



System Improvement Plan Update

October 1, 2008 to June 30, 2009



**Los Angeles County
Department of Children and Family Services
System Improvement Plan Progress Report**

EXECUTIVE SUMMARY

The Los Angeles County System Improvement Plan (SIP) took effect on October 1, 2008 and runs through September 30, 2011. The attached report shows progress that has been made so far on the goals that were scheduled for implementation. All managers that have goals with implementation dates of 10/1/08 have provided progress reports that cover the period 10/1/08 through 06/25/09 and were incorporated into the SIP.

To determine the effectiveness of the SIP, DCFS is monitoring the overall Reunification Composite Score, the Adoption Composite Score, and the Long-Term Care Composite Score. The tables below demonstrate the progress made on these scores from FY 04-05 to the most recent Berkeley quarterly report (Q3/2008). DCFS has already achieved the SIP Goal for two of the three composite scores that are being tracked to monitor the effectiveness of the SIP strategies. Thus far, the SIP Goal has been achieved for the Adoption Composite Score and the Long-Term Care Composite Score, but not for the Reunification Composite Score.

Measure			SIP Baseline Q2 04			Most Recent (Q3 08)			SIP GOAL	
Number	Direction	Weight	Num.	Denom.	Perf.	Num.	Denom.	Performance		National Standard
Reunification Composite Score	+	100%	-	-	99.2	-	-	118.8	121.6	122.6
C1.1 Reunif. w/in 12 m	+	22%			50.4	4,068	6,531	62.3		75.2
C1.2 Median time to Reunification	+	21%			11.7			8.8		5.4
C1.3 Reunification w/in 12 (entry cohort)	+	12%			35			45.7		48.4
C1.4 Re-entry w/in 12	-	46%			5.4	707	6,799	10.4		9.9

Conclusion:

The data above shows that we are making progress towards reaching our SIP Goal of a Reunification Composite Score of 121.6. So far, DCFS has achieved 96.9% of the National Standard Goal. DCFS is moving in the right direction in three of the four measures that make up the Reunification Composite Score. There has been a significant decline on the re-entry measure when we compare our current re-entry rate of 10.4% with our re-entry rate of 5.4% in FY 04-05. The re-entry measure has a strong impact on the overall composite score, as it is weighed heavily at 46%.

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Measure			SIP Baseline Q2 04			Most Recent (Q3 08)			SIP GOAL	
Number	Direction	Weight	Num.	Denom.	Perf.	Num.	Denom.	Performance		National Standard
Adoption Composite Score	+	100%			50.0			97.7	96.7	106.4
C2.1 Adop w/in 24	- for the past 4 quarters	15%			15.1	480	2,129	22.5		36.6
C2.2 Median time	+	19%			40.1			32.5		27.3
C2.3 17m in care	+	22%			12.2	1,677	9,946	16.9		22.7
C2.4 Legally free	+	18%			4.8	600	8,244	7.3		10.9
C2.5 Adopt w/12(fr)	+	26%			59.1	1,308	2,105	62.1		53.7

Conclusion:

DCFS is making excellent progress at meeting our SIP goal on the Adoption Composite Score, as the target goal is now achieved. So far, DCFS has achieved 91.8% of the National Standard Goal (106.4) for the Adoption Composite Score. There has been movement in the positive direction on all of the five measures that influence the overall composite score when comparing our most recent data with FY 04-05 data. However, there has been a recent decrease in performance on C2.1 Measure (Adoption within 24 months) from FY 06-07 to FY 07-08, going from 24.6% to 23.2%; Q3 2008 data shows that we dipped further to 22.5%.

Measure			SIP Baseline Q2 04			Most Recent (Q3 08)			SIP GOAL	
Number	Direction	Weight	Num.	Denom.	Perf.	Num.	Denom.	Performance		National Standard
Long-Term Care Composite Score	+	100%	--	--	90.3	--	--	103.3	102.4	121.7
C3.1 Exit to Perm (24 mo)	+	33%			19.6	2,238	9,310	24.0		29.1
C3.2 Exit to Perm (legally Free)	-	25%			97	2,173	2,254	96.4		98.0
C3.3 In care 3+ yrs. (Emancipated)	+	42%			68.1	939	1,567	62.3		37.5

Conclusion:

DCFS has made progress on two of the three measures that make up the Long-Term Care Composite Score since the baseline period. Out of all the composite scores, DCFS is furthest away on meeting the National Standard Goal for the Long-Term Care Composite Score; however,

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we have reached our SIP goal as of Q3 2008. Currently, we are at 84.8% of the National Standard Goal for the Long-Term Care Composite Score.

During the timeframe of this update report (October 1, 2008 – June 30, 2009), the following SIP strategies or goals are being employed in order to further improve our Reunification, Adoption, and Long-Term Care composite scores:

STRATEGY	STATUS	MANAGER
Parents in Partnership (Strategy 1.1, p. 6)	IN PROGRESS	Michael Rauso Nina Powell-McCall
Expansion of Team Decision Making (at Emergency Response Command Post) (Strategy 1.2, p. 10)	ON TARGET	Michael Rauso Nina Powell-McCall
Permanency Planning Conferences (Strategy 4.2, p. 75)	ON TARGET	Michael Rauso
Icebreaker Meetings in SPA 8 (Strategy 1.2, p. 12)	IN PROGRESS	Bill Bedrossian
Expansion of Up-Front Assessments on high-risk cases, with expanded Family Preservation slots to all regional offices (Strategy 1.3, p. 16)	ON TARGET	Harvey Kawasaki Alma Golla
Expansion of Wraparound (Strategy 1.4, p. 18)	ON TARGET	Michael Rauso
Expansion of Family Preservation Services through existing FP agencies (Strategy 1.5, p. 19)	GOAL ACHIEVED	Harvey Kawasaki Naftali Sampson
MATs for newly detained children in SPAs 3 and 6 (Strategy 1.6, p. 24)	ON TARGET	Laura Andrade
D-rate Case Management and R-rate Evaluators (Strategy 1.6, p. 27)	ON TARGET	Lisa Sorenson
Implementation of Coordinated Services Action Teams (Strategy 1.6, p. 26)	ON TARGET	Adrienne Olson Lisa Sorenson

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Additional HUB (Strategy 1.6, p. 27)	GOAL ACHIEVED	Donna Fernandez
Multidimensional Treatment Foster Care (MTFC) and Intensive Treatment Foster Care (ITFC) (Strategy 1.7, p. 30)	IN PROGRESS	Lisa Parrish Marilynne Garrison
Caseload Reduction (Strategy 1.8, p.34)	ON TARGET	Ted Myers Lisa Parrish Dick Santa Cruz
Reduce front-end referral rates and case openings (Strategy 1.8, p. 35)	ON TARGET	Cleo Robinson
Linkages (Strategy 1.9, p. 51)	ON TARGET	Debbie Guiloff David Yada
Prevention Initiative Demonstration Project (Strategy 2.4, p. 56)	ON TARGET	Harvey Kawasaki Jennifer Hottenroth David Dreger
Re-entry Study (Strategy 2.6, p. 62)	GOAL ACHIEVED	Mitch Mason Adela Estrada
Kin-GAP Initiative (Strategy 2.6, p. 63)	ON TARGET	Michael Gray
Family Finding and Engagement Activities in the Pomona, Metro North, and Santa Clarita offices (Strategy 4.1, p. 68)	ON TARGET	Lisa Parrish Virpi Sidler
Increase Permanency Practice and Rates through: Development of a milestone tracking system; centralizing the TPR Filing Function, decreasing the timeline between TPR to finalization and training to staff (Strategy 1.8, p. 43)	ON TARGET	Bill Thomas Diane Wagner Carlos Castillo Cecelia Custodio Loc Nguyen
Recruitment and Development of Resource Families (Strategy 5.4, p. 87)	ON TARGET	Diane Wagner Sari Grant

<p>Outcome/Systemic Factor: <u>Measure C1.1</u> – Percent of Children Reunified within 12 months</p>	
<p>County's Performance:</p> <p>First Update: <u>Measure C1.1</u> – Percent of Children Reunified within 12 months L.A. County's Performance: 62.3% (National Standard Goal: 75.2%)</p> <p>L.A. County continues to make improvement in reunifying children with their families in less than 12 months from the date of the latest removal from home, going from 50.4% of children reunified during FY 2004-2005 to 60.8% of children being reunified during FY 2006-2007. Q2 2008 and Q3 2008 data shows that we have further progressed to 62.1 and 62.3%, respectively.</p> <p>Los Angeles County's overall Reunification Composite Score for FY 04-05 was 99.2 and is currently at 118.8 (Q3 2008), which demonstrates progress towards reaching our SIP goal of 121.6.</p>	
<p>Improvement Goal 1.0</p> <p>Los Angeles County's goal is to reach a Reunification Composite score of 121.6.</p>	
<p>Strategy 1.1</p> <p>Parents in Partnership</p>	<p>Strategy Rationale</p> <p>Parent Partners are parents who have been through and/or are familiar with navigating the child welfare and juvenile dependency court system. Parent Partners of the Parents In Partnership have been trained in providing support and resources for new DCFS birth parent clients to help birth parents successfully reunify with their children in a safe and timely manner. Parent Partners can help new birth parent clients navigate the policies, procedures, and court issues involved with having a case with DCFS and provide them with resources, encouragement and support in order to help parents reunify with their children.</p> <p>Partnering a Parent Partner with a new DCFS birth parent client</p>

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	<p>can help reduce stress for parents by providing information about DCFS and the parents' rights within the child welfare system. Parent Partners also help keep the lines of communication open between social workers, service providers and birth parents who are working towards reunification with their children. Parent Partners, along with Children's Social Workers, host orientations to new birth parent clients that provide basic, easy to understand information. By learning how the DCFS and the courts work, the birth parent clients will be able to better understand their families situation, set goals, and seek resources.</p> <p>For those birth parent clients who require one-on-one support, a parent mentor will be provided. Skilled parent mentors will assist birth parents with addressing the barriers and challenges of reunification and help them towards identifying strengths and resources that will help create solutions to ensure successful and timely reunification with their child.</p> <p>Parent Partners are also invited to various department-wide county meetings, relevant trainings, and panels for training and educational opportunities for both themselves and child welfare stakeholders.</p>	
<p>Establish and implement a plan to recruit, train and hire birth parents to partner with, encourage, and support new DCFS families entering the child welfare system There are currently 15 Parent Partners county-wide (as of June, 2008), and the goal is to double the number of Parent Partners for the Belvedere, Lakewood, and Lancaster/Palmdale offices, where the program is currently implemented.</p>	<p>07/1/08 – 06/30/11 First Update: During this last period, the PIP management and parent partners decided to move away from hiring and keep the parent partners as paid volunteers through the Family to Family grant. The recruitment of parents is ongoing and is strongly backed by the regional office staff that identify former parents on their caseloads. The idea of doubling</p>	<p>Michael Rauso Nina Powell-McCall</p>

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		<p>our program by 2011 is still the vision and during the next year, we will identify new parents and start identifying new offices for expansion.</p> <p><u>Second Update (6/09):</u> Parent partners continue to be reimbursed through the Family to Family grants. On average, they conduct twice monthly orientations at each of the three sites. Recruitment is ongoing, with training scheduled once yearly. The number of parent partners has remained the same as a result of attrition and successful recruitment. Parent partners continue to engage in outreach, public speaking, training, and facilitation of parent support groups.</p>	
	<p>The Parents in Partnership program will be evaluated each fiscal year by tracking the percent of children that are reunified within 12 months; in addition, this outcome will be evaluated by looking at the reunification data just for those offices that are implementing the PIP program (Belvedere, Lakewood, and Palmdale/Lancaster offices) in addition to examining the reunification outcomes for those families who received services from the PIP program.</p>	<p>07/08 – 06/11</p> <p><u>First Update (02/09):</u> The data is being collected, but is not ready for distribution. We are looking at reunification in the PIP offices and all offices to compare.</p> <p><u>Second Update (06/09):</u> The program continues to solidify its program development and policies. Upon additional staffing support, data can be collected and submitted for analysis and comparison to the Department as a whole.</p>	<p>Michael Rauso Nina Powell-McCall</p>

	<p>Strategy 1. 2</p> <p>Engaging Family and Community in Decision Making and Planning</p>	<p>Strategy Rationale</p> <p>Team Decision Making practice has been implemented county-wide in each regional office. The additional expansion of Family Team Decision Making meetings for children who are removed from their homes after regular business hours (about 30% of removals occur after business hours) will be implemented in order to engage families and community partners to make the best decisions possible and ensure a network of support for the child and the adults who care for them.</p> <p>In addition, “firewalls” (a.k.a. systematic means which ensures operations are in place so that children who meet the criteria for a Removal TDM are referred to a Removal TDM) will be created in order to ensure an increase in the use of Family Team Decision Making meetings for children who have been removed from their homes.</p> <p>Implementing “Icebreaker” meetings in Service Planning Area 8 (Lakewood and Torrance offices) will engage the birth parents and foster parents to work together towards reunification by building rapport, trust, and respect, clarifying the role of the foster caregiver, sharing information on the child’s needs, planning for visitation and other ways to involve the birth parent(s) in parental responsibilities while their child is in foster care. By opening the lines of communication and promoting a good relationship between the birth parent and foster parent, it is expected that reunification efforts will be stronger and more effective.</p>		
	<p>Firewalls will be created in order to increase Removal TDMs.</p>		<p>01/10 – 03/10</p> <p><u>First Update (02/09):</u> We are developing firewalls that will ensure that every family has access to TDM by 1) data management; 2) mandating operational policy and procedures that instruct the</p>	<p>Michael Rauso Nina Powell-McCall</p>

	<p>social worker and supervisor to schedule a TDM before a placement occurs or within 24 hours of a placement and 3) creating an administrative alert for placement if a TDM was not held.</p> <p><u>Second Update (02/09):</u> We have established Quarterly Meetings with the Assistant Regional Administrators (ARAs) that directly manage day-to-day operations. The ARAs supervise the TDM Facilitators. We discuss and review data. In addition, this meeting is utilized to share operational practices between regional offices which include “firewalls”. Finally, we anticipate updating the TDM policy by the end of 2009.</p>	
<p>A protocol will be developed for TDM utilization for staff working at the Emergency Response Command Post (after hour removals)</p>	<p>01/10 – 2/10</p> <p><u>First Update:</u> A pilot is being developed that will create an opportunity for potential removals to have a TDM after hours, or on the weekend. The Family to Family section hired a CSA II to oversee the eight (8) new TDM facilitators specifically for this protocol.</p> <p><u>Second Update:</u> A draft protocol for ERCP and TDM has been written. The</p>	<p>Michael Rauso Nina Powell-McCall</p>

		<p>proposed protocol agreement indicates that ERCP will conduct a TDM on all detentions. Eight SCSW/TDM Facilitators have been selected and reported to Family to Family as of 04/06/09. The SCSW/TDM facilitators have completed the five day facilitators' training with the Annie E. Casey Foundation and UC-Davis. An ERCP-TDM workgroup has been developed and meets weekly. In addition, by 07/01/09, F2F and ERCP will begin a pilot program which will include conducting TDMs at ERCP on a voluntary basis. The ERCP TDM Workgroup and the pilot program were developed to allow ERCP, along with F2F, to address all issues that may develop prior to full implementation. The anticipated date of implementing TDM at ERCP is 09/01/09.</p>	
	<p>Track outcomes related to Removal TDMs, Replacement TDMs, and Reunification TDMS on a quarterly basis, utilizing the TDM database.</p>	<p>07/08 – 09/11</p> <p><u>First Update:</u> We tracked the data for TDMs through our internal tracking system. Every facilitator enters the data from their TDM into the system and a quarterly report to F2F and UC Berkeley.</p> <p><u>Second Update:</u></p>	<p>Michael Rauso Nina Powell-McCall</p>

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		<p>We continue to track the TDM data through our internal tracking system. In an attempt to ensure accuracy in the database, we have developed a glossary of terms for facilitators and support staff who enter the data into the internal tracking system. We are currently monitoring and tracking the information in the TDM database and will complete an analysis on the family and community engagement as well as TDM outcomes once we can ensure that the information in the database is accurate.</p>	
	<p>Implementation of Icebreaker Meetings in SPA 8.</p>	<p>09/08 – 09/11 Torrance office <u>First Update for Torrance:</u> Icebreaker Training Curriculum instrument presented to Los Angeles County Instruction Specialists (Program Directors) at their State Conference/Symposium held on February 20, 2009. This training (if accepted) will be implemented in all 17 Community Colleges in Los Angeles County and also could possibly be implemented state wide. El Camino College accepted the curriculum as of February 17, 2009, and it will be presented as a class once a semester. There is one challenge as to the</p>	<p>Torrance Office Bill Bedrossian, Lakewood Office</p>

		<p>implementation of Icebreakers: The best practice for the DCFS staff to facilitate the Icebreaker meeting is the DCFS case carrying social worker. The challenge is that the case carrying social worker does not get identified (case comes in through Emergency Response and they might have the case for up to 30 days) until the case is ready for transfer to the back-end Solutions to this challenge are currently being addressed.</p> <p><u>Second Update for Torrance:</u> In progress. The designated staff responsible for implementing Icebreakers is on medical leave and there will be a new Regional Administrator over the Torrance office. F2F program manager will discuss Icebreakers with new R.A.</p> <p>09/09 – 09/11 Lakewood office <u>First Update for Lakewood:</u> The Lakewood office submitted an implementation plan, with the target date for implementation as September 1, 2009.</p> <p><u>Second Update for Lakewood:</u> The Icebreaker workgroup has completed the Icebreaker policy and supporting documents, all of</p>	
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		<p>which are waiting approval from the Policy Development Division and Family to Family Program Manager. All applicable documents have been translated into Spanish. Four (4) FM/R units have committed to participate in the initial field testing of Icebreakers. The Icebreaker field test will begin September 1, 2009.</p> <p>The Training Subcommittee of the Icebreaker workgroup will convene on 06/17/09 to begin work on the half-day training curriculum for Icebreakers. The Icebreaker training will first be offered to the field testing units (August 2009) and then to the entire DCFS South county staff (Fall 2009).</p> <p>The Public Relations Subcommittee of the Icebreaker workgroup has developed a pamphlet providing general information about Icebreakers (see Attachment A). The pamphlet has been translated into Spanish. The PR subcommittee is planning to roll out Icebreaker information to the South County office beginning June 2009. Full implementation at DCFS South county is expected to occur on 01/01/2010.</p>	
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			The Evaluation Subcommittee has developed a customer satisfaction survey to be administered to birth parents, resource parents, and youth clients after an Icebreaker is completed.	
	<p>Strategy 1.3</p> <p>Up-Front Assessments on High Risk Cases with Expanded Family Preservation Slots</p>		<p>Strategy Rationale</p> <p>The target population for up-front assessments will be families in the Compton office service area with high-risk referrals from the Hotline related to substance abuse, domestic violence and/or mental health involvement. Experts in the areas of substance abuse, domestic violence and/or mental health will provide immediate comprehensive assessments and connect families to treatment and ancillary services in the community. This will allow Emergency Response CSWs to make more informed case decisions, and in many cases, allow children to remain safely in their homes.</p>	
	Train Compton office's ER social workers. Joint training by the Family Preservation and POE (a.k.a. differential response) units on the appropriate and efficient use of up-front assessments and the contracted responsibilities of the agencies will be provided.		<p>10/1/08 – 9/30/11</p> <p>First Update: In December 2008, ER CSWS received training. Ongoing training will be provided as needed. *****COMPLETED*****</p>	Eric Marts Phillip Tawiah
	Increase the number of Family Preservation slots in Compton with the savings related to up-front assessments, as reduced detentions are expected as a result of up-front assessment services.		<p>10/1/08 – 9/30/11</p> <p>First Update: On February 3, 2009, the Board of Supervisors approved DCFS' second year Title IV-E Waiver flexible funding plans, which</p>	Harvey Kawasaki Naftali Sampson

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			<p>included the expansion of FP slots for the Compton office as part of continuing the upfront assessment program started in FY 2007-08. These expansion FP slots are available through FY 2009-10. For the full FY 09/10, there are 27 additional FP slots for the Compton office. For FY 08/09, since DCFS only got additional waiver funds to expand FP slots for the last four months of the FY, we expanded by 8 slots.</p> <p>*****COMPLETED*****</p>		
	<p>Expansion of up-front assessments on high-risk cases, with expanded Family Preservation slots to all regional offices</p>		<p>10/1/08 – 9/30/11 First Update: On February 3, 2009, the Board of Supervisors approved DCFS's strategy of implementing the upfront assessment program department wide, including UFAs for ERCP after -hours program. The funding for UFAs will be through FY 2009-10 and includes funding for additional FP slots as well as TDM participation. Implementation of the program will start with the agencies purchasing of the BASP instrument, training of FP agencies and DCFS staff on UFAs and then implementing the</p>		<p>Harvey Kawasaki Alma Golla</p>

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		<p>program within all 17 regional offices. It is expected that by the end of April 2009, the majority of regional offices will have fully implemented the program.</p> <p><u>Second Update:</u> All regional offices and ERCP have implemented Up-Front Assessments as of April 13, 2009. DCFS line staff and FP agencies were trained on the use of UFAs throughout the months of February – April, the last makeup training date held on April 29, 2009. Continuous program improvement is occurring through regular meetings with the FP agencies and DCFS offices.</p>	
	<p>Implementation will be measured systematically by the following performance indicators: Number and percent of up-front assessments completed for all high-risk referrals (to be computed on a monthly basis), Number and percent of children removed from families, number and percent of children reunified within 12 months, and re-entry rates (to be monitored on a quarterly basis).</p>	<p>10/1/08 – 9/30/11</p> <p><u>First Update:</u> Measurement of performance measures has begun with offices providing monthly logs to allow tracking of cases who have received UFA services for detention rates. Re-entry & reunification rates require a longer time period as UFAs have not been fully up long enough to ensure performance indicators are accurately measured.</p> <p><u>Second Update:</u> Data collected to date from manual reports include the</p>	<p>Harvey Kawasaki Alma Golla</p>

		<p>number of children and families served through UFAs, as well as the timelines for the receipt of the UFA written report by the line staff from the FP agencies. In addition, we have engaged the Bureau of Information Services (BIS) in the creation of an outcomes report to measure detention rates for new referrals that had UFA services, as well as the collection of future data on reunification and re-entry rates for these families. BIS expects to have an initial draft report available in the upcoming FY.</p>	
	<p>Strategy 1.4 Expansion and Enhancement of Wraparound Services</p>	<p>Strategy Rationale Increasing and expanding Wraparound services will benefit more children who are at risk of entering more restrictive placements. The Wraparound Program is a strength and community-based team approach to helping families and children get their needs met so as to achieve permanency and stability in their living situation. The principles of the Wraparound process include family voice and choice, collaboration and shared responsibility for family success, and the delivery of culturally competent, individualized services. During the implementation of the Wraparound plan of care, the team meets regularly in order to review accomplishments, assess whether or not the plan is working to achieve the desired goals, adjust services/interventions that are not working, and assign new tasks to the Wraparound team members in order to move forward with the fulfillment of the team’s mission. Wraparound services provides a transitional phase and a transition plan, where the team determines the follow-up options that will help and support the family in succeeding outside of the formal Wraparound structure. Through this approach and through the delivery of these highly individualized services that will meet the specific needs of the family, it is expected that children and youth will</p>	

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			be able to either return home or achieve an alternate form of permanency.
	Expand Wraparound services by implementing a contract.	<p>05/09 – 09/30/11</p> <p>First Update: The new Wraparound contract will be implemented on 5/09.</p> <p>Second Update: Enhancements were added to the new Wraparound contract that included, but not limited to: adding new outcome measures, clarifying delivery expectations, and timeframes, and service ratios. Remaining countywide and expands the potential slots to 4,017 over the next 5 years.</p>	Michael Rauso Pam Dubin
	Children and families show strong satisfaction and support for the Wraparound process, as reported through surveys.	<p>10/1/08 – 9/30/11</p> <p>First Update: The 2008 Wraparound Annual Report stated that 88% of the families reported strong satisfaction with the services they received. For the next year, we are changing satisfaction measures and implementing the Wraparound fidelity Index-version 4.</p> <p>Second Update: 2009 Annual Report not yet available.</p>	Michael Rauso Pam Dubin
	<p>Strategy 1.5</p> <p>Expansion of Family Preservation Service Contracts</p>	<p>Strategy Rationale</p> <p>Serving more families through Family Preservation and providing such services before family reunification takes place and after family reunification has occurred will increase the number of children who are able to reunify, as the parents will be better prepared to care for their child</p>	

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		before the child returns home.	
	Expand the number of slots through Family Preservation agencies	<p>10/1/08 – 9/30/11</p> <p>First Update: The February 3, 2009 Board letter approved additional FP slots for all regional offices based on the department wide roll-out of the upfront assessment program.</p> <p>Second Update: *****COMPLETED***** (note: Family Preservation Program contractors received an increase contract allocation for additional Family Preservation Program slots starting in mid-April 2009, as well as implementation of Command Post upfront assessments)</p>	Harvey Kawasaki Naftali Sampson
	Evaluate outcomes of Family Preservation services	<p>10/1/08 – 9/30/11</p> <p>First Update: The evaluation of FP services will include tracking FP cases to determine if there is continued reduction of out-of-home placements for children and youth, and, on a longer term impact, the re-entry rates of children back into the child welfare system.</p> <p>Second Update: The Department is exploring</p>	Harvey Kawasaki Naftali Sampson

		<p>various options to evaluate services and mutual planning steps have begun with the Bureau of Information Services. Also being explored on a pilot basis is a web-side data system by which providers will provide performance measurement outcomes as part of their submittal of service invoicing. All of these strategies are expected to be implemented in FY2009-10.</p>	
	<p>Strategy 1.6</p> <p>Mental Health Screening and Assessment</p>	<p>Strategy Rationale</p> <p>All children in current open cases, and those on newly opened cases, will be screened and/or assessed for un-met mental health needs. The result of all mental health screens (both positive and negative) will be tracked and monitored. Those children who have a positive mental health screen will be referred and linked to mental health services. The length of time between the identification of mental health needs and referral to DMH, linkage to mental health services and the type of service will also be tracked.</p> <p>The means for mental health screening and assessment will vary upon the child's circumstance as mental health screening and assessment are available to children through several different pathways. Newly detained children who are sent to the HUBs for medical evaluation will also receive a mental health screening. As Multi-Disciplinary Assessment (MAT) is rolled out across the county, all newly detained children will also receive a Multi-Disciplinary Assessment in which their needs will be comprehensively assessed, including their mental health needs (making a mental health screening unnecessary for this population). Children who are currently on open cases will receive mental health screening from their caseworkers prior to their case plan update (every six months), or when the child experiences or exhibits one of the "trigger" behaviors as defined</p>	

	<p>by the CIMH Mental Health Screening Test.</p> <p>Once an unmet mental health need is identified, the co-located DMH staff will further evaluate the child's need if necessary, identify the best program available to meet the child's mental health need and link the child (and family if necessary) to a mental health provider that offers the identified program.</p> <p>In order to manage an anticipated increase in the number of children referred for mental health services, to better provide a more comprehensive means of delivering all services to children and families in need and to track, monitor and analyze current trends in service delivery needs, DCFS will initiate the Coordinated Services Action Team (CSAT) in each office. This team will provide structure and organization to staff who, for the most part, are already housed under separate programs in each office.</p> <p>Children who are at risk of removal, replacement or reunification may be referred for a Team Decision Making (TDM) meeting. The CSAT team members will attend TDMs and will work collaboratively with the CSWs, providing their expertise regarding program options and eligibility, to link children and families to appropriate services, and enter the results into the Family Centered Services (FCS) Referral Tracking System (described below). CSAT team members include existing internal resources from each regional office, which may include a MAT Coordinator (described below), co-located DMH staff, Public Health Nurse, RMP Liaison (described below), Educational Liaison, Youth Development Services Coordinator, Linkages Liaison, Wraparound Liaison, and D-rate Evaluator. The CSAT seeks to coordinate, structure, and streamline existing programs and resources and collect, track and analyze data regarding the identification of mental health needs, the linkage to service to meet those needs and the availability of providers to serve those children. The creation of the CSAT aligns existing DCFS and DMH regional non-line staff to rapidly receive referrals through the FCS Referral Tracking System to follow-up and ensure the most appropriate service linkage.</p>
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The FCS Referral Tracking System will allow CSWs to utilize a single referral process by condensing existing forms into one standardized, universal screening application/form so that it is easier and quicker for CSWs to connect families to services that they need. Through the FCS System, DCFS will be able to track referrals, capacity, and utilization of services by geographic region and will increase the ability to rapidly and thoroughly identify needs and deploy resources/services. The FCS System will also maximize utilization of existing and future resources and programs.

The purpose of the MAT Program is to comprehensively assess needs, including mental health needs, of children entering foster care for the first time. Once the needs have been assessed, it is to provide the needed resources to meet these needs. The goal of the MAT Program is that once children are assessed and the appropriate services are provided, they will be either reunified or moved to a permanent home in a timelier manner. The MAT Assessment process has not only effectively reduced timelines to permanency, one of DCFS' top three goals, but it helps ensure that children in foster care are in stable and appropriate placements.

The Resources Utilization Management Process (RMP) is designed to improve the assessment of children who are currently in, or at risk of a RCL level 6 through 14 placements. The RMP will consist of four major elements. First, it will enhance the TDM process for children at risk of a potential placement move. Second, the child's strengths and needs will be assessed using the Child and Adolescence Needs and Strengths (CANS) tool by a Resources Utilization Management (RUM) staff member and a DMH clinical psychologist. Third, the family will be informed of the services available to them before the TDM meeting and are encouraged to help make the decision. Fourth, the services identified by the family and the TDM team will be approved and linked by a team member and the CSW. The RMP will utilize existing and planned DMH Intensive In-Home Mental Health Service programs, including Multidimensional Treatment

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		<p>Foster Care (MTFC), Multisystemic Treatment (MST), and the Comprehensive Children’s Services Program (CCSP).</p> <p>Medical Hubs ensure that children at high risk for health and mental health problems receive a thorough and comprehensive initial medical examination, including age-appropriate developmental and mental health screenings, and a forensic evaluation if deemed appropriate when there is an allegation of physical and/or sexual abuse.</p>	
	<p>Newly detained children in SPAs 3 and 6 will receive MAT assessments</p>	<p>10/1/08 – 9/30/11</p> <p>First Update: There were a total of 266 MAT assessments completed in SPA3</p> <p>There were a total of 399 MAT assessments completed in SPA6</p> <p>Second Update: SPA 3 has completed 418 MAT assessments as of April 09. They are currently completing 60-70% of all eligible newly detained cases. SPA 6 has completed 716 MAT assessments as of April 09. They are completing 80-90% of all eligible newly detained cases.</p>	<p>Laura Andrade</p>
	<p>Newly detained children in SPAs 1, 2, 4, 5, 7 and 8 will receive MAT assessments</p>	<p>10/09 – 10/30/11</p> <p>Not yet due, however: SPAs 1 & 7 have already started MAT assessments. SPAs 2, 4, and 8 will start in July. SPA 5 is projected to start in Oct. 09.</p>	<p>Laura Andrade</p>
	<p>Track number and percent of newly detained children who have a complete MAT</p>	<p>10/1/08 – 9/30/11</p> <p>First Update:</p>	<p>Laura Andrade</p>

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	assessment within the 45-day timeframe.	<p>The Department is finalizing the MAT automated system which will capture this information. It is anticipated to be completed in March 2009.</p> <p><u>Second Update:</u> The implementation of the MAT automated system has been delayed. It is due to start tracking this type of information beginning July 2009.</p>	
	Train front-line CSWs to use the California Institute of Mental Health's Mental Health Screening Tool (MHST)	<p>February 2009 in SPA 7 March & April 2009 in SPA 6 May 2009 in SPA 1 FY 09/10 in all other SPAs</p> <p><u>First Update:</u> Training on use/application of the MHST was developed, and delivered in accordance with CSAT Training and based on the following timeline:</p> <ul style="list-style-type: none"> • SPA 7 was initiated in March 09 and completed April 09. • SPA 6 was initiated in May 09 and completed in June 09. • SPA 1 is planning for July 09 and targeted for completion by the end of July 09. 	Mark Miller
	Coordinated Services ActionTeams (CSATs)	1/09 – 8/09	Lisa Sorenson

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	will be created/identified initially for SPAs 1,6, and 7		<p><u>First Update:</u> CSAT teams have been hired, trained and implemented in SPA 7. SPAs 1 & 6 have hired their teams and are in the process of training their teams and staff. CSAT will implement in SPA 6 in August 2009 and in SPA 1 in September 2009.</p>		
	Coordinated Screening and Assessment Teams will be expanded to all other SPAS		<p>09/09 – 06/10 Not due yet</p>		Lisa Sorenson
	Policy and procedures for utilization of the CSATs will be completed.		<p>07/08 – 12 /08</p> <p><u>First Update:</u> The policy was finalized in February 2009, and to be released on March 1, 2009</p> <p><u>Second Update:</u> Procedural Guide 0070-516.15, Screening and Assessing Children for Mental Health Services and Referral to the Coordinated Services Action Team (CSAT), was issued on 04/30/09 with an effective date 05/01/09.</p>		Guy Trimarchi
	Create and maintain an Family Centered Services Referral Tracking System		<p>1/09 – 6/09</p> <p><u>First Update:</u> Phase 1 of the tracking system has been created and has been tracking data for the Phase I CSAT Offices in implementation since 5/1/09. Maintenance and refinements in the system is on-</p>		Lisa Sorenson

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			going.		
	<p>D-rate Case Managers and D-rate Evaluators will assist with the identification, assessment, and treatment of special needs children who meet the criteria for D-rate placement</p>		<p>10/1/08 – 01/01/09 First Update: Currently, an average of 140 initial assessments are being referred to DMH per month and an approximate three hundred and thirty (330) re-certifications completed per month. In addition, the D-Rate Section handles approximately one thousand six hundred (1,600) calls for consultations with CSWs, caregivers and the public per month. Currently, over 90 percent of children in D-rate placements are receiving mental health services. Second Update: D-rate case managers have expanded their responsibility to include monitoring psychotropic medication use in all children who are supervised by the Dependency Court. In light of these additional responsibilities, they are recertifying D-rate eligibility on an annual basis rather than twice yearly.</p>		<p>Lisa Sorenson</p>
	<p>Addition of one more Medical Hub in order to serve newly detained children and non-detained children with an open child abuse investigation</p>		<p>10/1/08 – 01/09 First Update: Renovations have been completed and the VIP Satellite Hub is now targeted to open in April, 2009. This facility will be</p>		<p>Donna Fernandez</p>

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		<p>providing Initial Medical Exams, forensic evaluations, and age-appropriate mental health screenings to DCFS-served children who reside in the Eastern part of the country.</p> <p>Second Update: Celebration of Opening of VIP Satellite Hub held on 5/27/09. Delivery of services are to begin on June 15, 2009.</p> <p>Number of newly detained children served at a Hub (from July 08-May 09): 6,884.</p> <p>Number of newly detained children receiving Initial Medical Exams from (July 08-May 09): 5,929.</p> <p>Number of children receiving forensic evaluations (July 08-May 09): 3,753.</p> <p>Total number of mental health screenings completed (from July 08-May 09): 9,447.</p> <p>% of detained children served at a Hub: 69%.</p>	
	<p>DMH co-located staff will be located in all regional DCFS offices.</p>	<p>10/1/08 – 9/30/11 *****COMPLETED*****</p>	<p>DMH</p>

<p>Strategy 1.7</p> <p>Provision of Intensive Home-Based Mental Health Services</p>	<p>Strategy Rationale</p> <p>In order to better meet the needs of a large number of underserved DCFS children presenting with intensive mental health needs, a change from office-based, once a week services to care delivered both to the child and caretaker in their home and community, often several times a week, is required. IHBS is an individualized, child-focused, family-centered approach that is offered by a range of contracted mental health providers.</p> <p>IHBS can be defined as a well-established intervention designed to meet the child’s needs in his/her birth, kinship, foster or adoptive home and in the community where the child lives. The planning and provision of IHBS require an individualized process that focuses on the strengths and needs of the child and the importance of the family in supporting the child. IHBS incorporate several discrete clinical interventions, including clinical case management, family teams, and individualized supports. These services are provided in a flexible manner with sufficient duration, intensity, and frequency to address the child’s needs and guide his/her caregivers. Safety, stability and permanency for children are most likely when birth, kinships, foster, and adoptive families are guided to manage children’s behaviors and do not have to travel to receive intensive mental health services. IHBS provides crisis intervention services whereby the child and family know the individuals who are helping them during a crisis situation, instead of having an unknown mobile crisis team respond.</p> <p>When the child is living with kin or a foster family, not only will that family be provided guidance for caring for the child, but the prospective permanent home where the child is likely to be placed will also be prepared for meeting the child’s needs with similar IHBS during visits.</p> <p>IHBS represents a “Whatever It Takes” approach and includes: A comprehensive assessment of needs and strengths; targeted cases management with 24/7 access to services; parent/relative/foster parent training and coaching; individual and family therapy; crisis intervention; medication management; skills training and other rehabilitative services, behavior coaching and other skill building with the child, including support</p>
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		<p>during school and after-school activities; access to flexible funds to support non-billable activities (e.g., respite care, after-school activities, tutoring, behavioral incentives, recreational activities, creation of an informal support activity).</p> <p>Contract providers who are providing IHBS services will also convene Child and Family Teams for those clients receiving IHBS services so that family members, friends, members of the family’s natural support system, and professionals can join together to develop an individualized plan to strengthen family capacity, to assure safety, stability, and permanency, as well as build natural supports that will sustain the family over time. The Child and Family Team will be the forum in which these individuals come together to help the family craft and change services and supports by: Engaging and building trusting relationships with families; developing capable teams around the child and family; using the team to discover strengths and needs, especially the underlying needs that have produced the circumstances and behaviors requiring system attention; developing individualized plans with strong child and family involvement that employ child and family strengths in the plan/course of action to resolve critical needs; implementing plans in timely and effective ways; tracking and adapting plans, based on results, in order to develop safety and sustainability beyond formal system involvement.</p>	
<p>Contract with agencies to provide Multidimensional Treatment Foster Care (MTFC) slots and Intensive Treatment Foster Care (ITFC) slots.</p>		<p>10/1/08 – 9/30/11 First Update: The MTFC program is a partnership consisting of DCFS, DMH and the provider FFAs (Hollygrove and Children’s Institute). Current contracts run until 11/30/2009 and are for a total of 80 beds (40 for Hollygrove, 20 for Children’s Institute and 20 for Penny Lane). We are working with Contracts to extend the contracts with these</p>	<p>Lisa Parrish Marilynne Garrison</p>

		<p>two providers to 11/30/2014. The contract to add another MTFC provider in SPA 1 (Penny Lane) is in the approval process. The goal is to have 30 MTFC beds certified and filled by 6/30/2009. The challenge in meeting this goal is that it is a new program and there is lack of knowledge of its existence which has resulted in low referral rates for children who might qualify. Additionally, the recruitment and certification of MTFC foster homes, as well as the matching process has delayed the implementation process. Currently, the program is only available for children who have permanency partners in the SPA 6 area with expansion in SPA 7 and SPA 1.</p> <p>The two FFAs currently providing MTFC placements are Hollygrove and Children's Institute. As of 1/15/2009, Hollygrove has 3 certified beds and 5 beds pending certification. Although they recently had two placements, they currently have no children in placement. Children's Institute has 9 certified beds with 7 placements (2 placements are on hold at the</p>	
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		<p>agency's request). Another 5 beds are pending certification for which we have made 4 potential matches. Careful matching has been shown to be the key to a successful placement. To that end, more than one potential match for a certified home is actually part of the model protocol. Totals for the MTFC program are: 12 certified beds, 7 placements, 5 vacancies, 8 potential matches and 10 homes completing certification.</p> <p>The ITFC Program has contracts with Five Acres, ChildNet and Olive Crest through 11/30/09. We are currently working with Contracts to expand the program by the RFSQ process or utilizing DMH's list of agencies that already have an existing contract with DMH to draw down EPSDT funding. The total number of beds for the ITFC program is 220, with a goal of 72 beds filled by 6/30/2009. The challenge in meeting this goal is that it is a new program and there is lack of knowledge of its existence which has resulted in low referral rates for children who might qualify. Additionally, the recruitment and certification of ITFC foster</p>	
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		<p>homes, as well as the matching process has delayed the implementation process.</p> <p>There are three FFAs providing ITFC placements for the program. Program totals are: 13 certified beds, 6 placements, 8 vacancies, 11 potential matches and 7 homes completing certification).</p>	
Expansion of Wraparound	<p>10/1/08 – 9/30/11</p> <p>First Update: Effective 5/09, Wraparound will expand to serve any DCFS youth with EPSDT. This is not only an expansion of our current Wraparound criteria, but also a dramatic expansion in the projected total number of DCFS youth served. We are projecting in the next 5 years, to grow by 2,051 slots.</p> <p><u>Second Update:</u> The new contract was implemented on May 1, 2009 and increased the slots for Wraparound from 2,051 to 2,800 resulting in a total potential Wraparound census of 4,017.</p>	Michael Rauso	
Data indicators and outcome measures will be determined in order to evaluate the effectiveness of CSAT as well as IHBS	<p>07/01/10 – 06/30/11</p> <p>Not due yet</p>	<p>Adrienne Olson Marilynne Garrison Cecilia Custodio</p>	

<p>services. The development of Cognos Cubes, derived from Business Intelligence and Performance Management software, will enable the County to track progress on data elements measuring the timeliness of mental health screenings, assessment, referral to service, provision of treatment, duration of services, outcomes associated with the delivery of service, as well as selected outcome measures associated with MHSA Outcomes Measures Application used by the current intensive in-home mental health services programs. Additionally, the County has agreed to conduct a Qualitative Services Review to assess compliance and measure improved outcomes. A three-pronged compliance approach is being proposed: 1) successful completion of a meaningful strategic plan; 2) a passing score from a qualitative review; and 3) acceptable progress on key tracking indicators as the measurable exit criteria for fulfilling the Settlement Agreement.</p>		
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<p>Strategy 1.8 Caseload Reduction Ted Myers Lisa Parish Dick SantaCruz</p>	<p>Strategy Rationale: DCFS' continued success in serving children and their families and achieving outcomes is reliant on reasonable caseloads and workloads for social workers. As caseloads and workloads are reduced, social workers will have more time to engage families, youth, and community in case planning and decision making, and best practice in social work will increase (e.g. purposeful and planned visitation, greater support of resource families and the birth parent – foster caregiver relationship, increased use of Team Decision Making meetings), resulting in stronger outcomes for children.</p>
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		<p>In addition to the Prevention Initiative, caseload reduction will begin by diverting referrals received at the Child Protection Hotline to community based organizations for intervention. Currently, CPHL accepts 88% of referrals for investigation, and 52% of those referrals results in an Immediate Response, both of which are significantly above the California state average.</p>	
	<p>Reduce front-end referral rates and case openings by improving the identification of Child Protection Hotline referrals that would be more appropriately served by a community-based agency. These referrals that are “evaluated out” are referrals that do not meet the criteria for DCFS intervention, but are appropriate to refer to a community-based agency for support services.</p>	<p>10/30/08 – 6/30/09</p> <p>First Update: The Hotline team has safely reduced the number of referrals screened in and assigned an IR response time. This was accomplished beginning with a forum where all of our regional stakeholders were invited to share concerns regarding inappropriate referrals. In addition, advanced SDM trainings were held for all Hotline staff in two phases. To maintain and refresh staff a third phase of training is set to begin in April 09 with a focus on “referral conferencing”. The “Community Based Project” for Evaluated Out referrals in SPAs 4, 6 and two zip codes in Lakewood were successful during this period. A proposed expansion of the project for the entire Department is under development with a projected date of July 09. Note: Caseloads for ER staff have</p>	<p>Cleo Robinson</p>

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		<p>decreased significantly.</p> <p>Second Update:</p> <p>Source of data: Safe Measures- May 2009 and May 2008</p> <p>The Hotline Screen in rate for May 2009 is 81% in comparison to May 2008 , which was 88.2%, resulting in an 8.2% reduction.</p> <p>The Hotline Immediate Response rate for May 2009 is 37.3% in comparison to May 2008 , which was 52%, resulting in a 14.9% reduction.</p> <p>In addition, the Department has seen a significant drop in worker caseloads. The ER caseload as of May 2009 is 23.18 for the Department and the Generic caseloads are 22.36.</p>	
	<p>Train/Review CPHL new/current staff on the SDM tool, policy and procedures</p>	<p>07/08 – 12/08</p> <p>First Update:</p> <p>The first phase of SDM training was completed for the Hotline in October 2008 and resulted in an 8% reduction in IR. The focus was to support the CSWs in improving their overall skills in the use of the Hotline tool. A second phase is Advance SDM which was developed for presentation to all Hotline staff starting in Jan. 2009. The focus</p>	<p>Cleo Robinson Mark Miller</p>

		<p>will be how to inform Decision Making by using SDM definition and documentation.</p> <p>Training began Jan. 28, 2009 for SCSWs/CSWs and CSW training will be completed by February 28, 2009.</p> <p><u>SDM advance training for Hotline SCSWs:</u> The focus is how to support decision making by using definitions and documenting information in the screener narrative. This six hour session will provide SCSWs' with templates for gathering referral information to support Hotline SDM Screening and Response Priority tool decisions. Similarly, they will be given outlines on documenting this information in accurate and complete narrative.</p> <p><u>SDM advance training for Hotline CSWs:</u> The focus is how to inform decision making by using definitions and documenting in the screener narrative. This three hour session will provide CSWs with templates for gathering referral information to support Hotline SDM Screening and Response Priority tool decisions. Similarly, they will be given outlines on documenting this information in accurate and complete narratives.</p>	
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		<p>A range of targeted training to CPHL staff has been provided with the goal/objective of strengthening the SDM Screening and Response Priority Assessments (SRPA).</p> <p><u>Second Update:</u> Training for all CSWs and SCSWs is complete. As training was being conducted, the rates continued to drop. Referral reviews conducted by the SCSWs and the management team indicate a much improved appropriate completion with very few referrals not meeting criteria for a referral.</p> <p>We are now in our third phase of SDM training (Referral Conferencing) with the SCSWs. The focus of training is to gain consistency amongst all of our SCSWs.</p>	
	<p>Develop new policy to support change in how CPHL will accept referrals.</p>	<p>7/08 – 11/08 First Update: The Policy Review work group held a series of meetings in 2008 to review policies to ensure they supported the work of the Hotline as required. As a result three policies were revised. In addition, the “Child Protection Hotline Classification of</p>	<p>Cleo Robinson Guy Trimarchi</p>

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		<p>Allegations” policy has major revisions pending by the projected date of 7/01/09 to support the expansion of Differential Response for the entire County.</p> <p>Second Update: For 2008, 727 families were identified for services and for the first half of 2009, over 500 families have been identified for service needs. Reports from the Regional Administrators indicate families are responsive to our offers of services. Data has been requested to determine the number of families that have subsequent referrals. The proposed expansion has a drafted proposal. Monies have been identified for the expansion. The proposed implementation date is late fall 2009.</p>	
	<p>Current management utilization reports will be designed to provide monthly reports and feedback for each CSW and SCSW</p>	<p>7/08 – 10/08 First Update: In collaboration with our IT staff, Cognos (referral and Hotline workflow) reports were developed to capture each worker’s monthly work product and to provide supervisors/management with needed data regarding workflow of referrals. IT staff designed</p>	<p>Cleo Robinson Cecelia Custodio</p>

		<p>multiple reports to capture the data beginning 2007 on the following:</p> <ul style="list-style-type: none">*Referrals generated by CPH*Referrals processing*CPH referrals approved <p>These reports provide the SCSW with an additional tool and support them in providing their individual workers with feedback on their productivity, screening and assignment rates, etc. In addition, it provides management with an overview of how we are doing and the ability to drill down to the individual worker stats on referrals.</p> <p style="text-align: center;"><u>Second Update:</u></p> <p>The SCSWs and CSWs are regularly receiving monthly feedback on their individual productivity and Screen in and IR rates. The feedback from our staff has been to receive more training so that they know how to accomplish their jobs and suggestions to change how we review referrals. In addition, some report everyone has more accountability.</p>	
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<p>A communication plan to key stakeholders regarding the changes underway at CPHL will be completed, which will ensure the Department's ongoing effort to enlist the community's cooperation, collaboration, and service satisfaction.</p>	<p>7/08 – 12/08 First Update: The planned communication was implemented as follows: A forum was held in July 2008 to inform our internal stakeholders of the Hotline goals and to gather their input. The Board Deputies were informed the Department is reviewing the LA County screen in and assignment rates. Staff is incorporating SDM training in the education of our callers and during community presentations. In addition, surrounding Counties have been informed during two quarterly meetings regarding LA County's focus on screen in and assignment rates.</p> <p>*****COMPLETED*****</p>	<p>Cleo Robinson</p>
<p>Emergency Response Command Post Up-Front Assessments will be conducted by either a licensed or registered clinician using the Behavioral Severity Assessment Program (BSAP) in SPAs 4 and 6 in order to help reduce reliance on detentions</p>	<p>10/08 – 09/11 First Update: Countywide roll-out dependent on evaluation and funding. Evaluation to begin 2 months after implementation.</p> <p>Second Update: Through the use of AB2994 funds, ERCP staff and FP agencies that volunteered to provide UFA services were trained by mid-April 2009, and</p>	<p>Harvey Kawasaki</p>

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		<p>countywide ERCP implementation began on April 13, 2009. The contract staffing requirements call for a licensed staff person or an individual who is supervised by a licensed individual. It covers both SPAs 4 and 6. In its first month of operation, approximately 50 families have been provided UFA services, which can include adjunct services to stabilize the families via IHOC, T&D, and an emergency fund of up to \$500 per family.</p>	
	<p>Integrate TDM practice at the Emergency Response Command Post so that TDMs are available after regular business hours, which will help link families to services and reduce reliance on detentions.</p>	<p>09/08 – 2/09 <u>First Update:</u> A pilot is being developed that will create an opportunity for potential removals to have TDM after hours, or on the weekend. The Family to Family section hired a CSA II to oversee the eight (8) new TDM facilitators specifically for this protocol. The projected date is 4/09. <u>Second Update:</u> A draft protocol for ERCP and TDM has been written. The proposed protocol agreement indicates that ERCP will conduct a TDM on all detentions. Eight SCSW/TDM Facilitators have been selected and reported to Family to Family as of 04/06/09.</p>	<p>Ed Sosa Michael Rauso Nina Powell-McCall</p>

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		<p>The SCSW/TDM facilitators have completed the five day facilitators' training with the Annie E. Casey Foundation and UC-Davis. An ERCP-TDM workgroup has been developed and meets weekly. In addition, by 07/01/09, F2F and ERCP will begin a pilot program which will include conducting TDMs at ERCP on a voluntary basis. The ERCP TDM Workgroup and the pilot program were developed to allow ERCP, along with F2F, to address all issues that may develop prior to full implementation. The anticipated date of implementing TDM at ERCP is 09/01/09.</p>	
	<p>Increase Permanency Practice and Rates through the following: The development of a milestone tracking system to better measure and manage milestones from Emergency Response to the termination of parental rights; centralize the Termination of Parental Rights (TPR) Filing Function within the Adoption and Permanency Resources Division; decrease the timeline between TPR to finalization; training to DCFS staff by County Counsel to improve practice and prevent appeals</p>	<p>Milestone Tracking Tool: 7/08 - 2/09 <u>First Update:</u> The Caseload Reduction Data Committee developed a general system through Cognos to monitor certain milestones which have helped some offices reduce their timelines as well as caseload. More specific milestones (ER to TPR) that include Court Dates are in the conceptual stages of development due to the complex intricacies of the data system.</p>	<p>Bill Thomas Diane Wagner Carlos Castillo Cecelia Custodio Log Nguyen</p>

		<p><u>Second Update on Milestone Tracking Tool:</u></p> <p>The Caseload Reduction Data Committee has examined the first phase of the available reports. This first phase will be completed when the reports are migrated to "production" whereby designated staff will have access to the reports. Some basic tracking elements have already been created including the ability to track length of times of specific serve components, some of which occur prior to the TPR. This first phase should be completed by June 30, 2009. The second phase will involve day-to-day usage of the first phase of the system which will then be refined. Specific aspects of tracking will be more fully tested and incorporated by the end of the second phase.</p> <p>Centralized TPR Filing: 07/08 – 9/08</p> <p>First Update: Effective October 1, 2008, Central TPR Filing was implemented under Concurrent Planning Redesign. It is anticipated that this change will result in a reduction of the time from termination of parental</p>	
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		<p>rights (TPR) to acknowledgement, both critical milestones for adoptive placement. Measures will be forthcoming to determine if there has been a reduction in time. Once the acknowledgment is received from CDSS, the child can be adoptively placed. The APRD Central TPR Team is comprised of 3 clerks and 1 supervisor.</p> <p>*****COMPLETED*****</p> <p>Decrease TPR-Finalization: 7/08-9/08</p> <p>First Update:</p> <p>Several strategies have been initiated during this period: The Centralized Finalization Unit was established; the Division managers have been more closely tracking how quickly children are adoptively placed from the time of receipt of the TPR acknowledgment from CDSS; the ARAs have been reviewing the cases acknowledged and not placed since last year and in more detail since this year; the Division managers have been tracking the time it takes from adoptive placement to getting cases to the Adoption Assistance to prepare the cases for finalization of the</p>	
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		<p>adoption. The timeframes for this milestone are decreasing.</p> <p style="text-align: center;">Decrease Time from Completions to Finalization: 7/08 – 6/09</p> <p style="text-align: center;">First Update:</p> <p>The timelines for the pro bono law firms who completed adoption finalizations for our families were averaging about 5 months for the adoptions to finalize once referred.</p> <p>The DASH (Department Assisted Self Help Finalizations) pilot is moving forward, beginning with 5 cases.</p> <p>CLC, Alliance, PC, County Counsel and APRD Division Chief, Assistant Division Chief and Finalization Project ARA met with the Superior Court administrator and a filing clerk supervisor to request that filing timeframe be reduced from 1 month to 2 weeks. Administrator stated it was not possible due to staffing and lack of automation.</p> <p style="text-align: center;">Training to decrease appeals: 7/08 – 12/08</p> <p style="text-align: center;">First Update:</p> <p>County Counsel provides training</p>	
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		<p>to new social workers at the CORE Academy locations and to regional offices by request. During this first SIP review period, County Counsel provided training to five academies and four office locations.</p> <p>The re-posting of an e-training/web-based training on ICWA which the Training Section previously had available through LA Kids is in progress with the Training Section. This training module may be amended if needed and will be added back to the available training sessions through the training website.</p> <p><u>Second Update: Training to decrease appeals</u></p> <p>For 7/08 through 12/08, 125 appeals of TPR were filed. For 1/09 through 5/09, 90 appeals of TPR have been filed.</p> <p>County Counsel ICWA inquiry and noticing training continues for new CSWs at the CORE Academy as requested by the IUC. Also, the same training to the regional offices is provided upon request.</p> <p>The Training Division continues work on a web-based training for ICWA inquiry and notice – new</p>	
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		<p>state forms and cultural considerations are to be incorporated into the training which makes previous modules no longer valid.</p> <p>The website for the California Courts contains the California Appellate Courts Case Information System. This system provides case information for appeal cases. As of 9/1/08, new TPR appeals have been entered in this system. Closer tracking of the appeal process can now be done, as the website allows for email notification of appellate events, such as opinions filings and remitter issuances. Final confirmation of appeal status continues to come from County Counsel as the legal experts.</p> <p>Presentation of the website tracking was provided to APRD management on 5/14/09 and at the Division's CQI meeting on 5/20/09. Discussion have been held at section staff meetings as well. Power Point presentations were forwarded to the manager of all social work staff.</p>	
	<p>Improved Human Resource Practice and Rates by utilizing all available items budgeted to the Department. Monthly HR</p>	<p>7/08 – 10/11 First Update: Vacant items are being filled</p>	<p>Sheryl Negash Wanda Hazel</p>

<p>reports are being issued to track compliance in filling vacant items.</p>	<p>based upon a priority ranking system devised by the Exec Team. As a result, the vacancy rate has been reduced. Monthly tracking of hiring continues. During the week of September 29th, the Department had 3168 budgeted full time CSW positions, of which 67 were vacant. The vacancy factor is 2.11 percent.</p> <p>The Department received 12 new CSW items in the supplemental budget; therefore, we have 3180 budgeted full time CSW positions, of which 75 positions are vacant. The vacancy factor is 2.36.</p> <p><u>Second Update:</u></p> <p>Currently, the Department has 380 vacant priority items, including 113 CSW items. Efforts are underway to hire into CSW positions recent college graduates who participated in IUC/CalSWEC stipends programs. Consequently, all CSWs items are expected to be filled by the end of the summer. Due to the County-wide hiring freeze, Executive Team is re-evaluating hiring priorities and will determine to what efforts will continue to fill vacant items for non-CSW positions.</p>	
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<p>Implementation of the Hold Harmless Staff Allocation Plan. To help motivate managers to safely lower caseloads without the negative impact of decreasing line social worker staffing, DCFS implemented (in July, 2008) a new approach to maintaining staffing levels of social workers. This method makes use of caseload averages from April 2007 to determine current and future CSW allocations.</p>		<p>7/08 – 9/08; ongoing <u>First Update:</u> Upon implementation of the Hold Harmless Staff Allocation Plan, the Department set a goal to reduce the Generic Children Service Workers caseload to an average of 24 cases per CSW. In May 2008, this caseload average was 26.88. Based on the Department’s MAPP CASELOAD REPORT, in December 2008, the caseload average has been reduced to 23.95.</p> <p><u>Second Update:</u> Since the December 2008 report, the average caseload for the Generic Children Service Worker has continued to decline. Based on the April 2009 report, the average caseload is now at 22.86. Out of the total of 1,203 Generic Children Service Workers, 1141 have caseloads of less than 31 cases.</p>	<p>Chuck Tadlock</p>
<p>Lower caseloads by moving children into stable relative guardian homes in the Kin-GAP program. DCFS’ goal is to recruit 10% (minimum of 36 children per month) of all Kin-GAP eligible children. The plan will target the guardianship population in placement more than two years.</p>		<p>7/08 – 9/08; ongoing <u>First Update:</u> The DCFS goal was modified down to 6% by the Executive Committee. A baseline for the 2007/2008 period has been calculated and reflects 829 youth newly enrolled in Kin-GAP for the</p>	<p>Michael Gray</p>

		<p>12 month period ending May 30, 2008. A 6% increase for the 12 month period 2008/2009 would yield 879 youth entering Kin-GAP. Presently there have been 483 youth who have entered Kin-GAP or 55% of the projected target of 879. A formal Kin-GAP Dashboard has been developed to consistently track this goal.</p> <p><u>Second Update:</u></p> <p>Presently there have been a total of 1071 youth newly enrolled in Kin-GAP.</p> <p>Although the Kin-GAP Dash Board was developed, the calculation methodology has been challenged in that the metric being measured may not be the most appropriate to measure.</p> <p>Although the percentage target may not be achieved, the 1071 youth newly enrolled was a substantial number of new enrollments and does constitute an acceptable contribution to caseload reduction. This averages 134 new enrollments for the 8 month period.</p>	
	<p>Strategy 1.9 Integration and coordination of services between the Department of Social Services and the Department of Children</p>	<p>Strategy Rationale:</p> <p>The Linkages Program is an interdepartmental partnership (between the Department of Children and Family Services (DCFS) and Department of Public Social Services (DPSS)) to address the common barriers that limit</p>	

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	<p>and Family Services via the Linkages Program</p>	<p>parents' ability to work and keep their children safely at home. Los Angeles County's Linkages Program is designed to address the needs of families from both prevention and intervention perspectives. The key goals of Linkages are:</p> <ul style="list-style-type: none"> • Linkages Prevention Goal: To ensure that families who are not currently connected to resources of DPSS, but could be, are provided an expedient method to access DPSS programs. • Linkages Intervention Goal: To ensure families who are dually involved in both the California Work Opportunity and Responsibility to Kids (CalWORKs) program and Child Welfare Services have the opportunity to maximize resources and coordinate case planning to provide a safe and stable home for their children while working toward economic self-sufficiency. <p>Implementation of Linkages has been underway since March of 2006. Currently eight (8) regional offices (San Fernando Valley, Metro North, Torrance, Wateridge, Santa Clarita, Lakewood, Pomona and Vermont Corridor) have launched the initiative. Further roll-out of the remaining DCFS offices and corresponding DPSS CalWORKs District Offices and Greater Avenues for Independence (GAIN) Region Offices is scheduled to proceed in FY 2008-2009.</p> <p>Preliminary findings indicate a higher degree of coordination has resulted in better outcomes for children and families. Early data in terms of short term outcomes points to decreased out-of-home placement when the Linkages model of service coordination between DCFS and DPSS is implemented. Further, it is expected that the program will assist families with reunification due to the additional resources that the Linkages program offers.</p>		
	<p>Full roll-out of Linkages in the remaining DCFS offices</p>	<p>Compton/Belvedere/Santa Fe Springs office – 12/008; First Update: Santa Fe Springs already</p>		<p>Debbie Guiloff David Yada</p>

		<p>implemented, their launch date was 12/2/08.</p> <p>Belvedere started training and their launch date will be early February.</p> <p>The dates to start training the Compton office have been set up, and they will launch in March 2009.</p> <p>Palmdale/Lancaster/Pasadena – 1/09 – 4/09; Not due yet.</p> <p>West L.A./Glendora/El Monte – 05/09 – 7/09 Not due yet.</p> <p><u>Second Update:</u> The Belvedere, Compton, and Pasadena offices launched on 2/9/09, 3/16/09, and 5/11/09, respectively.</p> <p>The Lancaster and Palmdale offices are currently being trained together and will launch in mid-June 2009.</p> <p>The West Los Angeles, Glendora and El Monte offices are scheduled for implementation from July to early Fall 2009. And,</p>	
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		<p>with the roll-out of these three regional offices, all DCFS offices and their corresponding DPSS CalWORKs District Offices and Greater Avenues for Independence (GAIN) Region Offices will have completed implementation. That is, Linkages will be county-wide.</p> <p>Concurrent with continued implementation, the evaluation of Linkages will proceed through multiple channels. This includes initiating the comprehensive evaluation of Linkages; ongoing design of an evaluation approach for all Linkages offices, including data tracking methodology and oversight reporting mechanisms; ongoing coordination with the statewide Linkages evaluator for Los Angeles case study as part of California's participation in the 5-years federal grant from the Department of Health and Human Services (DHHS) for expansion of Linkages.</p>	
<p>Outcome/Systemic Factor #2: <u>Measure C1.4</u> – Reentry Following Reunification</p>			
<p>County's Performance:</p>			

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<p>First Update: Performance on this measure has declined since FY 2004-2005, as the reentry rate increased from 5.4% to 10.4% as of Q3 2008 (National Standard Goal: 9.9).</p> <p>However, Los Angeles County's overall Reunification Composite Score for FY 04-05 was 99.2 and is currently at 118.8 (Q3 2008), which demonstrates progress towards reaching our SIP goal of 121.6.</p>			
<p>Improvement Goal 2.0</p> <p>Los Angeles County's goal is to reach a Reunification Composite score of 121.6</p>			
<p>Strategy 2.1</p> <p>Expansion and Enhancement of Wraparound Services (also under Strategy 1.4)</p>		<p>Strategy Rationale: The Wraparound Program is a strength and community-based team approach to helping families and children get their needs met so as to achieve permanency and stability in their living situation. The principles of the Wraparound process include family voice and choice, collaboration and shared responsibility for family success, and the delivery of culturally competent, individualized services. During the implementation of the Wraparound plan of care, the team meets regularly in order to review accomplishments, assess whether or not the plan is working to achieve the desired goals, adjust services/interventions that are not working, and assign new tasks to the Wraparound team members in order to move forward with the fulfillment of the team's mission. Wraparound services will also provide a transitional phase and a transition plan, where the team determines the follow-up options that will help and support the family in succeeding outside of the formal Wraparound structure.</p>	
Expand Wraparound by implementing a contract		05/09 – 09/30/11	Michael Rauso Pam Dubin
Children and families show strong satisfaction and support for the Wraparound process, as reported through surveys.		10/1/08 – 9/30/11 First Update: See Strategy 1.4 (pg. 13)	Michael Rauso Pam Dubin
<p>Strategy 2.2</p> <p>Expansion of Family Preservation Service</p>	<p>Strategy Rationale: Serving more families through Family Preservation and providing such services</p>		

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	Contracts (also under strategy 1.5)	before family reunification takes place and after family reunification has occurred will increase the number of children who are able to reunify, as the parents will be better prepared to care for their child before the child returns home.		
	Expand the number of slots through existing Family Preservation agencies		10/1/08 – 9/30/11 First Update: See Strategy 1.5 (pg. 14)	Harvey Kawasaki Naftali Sampson
	Evaluate outcomes of Family Preservation services		10/1/08 – 9/30/11 First Update: See Strategy 1.5 (pg. 14)	Harvey Kawasaki Naftali Sampson
	Strategy 2.3 Provision of Intensive Home-Based Mental Health Services (also under Strategy 1.7)	Strategy 2.3 Contract providers who are providing IHBS services will also convene Child and Family Teams for those clients receiving IHBS services so that family members, friends, members of the family’s natural support system, and professionals can join together to develop an individualized plan to strengthen family capacity, to assure safety, stability, and permanency, as well as build natural supports that will sustain the family over time. The Child and Family Team will be the forum in which these individuals come together to help the family craft and change services and supports by: Engaging and building trusting relationships with families; developing capable teams around the child and family; using the team to discover strengths and needs, especially the underlying needs that have produced the circumstances and behaviors requiring system attention; developing individualized plans with strong child and family involvement that employ child and family strengths in the plan/course of action to resolve critical needs; implementing plans in timely and effective ways; tracking and adapting plans, based on results, in order to develop safety and sustainability beyond formal system involvement.		
	Strategy 2.4 Prevention Initiative Demonstration Project (PIDP)	The Prevention Initiative Demonstration Project (PIDP) will target the population of children and families in Los Angeles County in all 8 Service Planning Areas (SPAs). The Department of Children and Family Services (DCFS) will connect the families with Community Based Agencies (CBOs) which will provide assessment and comprehensive services to the families in their own community. The goals of the PIDP are to keep children safe from harm,		

	<p>prevent families from entering and re-entering the County's health and human services system, and to reduce the length of out-of-home care placement of children supervised by DCFS.</p> <p>Prevention Strategies include:</p> <p>3) Primary Prevention Strategies – target the general population including vulnerable families who experience isolation, poverty, joblessness and other underlying factors which may lead to child abuse and neglect. These strategies promote the development of healthier communities as a means of preventing child abuse and neglect before it occurs. These efforts are designed to ultimately decrease the number of children requiring entry, intervention and supervision by DCFS. Strategies include but are not limited to the following:</p> <ul style="list-style-type: none">• Community Building – supporting families by providing opportunities for economic development (including employment training and opportunities); and providing a range of opportunities for residents and families to participate in community building.• Social Networking – creating and enhancing social networks which provide residents and families with self-empowerment and self-sufficiency experiences.• Community Relationship-Based Organizing – organizing and supporting positive activities for children and youth; participating in child abuse prevention initiatives/strategies. <p>2) Secondary Prevention – Secondary prevention addresses the needs of children and families who came to the attention of DCFS and chose supportive services on a voluntary basis. These services and activities include not only hard formal services (such as counseling and therapy) but also those informal services and supports referenced under Primary Prevention. The likelihood of re-entry into the system for families is greatly diminished when informal support services are combined with formal hard services. Strategies include but are not limited to the following:</p> <ul style="list-style-type: none">• Family Support – parents have knowledge of parenting and child development; know where to find concrete support when the need arises; and can access social connections.
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		<ul style="list-style-type: none"> • Institutional Transformation – programs/public entities such as early child care/schools, youth development and recreational/parks/libraries provide a welcoming and supportive environment for children and support families. 3) Tertiary Prevention –Initiatives/strategies related to tertiary prevention target the children and families who have an open case with DCFS. These strategies will not only focus on the formal hard services to prevent further maltreatment of children under the care of DCFS but also those informal services and supports which can reduce the negative impact of abuse upon children, ensure the more timely reunification of children with their families, and decrease the re-entry of families in our system. Strategies include but are not limited to the following: <ul style="list-style-type: none"> • Early Child Care and Development – children are socially and emotionally competent, prepared to enter kindergarten with their families prepared to support the child’s readiness for school. • Youth Development – school age children are safe, healthy and ready to do well in school; have after school activities in safe places with caring adults as guides. Transition aged youth leaving the system will have the necessary support services and program to ensure a successful future. • Treatment Services – improvement in family functioning, improvement in mental/emotional well-being, decreases in youth behavior problems, and decreases in substance abuse. • Child Protection and Case Management – child welfare system efforts are to engage families and that case decisions are made through group processes which include families and their voices about choices (e.g., decision about youth include the youth). 	
	<p>DCFS will monitor the contract with the agencies to provide PIDP comprehensive services and evidenced based practices for the children and families.</p>	<p>10/1/08 – 9/30/11 First Update: DCFS has a team of Division staff who not only monitor contract compliance but also the deliverables achieved by the contracted lead agencies to date (through December 2008). These are done through monthly PIDP meetings with the agencies (every month since April 2008,</p>	<p>Norma Doctor Sparks Harvey Kawasaki Jennifer Hottenroth David Dreger</p>

		<p>exception December due to the holidays) and DCFS regional office staff, as well as monitoring the submitted invoices and detailed monthly performance reports. Regional management staff attended the SPA specific lead agency's ongoing PIDP implementation meetings as well, as active participants in the progress of each strategy approved by the Department by June 2008. Mid-year project progress shows that nearly 4200 residents/clients served through the PIDP enhanced SPA networks. DCFS also sought and obtained Board of Supervisor approval in November 2008 to extend the implementation phase of the PIDP to full 12-months – July 1, 2008 through June 30, 2009.</p> <p><u>Second Update:</u> DCFS tracks the expenditures of the agencies through their monthly invoices and monthly project reports. In January 2009, a mid-year evaluation report was published by the PIDP Evaluation team, headed by Casey Family Programs. A final project evaluation report is due at the end of the July 2009, which will</p>	
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		<p>determine the deliverables for a second year of PIDP.</p>	
	<p>Implementation and Outcomes: DCFS will monitor the PIDP implementation and outcomes. The PIDP requires the eight PIDP Lead Agencies to work in partnership with residents, families and communities, the public and private sector, the faith-based community, and all related County departments in achieving outcomes.</p>	<p>10/1/08 – 9/30/11 First Update: The PIDP Evaluation Collaborative was established prior to the February 2008 Board approval of the Project. The PIDP Evaluation Collaborative is lead by DCFS, Casey Family Program and Dr. Jacquelyn McCroskey of USC and other partners (First5LA, UCLA and Claremont). The Collaborative has held monthly evaluation meetings which includes DCFS reps as well as an Evaluation Liaison from each of the PIDP Lead Agencies. An evaluation timeframe was developed, which included a mid-year evaluation review due at the end of December 2008 (the report was finalized and available at the end of January 2009), with the final evaluation report due no later at the end of August 2009, with preliminary results available as early as May 2009. DCFS also arranged for a full-day November 17, 2008 PIDP Peer Learning Roundtable meeting where approximately 200 of the PIDP participants (DCFS staff, PIDP leads and their network partners</p>	<p>Norma Doctor Sparks Harvey Kawasaki Jennifer Hottenroth David Dreger</p>

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		<p>and other key stakeholders) discussed lessons learned to date for peer learning and evaluation information gathering purposes.</p> <p>Second Update: The PIDP Evaluation team produced a mid-year project evaluation report in January 2009. The Evaluation continues to meet ongoing and a final report is now expected by July 30, 2009.</p>	
<p>Evaluation: DCFS will monitor and collaborate on the PIDP Evaluation which will be overseen by Casey Family Programs (CFP) and Children and Families Research Consortium (CFRC). The evaluation methodology will be a "Place-Based Evaluation" which will be assessed by focusing on the needs and strengths of the SPA local communities and utilize a format such as eight case studies (one for each SPA); the evaluation data will include factors such as CWS/CMS data, relationships between DCFS staff and Lead Agencies, changes in the networks over time, family social support, and parent sense of connection to their local community. The evaluation data will be assessed at critical time periods throughout demonstration project timeframe.</p>	<p>02/26/08-09/30/09</p> <p>First Update: (See above)</p> <p>Second Update: The PIDP Evaluation team produced a mid-year project evaluation report in January 2009. The Evaluation continues to meet ongoing and a final report is now expected by July 30, 2009.</p>	<p>Norma Doctor Sparks Harvey Kawasaki Jennifer Hottenroth David Dreger</p>	
<p>Goals: DCFS will monitor that the PIDP Model actions are consistent with the principles of the:</p>	<p>02/26/08-06/30/09</p> <p>First Update: See the above</p>	<p>Norma Doctor Sparks Harvey Kawasaki Jennifer Hottenroth</p>	

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<ul style="list-style-type: none"> • Countywide Strategic Plan Goals • Board of Supervisors five outcome areas to improve well-being, measured by the achievements- 1) Good Health, 2) Economic Well-Being, 3) Safety and Survival, 4) Social and Emotional Well-Being, and 5) Education/Workforce Readiness. • Title IV-E Waiver Goals: <ul style="list-style-type: none"> ➤ To improve the array of services for children and families and engage families through a more individualized approach that emphasizes family involvement; ➤ To increase child safety without an over-reliance on out-of-home care; ➤ To improve permanency outcomes and timelines; and ➤ To improve child and family well-being. 	<p style="text-align: center;"><u>Second Update:</u></p> <p>The PIDP Evaluation team produced a mid-year project evaluation report in January 2009. The Evaluation continues to meet ongoing and a final report is now expected by July 30, 2009. Both reports will detail how the PIDP models across the eight SPAs have met the well-being goals and outcomes.</p>	<p style="text-align: right;">David Dreger</p>
<p>Strategy 2.5 Explore possibility of creating After-Care Services through PSSF/CAPIT integration contracting process</p>	<p>Strategy Rationale: Through the provision of after-care services, additional community-based support will be provided to families, especially during the first three months after a case closes, as data shows that reentries are most likely to occur within the first three months of case closure.</p>	
<p>Release Request for Proposal for After-Care Services</p>	<p style="text-align: center;">Target dates: 12/09 – 1/10 Not yet due</p>	<p style="text-align: right;">Harvey Kawasaki</p>
<p>Implementation of PSSF/CAPIT After-Care contracts</p>	<p style="text-align: center;">Target dates: 12/10 – 09/11 Not yet due</p>	<p style="text-align: right;">Harvey Kawasaki</p>
<p>Strategy 2.6 Analysis and in-depth review of reentry cases</p>	<p>Strategy Rationale: Los Angeles County has seen an 88.89% change increase in reentries into foster care from FY 2004-2005 to FY 2005-2006. To help determine what may be causing the increase in reentries, an in-depth case review</p>	

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			<p>examination on reentry cases will be conducted to analyze possible causal or influencing factors that impact reentry into foster care.</p>		
	<p>In-depth case review of re-entry cases to examine practices, operations, resource issues, and triggers that may be contributing to reentries into foster care</p>		<p>10/01/08 – 01/09 First Update: In-depth case reviews and case-related interviews were completed in 11/08. A final draft of the Re-entry Study report has been completed, which includes the key findings and 56 recommendations from the case reviewers, parents, youth, community partners, and Dependency Court Representatives. DCFS will prioritize the recommendations that will be included in a plan to reduce foster care re-entry rates. *****COMPLETED*****</p>		<p>Mitch Mason Adela Estrada</p>
	<p>Strategy 2.6 Prevent at least 40 percent of the 388 WIC petitions by providing support services to Kinship caregivers who are considering or have filed WIC 388 petitions to re-instate jurisdiction.</p>		<p>10/1/08 – 9/30/11 First Update: A Kinship Support Division Liaison has been stationed at Juvenile Court Services to offer supportive services and consultation to Kinship Families who desire to file WIC 388 petitions. Since October 1, 2008 there have been 36 inquiries made by Kinship Caregivers who were interested in filing WIC 388 petitions. Seventeen were averted (47%), twelve remain</p>		<p>Michael Gray Court Services Regional Administrators</p>

		<p>pending (33%), and seven were actually filed (20%).</p> <p><u>Second Update:</u> With a total of 168 interventions to avert the filing of WIC 388, there were 117 not filed or 72%.</p> <p>With a total of 89 Relative interventions from 10/08 to May 09, there were 61 not filed (69%); 11 filed (12%); 11 pending court review (12%); and 7 not applicable or 7%.</p> <p>Interventions are now occurring with birth parents. Of 79 interventions, 57 did not file (73%); 9 filed (11%); 12 are pending court review (15%); and 1 was not applicable (10%).</p>	
<p>Outcome/Systemic Factor #3: <u>Measure C2.1</u> – Adoption within 24 months (Exit Cohort)</p>			
<p>County's Performance:</p> <p>First Update: The Los Angeles County Department of Children and Family Services has shown an improvement in the percent of children discharged from foster care to finalized adoption in less than 24 months from the date of the latest removal from home. Comparison of percentage figures from the baseline year (July 2004 – June 2005) to July 2006 – June 2007, was 15.1% to 24.6%, indicating an almost 63% rise in the percentage of exits to finalized adoption. The most current data (Q3 2008) shows that there has been a slight decrease in performance on this measure, as there were 22.5% of children adopted within 24 months (National Standard Goal: 36.6%).</p>			

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<p>Los Angeles County's Adoption Composite Score during FY 04-05 was 50.0, and our current score is 97.7 as of Q3 2008, thereby surpassing our SIP goal of an Adoption Composite Score of 96.7.</p>				
<p>Improvement Goal 3.0</p> <p>Los Angeles County's goal is to reach an Adoption Composite score of 96.7 (National Standard Goal: 106.4).</p>				
<p>Strategy 3.1</p> <p>Engaging Family and Community in Decision making and Planning (Expansion of Family Team Decision Making), (also under Strategy 1.2);</p>		<p>Strategy Rationale:</p> <p>During the TDM, the Facilitator or the CSW/SCSW explains the concept of Concurrent Planning and provides Full Disclosure to assure that the family and their supports are fully aware of the consequences should the birth parents not resolve the issues that brought them to the attention of DCFS and Dependency Court. DCFS policy states that the CSW shall provide full disclosure to the parents in all stages of case planning. As part of TDM meetings, parents are informed of what the benefits and consequences are if they are able and/or willing to abide by the case plan within the ASFA timeframes.</p>		
<p>Strategy 3.2 Increase Permanency Practice and Rates through the following: The development of a milestone tracking system to better measure and manage milestones from Emergency Response to the termination of parental rights; centralize the Termination of Parental Rights (TPR) Filing Function within the Adoption and Permanency Resources Division; decrease the timeline between TPR to finalization; training to DCFS staff by County Counsel to improve practice and prevent appeals. (also under Strategy 1.8)</p>		<p>Milestone Tracking Tool: 7/08 - 2/09; Centralized TPR Filing: 07/08 – 9/08; Decrease TPR-Finalization: 7/08-9/08; Training to decrease appeals: 7/08 – 12/08; Decrease time from completions to Finalizations: 7/08 – 6/09 First Update: See Strategy 1.8</p>		<p>Bill Thomas Diane Wagner Carlos Castillo Cecelia Custodio Log Nguyen</p>
<p>Outcome/Systemic Factor #4: Measure C3.1 – Exits to Permanency (24 months in care)</p>				

<p>County's Performance:</p> <p>DCFS had seen a decline in performance on this measure during the past three fiscal years, but now we are seeing an improved performance as of the Q2 2008 data. The percent of all children in foster care for at least 24 months who were able to achieve permanency slipped from 19.6% in FY 2004-2005 to 18.6% in FY 2005-2006, and then down to 17.7% during FY 2006-2007. However, our most recent data (Q3 2008) shows that there has been an improvement on this measure, as we are now at 24.0% (National Standard Goal: 29.1). It should be noted that the number of children in long-term foster care decreased by 9.4% in 2006 and an additional 10.8% in 2007. It is likely that the children that are remaining in foster care are having greater difficulty achieving permanency due to having special needs and challenges, which may be why we are seeing a reduction in permanency for these children.</p> <p>Los Angeles County's Long Term Care Composite Score during FY 04-05 was 92.8 and is currently at 103.3 (Q3 2008), thereby surpassing our SIP Goal of 102.49.</p>	
<p>Improvement Goal 4.0</p> <p>Los Angeles County's goal is to reach a Long Term Care Composite score of 102.49 (National Standard Goal: 121.7)</p>	
<p>Strategy 4.1</p> <p>Expansion of Family Finding and Engagement Activities</p>	<p>Strategy Rationale</p> <p>Specialized Permanency Units will target the most challenging youth in each office, categorized as high-need, who have no permanency resources, limited family connections, multiple placements, substance abuse and mental health issues, and runaway behavior. Children's Social Workers who work in the Specialized Permanency Units will have reduced caseloads and extensive training so that they may effectively utilize family finding and engagement strategies to better serve the permanency needs of this particular population. Social Workers in the Specialized Permanency Units will also receive high level support and expert consultation so that social workers are provided a framework of tools to help youth reconcile loss and rebuild relationships that will support permanency. Further, providing active family finding activities up-front will help increase the number of youth who are placed with relatives or non-related extended family members.</p>

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Milestone		Timeframe	Assigned to
	<p>Contract for consultation and training on Family Finding practice from national experts</p>	<p>10/1/08 – 9/30/11 First Update: Consultation and Training for DCFS staff will be provided for 3 sequences of training by the Inter-University Consortium. DCFS will contract for the 4th training and consultation. Second Update: Targeted training on Family Finding practice has been contracted provided and completed by the Los Angeles Training Consortium (LATC) via the IUC to pilot offices (Pomona, Metro North and Santa Clarita) by June 2009. Follow up coaching/consultation on Family Finding and Engagement for the Youth Permanency Units has been scheduled to begin in September 2009 and will continue over a 3-5 month period based on unique pilot office needs and scheduling demands.</p>	<p>Lisa Parrish Virpi Sidler</p>
	<p>Staff Family Finding practice champions (Assistant Regional Administrators) who will become local trainers.</p>	<p>10/1/08 – 9/30/11 First Update: Family Finding practice champions will become local trainers after receiving the 4 sequences of in-service trainings.</p>	<p>Lisa Parrish</p>

Second Update:
Pilot office leadership team

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		<p>inclusive of ARAs and SCSWs have been active participants and partners in supporting and delivering training as described for this item. The model for implementation has been adapted slightly such that ARAs will serve in an advocate/mentor and partner role for subsequent offices identified to implement Permanency Units and related Family Finding practices while training/coaching will continue to be conducted by professional trainers (IUC, LATC and DCFS). Pending decisions about additional ARAs in pilot offices are readied for this role if/when needed.</p>	
	<p>Identify staff (Children's Social Workers and Supervisor) to create Specialized Permanency Unit in Santa Clarita office</p>	<p>07/08 – 10/08 First Update: The Santa Clarita Youth Permanency Unit is comprised a specialized unit, within the Department of Children and Family Services (DCFS), which work intensively with youth, ages</p>	<p>Paul Freedlund</p>

12 and over. The specialized unit consists of one SCSW and at present four CSW's. One of the four CSW's is a part time worker while in graduate school

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	<p>Youth Permanency unit. Second Update: The specialized unit now consists of one SCSW and six CSWs that currently hold a reduced caseload in order to work intensively with youth suffering from grief and loss issues and in need of permanency. In May and June of 2009, the Santa Clarita office hosted leading permanency experts, Bob Lewis and Darla Henry to train staff on permanency work. The Santa Clarita office identified 54 youth that fit the criteria for YP cases and the majority of those cases have been transferred to the specialized units.</p>	
<p>Expand Permanency Units to all regional offices.</p>	<p>7/10 – 09/30/11 Not yet due</p>	<p>Lisa Parrish</p>
<p>Provide training to staff who will be providing services to youth served by the Specialized Permanency Units as needed based on each offices specific and targeted needs.</p>	<p>10/01/08 – 01/30/10 First Update: Working with the Pilot Offices identified and utilizing special trainers and IUC; a full cadre of complementary training have been developed, contracted and scheduled to support implementation of the Permanency Units and expand Family Finding and Engagement efforts. Second Update</p>	<p>Mark Miller</p>

		<p>Youth Permanency Units in pilot offices received a sequence of training completed by June 2009.</p> <p>Module I: Overview Kick-Off Training on Youth Engagement with Bob Lewis. Provided a skill based foundation for the work and an overview of the approach and training plan.</p> <p>Module II: Family Finding & Engagement targeted provided line staff, managers and supervisors with skill based training in Family Search & Engagement for older unattached youth.</p> <p>Module III: Skill Building: Working with Grief and Loss (Focus: Older Youth) utilized the 3-5-7 Model developed by Darla Henry for participants to learn how to engage children/youth to process/clarify key events in order to actualize permanency through a reconciliation process.</p> <p>Module IV: Families for Life focused specifically on staff in the Permanency Units, this training provides participants with specialized/enhanced skills to talk with the youth based on their natural network.</p> <p>All training has been completed. *****COMPLETED*****</p>	
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<p>In-service training, consultation, and coaching from national experts on family finding efforts, communicating with youth and family members, and preparing youth for permanence, will be provided to the pilot offices.</p>	<p>10/1/08 – 9/30/11 First Update: The Youth Permanency Units for each pilot office will receive a sequence of training along the Youth Permanency continuum. The trainings are scheduled to begin mid-January 2009 and will conclude June 2009. <u>Module II: Family Finding & Engagement</u> This training targets line staff and focuses on building specific skills in Family Search & Engagement for older unattached youth. Techniques for overcoming barriers and challenges that occur while doing permanency for older youth are discussed. <u>Module III: Skill Building: Working with Grief and Loss (Focus: Older Youth)</u> Utilizing the 3-5-7 Model developed by Darla Henry, participants will learn how to engage children/youth to clarify the events of their lives, integrate all family experiences, and actualize permanency through a reconciliation process. <u>Module IV: Focused specifically on staff in the Permanency Units, this training provides participants with specialized/enhanced skills</u></p>	<p>Lisa Parrish Virpi Sidler Mark Miller</p>
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		<p>to talk with the youth based on their natural network.</p> <p><u>Module V: Integrated Training Curriculum Policy/Protocol (DCFS)</u></p> <p>This module instructs participants in the pilot offices in the details of the Youth Permanency Project Policy, including determining which cases are appropriate for the units, the procedures for transferring cases in and out of the unit, and in the closing of the case. It will also include instruction in how to develop a case plan that involves the youth as the central player in his or own integrated permanency process; that utilizes specialized techniques designed for older youth; that involves all the members of the Youth Permanency Team; and that utilizes the Case Plan Update Procedural Guide (0080-504.20)</p> <p><u>Second Update:</u></p> <p>All trainings described above have been completed with the exception of Module V. Based on consultation with implementing pilot offices, it has been determined that this training should be provided on an as-needed basis. Follow up</p>	
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		coaching/mentoring and consultation in Family Finding and Engagement is being scheduled for September at the request of the pilot offices.	
Each pilot office (Metro North, Pomona, and Santa Clarita) will establish and maintain a Project Lead Manager and a High-Needs Youth Permanency Leadership Team to coordinate and manage the project.	10/31/08 – 9/30/11	<p>First Update: Each pilot office has established a Project Lead Manager and High-Needs Youth Permanency Leadership Team. The Project Lead for each office is the Assistant Regional Administrator whose direct responsibility includes management of the Youth Permanency Unit for their respective offices.</p> <p>Second Update: Each pilot office continues to operate with its established Project Lead Manager and High-Needs Youth Permanency Leadership Team. The Project Lead for each of the three offices (Metro North, Pomona and Santa Clarita) continues to be the Assistant Regional Administrator whose direct responsibility includes management of the Youth Permanency Unit for their respective office.</p>	Lisa Parrish Tish Sleeper
Each pilot office Project Lead Manager will monitor and track the number of high-need youth referred and served by the	10/1/08 – 9/30/11	<p>First Update: Currently, each Youth</p>	Lisa Parrish Alan Weisbart

<p>Permanency Units as well as the results associated with the family finding and reconnection efforts.</p>	<p>Permanency (YP) manager manually tracks their individual offices.</p> <ul style="list-style-type: none"> We are in the process of implementing an automated tracking system through Cognos that should be operational in February 2009. The Cognos system will compare a control group and experimental group. The control group is youth that designated eligible for YP services and the experimental group is eligible youth assigned to the YP units. <p><u>Second Update:</u> The YP tracking system is still under development and the first phase should be operational by August 1, 2009. The 2nd phase is a web-based application and is currently unknown when it will be operational.</p>	
<p>Strategy 4.2</p> <p>Engaging Family and Community in Decision Making and Planning through Permanency Planning TDMs.</p>	<p>Strategy Rationale</p> <p>Permanency Planning TDMs will provide a systematic and operational means to engage DCFS staff, family, youth, and the community in developing a permanency plan for children who have been living in foster care for two years or longer. Holding mandatory Permanency Planning TDMs every six months for these priority target populations will ensure that regular attention is given to permanency planning and that an inclusive, multidisciplinary approach is taken</p>	

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		<p>in order to assure access to resources and information that will assist with achieving permanency.</p> <p>Monitoring and tracking compliance with completing Permanency Planning TDMs is critical to ensure that all youth who meet the criteria receive the benefits of this service and to increase our success in achieving permanency for youth who have been living in foster care for two years or more.</p>	
	<p>Develop policy related to Permanency Planning TDMs</p>	<p>1/09 – 6/09 <u>First Update:</u> DCFS developed an internal “For Your Information” (FYI) document that formalized and detailed the criteria and procedures for the Permanency Planning Conferences (PPC) <u>Second Update:</u> A workgroup has been established to develop a departmental policy for Permanency Planning Conference (PPC) TDMs. As a result of the workgroup, a draft protocol has been written and has been submitted for management review and approval. By 09/01/09, the Multi-Agency Services Division will meet with the Policy Section to implement the policy.</p>	<p>Michael Rauso Nina Powell-McCall Guy Trimarchi</p>
	<p>Conduct training for DCFS Staff, Resource Families, and Community Partners on</p>	<p>07/09 – 09/30/11 <u>First Update:</u></p>	<p>Michael Rauso Nina Powell-McCall</p>

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Permanency Planning TDMs.	<p>DCFS Staff have done outreach to the DCFS offices and will work with our community partners and resource families in the next phase of training.</p> <p><u>Second Update:</u></p> <p>Permanency Planning (PPC) facilitators participate in monthly meetings where they are trained on new initiative and updated on departmental policies as it relates to permanency. In addition, they participate in team building and learning through management directives. The facilitators report to their assigned offices where they provide information during the conferences to DCFS staff, community partners, and resource families.</p>	Mark Miller
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<p>Implement Permanency Planning TDMs initially for children meeting the following criteria: Children placed at the lower RCLs 6-9, children at low performing agencies as indicated by agency 2007 Scorecards, children ages 12 yrs. And younger, and children with the longest stays in other group home placements.</p>	<p>4/08 – 09/30/11 First Update: Between July 1, 2008 and December 31, 2008, an additional 408 permanency planning conferences were held. Data are available for 11 of the 21 sites. These sites reported that the 243 conferences held resulted in identified plans for 39 children to move to the home of a parent or relative and 41 children to move to a reduced level of placement, including foster family agencies, licensed foster homes, or specialized foster homes. The specialized facilitators will continue to convene PPCs for these youth to ensure all appropriate actions are taken. There are currently approximately 1,050 DCFS youth in group home placements in Los Angeles, and the goal is to hold a PPC for each youth. Second Update: From the period of January 1, 2009 through May 31, 2009, there have been 240 Permanency Planning</p>	<p>Michael Rauso Nina Powell-McCall</p>
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			<p>Conferences (PPC) TDMs conducted on youth placed in out of home care with no permanency plan identified. Previously, there were 1,050 youth identified in group home placements who met the criteria for a PPC TDM. Currently, the number of youths in group home placement has reduced to 862, with 94 youths being returned to the home of the parent or placed with a relative. The PPC TDMs have also resulted in over 100 youths being identified for a lower level of care. To date, over 90% of the youths in group home placement, who met the criteria, has received an initial PPC TDM. As a result, the 14 specialized facilitators will begin conducting PPC TDMs on children ages 12 and under placed in out of home care with no permanent plan.</p>	
	Implement Permanency Planning TDMs every 6 months for children who have been in foster care for 2 years or more with no identified permanency resource.		<p>07/09 – 09/30/11 Not yet due.</p>	<p>Michael Rauso Nina Powell-McCall</p>
	Monitor and track compliance with completing Permanency Planning TDMs.		<p>10/09 – 9/30/11 Not yet due.</p>	

	<p>Strategy 4.3</p> <p>Expansion and Enhancement of Wraparound Services (also under Strategy 1.4, 2.1, and 5.3)</p>	<p>Strategy Rationale</p> <p>Increasing and expanding Wraparound services will benefit more children who are at risk of entering more restrictive placements. The Wraparound Program is a strength and community-based team approach to helping families and children get their needs met so as to achieve permanency and stability in their living situation. The principles of the Wraparound process include family voice and choice, collaboration and shared responsibility for family success, and the delivery of culturally competent, individualized services. During the implementation of the Wraparound plan of care, the team meets regularly in order to review accomplishments, assess whether or not the plan is working to achieve the desired goals, adjust services/interventions that are not working, and assign new tasks to the Wraparound team members in order to move forward with the fulfillment of the team’s mission. Wraparound services will also provide a transitional phase and a transition plan, where the team determines the follow-up options that will help and support the family in succeeding outside of the formal Wraparound structure. Through this approach and through the delivery of these highly individualized services that will meet the specific needs of the family, it is expected that children and youth will be able to either return home or achieve an alternate form of permanency.</p>
	<p>Expand Wraparound services by implementing a contract</p>	<p>05/09 – 09/11 Not yet due.</p> <p>Michael Rauso Pam Dubin</p>
	<p>Children and families show strong satisfaction and support for the Wraparound process, as reported through surveys.</p>	<p>10/1/08 – 9/30/11 First Update: See Strategy 1.4 (pg 13)</p> <p>Michael Rauso Pam Dubin</p>
	<p>Strategy 4.4</p> <p>Kin-GAP Initiative</p>	<p>Strategy Rationale:</p> <p>Kin-Gap Initiative: Increasing the number of children that successfully exit the Department is paramount to positively impacting and decreasing the number of children that remain unnecessarily in our child welfare system. Encouraging relative caregivers to consider and accept Kin-GAP is important to achieving increased permanence for the children in their care. Collaboration with the entire regional staff to</p>

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			impact and reduce the number of cases began in FY 07/08.		
	<p>Inform and increase awareness of the benefits of the Kin-GAP program among staff and relative caregivers (who have children in their care for two-years and longer) to promote permanency through legal guardianship.</p>		<p>10/1/08 – 9/30/11 First Update: Training has begun for the general staff department wide in collaboration with the Training Section. Kinship Caregivers are also presented information on Kin-GAP within support groups across numerous communities. In addition, a mailer went to all Kinship Caregivers on both active as well as closed cases. In addition a Kin-GAP checklist as been developed and posted on the DCFS Intranet site as well as the Kinship Internet site to assist staff and caregivers in the full disclosure and benefits of Kin-GAP as a means of promoting permanence. There are approximately 892 children age 16 or older who have been in the care of the Kinship Caregiver and are eligible for Kin-GAP. As of 1/17/09, 831 staff have participated in Kin-GAP specific training representing 13 specific offices. The</p>		<p>Michael Gray</p>

		<p>remaining offices will complete this training by May 31, 2009.</p> <p><u>Second Update:</u> Through April 09, 1258 staff has been trained on all Kin-GAP Program components.</p> <p>Kin-GAP enrollment through mid-May 09, reached 1071 new enrollees to the program.</p> <p>Information continues to be disseminated during support groups, community presentations across the county and a new Kin-GAP Transition brochure is under development for distribution to all new families accepting or entering the program.</p> <p>Discussions continue in the Judicial Funding and Benefits Committee chaired by one of the Juvenile Court Judges which supports clarifying the issues of Kin-GAP to attorneys that represent the parent, child, and family which increases program exposure and awareness.</p> <p>All 100 plus attorneys of Children’s Law Center – Los</p>	
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		<p>Angeles were provided a detailed overview of Kin-GAP to assist them in advocating for their clients.</p>	
<p>Outcome/Systemic Factor #5: Measure C3.3 – In Care 3 Years or Longer</p>			
<p>County’s Current Performance:</p> <p>First Update: L.A. County’s Performance in FY 04-05 was 68.1% and we made progress through FY 06-07 by reducing the percent of children who had been living in foster care for 3 years or longer at the time of discharge to emancipation or at the time they turned 18 years old to 64.2%. Our most recent data (Q2 2008) shows that we have very slightly reduced this number to 64.1%, indicating that our progress on this measure has slowed down. (National Standard Goal: 37.5%)</p> <p>Los Angeles County’s Long Term Care Composite Score during FY 04-05 was 92.8 and is currently at 103.3 (Q3 2008), thereby surpassing our SIP Goal of 102.49.</p>			
<p>Improvement Goal 5.0</p> <p>Los Angeles County’s goal is to reach a Long Term Care Composite score of 102.49 (National Standard Goal: 121.7)</p>			
	<p>Strategy 5.1 Expansion of Family Finding and Engagement Activities (also under Strategy 4.1)</p>		<p>Strategy Rationale Specialized Permanency Units will target the most challenging youth in each office, categorized as high-need, who have no permanency resources, limited family connections, multiple placements, substance abuse and mental health issues, and runaway behavior. Children’s Social Workers who work in the Specialized Permanency Units will have reduced caseloads and extensive training so that they may effectively utilize family finding and engagement strategies to better serve the permanency needs of this particular population. Social Workers in the Specialized Permanency Units will also receive high level support and expert consultation so that social workers are provided a framework of tools to help youth reconcile loss and rebuild relationships that will support permanency. Further, providing active family finding activities up-front will help increase the number of youth</p>

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			who are placed with relatives or non-related extended family members	
	Contract for consultation and training on Family Finding practice from national experts		10/1/08 – 9/30/11	Lisa Parrish
	Staff Family Finding practice champions who will become local trainers		10/1/08 – 9/30/11	Lisa Parrish
	Identify staff to create Specialized Permanency Unit in Santa Clarita office		07/08 – 10/08 First Update: See Strategy 4.1	Paul Freedlund
	Expand Permanency Units to all regional offices.		07/10 – 9/30/11	Lisa Parrish

	Provide training to staff that will be providing services to youth served by the Specialized Permanency Units as needed based on each offices specific and targeted needs.		10/1/08 – 01/30/10 See Strategy 4.1		Mark Miller
	In-service training, consultation, and coaching from national experts on family finding efforts, communicating with youth and family members, and preparing youth for permanence, will be provided to the pilot offices		10/1/08 – 9/30/11 See Strategy 4.1		Lisa Parrish Mark Miller
	Each pilot office will establish and maintain a Project Lead Manager and a High-Needs Youth Permanency Leadership Team to coordinate and manage the project.		10/31/08 – 09/30/11 See Strategy 4.1		Lisa Parrish
	Each pilot office Project Lead Manager will monitor and track the number of high-need youth referred and served by the Permanency Units as well as the results associated with the family finding and reconnection efforts.		10/1/08 – 9/30/11 See Strategy 4.1		Lisa Parrish Alan Weisbart
	<p>Strategy 5.2</p> <p>Engaging Family and Community in Decision Making and Planning through Permanency Planning TDMs (also under Strategy 4.2)</p>		<p>Strategy Rationale</p> <p>Permanency Planning TDMs will provide a systematic and operational means to engage DCFS staff, family, youth, and the community in developing a permanency plan for children who have been living in foster care for two years or longer. Holding mandatory Permanency Planning TDMs every six months for these priority target populations will ensure that regular attention is given to permanency planning and that an inclusive, multidisciplinary approach is taken in order to assure access to resources and information that will assist with achieving permanency.</p>		

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			Monitoring and tracking compliance with completing Permanency Planning TDMs is critical to ensure that all youth who meet the criteria receive the benefits of this service and to increase our success in achieving permanency for youth who have been living in foster care for two years or more.
	Develop policy related to Permanency Planning TDMs		1/09 – 6/09 See Strategy 4.2
	Conduct training for DCFS Staff, Resource Families, and Community Partners on Permanency Planning TDMs		07/09 – 09/30/11
	Implement Permanency Planning TDMs initially for children meeting the following criteria: Children placed at the lower RCLs 6-9, children at low performing agencies as indicated by agency 2007 Scorecards, children ages 12 yrs. and younger, and children with the longest stays in other group home placements.		4/08 – 09/30/11 See Strategy 4.2
	Implement Permanency Planning TDMs every 6 months for children who have been in foster care for 2 years or more with no identified permanency resource.		07/09 – 09/30/11 Not yet due.
	Monitor and track compliance with completing Permanency Planning TDMs,		10/09 – 09/30/11 Not yet due.
	Strategy 5.3 Expansion and Enhancement of Wraparound Services (also under Strategy 1.4, 2.1)		Strategy Rationale: Increasing and expanding Wraparound services will benefit more children who are at risk of entering more restrictive placements. The Wraparound Program is a strength and community-based team approach to helping families and children get their needs met so as to achieve permanency and stability in their living situation. The principles of the Wraparound process include family voice and choice,

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			<p>collaboration and shared responsibility for family success, and the delivery of culturally competent, individualized services. During the implementation of the Wraparound plan of care, the team meets regularly in order to review accomplishments, assess whether or not the plan is working to achieve the desired goals, adjust services/interventions that are not working, and assign new tasks to the Wraparound team members in order to move forward with the fulfillment of the team's mission. Wraparound services will provide a transitional phase and a transition plan, where the team determines the follow-up options that will help and support the family in succeeding outside of the formal Wraparound structure. Through this approach and through the delivery of these highly individualized services that will meet the specific needs of the family, it is expected that children and youth will be able to either return home or achieve an alternate form of permanency.</p>		
	Expand Wraparound services by implementing a contract		05/09 – 9/30/11 See Strategy 2.1		Michael Rauso Pam Dubin
	Children and families show strong satisfaction and support for the Wraparound process, as reported through surveys.		7/1/08 – 09/30/11 See Strategy 2.1		Michael Rauso Pam Dubin

<p>Outcome/Systemic Factor:</p> <p>Strategy 5.4 - Recruitment and Support of Resource Families</p>
<p>County's Current Performance:</p> <p>The data shows that the majority of children who are removed from their home for safety reasons are placed in foster homes outside of their community. From July 1, 2007 through December 31, 2007, there were 2,566 (63.8%) children initially placed in non-relative placements. Of these 2,566 children, 48% were placed outside of their community. In order to improve placement proximity to children's community of origin, there is a great need to recruit resource parents within SPAs 4, 5, and 6, all of which are considered to be the greatest areas of need since these are the communities from which the greatest numbers of children are removed. Additional resources are needed in order to carry out recruitment activities in such large geographic areas. Last year there were 123, 118, and 320 new families recruited in SPAs 4, 5, and 6 respectively.</p> <p>Further, last year a total of 2,851 new families were recruited throughout the county and attended orientations to become resource or adoptive parents. There is also a need to recruit throughout Los Angeles County for Resource Families and in particular for Resource Families that can meet the needs of teens, Latino children, and African American children. This is done through activities such as media campaigns.</p> <p>There are over 500 children waiting for an adoptive family and nearly 7,000 children whose current plan is PPLA. For these children three levels of Child Specific Adoption Recruitment have been identified. The first is recruiting kin and NREFM. This is done through Family Finding and Engagement services. The second level is recruiting people who know of the child or are exposed to the child through school, church, health care, etc. This is done by letting people know that the child needs a family and encouraging the people connected to the child to advocate for the child or to adopt. The third level is to recruit through the media by letting people who have no knowledge of the child become aware of the child's need for a family. This is usually done by efforts such as the Internet, programs like Wednesday's Child, and displaying of the Heart Gallery.</p> <p>Resource Families continue to request additional supports to help them provide ongoing care for special needs children, such as respite care, additional training, crisis intervention resources, and greater responsiveness from the child's social worker when they are in need of help. They also felt that they need more access to managers and meet with them on a quarterly basis to review current challenges and needs.</p>

<p>Improvement Goal 2.0:</p> <p>There will be a 5% increase in the number of Resource and Adoptive Families recruited.</p> <p>25% of the children being serviced by the Older Youth Adoption Project (OYAP) will have a permanent placement (Permanent Placement is defined by being placed with a parent, relative, legal guardian, or adoptive family)</p>			
<p>Increase the number of newly recruited resource families in SPAs 4, 5, and 6 by 5%.</p> <ul style="list-style-type: none"> A. Present to a total of 10 faith-based organizations among the SPAs. B. Insure there is at least one orientation in each of these SPAs monthly. C. Advertise in at least one publication that covers SPAs 4, 5, and 6. D. Engage at least one youth sports teams in each of these SPAs to assist in recruiting families. 		<ul style="list-style-type: none"> A. 9/08 -12/09 B. 9/08-12/09 C. 9/08-12/09 D. 9/08-12/09 <p>First Update</p> <p>The Department has held three Open Your Heart Sundays at churches located at SPAs 4, 5, and 6. Further monthly orientations in SPA 5 are held with a total of 14 families participating and three times a month in SPA 6 in both English and Spanish. There are 121 families attending the orientation. The Department is searching for a location in SPA 4. Advertisements have been placed in the in Santa Monica Mirror (SPA 5) and Our</p>	<p>Diane Wagner Sari Grant</p>

		<p>Weekly Community newspaper (SPA 6). The Department is researching for newspapers in SPA 4.</p> <p><u>Second Update:</u></p> <p>A. 9/08 – 12/09 There have been presentations to four new faith based organizations resulting in the presentation at the churches regarding the need of resource parents as well as information in their bulletins and the distribution of our brochures.</p> <p>B. 9/08 – 12/09 – done There is at least once orientation held monthly in each SPA within the County of Los Angeles.</p> <p>C. 09/08 – 12/09 Purchase order requests for the Voice, the Santa Monica Mirror, Our Weekly and LA Focus have been submitted for advertising in SPAs 4, 5, and 6. Still awaiting Procurement approval.</p> <p>D. 09/08 – 12/09 There have been ongoing</p>	
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		<p>dialogues with the Parks and Recreation managers at Glassel, North East and Garvanza Parks in SPA 4. Talks continue with the SPA 6 representatives near Nickerson Gardens.</p>	
	<p>Family to Family will collaborate with the Adoption and Permanency Resources Division (which includes the Recruitment Section) in order to build community partnerships that will increase the number of resource families that are recruited</p>	<p>10/1/08-09/30/11 First Update: F2F and Permanency Resources Division have been meeting regularly in order to build community partnerships. Group will reconvene in March 2009. Second Update: DCFS South County's Resource Parent Recruitment, Development, and Support (RDS) group meet monthly and is co-chaired by a DCFS South County ARA and the president of the Carson Area Foster Parents' Association. The RDS group has taken the position that improving DCFS' support efforts for current resource parents is the best means by which to recruit new caregivers. From January 2009 through June 2009 the group will offer members an "Educational Advocacy" training series.</p>	<p>Michael Rauso Nina Powell-McCall</p>

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			<p>DCFS Recruitment has also collaborated with the DCFS South County Faith Based Collaborative to increase the number of new caregiver orientations in areas of need. In April 2009, this collaboration resulted in two (2) orientation sessions in the South County catchment area at church sites.</p> <p>The Chatsworth office has begun the Recruitment Greet and Meet events as a means of increasing their recruitment of resource families.</p> <p>The Metro North office has partnered with their faith base collaborative in recruiting resource families for SPA 4.</p> <p>The RDS workgroup at the Pomona office has targeted Pomona Unified School District to alert school parents of recruitment efforts (display of brochures, posters, etc.)</p> <p>Pomona office is also exploring ways to display the recruitment heart logo with local vendors such as Starbucks, Subway, etc.</p>		
	<p>Implement staggered, focused, media campaigns targeting specific populations such as Latino, African American children and the teen population.</p>		<p>10/1/08-09/30/11 First Update: *The Department participated in the Kingdom Day parades</p>		<p>Sari Grant Diane Wagner</p>

		<p>via radio ads, a float and two booths which focused on the African-American community. A total of 103 people signed up to learn more about becoming a Resource Parent, and an orientation to follow.</p> <p>*The Department is working with Telemundo to complete a Spanish speaking TV advertisement to feature waiting children.</p> <p>*A billboard has been erected featuring an older youth to promote recruitment. In addition, funding has been requested for radio advertising and additional billboards. Two family recruitment events have been scheduled.</p> <p><u>Second Update:</u></p> <p>A Spanish Television media campaign has been established with Telemundo to promote the need of Resource and Adoptive families in the Spanish community. There was an initial six week campaign with premiere spots running throughout the day. In addition, there was the establishment of Nuestros</p>	
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		<p>Angeles (Our Angels) which features a waiting child. Finally, there was a live interview via web casting where questions are electronically sent to the newsperson for response from a DCFS employee. This campaign has thus far resulted in forty-one calls of interest.</p> <p>A radio campaign within the African-American community is pending the WAVE. This campaign is to be tied to the Juneteeth celebrations as well as to promote the Heart Gallery which will be displayed at a community coffee house.</p> <p>Advertising has been implemented as of June 2009 for KDAY, an African-American radio station to recruit families for the Black Adoption Festival to be held on 6/27/09. As of June 18th, there will be a radio campaign on KGLH as well to promote adoptions and invite people to the Black Adoption Fair.</p> <p>The Heart Gallery has partnered with the LA Dodgers and will highlight our waiting children in the official</p>	
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			<p>2010 Dodger Calendar. Nearly all the children who will be featured in the calendar are either African-American or Latino. 50,000 calendars will be produced for members of the community in La and will be given away to local community organizations. In addition, our children will be featured at every home game on Dodger Vision and will have a special day at the Stadium geared to recruitment of new families. Further, Dodger games are on Spanish speaking radio and the station has committed to promote adoptions at least three times for each game. 42% of those that attend Dodger games are African-American or Latino.</p>		
	<p>Enhance the Older Youth Adoption Project (OYAP).</p> <ul style="list-style-type: none"> A. Provide three extra months of Consultation services to the OYAP staff by the LA Consortium. B. Create a youth theater group for unattached youth and have them perform at a minimum of one 		<p>A. 9/08-5/09</p> <p>First Update: Three months of extra consultations and individualized training was provided to the OYAP staff to increase their family finding and engagement skills. Training for the whole OYAP staff was provided on January</p>		<p>Sari Grant Diane Wagner</p>

<p>Community Theater.</p>	<p>27, 2009.</p> <p><u>Second Update</u></p> <p>A. 11/08-12/09 26% of the children being serviced by the Older Youth Adoption Project (OYAP) have a permanent placement. OYAP focused heavily on recruiting new families who are interested in providing permanency for older youth. Radio and billboard advertisement generated a new pool of families. Eighteen families responded to the billboard advertisements and all signed up for an orientation. Out of 72 families who responded to the radio advertisement, 61 signed up for an orientation. Fourteen individuals expressed an interest in becoming a weekend host. In March, two Older Youth Adoption Fairs were held. There were 57 families and 46 children who attended the two events. There were 9 matches generated from the two events. Seven youths were trained to participate in the Youth Speaker's Bureau (YSB)</p>	
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		<p>project. Five youths already had an opportunity to present at the PS-MAPP classes and advocate for themselves to find a permanent family. A partnership with ChildShare is on its way to recruit, held train, and support families within faith based communities to become YSB mentors.</p> <p><u>First Update:</u> A program was developed and a purchase order was submitted to ISD for dance and drama coaches and a mentor coordinator.</p> <p><u>Second Update:</u> The Youth Theater project started its work in March. The youths are going through training by professional writers, dancers and actors and the youths will perform in August. This will give them exposure to potential families. They will also be helping to raise awareness to potential resource families about the need for permanent families for older youths in the foster care system. They are also matched with Theater Mentors to help make</p>	
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	connections for them.	
<p>Engage faith based organizations in active and on-going recruitment</p> <p>A. Hold at least 10 'Open Your Heart Sundays' at various churches throughout the county.</p> <p>B. Have at least 10 new faith based organizations promote Resource Parenting by either providing a sermon on the need, featuring a waiting child in a bulletin, or hosting the Heart Gallery or other event.</p>	<p>A. 9/08-12/09</p> <p>First Update: There were eight (8) Open Your Heart Sundays with the Heart Gallery with six new churches.</p> <p>Second Update: The Heart Gallery was featured at 8 more churches for Open Your Heart Sundays during this second period.</p> <p>B. 9/08 – 12/09.</p> <p>First Update: A total of 44 families signed up to learn more about adoption from these events.</p> <p>Second Update: There have been six recruitment events with new faith based organizations (churches) which included call to actions, brochures and acknowledgement in bulletins. Of the six, one was in SPA 4, two in SPA 5, and one in SPA 6. From SPA 5, there were thirteen who showed interest with one attending orientation. From SPA 6, eleven showed interest with one registering for orientation. Information</p>	<p>Sari Grant Diane Wagner</p>

			pending SPA 4.		
	<p>Engage the Gay and Lesbian community in recruitment.</p> <p>A. Hold at least two recruitment events at GLBT locations.</p> <p>B. Advertise for Resource families in at least two GLBT publications.</p>		<p>9/08-12/09</p> <p>First Update:</p> <p>C. A Heart Gallery was held along participation at the Valley Pride Festival and at the Gay Men’s Chorus at the Metropolitan Community Church.</p> <p>Second Update:</p> <p>We had an information booth at the Long Beach LGBT Pride parade/festival. This two day event culminating with a total of 53 names requesting additional information. An event to reach out to the LGTB population is scheduled for 6/28 at the O Bar where the Heart Gallery will be displayed. We are trying to arrange for the Heart Gallery to be featured at the Outfest in July 2009.</p> <p>10/08-12/09</p> <p>First Update:</p> <p>D. Advertised in the Lesbian News and IN Magazine. Also, a billboard showing same sex couple with son to be approved and completed. As a result of engaging the</p>		<p>Diane Wagner Sari Grant</p>

		<p>GL community, there were six families that signed up with DCFS and eight families that signed up with Southern California FFA for a home study to adopt a DCFS waiting child.</p> <p><u>Second Update:</u> There continues to be a recruitment presence in the Lesbian News (LN) magazine. On June 24, 2009, our flyer will be on the LA Gay Center bulletin board website.</p>	
	<p>Increase the level of personalization and support during the recruitment and orientation process.</p> <ul style="list-style-type: none"> A. Work with the Technical Assistants from the National Resource Center to make the orientations more user-friendly. B. Create a tracking form and track callbacks to insure that all families who express interest from a recruitment event are contacted within 2 business days of the event. C. Host at least one 'Taking Care of Business' days where families can get assistance in completing applications, arranging live-scans, and get CPR training in one day. 	<p>A. 9/08-12/09</p> <p><u>First Update:</u></p> <p>A. In September 2008, the National Resource Center technical assistants observed the orientation provided by Resource Family Recruitment (RFR) and Community Care Licensing (CCL). They provided constructive criticism as to how to make the orientations more user-friendly. In December 2008 a meeting was held with RFR staff and CCL to discuss improvements to the orientation. The changes made included, but were not limited to, reducing the number of slides and having</p>	<p>Diane Wagner Sari Grant</p>

		<p>staff that are more positive in their orientation.</p> <p><u>Second Update:</u> DCFS and CCL have quarterly meetings to discuss methods of keeping orientations clear and concise. The presentation slides have been updated to meet many of the suggestions from the National Resource Center representatives.</p> <p>B 10/08-12/09 <u>First Update:</u> Families are now being contacted within 2 business days of an event. However, this is still being tracked manually with spread sheets. Efforts are still on to have the tracking more automated.</p> <p><u>Second Update:</u> Families continue to be contacted within two business days of the event. This tracking continues to be done manually. Along with Family to Family staff, we have met with Casey about the Efforts to Outcome web-based tracking system to explore obtaining a sub-license to use their program to automate our</p>	
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		<p>tracking of families.</p> <p style="text-align: center;">C 10/08 – 12/09</p> <p style="text-align: center;">First Update:</p> <p>Discussions have begun as to how to have the necessary staff available to have this event. It will most likely occur towards the end of 2009.</p> <p style="text-align: center;"><u>Second Update:</u></p> <p>Discussions continue for this event. Collaborating with CCL to determine location and services to be provide. It is anticipated that there will be assistance in completing the State licensing application, as well as CPR and Live Scan requirements. In addition, representatives from PS-MAPP will be available to assist with the completion of the required paperwork. This event is to take place in the 4th quarter of the calendar year.</p>	
	<p>Develop ongoing connections with prospective families by creating a mass communication e-mail system.</p> <p style="padding-left: 20px;">A. Meet with BIS to set up system and learn how to input information</p>	<p style="text-align: center;">A. 9/08-12/08 *****COMPLETED*****</p> <p style="text-align: center;">B. 11/08 -12/09 *****COMPLETED*****</p>	<p>Diane Wagner Sari Grant</p>

<p>B. Develop a website and create information to be sent out to families</p> <p>C. Develop an address book of all families that have submitted their website address.</p>	<p>C. 11/08-12/09 *****COMPLETED*****</p> <p>First Update: A meeting was held with BIS and the system was set up and now families can be added to a large data base of email address. The first newsletter was sent out in January 2009. A user-friendly website www.shareyourheartla.org was created for recruitment linkages.</p> <p>Second Update: A monthly newsletter continues to go out to families who have expressed an interest in becoming resource parents or learned more about foster care and adoption. The newsletter has information about upcoming heart gallery, recruitment or matching events. The newsletter features waiting children, informative article, and linkage to different recruitment websites. Shareyourheartla.org website is used for different media campaigns and is consistently updated to feature any</p>	
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		<p>upcoming recruitment events. After every community event, more names are added to the mass e-mail list.</p>	
	<p>Promote, Increase, and support permanence for all youth in relative care, through increased training, mentoring and expansion of support groups for relative caregivers.</p>	<p>9/20/08 – 10/20/09 First Update: Joint Protocols are currently being established with the Community College Fostering Kinship Caregiver Education programs across the county to expand the training, mentoring and support of Kinship Caregivers. These agreements will increase the number of opportunities available in learning/support groups for Kinship Caregivers to obtain specific learning which will increase their knowledge, skill and awareness of the importance of permanence in addition to develop and support the ability of the caregiver to manage and monitor the dynamics of youth in Kinship Care. The initial agreement was established with the San Gabriel College Consortium located at Citrus College. This agreement represents Citrus, Mt SAC, and Chaffee colleges. Additional agreements are soon too</p>	<p>Michael Gray</p>

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		<p>completed with Pasadena, Rio Hondo, El Camino, Compton, and Cerritos Colleges.</p> <p>Second Update: Written protocol was found to be not an appropriate approach to the Chancellors office, however, an informal partnership continues with the colleges Fostering Kinship Caregiver Education Program (FKCE) and all caregivers are directed to that program for Kin Orientation and continued education. This program is contracted through the State with the local community colleges. Support Groups continue to exist and expand in all communities as a result of the new partnerships developed with Community based Agencies. Mentoring and support opportunities occur during these groups.</p>	
	<p>Kinship Liaisons, affiliated with the Kinship Resource Centers of DCFS will coordinate access to support groups for new relative caregivers from each of the respective service offices.</p>	<p>10/1/08-09/30/11</p> <p>First Update: In order to expedite the expansion of learning /support groups, the Joint Protocols being established with the Community Colleges will result in the integration of</p>	<p>Michael Gray</p>

			<p>both the Kinship Education Preparation and Support curriculum modules and the Fostering Kinship Caregiver Education curriculum modules. Each of these curriculums emphasizes the essential information needed by Kinship Caregivers and both incorporate the elements of mentoring and support.</p> <p>Second Update: Kinship Liaisons are now required to utilize the new placement report generated as a result of all new departmental placements, to proactively contact, assess resource needs, and link all new caregivers to community services to meet their specific needs. This includes being provided information on support groups, educational opportunities.</p>		
	<p>Kinship Education Preparation and Support Curriculum modules will be integrated into the support group model as a means of increasing the access, utilization and availability of supportive guidance and mentoring from experienced relative caregivers.</p>		<p>9/20/08-10/20/09 First Update: Additionally, a proposal has been completed which will facilitate and support requiring all new relative caregivers to complete specific training hours in addition to the mandatory 4</p>		<p>Michael Gray</p>

		<p>hour orientation.</p> <p>A series of focus groups along with the research summary prepared by Dr. Eileen Mayers-Pasztor and Dr. Yolanda Green of California State University Long Beach has yielded support for utilizing the support group model as the acceptable means of exposing Kinship Caregivers to learning as well as identified specific elements of learning that Kinship Caregivers must be exposed to.</p> <p>Second Update: These modules continue to be integrated into support groups run in Compton and San Gabriel Valley. Caregivers are also being directed to the Community Colleges FKCE Program.</p>	
	<p>Increased community partnerships will be established with faith-based and community-based organizations to substantially enhance the array of services and supports available to relative caregivers within or near their own communities.</p>	<p>4/09- 12/09</p> <p>First Update: A scope of work has been prepared and submitted to expand the number of Drop in Centers as well as partner which faith-based organizations to provide supportive services to our</p>	<p>Michael Gray</p>

		<p>Kinship Families. The use of faith-based as well as other community-based agencies should be viewed as a form of differential response which should lead to increased savings as this model supports moving increased numbers of youth into permanence and off of active caseloads.</p> <p>Asset Development models have been introduced to many community and department groups and the Kinship Division have initiated an advocacy and advisory group (comprised of community and faith-based agencies, and caregivers) which will assist in better coordinating ongoing and aftercare services within and across communities. This group has met twice and will be developing specific outcomes for youth in relative care as a means of establishing priorities for improving the outcomes for youth.</p> <p>The Joint Protocols that are currently being established with the Community Colleges</p>	
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		<p>also increases the awareness of services and supports available to our Kinship Caregivers.</p> <p><u>Second Update:</u></p> <p>Many partnerships have been established. Most notably the establishment of a Kinship Advocacy and Advisory Network is comprised of a number of agencies and churches. This group has now combined with the Statewide Advocacy Network at the request of that network.</p> <p>A proposed model of faith collaborative has been completed and is the core of the Kinship Division's grant submission for the Family Connections Grant on behalf of the department.</p>	
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