by the centers.

Services for children with Disabilities

During the summer of 2010, FCS has begun referring children under five with suspected developmental delays to the Dominican Child Developmental Clinic. This service provides intensive multi-disciplinary assessment of physical, developmental and psychological needs. Additionally, FCS has begun to screen for developmental delays utilizing the ASQ assessment tool for children whose parents are participating in the Dependency Drug Court (locally called the "Family Preservation Court"). For all other children, social workers may make a referral to the public health nurse who utilizes the Denver II Developmental Screening Test to assess developmental milestones/issues.

Any child served by FCS that presents with developmental delays is referred to San Andreas Regional Center for assessment for Early Start services, or Regional Center services for children with developmental disabilities as defined by the Lanterman Act. Early Start provides family-centered early intervention services for children 0 to 3 who have or are at risk of having disabilities. Early Start provides assessments, counseling, and development of an individualized Family Service Plan. Regional Center Services are available for children with a (profound) disability recognized by the Lanterman Act, which usually is only applicable to children age 3 and above due to diagnostic limitations associated with younger children. Services include assessment, case management, service coordination, respite, residential placement, behavior modification and adaptive skills training case management, referrals, and follow-up at 3 months and 12 months after the initial visit.

Other services available in Santa Cruz County include:

- Doran Center for the Blind provides evaluation, a low vision clinic, training in daily living skills, orientation and mobility, in-home volunteer support and social activities as well as training and support groups for families and caregivers.
- Special Parents Information Network (SPIN) is a parent-to-parent organization that provides support and advocacy on behalf of families that have children of any age with special needs.
- In-Home Supportive Services provides caregiver support for aged, blind and disabled individuals, including children, to enable them to remain at home and to avoid institutional care.

- Easter Seals of Central California provides information and referral, one-on-one educational assistants, educational programs, camps, mobility training, equipment loans, support groups, social and recreational programs for children and adults.
- BALANCE4kids is a local non-profit advocacy and service organization for students with disabilities. Services include one-to-one instructional assistants, respite workers, as well as sponsoring and providing funds for enhanced school-based services for children with special needs.

Prevention Services

A number of collaborative programs are working to prevent child abuse and neglect and these programs are detailed below.

Families Together/Differential Response

Families Together is the most comprehensive child abuse early intervention and prevention program in the county. This initiative, using a differential response model, is a collaborative effort between the FCS Division and the Santa Cruz Community Counseling Center and is funded by First 5 Santa Cruz County. Families Together is an essential part of the Differential Response strategies developed in Santa Cruz County to reduce child abuse and neglect. It is an innovative program that utilizes home-based, individualized services with an emphasis on the parent-child relationship and child development. Although families are referred through the Child Welfare system, participation is entirely voluntary.

FCS refers families to Families Together, who are pregnant or parenting a child five years old or younger and who had a child abuse and neglect referral that:

- Has been assessed out and has had at least one previous referral or there is possible substance abuse in the family.
- FCS has investigated and the case has been closed — yet the SDM risk level is high, they have had more than one previous referral, substance abuse is involved, or their investigation was inconclusive.

Once a referral is identified, an FCS social worker contacts the family to engage them in voluntary community-based services. The program has been actively serving families since fall of 2007 and has successfully engaged the majority of referrals. Once the verbal consent is established a Families Together Family Support Specialist meets with the family and determines the appropriate “pathway” or level of service (unless information collected thus far has made a pathway evident). During the most recent fiscal year, Families Together’s four home visitors worked with 129 families across Santa Cruz County.

Triple P

A newly launched prevention effort is Triple P, which is a comprehensive, evidence-based parenting and family support system designed to: 1) Increase parents’ confidence and competence in raising children; improve the quality of parent-child relationships; 2) De-stigmatize parenting information and family support and; 3) Make evidence-based parenting information and interventions widely accessible to parents. The Triple P system consists of five levels of interventions of increasing strength including:

Level 1 – Universal (media-based parenting information campaign); Level 2 – Selected (information and advice about specific parenting concerns provided in 1-2 brief sessions or in large-group seminars); Level 3 – Primary Care (brief consultations about specific parenting concerns provided in 1-4 sessions); Level 4 – Standard or Group (intensive training in positive parenting skills, offered as 10-week sessions to individual families or 8-week group sessions); Level 5 – Enhanced or Pathways (additional modules for families where parenting difficulties are complicated by other sources of family distress (e.g., marital conflict, parental depression, anger management problems or high levels of stress).

A total of 18 practitioners have been accredited to provide Levels 4 and 5 of Triple P and 40 practitioners have been accredited to provide Level 3 of Triple P. The agencies represented in the first cohort of accredited practitioners include the Parents Center, Health Services Agency (Children’s Mental Health), Santa Cruz Community Counseling Center (Families Together & Head Start), Familia Center, Community Bridges (La Manzana Community Resources), Mountain Community Resources, Dominican Hospital Pediatrics, Santa Cruz Women’s Health Center and Women’s Crisis Support/Defensa de Mujeres.

Primeros Pasos

Primeros Pasos (Spanish for ‘First Steps’) is an early identification, intervention, and substance abuse prevention and treatment program started in 2005 in Santa Cruz County, California. The project offers services to chemically dependent pregnant and parenting Latino women and their families. The project embodies a community commitment to identify and engage this segment of the population early in pregnancy with the goal of improving parent sobriety, child safety, and parent and child health. The project has developed an innovative approach to prenatal outreach, screening, and early intervention, and aims to provide continuity of care to clients throughout pregnancy and the child’s early years.

Primeros Pasos integrates support for substance abusing parents in residential or day treatment, methadone treatment, and clean and sober housing programs to ensure and sustain a suitable home for the infant at the time of birth. Prenatal screening and early intervention services are core elements of this project’s service delivery to promote positive outcomes for substance-abusing pregnant and parenting Latinos and their families. Intensive outreach to the Latino population is an integral part of the project, in addition to prenatal screening, child development screening and health care services, and residential and outpatient substance abuse treatment services. Additional program services include home visitation, case management, linkages with medical providers, clean and sober housing, methadone maintenance, community education, parenting and attachment curriculum, as well as family education and support.

A multi-disciplinary team, consisting of parent mentors, alcohol and drug counselors, and public health nurses, provides comprehensive assessments and case management for families at Primeros Pasos. The staff and services are sensitive and responsive to ethnic and cultural considerations.

PAPÁS

PAPÁS - Supporting Father Involvement (SFI) is a clinical research project that has been serving families in Santa Cruz County since 2003. Santa Cruz is one of five pilot counties in California along with Contra Costa, San Luis Obispo, Tulare and Yuba . PAPAS is a program of Santa Cruz Community Counseling

Center and funded by The Office of Child Abuse Prevention (OCAP). The project is affiliated with UC Berkeley and Yale University and collaborates with FCS.

The focus of the research is to explore evidence based strategies that lower child abuse rates by promoting awareness regarding the importance of fathers in primarily low-income families. The curriculum for the project was designed by research teams from Yale University, Smith-Brown and UC Berkeley. In April of 2009 the project received a level two rating in scientific ratings in relevance to Child Welfare from The California Evidence-Based Clearinghouse for Child Welfare.

The project provides evidence based parent education, comprehensive case management, information and referral services, socialization and peer to peer networking, community education and awareness campaigns, father friendly presentations and trainings and a “Hands on Fatherhood” program. PAPÁS/SFI has implemented multi-level strategies to increase positive father involvement in our communities by engaging Family Resource Centers, Early Childhood Education Centers (Head Start and Early Head Start) and FCS. The program’s goals are to increase positive father-child relationships and promote and nurture co-parenting opportunities for families. The program has teamed up with local Families Resources Centers such as La Manzana Family Resource Center, Live Oak and Beach Flats Community and Head Start and WIC to promote positive father involvement in our community for the well being of children. In addition, the program is providing a variety of services to support parenting issues and facilitate accessibility to local government and non-profit social services through information and referrals.

Prevention Education

In September 2008 the County Board Of Supervisors designated the Children’s Network as the Child Abuse Prevention Council for Santa Cruz County, and contracted with United Way to provide child abuse prevention messaging to the community. The Children’s Trust Fund is used to fund these services. In 2009, ten trainings were provided throughout the county on mandated reporter training. Each year there is intensive education effort in April’s Child Abuse Prevention month, with a specific theme. For example in 2009 the committee focused on topic of “Economic Stress and Parental Support” with the main message being “de-stigmatizing help seeking” which was disseminated through a media campaign and workshops at local Family Resource Centers. Information such as posters and parenting tips sheets are located at each Family Resource Center and public agencies throughout the year, these include: “Important Information for People Who Work with Children”; “Developmental Milestones”; “Developmental Milestones”; Improving Relationships Through Communication”; and “Helping Children Deal with Trauma”.

d. Intervention Services

FCS provides family maintenance services, either informal or court-ordered, whenever the child can safely remain at home with the provision of these services. The family works with their FCS Social Worker who provides case management, and participates in an array of services described below. However, if a child cannot remain safely at home the child is placed in out of home care and services are provided to the family to support reunification.

Services provided directly by FCS staff include referral screening, referral investigation, dependency investigations, case planning and coordination, permanency planning, and adoption support. FCS coordinates a host of services implemented by other service providers which include: parent education, mental health services, substance abuse treatment and support, health services, domestic violence intervention and prevention, employment support, and housing support.

Parent Education: Several parent education models are available in the county. The three that FCS involved parents typically participate in are described below:

- **Triple P:** Parents Center, a contracted provider, now uses the Triple P evidence-based parent education mode for all of its parenting classes. The adoption of Triple P was a strategy in our 2007 SIP, and the response to this model from both service providers and families has been very positive. In addition to the Triple P classes, Parents Center visit supervisors and therapists also use Triple P principles and materials in their work with FCS clients. The majority of parents in FCS are required to participate in parent education provided by the Parents Center.
- **Positive Discipline for Parents in Recovery** is a parent education model based on Adlerian theory that human behavior is motivated by the need to feel a sense of connection and significance. The basic philosophy is that children thrive when they feel a sense of connection with others. Parents in Family Preservation Court are typically required to participate in this parent education model as it is part of the larger system of services provided for drug dependency court participants.
- **PAPÁS/ Supporting Father Involvement (SFI)**, provides evidence based parent education, comprehensive case management, information and referral services, socialization and peer to peer networking, community education and awareness campaigns, father friendly presentations and trainings and a “Hands on Fatherhood” program. The project conducts clinical research focused on determining evidence based strategies to reduce child abuse rates by promoting awareness regarding the importance of fathers in primarily low-income families. Fathers and their partners in voluntary services are referred to this service and fathers and their partners who are court involved are referred and encouraged to attend as a supplement to one of the above court mandated models. Due to the fact that this model is a research study and parents many have to wait to attend services, it currently cannot be used as a court mandated service.

Supervised Visitation: If a child cannot remain at home, in most cases the court orders supervised visitation with the parent and child(ren). FCS contracts with a local mental health provider, Parents Center, to provide all supervised visits (with the exception of cases pending disposition, for which FCS provides a visit supervisor. Parents Center employs Masters level and licensed clinicians to provide the supervised visits. The service model has been enhanced and now involves development of a visitation plan and family counseling within the supervised visit context. Parents Center has implemented a system of multiple levels of purposeful supervision, from the most intensively therapeutic to less intense mentoring/coaching interventions. Families move through these levels based on behavioral criteria observed during visits. As stated earlier, Triple P concepts that are presented in parent education classes are carried over and practiced during supervised visitation.

Substance Abuse Services: FCS collaborates with the Health Services Agency's Alcohol and Drug Program to provide substance abuse services to parents. ADP specialists first conduct assessments with referred parents, and then make a treatment recommendation. Depending on the parent's needs, he or she may be referred to detox services, methadone treatment, outpatient or inpatient treatment and 12 step meetings.

FCS is fortunate to have a dedicated Drug and Alcohol Specialist, out-stationed at FCS, who provides direct service to FCS parents and assists them in engaging in substance abuse services. Due to funding constraints, her target population is parents of young children. She makes contact with the parents at the Detention Hearing and schedules a Drug and Alcohol assessment. If substance abuse treatment is identified as a need, she assists the parent in finding appropriate treatment and engaging in that treatment. In addition to the intake process, this Drug and Alcohol Specialist and two other specialists also provides ongoing case management and support for parents who participate in the Dependency Drug Court. This court is described below.

- **Family Preservation Court (Drug Dependency Court):** Parents in either Family Maintenance Services or Family Reunification Services who are substance involved may participate in Family Preservation Court (Drug Dependency Court) which is a voluntary treatment court whose purpose is to assist parents in addressing their substance abuse issues in order to prevent removal of their children due to abuse or neglect, or to increase their chances of family reunification in the event that removal has already taken place. Candidates may be referred or recruited to consider participation. The service team includes a Parent Mentor who helps clarify the benefits of participation and assists the client in applying to become a part of the program. After having an opportunity to observe the Court, the candidate expresses willingness to join, and the team usually accepts the person into the program. Most participants are enrolled in the evidence-based Matrix treatment program at Sobriety Works; however, other treatment modalities are utilized when appropriate. The program is one year long, and hearings are held every week. Participants are required to attend hearings anywhere from every two weeks to every two months depending on which phase of the program they are in. Requirements for graduation include 90 days sobriety, completion of parenting education, success in treatment, and compliance with a family maintenance or family reunification plan.

Mental Health Services for Children: According to the 2007 survey half of parents felt that their child had an ongoing health problem that was mental health or behavior related and 62% of caregivers said that the child had emotional problems when they were first placed.

For those children referred to Children's Mental Health, a Mental Health intake therapist meets individually with the child, in either a play or discussion setting, depending on the child's age. The intake therapist also meets with the caregiver to hear their concerns. The intake therapist then determines the child's level of need for mental health services.

Children's Mental Health therapists provide individual and family therapy to children presenting with high mental health needs. Children with moderate mental health needs are referred to the Parents Center, which provides individual and family therapy for these children. Other non-profit mental health organizations also serve some FCS children with moderate mental health needs; these providers include:

Pajaro Valley Prevention and Student Assistance (PVPSA), Family Services, Santa Cruz Community Counseling Center's Youth Services, or other individual private providers.

Children under age 5 can now be referred to the newly established Dominican Child Development Clinic (DCDC) for a complete developmental assessment as mentioned earlier. The DCDC also coordinates needed services for the children and works in collaboration with FCS Social Workers to ensure these services are received.

Mental Health Services for Parents: When children are served by Children's Mental Health or Parents Center, the parents/guardians are included in the initial assessment process, as well as in ongoing treatment. However, the emphasis is on the treatment needs of the child in the context of the family, rather than on the mental health issues of the adult. Since a majority of children are involved with FCS because of neglect due to their parents' dual diagnosis substance abuse/mental health needs, there is a strong need for direct mental health treatment for the parents. Santa Cruz County contracts with the Parents Center to provide individual, family, and group counseling to parents involved in the child welfare system. Since most parents also attend Triple P parenting classes at the Parents Center and have their visits supervised by Parents Center staff, this provides an excellent opportunity for integration of counseling services with these other services using Triple P concepts.

Most parents receive their mental health services at the Parents Center, but two other avenues for treatment also exist:

- Adult Mental Health predominantly serves adults with a serious mental illness who are at risk of hospitalization and experience acute functional impairment. While the typical parent of a foster youth does not necessarily have a major diagnosis such as schizophrenia, those who do can be served by Adult Mental Health for their treatment needs.
- For parents who are Medi-Cal beneficiaries but do not meet the acute target population above, HSA Mental Health can refer to individual panel providers for treatment, as well as provide treatment by a number of county clinicians through Federally Qualified Health Centers (FQHC) funding.

Domestic Violence: The Walnut Avenue Women's Center and Women's Crisis Support/Defensa de Mujeres provide services for victims of domestic violence. Through crisis counseling, safe shelter, legal assistance and advocacy, these organizations help victims of domestic violence and sexual assault to become survivors and repair their lives. Batterers are provided treatment through Pacific Treatment Associates, Fenix, and Men Overcoming Abusive Behavior (MOAB).

Financial, Employment, and Housing Services: During Emergency Response investigations, social workers provide outreach information to inform parents about the CalWORKs, MediCal, and Food Stamp programs. Parents are referred to Santa Cruz County's CalWORKs program, which provides temporary financial assistance and employment services to economically disadvantaged families with dependent children. FCS social workers and CalWORKs eligibility workers coordinate case plans for parents who are co-enrolled in both child welfare services and CalWORKs. Parents with housing needs are referred to a

local housing support organization, Families in Transition (FIT) which provides transitional housing assistance, Section 8 vouchers, and other forms of support to help families achieve stable housing and self-sufficiency.

- **Housing Services for Foster Youth:** The ***Transitional Voucher Program (TVP)***, is a joint program of Santa Cruz Community Counseling Center's Independent Living Program (ILP) and the Santa Cruz Housing Authority. Through TVP, the Housing Authority provides Section 8 Housing Choice Vouchers to a small number of participants, ages 18-20, in ILP. The Section 8 Housing Choice Voucher allows ILP participants to secure private housing in the community and receive federal assistance in paying their rent for up to 18 months. To help participants be successful in their new housing and ultimately transition to paying for housing on their own, ILP Coordinators provide counseling, support, and empowerment to TVP participants in accessing resources and learning new skills. In addition the ***Transitional Housing Plus (THP Plus)*** is a program, contracted by FCS, is a supportive housing program that serves former foster and probation youth between the ages of 18-24. THP Plus participants receive assistance securing independent housing in the community, and meet regularly with their THP Plus Coordinators to work on independent living goals. Throughout this process, participants receive financial assistance with rent, utilities, food, and educational expenses while also saving money for when they leave the program. They also receive emotional support, life skills coaching, and connections to valuable community resources. Eligible participants have emancipated from the foster care system or an out of home probation placement, and have some form of income to maintain housing as program subsidies decrease. ***Project Reconnect*** is a program is funded by the American Recovery and Reinvestment Act's (ARRA) Homeless Prevention and Rapid Rehousing Program (HPRP). It provides short term emergency housing assistance to former foster and probation placement youth between the ages of 18-24. Services provided include assistance in finding and/or maintaining housing, paying security deposits, and short term rental subsidies. Types and levels of assistance are determined on a case-by-case basis, depending on the person's specific circumstances. Eligible participants have some form of income to maintain housing after program subsidies end.

Health Services are provided by local medical providers such as the Health Services Agency, California Children's Services, community clinics, private physicians, and local hospitals. A south county clinic Salud Para La Gente, previously mentioned, provides low-cost medical services to low income residents who are largely Latino. These services are critical as noted in the Santa Cruz County's 2007 self-assessment, through surveys of youth, parents, and caregivers. According to the surveys, health concerns, in general, were cited as issues for more than one in three youth; thirty-nine percent of caregivers and 36% of parents said that the child's health was only fair or poor. Thus, only 61% and 64% of caregivers and parents respectively thought that the child's health was good or very good.

Family Resource Centers (FRC) are centrally located in the five distinct geographical locations of the county. Each of the resource centers provide both direct services and information and referral, including parenting education, health advocacy, resource distribution, case management, counseling and community organizing/empowerment services.

Independent Living Services for Foster Youth: The ***Independent Living Program (ILP)*** is a state mandated program and the County has been contracting with Santa Cruz Community Counseling Center

since July 2001 for ILP services. The program assists current and former foster and probation placement youth aged 15-21 to develop independent living skills and achieve educational/vocational goals to successfully transition to self-sufficiency. ILP services include individualized assessments, one-on-one counseling, tutoring, and weekly workshops at Cabrillo College on topics such as money management, personal health, finding independent housing, and obtaining financial aid for college. This year the ***Independent Living Resource Center*** opened to provide youth a central location for youth to get resources and support from ILP staff. The Resource Center assists current and former foster and probation placement youth ages 15-24 in building the skills, self-esteem, and support system necessary to make a successful transition to independent living in the community. Center staff help youth obtain jobs, register for college, enroll in vocational training, find housing, learn budgeting skills, and make healthy decisions and choices for their futures. The Resource Center is equipped with a cozy living room, kitchen, laundry facility, and computer lab. The Center also offers free tutoring services, counseling services, food and clothing donations, as well as a hot meal. Most importantly, the Center is a safe place to go, and gain support from peers and ILP case managers.

In addition to the avenues that are available to all students through the educational system, such as Individual Education Plans (IEPs) and school tutoring programs, youth are supported by their social worker, clinician and ILP coordinator. This trio works collaboratively with each other and any other identified support person, such as a resource parent or a CASA, to ensure that the educational needs of the youth are being met. Specifically, ILP offers workshops in completing financial aid applications for college, assistance in completing college applications, and tutoring services. As always, youth can also receive individual assistance as needed. For youth attending Cabrillo, ILP also offers book vouchers.

Both Cabrillo and UCSC have well-established organizations that provide supportive services to former foster youth attending these colleges. At Cabrillo, it is the Guardian Scholars program and at UCSC it is the Smith Renaissance Society. ILP has a strong collaborative relationship with both of these programs.

Permanency Services

To support the permanency needs of teens in foster care, FCS has created the “Supportive Adolescent Services” Program staffed by five Permanency Planning social workers who carry reduced caseloads of youth aged 14 and above, five Independent Living Program Coordinators, six Children’s Mental Health Clinicians and one Dual Diagnosis Children’s Mental Health Clinician. The goal of the SAS Program is to support return to birth parents, promote increased permanency to adoption or guardianship and to support successful emancipation through school success and survival skills development.

Roots and Wings is a permanency promotion program unique to Santa Cruz County that is funded by a five-year federal Adoptions Opportunities: Diligent Recruitment grant. A variety of strategies (including some elements drawn from Family-to-Family) are utilized to increase permanency outcomes for all children of all ages in the child welfare system. These strategies include: enhanced and targeted concurrent planning, Team Decision Making, targeted and child-specific recruitment of permanent homes and support and retention services for permanent placement homes.

The Forever Families Team (Adoptions Unit) at FCS provides adoption assessments, adoptive home studies, matching and home-finding services to children whose permanent plan is or likely will be adoption.

e. CBCAP, CAPIT, PSSF

As noted above, CAPIT funds are used to support Families Together, which is the local differential response model. CBCAP funds the Children's Network which enhances coordination and builds capacity for countywide child abuse and neglect prevention services. PSSF funds the following services:

- CWS Flexible Fund (family preservation services)
- Adoption Counseling (adoption support services)
- Supervised Visitation (time limited family reunification)
- Families Together (family preservation/family support services)

f. Service gaps

In 2007, FCS asked a variety of stakeholders, including parents, resource parents, youth, and service providers, for their opinions about the availability of services. This information is still relevant today. One key finding was that parents are challenged in obtaining services to assist in housing, jobs and/or income. A third of the parents responding to the survey reported that one of their top two needs was income. However, only 24% of these parents reported receiving any help for this need, reflecting the fact that many CWS parents are not eligible for income assistance programs due to criminal history or immigration status, and that others choose not to enroll in these programs for whatever reasons. In addition, slightly over a third (33%) of parents responding to the survey reported that housing was one of their top two needs when they entered FCS. However, under half (43%) of these parents reported receiving any help for this need, which suggests this expanded housing services are needed. Due to the economic downturn of the recent years, these needs have most likely increased for parents.

Responses also pointed to a need to expand substance abuse treatment funding to ensure access to all FCS parents in need of this service. In terms of services for children and youth, the 2007 assessment pointed to a need for services addressing social/emotional issues of very young children, educational support for school age children and substance abuse services specifically targeted to youth.

In the area of adult substance abuse services, several gaps were noted by service providers in a 2007 survey and these were adequate availability of intensive residential services for parents and their children, after care services, and Sober Living Environments (SLE) that incorporate parents and children.

In addition, across the various surveys conducted, a few themes emerged regarding barriers to accessing services: childcare and other logistical issues such as transportation, documentation issues for immigrants, and services that can accommodate parents with difficulties complying with program rules (e.g., drug use, mental health issues, or attendance issues).

Many of these issues continue to be of concern for Santa Cruz County families however some of these needs have been mitigated in the last three years. New services include:

- Educational support for foster youth has been positively impacted by the increased availability of tutoring resources through the County Office of Education, funded by McKinney-Vento, and the Independent Living Program, which offers tutoring for older youth. Educational advocacy has been enhanced through the intensive training and support of CASA volunteers to provide this type of advocacy to the children whom they serve. However, lack of transportation continues to be an issue for children whose best interest is to remain in their school of origin after removal from the home. It should be noted that the problem has been somewhat alleviated by a system of enhanced coordination among resource parents, social workers and school foster care liaison to provide this transportation.
- Expanded Dependency Drug Court (known locally as “Family Preservation Court”) has increased the availability of funding for treatment and implemented evidence-based treatment (Matrix Model) with treatment providers.
- Dominican Child Development Clinic, which provides comprehensive developmental assessment for children under age five.

Santa Cruz County families are benefiting from these new and expanded services. However, due to diminishing funds over the last three years many gaps that were identified in 2007 continue to be gaps. These gaps are income and housing support, adult substance abuse treatment and sober living environments that include children.

6. Staff/Provider Training

a. FCS Social Worker Training

FCS provides training for social workers and supervisors to assist in the development of awareness, knowledge and skills for delivering services to families. Training focuses on teaching social workers to engage families in a manner that provides safety and stability for children while respecting family culture, meeting Division 31 requirements, and achieving the best outcomes for children in the areas of safety, permanency, and well-being.

During their first year of employment, social workers receive entry-level induction training, which utilizes a structured curriculum of classroom and on-the-job activities. Social workers participate in 250 hours of in-house induction training provided by the Agency’s Staff Development Unit. This training focuses on county specific policies and procedures related to child welfare case management through the life of a case. Topics covered include intake, interviewing, investigation, SDM, case planning and case management, child placement, Juvenile Court procedures, court report writing, community resources, concurrent planning, after hours response, Division 31 Regulations, outcomes and accountability, CLETS, car seat safety, crossover and complaints, differential response, working with resource parents, time management, personal safety and ethics. Induction training also includes technology training on CWS/CMS, SDM, and Outlook. Cultural competence is incorporated into all

segments of training. Effectiveness of the training is evaluated through the use of graded assignments, role-play activities, and supervisor feedback.

In addition to the internally provided induction training, over their first and second years of employment, social workers participate in 22 days of CORE training provided by our local regional training academy. Training Topics include: Court Procedures, CWS Documentation for use in the Legal System, Framework for Child Welfare Practice, Domestic Violence, Basic Interviewing, Mental Health & Mental Disorders, Caregiver Substance Abuse, Child & Youth Development, Structured Decision Making, Child Maltreatment Identification, Worker Safety, Supporting Educational Rights & Achievement, Values & Ethics, Child Welfare Practice in a Multicultural Environment, Health Care Needs, Multi-Ethnic Placement Act, Indian Child Welfare Act, Family Engagement, Time Management, Stress Management, and Placement & Permanency. CORE training is offered cyclically, generally over a six to eight-month period. Supervisors attend a Supervisor CORE training series within the first year of promotion or hire. This training meets the State requirement for supervisor training. Supervisors also attend a monthly consultation group with a licensed marriage and family therapist who provides structured consultation regarding supervision issues.

Social workers and supervisors also receive advanced classroom training on specialized topics designed for skills enhancement and career development. An average of 500 hours of ongoing training is offered each year, in order to allow each social worker to meet the State requirement for 40 hours of continuing education every two years. Topics identified through the County's POCR are addressed in advanced classroom training, as well as areas of need identified by FCS management, supervisors, and social work staff. Some of the trainings provided in 2009-2010 were: Concurrent Planning, Historical Oppression, Supervisors as Case Consultant, Motivational Interviewing, Engaging Families for Permanency, Work/Life Balance & Self Care, Bridges Out of Poverty, Disproportionality & Disparity in the Child Welfare System, Grievance Hearings and the Gomez vs. Saenz Settlement, Permanency for Every Youth. Training that has been identified as a need is engagement of families in case planning, including specific strategies for the engagement of fathers. FCS will pursue this training during FY 10/11.

b. Probation Officer Training

Probation officers are mandated to complete a 160 hour Probation Core class and a 40 hour training course on peace officer duties and responsibilities, both offered through California Department of Corrections and Rehabilitation – Standards and Training in Corrections (CDCR-STC), within the first year of hire. All probation supervisors are mandated to attend an 80 hour supervisor core training course offered through CDCR-CSA. The Probation Department places an additional requirement that all supervisors attend and complete a local Leadership Academy pertaining to personnel related matters.

Placement unit supervisors are mandated to attend an 18 hour course specific to foster care and out of home placement state and federal regulations. Probation officers assigned to the placement unit are also mandated to attend a 32 hour course specifically designed for probation officers assigned to probation placement units.

All probation officers are mandated by CDCR-STC to complete 40 hours of approved training annually. In order to meet this requirement, officers attend a variety of trainings related to their assignments, inclusive of legal updates, evidence based practices and training courses offered through Santa Cruz County Family and Children's Services.

Training courses attended by each probation officer is verified with records monitored closely and updated regularly to ensure CDCR-STC compliance.

c. Stakeholder Training

All CAPIT/CBCAP and PSSF funds are sub-contracted to provide support services or direct services to families. Santa Cruz County FCS routinely provides ongoing training opportunities for subcontracted service providers and parent consumers, including CAPIT/CBCAP and PSSF-funded contractors, using Title IV or grant funds. The majority of provider training opportunities were offered through the regional training academy.

FCS invites contract providers to advanced classroom training on specialized topics designed for skills enhancement. In the last few years, provider staff have been invited to attend Bridges out of Poverty and the Visitation Summit; Santa Cruz County's Roots and wings kick-off, TDM implementation training, Permanency for Every Youth, and other advanced trainings.

Resource Parents were invited and attended the Roots and Wings Kick off, Permanency for Every Youth and a specialized training on attachment theory. Parents that have been recipients of child welfare services were not invited to these trainings due to a focus on other priorities however this issue will be considered for improvement in the next few years.

In addition to these FCS trainings, FCS has and continues to collaborate with First 5 of Santa Cruz County and Health Services Agency, Children's Mental Health to provide a training and certification program for the Triple P Parenting Education curriculum to several providers who work with FCS families, including Parents Center and Children's Mental Health therapists, workers at the La Manzana Family Resource Center, and Families Together service providers. Triple P is an evidence-based parenting education program. These service providers were trained and certified to provide both individualized parenting education and standardized classroom parenting education.

FCS stakeholders also participate in trainings led by the Health Services Agency's Alcohol and Drug Program, particularly trainings associated with Family Preservation Court. Trainings were held on the evidence based outpatient substance abuse treatment and other issues related to substance abuse. Social Workers, Alcohol and Drug staff, community based service providers, and this program's parent mentors participated in the trainings

7. Agency Collaborations

a. Collaboration with Stakeholders

FCS collaborates with an extensive array of stakeholders, including public agencies, court system partners, community based agencies, and caregivers. The primary collaborations are described below.

Public Organizations

Employment and Benefits Division of Human Services Department

The Human Services Department's Employment and Benefits Division (EBSB) and the FCS division collaborate to ensure that eligible families are receiving local, state and federal benefits they are entitled to in a coordinated manner. At the time a child is referred to child welfare, it is determined whether the family is receiving benefits or services from EBSB. If FCS works with the family in any capacity and the family does not have benefits but may be eligible, FCS Social Worker refers the family to EBSB.

If the family is involved in CalWORKS-Welfare to Work, case plan coordination occurs at initial case plan development and in the life of the case. The FCS case plan supersedes the employment services or Welfare to Work plan. A crossover data report is run every month, which lists all the cases actively open in FCS and Welfare to Work. Typically, about 100 children are in both a FCS case and Welfare to Work case. This report assists supervisors to monitor case plan coordination. In order to ensure effective coordination of these cases, a Welfare to Work/FCS crossover quality assurance team meets quarterly to review cases and/or mitigate system challenges.

Health Services

FCS collaborates extensively with the Health Services Agency (HSA) of Santa Cruz County. Several of the divisions within the agency are key partners in providing needed services for children in families involved in child welfare. These partnerships are described below:

In the last three years the FCS Division, the HSA's ***Alcohol and Drug Program (ADP)***, and various community-based providers have successfully increased and improved the collaborative efforts to meet the needs of CWS clients struggling with substance abuse. FCS and ADP have continued to dedicate an AOD Specialist to be out-stationed in the FCS office. In the last three years, FCS has collaborated with ADP to implement an extensive enhancement of the Drug Dependency Court, which included incorporating an evidence based outpatient model and expanding the numbers served. In addition, FCS and ADP management and line staff have met routinely to identify goals and values conflicts and work to mitigate any systemic problems. These efforts have greatly improved the collaboration between FCS and substance abuse administrators, managers and service providers.

Santa Cruz County's FCS Division, along with the HSA's ***Children's Mental Health (CMH) Division***, as well as the HSA's Alcohol and Drug Program, the Probation Department, Education, and a variety of community-based agency partners have a longstanding collaborative relationship through the County's interagency System of Care, which began in 1989. This partnership has grown over the years into a

robust collaboration with a broad service array focused on helping to keep children and youth safely at home, in school, and out of trouble (the original System of Care goals). The collaboration supports screening, assessment, and enrollment into mental health treatment for children in foster care. As part of this collaboration, FCS enjoys a close and productive relationship with Children’s Mental Health management, supervisors and staff. The majority of children who are removed from home are referred to CMH for assessment and treatment, and social workers coordinate closely with CMH therapists on shared cases. In addition, regular manager/supervisor meetings are held to ensure effective service coordination.

FCS also works closely **Public Health Nursing** to meet the health needs of children. One Public Health Nurse who is an FCS employee works with children at the time of removal from home. Her role is to gather medical histories from parents from interviews at detention hearings and to gather medical records from providers, to create a medical case management plan. An additional Public Health Nurse manages the medical case plan throughout the life of the case. This collaboration is effective and critical to ensuring the well being of children.

Education

There has been much success in collaborating on educational issues in the last three years. The Foster Youth Advisory Board developed a Memorandum of Understanding that has been signed by the County Office of Education (COE), FCS, Probation, CASA, the Juvenile Court, and school districts to delineate roles, responsibilities, and procedures for educational services to children in care as required under AB 490. A workgroup of stakeholders including COE, FCS, Cabrillo Community College, CASA and a foster parent created and began implementing a dynamic training for educators on the needs and issues impacting foster children and youth. The Dependency Court Judge and Cabrillo Community College launched “Education Village,” a program supporting foster youth to apply for secondary education. The Dependency Judge, in collaboration with COE and FCS, developed a “parent’s educational report to the court” that allows the parent to demonstrate and report the skills learned around supporting their child’s educational success. In addition, at the line level, collaboration continues to involve contact between FCS social workers and liaisons from each school district to coordinate services for individual children, especially around finding creative solutions to enable children to remain in their school of origin.

Probation Department

The Juvenile Probation Division and FCS have had an evolving collaboration. Communication between managers has improved through the development of an informal liaison process. Staff utilize their respective managers to communicate and problem-solve situations arising in either agency/department. While the intended collaboration has not been fully infused in both Departments, some staff have naturally taken steps for the benefit of the youth and families through participation in family team meetings with social workers, counselors and probation officers. In one instance, a family was provided with a wraparound type model of service involving weekly team meetings with the social worker, probation officer, and counselors committing to meet together at least monthly. Adult Probation’s recommendation for time in custody for the father was modified due to the family’s involvement and

progress, thus averting a protective custody placement of the youth. In other instances, the collaborative efforts have not been as successful or involved.

FCS and Probation have recently worked to enhance their departments' joint protocol to improve collaborative case planning and communication between probation officers, social workers and judicial officers. As a result, the dependency and delinquency judicial officers have improved their communication regarding crossover youth and families and have an increased knowledge of both systems' philosophy and services available to families. Unfortunately, due to budget reductions and the recent court relocation, the new protocol has not yet been implemented. It is anticipated that once the revisions to the joint protocol are presented to staff through joint trainings, this will allow for increased collaboration resulting in improved outcomes for youth and families.

FCS and probation also have a standing meeting held quarterly to review in-placement youth aging out of foster care or youth eligible for the Independent Living Program. This meeting is used to verify or facilitate a stronger connection between youth and ILP Providers, to review the availability of housing assistance, and to ensure that any CDSS mandatory data entry is completed. This meeting also serves as an information sharing session between FCS and Probation staff regarding youth involved in probation placement, wraparound and any other cross-over youth.

Collaboration between FCS and Adult Probation has been a struggle due to confidentiality restrictions. Unlike with Juvenile Probation, there is no local standing order allowing for open communication. Managers from both programs have met jointly with their respective County Counsels and the Juvenile Court Judge in an attempt to develop an order that would allow for the sharing of information that serves families who are involved with both systems better and at the same time not release a child's confidential information.

Court Partners

Court partners in Santa Cruz County include the Juvenile Court Judge, attorneys for parents and children, County Counsel, Court Appointed Special Advocates (CASA), FCS staff, and the Court Clerk. The Dependency Court Systems Committee, comprised of these partners, meets monthly to address collaboration issues. All Court participants have an opportunity to express their views and have them considered by the Court. The Court process is adversarial by nature. However, in spite of opposing interests, Court partners generally work well together and use both formal processes (such as settlement conferences and mediation) and informal opportunities to arrive at the best results for families.

In a 2007 survey, CASA volunteers reported less (though still moderate) satisfaction with social workers than did parents, youth or caregivers. CASA volunteers reported dissatisfaction with communication with social workers as demonstrated by only 53% of CASA volunteers reporting that their phone calls to social workers were returned the same day or the next day. CASA volunteers reported on the challenges they faced as advocates. Over half (55%) reported they felt a lack of support from social workers, which seemed to reveal a high level of tension between the two parties. However, CASA volunteers expressed relatively high satisfaction with lawyers and with the Court.

Based on these findings, in the last three years, intensive efforts have been made to improve collaboration with CASA. In 2008, a professional facilitator led a dynamic discussion between FCS Social Workers and CASA volunteers to identify the communication barriers, the varying perceptions of communication and establish common agreements among workers and CASA volunteers. This discussion greatly aided both workers and CASA volunteers in better understanding each other's roles and improving communication. As an outgrowth of this process, a Memorandum of Understanding (MOU) was developed by FCS and CASA that delineates the roles and responsibilities of managers and workers in both organizations. This MOU detailed communication procedures including the joint supervisor and management meetings between CASA and FCS. In addition, the FCS Division Director and Program Managers meet monthly with the CASA Director and Program Manager to address issues regarding the collaboration between FCS and CASA, and there are quarterly meetings among FCS supervisors and CASA supervisors. It is our belief that both CASA and FCS staff and managers are more satisfied with our joint collaboration as a result of these changes.

Community-Wide Collaborations

The FCS Division collaborates with various community-based service providers to meet the service needs of children and families. Most of these organizations were discussed earlier, in the section on service array. Most are also members of the **Children's Network**, a countywide body whose purpose is to "encourage the development of a comprehensive and collaborative service delivery system for children and youth." The Children's Network membership is made up of child welfare, health services, juvenile probation, schools, parks and recreation, law enforcement, courts, and service providers. The Children's Network provides a venue for coordination of service delivery, launching new initiatives and makes recommendations for the distribution of CAPIT, CBCAP, PSSF and Children's Trust Funds for services to children and families.

A major SIP-related collaboration in the last three years has been the county's **Triple P Collaborative**, which has introduced the evidence-based Positive Parenting Program (Triple P) to Santa Cruz County. This collaborative was spearheaded by First 5, Children's Mental Health, and FCS. The directors of these three entities meet regularly as the steering committee for the collaborative. Our focus in the last year has been to train and certify service providers in Triple P parent education levels 3, 4 and 5. The community now has 60 individual practitioners from 12 agencies/programs who are accredited to provide Levels 3, 4 and/or 5 of Triple P. Between January and June 2010, approximately 100 parents (child welfare parents and other parents in the community) participated in Triple P services. Complete pre/post assessment data has so far been collected from about 30 of those parents. Several practitioners have shared examples of how Triple P has helped parents learn concrete and practical parenting skills, which has resulted in improved relationships with their children. The collaborative is now preparing for our next round of trainings, on Triple P levels 3 and 4, which will take place in the fall of 2010.

Collaborations with Individual Community-Based Service Providers

The **Parents Center** has been a non-profit counseling agency in Santa Cruz County since 1975, with a mission to serve families with children from birth to 18 years. The Parents Center has had a contract with FCS to provide **counseling services** and **parent education** in both north and south county to referred families since 1977. The Parents Center has also provided court ordered **Supervised Visitation** services in both North and South County since 1982 and after-hours Hotline Services for the entire county for over 15 years. Parents Center is a part of the System of Care Collaborative which meets routinely with collaborative partners to review issues and challenges of the collaboration. The Center bills EPSDT for a significant portion of its services to children in the CWS system. In addition, Parents Center staff participated by giving valuable feedback for the PQCR. Overall, FCS and the Parents Center have a highly effective long-term partnership that has survived and thrived through many changes.

The Early Childhood Education Department at **Cabrillo College** houses four programs that provide **training and support for foster, adoptive, kinship, and non-relative caregivers** of children in the child welfare system: the Foster and Kinship Care Education (FKCE) Program, the Options for Recovery Program, and the Specialized Training for Adoptive Parents Program. In an interview conducted for the Roots & Wings project, the project director reported that she would like to have more meetings with managers to do cross systems planning and discuss system challenges. This has been put into place, and now a FCS Program Manager regularly meets with the FKCE Director, and the Director attends Roots and Wings Advisory Meetings to participate in initiative planning.

Santa Cruz Community Counseling Center (SCCCC) provides services to many CWS families and children. The organization has served the Santa Cruz community for over 20 years, and in 2008 served over 6,000 Santa Cruz residents with culturally-sensitive, bilingual services. SCCCC has four service components: Child and Family Development Programs, Youth Services, Community Recovery Services, and Community Support Services. FCS contracts with **SCCCC** to provide differential response services (discussed further below under Prevention Collaborations), as well as Independent Living Program and Transitional Housing Program-Plus services. SCCCC is a member of the System of Care and utilizes EPSDT funding to provide mental health services as a component of these programs. FCS enjoys a very close and effective collaboration with SCCCC in operating these critical programs. Families Together has proven to be a highly effective service strategy to prevent families from becoming involved in the CWS system. The ILP and THP+ programs work seamlessly with the FCS Teen Unit as part of the overall Supportive Adolescent Services program, and have an excellent record of achieving positive outcomes for youth in the areas of education and employment. Regular meetings are held with the contractor to coordinate services and ensure that objectives are met. SCCCC offers two other child abuse prevention programs in addition to Families Together. These three prevention programs are discussed below.

Prevention Collaborations

FCS's collaboration with Santa Cruz Community Counseling Center's three child abuse prevention programs is described below:

- **Families Together (FT)** was launched a by public/private consortium that included FCS, Public Health, Children’s Mental Health, First 5 and SCCCC. The program was planned and designed through an intensive collaborative effort where all parties participated in the shaping and scope of the program. The program continues to collaborate closely with FCS on referrals, as all referrals to FT are received from FCS. Until recently, an FCS supervisor was fully dedicated to the program however due to budget reductions, only 25% of a Senior Social Worker is now dedicated to assist with the engagement of referrals. Challenges do arise regarding the flow of referrals when referrals are not processed timely by FCS due to competing demands. Each time this has happened, the issue has been resolved; however, this process will continued to be monitored closely to ensure timely referrals. HSD also provides evaluation support to the program by analyzing data on the occurrence of substantiated allegations for those who have completed FT services. These data are used in evaluation reports provided to First 5 by a local evaluator.
- **Primeros Pasos**, funded by the Administration on Children and Families, was launched by a public/private consortium that includes Santa Cruz County’s FCS and Alcohol and Drug Program, the county’s public health division, and community-based substance abuse treatment providers. The project represents a public-private partnership that provides intensive services to chemically-addicted pregnant and parenting women, primarily Latinas, and their families. The grant was originally spearheaded and led by FCS but is now fully based in the community, as a program of Santa Cruz Community Counseling Center. FCS continues to make referrals to the program and participates on the program’s steering committee.
- **PAPAS/Supporting Father Involvement**, is a research study, described earlier in this report, funded by the California Office of Child Abuse Prevention. As noted in the service array section, the program provides multiple services centered on an evidence based parent education model that emphasizes fathers’ relationships with their children and families. Beginning in 2003, FCS spearheaded the project and was the fiscal agent for the OCAP grant but since 2007 it has been fully based in the community as a program of Santa Cruz Community Counseling Center. PAPAS regularly receives referrals from Families Together. Since 2009 the program has also received referrals directly from FCS, initially for families participating in voluntary Family Maintenance services, and very recently also for court-ordered families as an adjunct to their court-ordered case plans. The referral relationship has not at this point generated the number of referrals that are desired and needed by the PAPAS research study. There are a number of likely reasons for this including restrictions on the target population from both FCS and PAPAS, as well as the agency’s decision to use the Triple P parenting education program as the mandated program for child welfare involved families. An FCS program manager serves as the liaison to PAPAS, and FCS is working in an effort to increase referrals to the program. The Director of PAPAS has expressed several concerns that he believes are indicative of the Department’s lack of commitment to engagement of fathers. Collaboration with PAPAS to provide specific training to FCS staff on father engagement will be included as a strategy in the 2010 System Improvement Plan.

Local Tribes

There are no Bureau of Indian Affairs recognized tribes in Santa Cruz County.

b. Service Provider Collaboration Survey

An online survey of service providers was implemented in August 2010 with the assistance of consultant Nicole Young of Optimal Solutions Consulting, who designed and conducted the survey. It was sent to 150 managers and staff members of provider organizations. Eighty-four individuals responded, which represents a 54% response rate. Of those who responded, 37% were managers and 63% were direct service staff. Fifty-five percent of the respondents reported that their primary client was the child as opposed to the parent or family.

Almost all respondents reported they were aware that FCS was responsible to improve child safety (98%), improve permanency (88%), and improve child well-being (95%). Slightly fewer reported that provider and FCS staff are in agreement on what it means to improve these outcomes, with 86% reporting agreement on what it means to improve safety, 79% on what it means to improve permanency, and 80% reporting agreement on what it means to improve child well being.

Respondents were asked several questions on the frequency of collaboration activities. One question asked whether FCS Social Workers provide sufficient information about children, youth and families in order for service providers to serve them effectively. Half of the respondents reported that this activity does not occur frequently enough, 39% reported it occurs at just the right frequency, and 11% said it does not happen at all, indicating that more than half of the respondents were dissatisfied with the frequency of collaboration activities. The responses were similar for a question about communication regarding client progress. However, when collaboration does occur, 85% of respondents reported that the collaboration was effective between in terms of improving the safety, permanency and well being of children. In addition, 42% reported that the collaboration activities are more effective than they were three years ago.

In an open ended question, respondents suggested several ideas to improve communication. Eighty three individuals responded and the primary themes of these responses were:

- Increase or improve communication (18 responses)
- Cross-trainings about agencies, services, roles (14 responses)
- Use existing case management meetings to collaborate(13 responses)
- Improve timeliness/responsiveness of Social Worker communication (10 responses)
- Social Workers seek & share more case info (10 responses)
- Clarify confidentiality policies & processes (10 response)
- Current efforts are helping or working well (7 responses)

In addition, the respondents were asked to cite examples of when collaboration worked well. Sixty four individuals responded and the major themes were:

- Collaboration activities to help clients access services (15)

- Collaboration activities about permanency & placements (13)
- Activities when there was a shared responsibility for communication (9)
- Case conferences/MDTs/Difficult case staffings (9)

These survey responses were discussed at a System Improvement Subcommittee meeting. The key emerging theme identified by members was that service providers want to have communication with FCS workers more frequently; however, if that could not happen due to confidentiality issues they would like to better understand when communication was not possible.

c. System Improvement Planning Collaboration

The 2007 County Self Assessment and System Improvement Plan were quite robust and involved extensive community participation. The 30-member SIP Steering Committee collaboratively identified strategies for system improvement and needed services. The committee developed a comprehensive six year plan that includes many strategies not included in the plan submitted to the state. (See attachment D: Community Plan). FCS and partners have worked intensively and many strategies from the first three years of the plan have been completed. Each quarter, the steering committee has received an update on the progress of improvement strategy implementation, and has provided feedback to the Department and partners. In the fall of 2010, the Department, together with the Foster Parents Association, will jointly host a “community conversation” to educate the broader community on this progress, solicit their feedback and encourage sharing of the responsibility for the protection of children.

G. SUMMARY ASSESSMENT

1. System Strengths and Areas Needing Improvements

This County Self-Assessment process has shown that while Santa Cruz County may be meeting or exceeding federal standards and statewide averages on many of the CFSR performance outcomes, and while there has been improvement since the 2007 Self-Assessment, there is still much work to be done to improve the lives of children and families in our community. Below is a summary of key findings regarding our performance on the CSFR outcome measures, as well as a brief discussion of the systemic factors that may be impacting our outcomes.

1. Outcome: Children are, first and foremost, protected from abuse and neglect.

Safety from abuse and neglect is difficult to measure due to the hidden nature of child abuse. However, the federal and state indicators allow us to better understand child abuse and neglect in our community by measuring the number of substantiated referrals of abuse and neglect, the recurrence of these referrals, and the number of instances of substantiated maltreatment in out-of-home placement.

In 2009, the rate of children with substantiated referrals was 9.2 per 1,000 children, a significant decline from the 2007 rate of 14.7 children per 1,000. In general there has been an overall decrease in the number of referrals and substantiations, consistent with a statewide trend.

The 6-month recurrence rate in Santa Cruz County has remained low over the last three years. In 2009, Santa Cruz County had a non-recurrence rate of 93.2%, very close to the federal standard. The rate of maltreatment in foster care has also remained low and has declined since 2007. In both 2008 and 2009, only one child experienced reported maltreatment while in care. Santa Cruz County's recent performance on these measures indicates that protection from abuse and neglect is an area of strength for the County.

2. Outcome: Children are maintained safely in their homes whenever possible and appropriate.

The actions that the child welfare system takes to maintain children safely in their homes are measured in two ways: 1) timely initial response to a referral, and 2) timely monthly social worker visits. In the 2007 CSA, the County's performance on both timely initial response and timely monthly social worker visits was high. Performance on both of these indicators has declined since 2007, most recently showing a 92.6% rate for timely initial response, 93.3% for timely 10-day response, and only an 80.2% rate for timely social workers visits. We are confident that social workers are in fact making timely initial responses and monthly visits, but we know that the data reflect problems with timely social worker data entry. The Department is actively working with staff on this issue, and will include strategies to address data entry problems in the 2010 SIP.

Another finding about keeping children in their homes of origin, which is important to note, is that the county's placement rate has declined over the last three years. Santa Cruz County continues to have a lower rate of children in placement than the statewide average (4.5 vs. 6.0 per 1,000 children). We believe that this is due, in part, to the high-quality prevention and intervention services available in the County including Parents Center, Family Preservation Court, Families Together, Primeros Pasos, and PAPAS, as well as services provided by local family resource centers.

3. Children have permanency and stability in their living situations without increasing reentry to foster care.

Santa Cruz County has continued to reunify a high percentage of families within 12 months. Our performance has continuously been at or above the federal standard, and that continued to be true for 2009 (76.7% for the exit cohort).

Since a high percentage of families are reunifying quickly, it is not surprising that the median time to reunification is also low compared to the statewide average. The median time in 2009 was 5.9 months, lower than the statewide average of 8.2 months and only slightly higher than the federal standard of 5.4 months.

Although reunification timelessness is an area of strength for Santa Cruz County, a crucial indicator of reunification success is the rate of re-entry after reunification. In the past, Santa Cruz re-entry rates

were low, suggesting that timely reunification was not increasing reentry to foster care. However, that picture has changed in the last three years. Re-entries to foster care have increased to the most recent level of 17.1%, considerably higher than the federal standard of 9.9% and the statewide average of 11.9%.

This increase in re-entries is a major area of concern for Santa Cruz County and was the focus of our recent PQCR. There are indications that the Department and the Juvenile Court's emphasis on timely reunification is coming at the price of a lack of permanency and stability for too high a percentage of our children. In the last year, Santa Cruz County has implemented Team Decisions Making (TDM) meetings prior to reunification for all children, in which social workers, service providers, and family members make collaborative decisions about when is the right time for children to return home, and develop detailed transition/safety plans for the gradual return home, beginning with overnight visits. Reunifications that have had the benefit of TDM are not yet reflected in the data for foster care reentry, as the most recent data are for reunifications that occurred in 2008. The Department anticipates that this strategy will lead to more stable and lasting reunifications, and will reduce the foster care re-entry rate.

The stability of placement is an outcome area where Santa Cruz County continues to performing relatively well. Since 2005, the local performance on the three indicators of placement stability has been close to or exceeded the federal standard and is above the statewide average.

Santa Cruz County has historically been very successful in completing adoptions in a timely manner. However, the County has recently experienced a drop in this area of performance. For the first time in 2009, the percentage of adoptions that are finalized within 24 months, as well as the median time to adoption, has fallen below the federal standard, though it is still close to the statewide average. Although various factors can contribute to adoption delays (e.g., appeals filed by birth parents), in the past Santa Cruz county has been able to overcome these factors in order to achieve excellent performance in this area. We believe that the decline in 2009 may be largely a function of the high level of both staff and supervisory turnover experienced in the Adoptions program. Both the supervisor and the social workers in the Forever Families Team have been on a steep learning curve recently. We anticipate that the timeliness of adoptions will improve now that adoptions staff have had substantial training and are becoming more experienced in their new roles.

Another important permanency measure concerns adoption outcomes for children who have been in foster care for 17 months or longer. Santa Cruz County's performance in this area has improved dramatically since 2005. Despite a dip in 2008, the most recent performance (24.8% of children in care for 17 months or longer adopted within the next 12 months) exceeds the federal standard.

Each year approximately 20 to 40 youths age out of the dependency system in Santa Cruz County. Of these youths (in 2009), 78% had completed high school or equivalency, 65% were employed, 96% had stable housing arrangements and 100% had a permanent connection with an adult. The national statistics show that former foster youth are generally not faring this well. While these numbers indicate that our community's youth are likely better off than many, we know that clear improvements are

needed to help these young adults thrive. Santa Cruz County works hard to improve the lives of young people aging out of foster care and achieves many positive results. The THP+ program, which served 36 youth in FY 09/10, has added critically important housing assistance to the continuum of services for this population a need that was cited in the 2007 assessment.

As discussed in this report, a major increase in focus on permanency for all children and youth is one of the largest changes that FCS has made since the previous CSA. This is a primary focus of our grant-funded Roots & Wings project, and represents a philosophical shift from a previous approach that emphasized reunification sometimes to the detriment of permanency. We are very excited about these permanency efforts and have high hopes that permanency outcomes for Santa Cruz County youth will continue to improve as a result of this shift in focus and activities associated with it.

4. Outcome: The family relationships and connections of the children served by the CWS will be preserved as appropriate.

There are two ways that family relationships are measured: first is the number of children placed with siblings and second is the number placed with relatives.

Santa Cruz County's performance on the measures of sibling placement continues to be somewhat lower than the statewide average. The most recent percentage of children placed with all siblings is 46.7% compared to the statewide average of 53.5%, and 69.6% are placed with some or all siblings, compared with the statewide average of 73%. (There are no federal standards for these measures.) Placement with siblings is a challenge in this county due to the high cost of housing. Often, caregivers cannot afford to live in homes that are large enough to accommodate sibling groups.

One way to increase the number of siblings placed together is to place more children with relatives. Local analysis showed that children placed with relatives were more likely to be placed with siblings. Children placed with relatives were also more likely to have more stable placements (fewer than two) compared to those placed in foster homes. The Agency has made a concerted effort to place more children with relatives. Our most recent relative placement rate (49.4%) is much higher than the statewide average (32.8%). Increasing the number of relative placements will continue to be a strategy used by the Department to preserve family relationships when appropriate.

5. Outcome: Families have enhanced capacity to provide for their children's needs.

FCS uses Family Reunification and Family Maintenance programs, in combination with various public and community-based services, to provide families with the tools to meet their children's needs. Major improvements in the last three years include the implementation of the Triple P evidence-based parent education program for child welfare families, as well as the creation of the new Dominican Child Development Clinic. Service gaps remain in a number of areas including substance abuse and adult mental health services. In addition, access to housing, jobs and income support continues to be a challenge for many families.

FCS has ready access to outcomes of children and families in child welfare services. However, the County self-assessment points to the need to measure the number of child welfare families receiving community-based services and the program outcomes of those services.

6. Outcome: Children receive services appropriate to their educational needs.

School was the number one challenge reported by youth ages 12-18 in the 2007 survey. According to the youth surveyed, low grades or failed classes were an issue for 39%. Moreover, half of foster parents, relative caregivers, and CASAs said that children were performing below grade level in one or more subjects.

Significant collaborative successes have been achieved in the area of foster youth education, including the countywide AB 490 MOU, improved exchange of information with the County Office of Education regarding child placements, a new form designed to allow parents to communicate with the Court about their participation in meeting their child's educational needs, and a dynamic new training presentation to inform educators about the issues facing foster youth in the education system. Areas still needing improvement include: better advocacy for children on behalf of their educational needs, better engagement of individual schools and school districts on the specific needs of abused and neglected children, more alternative school options for K-6 aged children, better screening for young children before kindergarten to identify issues early, and transportation to enable children to remain in their schools of origin. Overall, there are many difficulties in having an under-resourced educational system place a priority on putting a large amount of educational resources towards this relatively small population of children.

7. Outcome: Children receive services adequate to their physical, emotional, and mental health needs.

Santa Cruz County's 2007 self-assessment attempted to answer the question of how well children's needs are being met through surveys of youth, parents, and caregivers. According to the surveys, health concerns, in general, were cited as issues for more than one in three youth; thirty-nine percent of caregivers and 36% of parents said that the child's health was only fair or poor. Thus, only 61% and 64% of caregivers and parents respectively thought that the child's health was good or very good. Furthermore, half of parents felt that their child had an ongoing health problem that was mental health or behavior related and 62% of caregivers said that the child had emotional problems when they were first placed.

To address the various mental health needs of children in our child welfare system, we have a variety of supports in place. Santa Cruz County has a long standing local "system of care" which braids together funding streams to enhance service capacity. In general, through Children's Mental Health there is consistent access to mental health screening, assessment and services for youth in out of home placement. In 2007, we identified a lack of developmental and/or social-emotional screening and assessment for young children. The 2007 SIP included a strategy to meet this need, which has been successful. The new Dominican Child Development Clinic has recently opened its doors to provide

comprehensive assessments, mental health services, and case management to children under the age of five.

The process indicator measuring timeliness to health and dental checkups suggest that dental services for children are our needed in the community. The average compliance for medical exams in 2009 was 85.5%, whereas for dental exams it was 68.6%. Social Workers and caregivers report that dental exams have been a challenge, as there is a lack of availability of providers who take MediCal, and it is often difficult to get an appointment within the required time frame.

2. Strategies for the future

Santa Cruz County's strategies for the future will continue to be informed by the 2007 CSA and six-year Community System Improvement Plan, as well as the current CSA. Some of our most important strategies will involve continuing efforts that are already underway and others will involve new areas of focus. A preliminary list of strategies the department proposes to continue or initiate in the future includes:

- Continue to hold Team Decision Making (TDM) meetings, which include safety planning, prior to reunification in order to ensure a safe and gradual transition and prevent re-entry.
- Continue to conduct reviews of cases that experience re-entry in an effort to identify and ameliorate contributing factors.
- Continue strategies in place to achieve permanency for every child and youth, including recruitment and retention of homes for older youth, sibling groups, and children with special needs, as well as child-specific recruitment for youth in care 18 months or longer.
- Expand use of the Triple P parent education model in an effort to prevent child maltreatment and intervene in families that have already experienced maltreatment.
- Increase supervision of Social Worker data entry for timely investigation response, monthly visits, and individualized education plans.
- Identify and implement strategies to enhance communication and collaboration with key stakeholders despite shrinking resources.
- Identify and implement strategies to increase timeliness to adoption.
- Identify and implement strategies to engage mothers, fathers, and youth in case planning.

The next step in our 2010 process will be to work with the SIP Steering Committee to review the Self-Assessment findings, as well as the 2007 six-year community plan, and to synthesize the findings and information from these sources to develop the Santa Cruz County 2010 System Improvement Plan.

H. ATTACHMENTS

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