

CALIFORNIA – CHILD AND FAMILY SERVICES REVIEW

San Diego County Self-Assessment

October 2022



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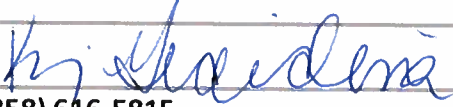
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California – Child and Family Services Review Signature Sheet


For submittal of: CSA SIP Progress Report

County	San Diego County
SIP Period Dates	2022-2027
Outcome Data Period	Quarter 2


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BOS Approval Date	N/A
Name	N/A
Signature*	N/A

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2. Introduction

The purpose of the County Self-Assessment (CSA) is for each county, in collaboration with their community and prevention partners, to review the full scope of Child Welfare and Probation Services within the county, examine its strengths and needs from prevention through the continuum of care, including reviews of procedural and systemic practices, current levels of performance, and available resources. This analysis includes quantitative and qualitative data and guides the County of San Diego in planning for program enhancements and continuous quality improvements.

Guiding Principles of the CSA

The guiding principles of the CSA process are the following:

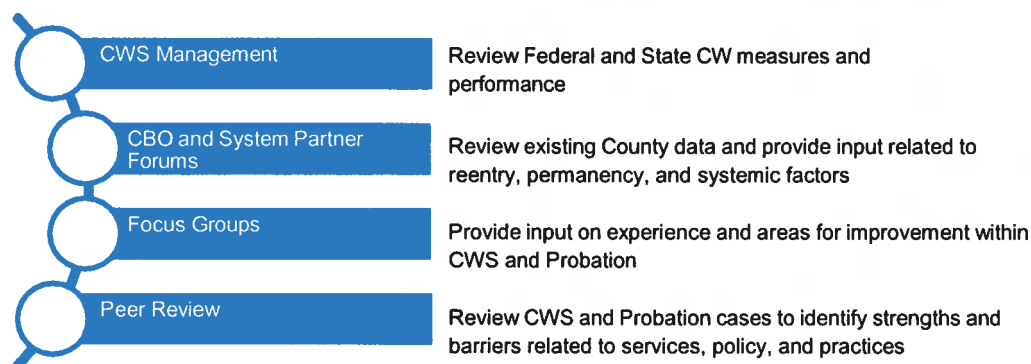
- The goal of the child welfare system is to improve outcomes for children and families in the areas of safety, permanency and well-being.
- The entire community is responsible for child, youth and family welfare, not just the child welfare agency. The child welfare agency has the primary responsibility to intervene when children's safety is endangered.
- Practice is guided on the principle of focusing on equity and reducing disproportionality as well as disparities for families.
- To be effective, the child welfare system must embrace the entire continuum of prevention services and after care prevention.
- Engagement with consumers and the community is vital to promoting safety, permanence and well-being.
- Fiscal strategies must be arranged to meet the needs identified in the CSA.
- Transforming the child welfare system is a process that involves removing traditional barriers within programs, CWS system, and other systems.

Overview of Engagement Process

The County of San Diego, Child Welfare Services (CWS) and Juvenile Probation Department would like to thank the over 150 representatives from private, public and community organizations who assisted with the 2022 County Self-Assessment (CSA) process and especially the CSA Team members (referred to as the team throughout this report) for their hard work, commitment and contributions to this effort. This report would not have been possible without their expertise and dedication.

The County hired Harder+Company Community Research to facilitate the CSA engagement process that involved four levels of input: Community Based Organizations (CBO) and system forums, community focus groups, a community survey, and the Peer Review (Exhibit 1).

Exhibit 1: CSA Engagement Process



Focusing the CSA: To best determine the focus areas for the CSA, the CWS Data Unit gathered data regarding the seven California-Child and Family Services Review (C-CFSR) measures for both Probation and CWS. The CWS data was reviewed within CWS, and the Probation data was reviewed within Probation. This process included taking the information to the executive level. After all levels in CWS and Probation reviewed the data, it was decided that both Probation and CWS would focus on Permanency within 12 months for children entering foster care. It was further decided that both Probation and CWS would focus on the systemic factor: Service Array and Resource Development. Probation selected this measure to improve the outcomes and shorten the time youth spend in congregate care. For CWS, a previous System Improvement Plan (SIP) goal was permanency in 12 months for children entering foster care. CWS will continue to focus on this unmet measure, as it is important for children to reunify with their family as quickly and safely as possible. The Service Array and Resource Development systemic factor was selected as a focus to ensure the right services to support families are available to mitigate safety concerns and risk factors so permanency can be achieved safely. Additionally, with the implementation of Family First Prevention Services Act (FFPSA), analyzing and enhancing our service array is critical to successful prevention services.

Listening to community based organizations and system partners: Invitations were emailed to over 100 agency partners including but not limited to: CWS staff, Probation staff, contractors, juvenile court attorneys and staff, law enforcement, early childhood service providers, school districts including specialty Foster Youth Liaisons and County Office of Education (COE) Foster Youth Services, Short-Term Residential Therapeutic Program/FFA Forum chairperson, Independent Living Skills Service Providers (CWS and Probation), Public Health, Mental Health, Alcohol and Drug Services, Tribal partners, Public Child Welfare Training Academy, and Foster Parent Association. Forum participants were invited to attend two forums: one focused on the outcome “Permanency by 12 months” held February 17, 2022, and one on the system factor of Service Array on March 10, 2022. Over 80 individuals attended each forum.

Each forum followed a similar format:

- Ground the discussion in data. Members of the CSA team presented current CWS and Probation data on trends and key initiatives in place to support children and families involved with child welfare services. These are the same data presented in this report.

- Provide key questions to target group feedback. Following the presentation, participants were provided key questions related to the day's topic (i.e., permanency by 12 months and service array).
- Self-facilitated small group conversation. Participants were asked to work in small groups of six to eight members discussing key areas of strength (where services, supports, collaborations, and family engagement are having the desired impact on child and family outcomes) and areas to improve (identifying opportunities where services, supports, and collaboration need improvement to support child and family outcomes) related to the day's topic. Each group used a virtual white board and conversations were recorded for later analysis.
- Group report out on emerging themes. The ideas generated during the small group discussion were reported back to the large group. Appendix B provides a summary of the themes that emerged from both forums.

Engaging key populations: In May 2022, families and individuals with experience with either or both CWS and Probation were invited to participate in focus groups to get their insights and thoughts on their experiences with the services they receive(d) from CWS, Probation, and community partners. The CSA facilitator, Harder+Company Community Research, established an equity focused method of co-designing the focused groups with a “community facilitator” or someone with the lived experience of the four focus groups: former foster youth, parents, resource families, and tribal partners. These individuals, listed to the right, helped our team focus and tailor the focus group questions appropriately and their central role as a facilitator ensured that they both created a trusting environment and were positioned to elicit deeper understanding of their focus group’s experience with CWS and Probation. Thirty-four total lived experience experts participated in one of four focus groups (i.e., Parent Partner, Resource Parent, Youth or Tribal Partner focus group). Appendix C provides a summary of the conversations that took place during the focus groups.

Special thanks to community focus group facilitators:

- Simone Hidds-Monroe (former foster youth)
- Sunni Dominguez (tribal partner)
- MaryAnn Paschal (resource parent)
- Daniel Vazquez (parent)

Engaging other counties (Peer Review): The Peer Review is a qualitative examination of the County’s Child Welfare Services and Probation practices. It is driven by the idea that social workers and probation officers have valuable insights on how the system works and how to affect change in the outcomes for youth and families. The San Diego 2022 Peer Review was conducted from April 7-15 and was a collaborative effort between the County’s Child Welfare Services and Probation’s Placement Division. Child Welfare peer reviewers represented nine counties, as shown in Exhibit 2. A total of 28 cases were reviewed during the Peer Review and focused on the outcome P1- permanency in 12 months for children entering foster care.

Exhibit 2: Peer Review Participating Counties



Making sense of the data (how the team developed their analysis and insights): Teams from both CWS and Probation convened to review the aforementioned data collected for the CSA. These convenings took the form of separate workshops - one for CWS and one for Probation- to

review the different sources of data as they related to the C-CFSR mandated measures and outcomes. Harder+Company facilitated the conversations with each team around both the secondary data (i.e., general demographics, child maltreatment, and outcome data; summarized into key tables in the relevant sections of this report) and primary data generated through the CSA process (i.e., focus group findings, system and CBO forums, survey, and peer review). Each department reviewed the data and/or key findings during the workshop and discussed implications of the different data sources and how they relate to one another. These discussions influenced the development of the analysis and insights presented in this report. A special thank you to the individuals who participated in these “sense making” sessions:

CWS Outcome Review Team	Probation Review Team
Kayla Baker	Frank Andrade
Peggy Ceballos-Lopez	Pablo Carrillo
Summer Evans	Sonia Ceballos
Stephanie Gross	Yovana Cortez
Amy Isiaho	Delona King
Nicole Kelsay	
Amy Mezger	

How to read this report

Due to the length of the 2016 CSA report and in efforts to make this report more succinct and reader friendly, the team asked the State for permission, which was granted, to focus solely on the mandated data elements in the body of the report. Thus, each section below, only includes significant changes or trends that impact the county's performance in the Outcome Data Measures, community needs and service delivery. The Appendices contain all other data indicators collected as well as detailed findings from each CSA engagement process listed above.

3. C-CFSR Team and Core Representatives

Thank you to all core representatives that guided this process and provided their insights and reflections to the results.

C-CFSR Planning Team Representatives by Affiliation Organization	Name
County of San Diego Child Welfare Services	Nicole Kelsay Stephanie Gross Peggy Ceballos-Lopez
County of San Diego Probation Department	Delona King Yovana Cortez Pablo Carrillo Frank Andrade
California Department of Social Services	Victoria Bueno
Harder+Company Community Research	Taylor Anderson Ashlyn Dadkhah Mildred Ferrer Jennifer James Casey Mackereth

4. Demographic Profile

This section of the CSA reviews the demographic profile of the County of San Diego in three ways: 1) the general population, 2) child maltreatment indicators; 3) Child Welfare and Probation placement populations. The following narrative is a summary of observations and insights gleaned from held learning sessions in which the teams thoroughly reviewed all required CSA data elements identified by the state in the [California- Child and Family Services Review Instruction Manual](#). Specific data tables reviewed for this section are included after each section's narrative.

4a. General County Demographics

Both CWS and Probation reviewed the following data as core context to understand how San Diego County is changing in key factors such as demographics, income, unemployment, housing costs, and homelessness. They reviewed the data with two key questions in mind: what changes or trends transpired since the 2016 CSA that might have impacted delivery and/or availability of services and how have these changes impacted the county's performance around the C-CFSR outcome data measures? These reflections are summarized below and played an important role in establishing the context for the later discussion of C-CFSR outcomes (Section 12). For detailed demographic data, see Exhibits 4-10 below.

General San Diego Context! At 3.32 million people, San Diego County is larger than 20 of the states in the United States of America. There are six Health and Human Services Agency regions: Central, East, North Central, North Coastal, North Inland, and South (Exhibit 3). Each region has unique socio-economic features, and the regions are racially, ethnically, and culturally diverse from one another.

According to the American Community Survey (ACS) estimates, in 2019, the Central Region's population was largely Hispanic (42.8%) and housed the largest share of Black residents in the County (11.1%). The Central Region had a median household income of \$63,498 and the rate of families living below the federal poverty line is the highest in the County at 12.9%.

The East Region's population is majority White (57.0%), followed by Hispanic (26.9%). The East Region had a median household income of \$77,796 and the rate of families living below the federal poverty line is 9.0%.

The North Inland, North Coastal, and North Central Regions are home to a large share of White, Non-Hispanic residents, where 50.3%, 57.4%, and 55.9% of the region's population identify as White, Non-Hispanic, respectively. The North Central Region is home to the largest share of Asian residents in the County (19.1%). The median household income in the North Regions was on the higher end for the County at \$92,061 (North Inland), \$92,593 (North Coastal), and \$100,965 (North Central). The poverty rates in the North Regions were the lowest in the County at 6.2% (North Inland), 5.7% (North Coastal), and 5.7% (North Central).

The South Region nears the United States-Mexico Border. The region's population has the largest share of Hispanic residents (61.3%) and lowest Non-Hispanic, White population in the County (18.3%). The South Region had a median household income of \$71,269 and the rate of families living below the poverty line is 9.9%.

Exhibit 3: San Diego Health and Human Services Regions

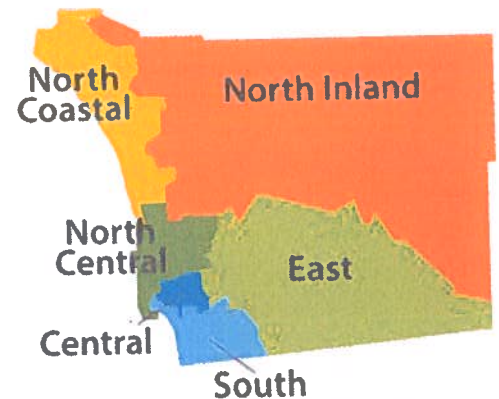


Exhibit 22. Number of Children with Allegations by Ethnicity, CY 2020

Ethnic Group	Total Child Population	Children with Allegations	Incidence per 1,000 Children	Children with Substantiations	Incidence per 1,000 Children	% of Allegations Substantiated
Black	38,022	4,194	110.3	465	12.2	11.1%
White	292,944	10,787	36.8	985	3.4	9.1%
Latino	347,761	18,334	52.7	1,798	5.2	9.8%
Asian/P.I.	74,238	1,538	20.7	120	9.8	7.8%
Nat Amer	3,509	378	107.7	43	12.3	11.4%
Multi-Race	41,193	0	0	0		
Missing	0	5,003	.	215	.	4.3%
Total	797,667	40,234	50.4	3,626	4.5	9.0%

Exhibit 23. Percent of Referrals with Each Allegation Type

	FY 2014/15		FY 2020/21	
	%	#	%	#
General neglect	43%	17,769	45%	16,321
Emotional abuse	35%	14,481	34%	12,112
Physical abuse	31%	12,655	27%	9,770
At risk, sibling abused	23%	9,373	18%	6,650
Sexual abuse	18%	7,526	19%	6,771
Caretaker absence/incapacity	3%	1,087	1%	345
Severe neglect	3%	1,114	2%	776
Exploitation	.2%	63	5%	192

Exhibit 24. First Entries into Care by Age, CY 2020

Age Group	Total Child Population	Children with First Entries	Incidence per 1,000 Children
Under 1	37,391	298	8.0
1-2	77,766	173	2.2
3-5	134,796	194	1.4
6-10	231,705	197	0.9
11-15	226,566	200	0.9
16-17	89,443	59	0.7
Total	797,667	1,121	1.4

Exhibit 25. First Entries into Care by Ethnic Group, CY 2020

Ethnic Group	Total Child Population	Children with First Entries	Incidence per 1,000 Children
Black	38,022	195	5.1
White	292,944	331	1.1
Latino	347,761	537	1.5
Asian/P.I.	74,238	32	0.4
Nat Amer	3,509	14	4.0
Multi-Race	41,193	0	0
Missing	0	12	.
Total	797,667	1,121	1.4

Exhibit 26. Subsequent Entries into Care by Age, CY 2020

Age Group	Total Child Population	Children with Subsequent Entries	Incidence per 1,000 Children
Under 1	37,391	0	0.0
1-2	77,766	18	0.2
3-5	134,796	32	0.2
6-10	231,705	40	0.2
11-15	226,566	45	0.2
16-17	89,443	22	0.2
Total	797,667	157	0.2

Exhibit 27. Subsequent Entries into Care by Ethnic Group, CY 2020

Ethnic Group	Total Child Population	Children with Subsequent Entries	Incidence per 1,000 Children
Black	38,022	29	0.8
White	292,944	54	0.2
Latino	347,761	73	0.2
Asian/P.I.	74,238	1	0.0
Native American	3,509	0	0.0
Multi-Race	41,193	0	0.0
Missing	.	.	.
Total	797,667	157	0.2

Exhibit 28. Children in Out-of-Home Care by Age, as of July 1, 2021			
Age Group	Total Child Population	In Care	Prevalence per 1,000 Children
Under 1	36,563	208	5.7
1-2	74,999	422	5.6
3-5	129,423	371	2.9
6-10	232,750	417	1.8
11-15	228,394	444	1.9
16-17	90,448	179	2.0
Total	792,577	2,041	2.6

Exhibit 29. Children in Out-of-Home Care by Ethnic Group, as of July 1, 2021			
Ethnic Group	Total Child Population	In Care	Prevalence per 1,000 Children
Black	38,019	375	9.9
White	293,450	549	1.9
Latino	343,152	1,014	3.0
Asian/P.I.	73,765	60	0.8
Native American	3,528	37	10.5
Multi-Race	40,663	0	0
Missing	.	6	.
Total	792,577	2,041	2.6

Exhibit 30. Children with Open Cases by Service Component and Voluntary Status as of January 1, 2022							
Service Component	Court Ordered		Voluntary		Missing	Total	
Emergency Response	4	0.1	2	0.3	75	68	2.2%
No Placement FM	115	3.3	415	54.8	0	386	12.4%
Post-Placement FM	330	9.5	6	0.8	0	215	6.9%
Family Reunification	1102	31.7	25	3.3	0	955	0
Permanent Placement	1495	43	271	35.8	0	1,180	0
Supportive Transition	429	12.3	38	5	0	318	0
Missing	0	0	0	0	0	0	0
Total	3475	100	757	100	75	3,122	100

Exhibit 31. Children with ICWA Eligibility in Out-of-Home Placement by Age Group as of January 1, 2022									
Measure 4E-1	Age Group								Total
	<1	1-2	3-5	6-10	11-15	16-17	18-21		
Number of Children	0	0	0	19	12	10	14	49	

Child Welfare & Probation

Exhibit 32. Child Welfare Only, Number and Rate of Children with Abuse/ Neglect Allegations by Type, CY 2021

Type	Allegations
Sexual Abuse	5,549
Physical Abuse	7,307
Severe Neglect	720
General Neglect	14,023
Exploitation	41
Emotional Abuse	8,629
Caretaker Absence/ Incapacity	167
At Risk, Sibling Abuse	6,601
Total	43,037

Exhibit 33. Open Cases by Service, Jan 1, 2022

	Court-Ordered	All
Emergency Response	0	94
No Placement FM	181	376
Post-Placement FM	224	225
Family Reunification	938	949
Permanent Placement	945	1,174
Supportive Transition	266	307
Total	2,554	3,125

Probation Data Only

Exhibit 34. Probation Population Rates for 2015 and 2020 Summary Table

	County of San Diego				CA
	2015		2020		2020
	Number	Rate per 1,000	Number	Rate per 1,000	Rate per 1,000
Child Population (age 0 to 17)	738,367	-	797,667	-	-
Children Entering Out-of-Home Care for First Time	76	.10	52	.07	.2
Children in Out-of-Home Care (July 1)	142	.2	135	.2	.3

Exhibit 35. County of San Diego Probation Number of First Entries into Care by Age, CY 2015 and 2020

Age Group	2015	2020
11-15	26	24
16-17	50	28
Total	76	52

Exhibit 36. Probation, Number of First Entries into Care by Ethnic Group, CY 2015 and 2020

Ethnic Group	2015	2020
Black	16	13
White	22	14
Latino	33	24
Asian/P.I.	1	1
Native American	0	0
Missing	4	0
Total	76	52

Exhibit 37. Probation, Number of Children in Out-of-Home Care by Age, 2015 and 2020

Age Group	July 1, 2015	July 1, 2020
11-15	33	44
16-17	110	71
18-21	81	20
Total	224	135

Exhibit 38. Probation, Number of Children in Out-of-Home Care by Ethnic Group, 2015 and 2020

Ethnic Group	July 1, 2015	July 1, 2020
Black	60	31
White	46	30
Latino	107	69
Asian/P.I.	3	3
Native American	3	0
Missing	5	2
Total	224	135

Additionally, to build a more supportive relationship between staff and youth, all juvenile staff began to address youth by their first name or more formally by their last name such as Mr. or Miss. Research and national best practices have demonstrated that positive, supportive communication leads to stronger, more constructive relationships between staff and youth. This change in practice will help to create a more home-like environment in probation facilities and research supports the idea that it leads to a reduction in violence.

Disposition Matrix

To inform the development of the Disposition Matrix, probation formed a committee to collect and review risk and disposition data for San Diego justice involved youth. The team reviewed the youth's risk level, offense type, and previous service history to determine which were most effective. The matrix was presented to stakeholders for input and was approved for implementation.

The Disposition Matrix is an evidence based decision-making tool designed to be used when a youth commits a new offense, to assist YDCSS officers with matching youth to the optimal level of supervision and interventions. The disposition recommendation is based on the youth's assessed risk level (as determined by the San Diego Risk and Resiliency Checkup- II) and the most serious presenting offense or True Finding. Recommendations are based on the risk- needs-responsivity (RNR) framework.

Research indicates optimal recommendations reduce recidivism while providing the least restrictive option within the suggested range of the matrix cell. The efficacy of the matrix is maximized when youth can be provided with high quality services that meet their needs within the optimal range. Some of the advantages of using the matrix include:

- a. Resources are focused on the youth who need them most.
- b. Reduction in the use of overly intensive intervention for lower risk youth – a practice which has shown to increase recidivism and thereby jeopardizes public safety.
- c. Promotes equity and fairness by ensuring youth with similar offenses and risk levels will receive a similar disposition recommendation.

Collaborative Case Planning and Client Action Plan (CAP)

The new Individualized case plan, Client Action Plan, aligns efforts with evidence-based practices for collaborative case planning with youth involved in the juvenile justice system. The CAP standards embrace positive youth development, family support structures, and restorative justice practices. CAP case plans include goals that are individualized, client-driven and aimed at intervening with the most significant primary needs (formerly known as criminogenic needs). Using the San Diego Risk and Resiliency II (SDRRCII), officers determine the youth's most significant needs with the overarching goal of reducing recidivisms. When engaging the youth and family, officers include the available support system including family members, friends, mentors, faith-based advisers, school members, service providers, and other pro-social community members. Each team member is an integral part of the case planning process and assists the youth with achieving goals and tasks. The CAP helps provide a positive pathway for youth on probation to address the needs and risks impeding success in the community and assist them in developing new patterns for success throughout their adolescence.

Indian Child Welfare Act (ICWA) Enhancements

ICWA mandates were formalized to meet federal guidelines. All staff received training on the purpose of ICWA, inquiry, documentation, federally and non-federally recognized tribes, partnering with tribes, Spirit of ICWA and data collection. This update supports our department in being inclusive, culturally responsive, and sensitive to Tribal cultures, histories, and teaching. These enhancements ensure we are compliant with all federal requirements and they invite a partnership with the youth's tribe and promote required and appropriate tribal and cultural connections during Court proceedings and the case planning process.

Youth Transition Campus (YTC)

In August 2018, the Board of Supervisors approved funding for the construction of the Probation Department's Youth Transition Campus- Phase 1. The Youth Transition Campus-Phase 1 includes a 96-bed co-ed juvenile facility designed to house post-adjudicated youth. This includes youth who are committed to the Urban Camp or HOPE program (formerly known as the Youthful Offender Unit).

The YTC campus is intentionally designed to feel like a college campus, with an outdoor setting and green landscaping. The campus consists of eight housing units which include 12 single bedrooms. The campus features a schoolyard encompassing the classrooms, gymnasium, and an amphitheater. In addition, the campus includes a support services area, Visiting Center, Youth Dining Hall, Staff Dining Hall, and Kitchen.

The County of San Diego partnered with juvenile justice experts from the Center for Juvenile Justice Reform and Council of Juvenile Administrators to develop a plan to transform juvenile justice in San Diego County. In addition, YTC has utilized the fundamental foundation of the Youth In Custody Practice Model, focusing on intensive treatment and a holistic approach to addressing youth's mental, physical, emotional, and educational needs.

In November 2021, the Board of Supervisors approved funding for the construction of the Probation Department's Youth Transition Campus- Phase 2. Phase 2 of the project will consist of the reconstruction of Kearny Mesa Juvenile Detention Facility (KMJDF); the campus is designed to house pre-adjudicated youth. Phase 2 will include a 72-bed co-ed juvenile detention campus and will house youth detained pending their disposition. The facility will also encompass a college campus and will have a designated schoolyard. Furthermore, Phase 2 will also construct a new Juvenile Probation Center with approximately 65 offices/cubicles.

Youths housed in both Phases 1 and 2 will have access to a state-of-the-art medical facility. The medical facility is equipped with medical exam rooms, a medical office, and a separate locked pharmacy. The clinic will also have a dental, eye, and X-ray room for youth when necessary.

In support of the YTC's staff's wellness, a Wellness Room is located on the administration floor and is furnished with fitness equipment, exercise machines, and lockers with showers. Staff are also provided with a designated staff dining area.

CARE Team

The CARE Team, in institutions, offers a means to respond immediately to any developing situation and to provide a therapeutic and team approach to dealing with the youth and the needs at hand. The CARE

Team's primary focus is to de-escalate a situation, attempt to resolve the youth's issue and/or primary stressor without the need for the use of force or room confinement.

Healing Opportunities for Personal Empowerment (HOPE)

A newly developed intensive custodial intervention program for youth that replaced the program previously known as the Youthful Offender Program (YOU). This innovative program supports a therapeutic model in which BHS Juvenile Forensics Services Stabilization, Treatment, Assessment, and Transition (STAT-HOPE) clinicians work side-by-side with Probation staff in the units to create a therapeutic milieu that is both strengths-based and trauma-informed. This will allow youth to practice newly acquired skills in a safe environment, while also maintaining structure and personal accountability.

Youth will be actively engaged in positive aspects of their home community to decrease recidivism and further improve long-term outcomes by helping youth to exit probation more quickly and thrive in the community. The HOPE program will actively work to foster engagement with the larger San Diego community. To accomplish this, family members, other positive allies of the youth, and community-based organizations will be an integral part of the in-custody treatment program. As a youth progresses through their therapeutic program, they will have the opportunity to utilize furlough leave, so they can engage in prosocial community activities involving family, education, vocational training, and recreational activities. This will allow the youth to have progressively increasing responsibilities, while slowly decreasing the supervision required.

Once the youth has successfully completed their treatment and in-custody time, a warm hand-off will occur with the community supervision component to continue to receive services from a contracted service provider to ensure success once returning home.

6c. Joint Initiatives

Child and Family Team (CFT) meetings

All foster care youth have a Child and Family Team that includes the youth, family, and their natural (informal) and formal support network who is invested in the youth and family's success. Teaming is done through formal CFT meetings and informally through regular communication. The CFT meeting engages the team in shared decision-making regarding safety, placement and case plan decisions for the youth and family.

Beginning in 2017, in partnership with Child Welfare Services, Behavioral Health Services, and Probation, Fred Finch Youth Center was contracted to facilitate CFT meetings. Facilitators are tasked with gathering input on the meeting date and time, explaining the teaming process and establishing group agreements, obtaining each team member's input on what is working well and worries about the child/family, and helping the team create an action plan to address next steps.

Since the implementation of FFPSA Probation has added pre-disposition CFTs. Probation's goal is to expand the use of CFTs with our Reasonable Candidacy youth soon.

Family Urgent Response System (FURS)

FURS includes a 24/7 Statewide Hotline and a 24/7 County-based Mobile Response and Stabilization Team. It provides current and former foster youth (up to age 21) and their caregivers with immediate,

trauma-informed support by caring and trained professionals when they need it. FURS helps improve permanency outcomes by helping with placement stability. San Diego provides the 24/7 mobile response through a network of contracted providers who can respond immediately when resource families and/or foster youth need assistance.

Child and Family Wellness System of Care (AB 2083)

AB 2083 requires each county to develop and implement a Memorandum of Understanding (MOU) outlining the roles and responsibilities of various local entities that serve children and youth in foster care. This MOU creates an Interagency Leadership Team (ILT) consisting of at least Child Welfare Services, Juvenile Probation, mental health services, education, and Regional Center. In San Diego, the ILT includes these required partners along with Juvenile Court, tribal representatives, and the Department of Rehabilitation. The objectives of San Diego's ILT are:

- To align policy and operations to support Comprehensive Prevention Plan.
- To determine next steps in addressing current issues and building out San Diego's Child and Family Wellness System of Care.

Implementation of FFPSA

FFPSA was launched in the County of San Diego through the collaborative efforts of Child Welfare Services, Juvenile Probation, and Behavioral Health Services, along with representation from the community including, but not limited to, the following partners: community-based organizations, Interagency Leadership Team, District Attorney's Office, tribes, those with lived experience, and Partners in Prevention Network.

The provision of evidence-based services will ensure children, youth, and families across diverse backgrounds have more equitable opportunities to effectively overcome barriers to providing safety. Providers in the County of San Diego are currently providing Functional Family Therapy, Healthy Families America (First Five, First Steps), Motivational Interviewing, and Parent-Child Interaction Therapy. There are many more prevention-focused practices provided to children, youth, and families in the county. Therefore, the County of San Diego is taking steps to expand the use of evidence-based practices from California's state plan and is working with agencies to add more practices to the Title IV-E Prevention Services Clearinghouse.

Project SAFE in collaboration with SDCOE

Project Safe From Exploitation (SaFE) is a demonstration project aimed to protect children and youth from human trafficking and other forms of violence, exploitation, and victimization through delivering human trafficking prevention education to students, educators, and other school staff.

This program assists schools in developing and implementing Human Trafficking School Safety Protocols, which facilitates reporting trafficking concerns to law enforcement and child welfare services, notifying parents and caregivers, and when appropriate, referring students to supportive, person-centered, trauma-informed, culturally responsive, and linguistically appropriate services.

Project SaFE positively influences permanency for children who are placed out-of-home due to challenging behaviors (i.e., running away, truancy, substance use) by strengthening a child's knowledge about human trafficking, increasing their perception of risk, and building healthy behaviors that support a child transitioning to a family setting with parents, relatives, adoption, or guardianship. This program supports child safety from multiple forms of violence, which promotes a child's ability to remain home or return home, which increases the likelihood of permanency within 12 months.

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

The County of San Diego is governed by the County Board of Supervisors and a Chief Administrative Officer (Appendix A). Each Supervisor is elected to serve one of the five county districts.

Child and Family Strengthening Advisory Board (CFSAB)

To enhance the ability of the County of San Diego to prevent and respond to child abuse and neglect, a new advisory board was formed in 2019. The Child and Family Strengthening Advisory Board of San Diego County (CFSAB) serves as a platform for cross-sector collaboration and transparent monitoring of the San Diego County child welfare system and to ensure the safety and well-being of children and families. The Board of Supervisors has taken a stronger role in supporting efforts to prevent and respond to child abuse and neglect. The efforts focus on strengthening families by identifying and addressing the needs of children and youth. The CFSAB among other functions, has absorbed the duties of the County of San Diego Child Abuse Prevention Coordinating Council (CAPCC).

The CFSAB consists of twenty-five (25) voting members representing a broad cross-section of community stakeholders as follows:

- Two (2) members of the Board of Supervisors who shall serve as Co-Chairs
- Three (3) Supervisorial District representatives
- Presiding Judge of the Juvenile Court or designee
- Health and Human Services Agency Director or designee
- Child Welfare Services Director or designee
- Chief Probation Officer or designee
- First 5 San Diego Executive Director or designee
- Former foster youth
- Foster parent association
- Foster family agency
- Congregate care provider
- Court Appointed Special Advocate
- Legal counsel for minors in juvenile court
- Legal counsel for parents in juvenile court
- San Diego County Office of Education
- Juvenile justice community-b Description of whether the CAPC is incorporated as a nonprofit corporation or is an independent organization within county government-based organization
- Children's health care professional
- Social worker
- Two (2) Individuals with lived experience who reflect over-represented populations in the system with a preference for former foster youth
- Representative from Polinsky Children's Center
- Representative from San Pasqual Academy

The Board had designated CFSAB to have oversight and planning responsibilities for services funded by CCTF/CAPIT/PSSF/CBCAP. CWS is the public agency designated by the County Board of Supervisors to administer the programs funded through CCTF/CAPIT/PSSF/CBCAP. CWS is responsible for monitoring

contractors, integrating local services, fiscal compliance, data collection, preparing amendments, preparing annual reports and outcomes evaluation. Outcomes of services funded by CAPIT/PSSF/CBCAP are reported in the annual Office of Child Abuse Prevention report and submitted to the state. CWS uses a formal contract monitoring system that includes assigning a contract monitor serves as the contractor's primary contact and provides technical assistance to help ensure contracted goals/objectives are achieved. Contractors submit quarterly reports to provide goals and outcomes of services.

Polinsky Children's Center (PCC) Advisory Board

The PCC Advisory Board consists of five members. Two members of this advisory board are appointed by the Board of Supervisors, two members appointed by Promises2Kids, and one member is appointed by the Presiding Judge of the Juvenile Court of San Diego. The PCC Advisory Board meets at least quarterly to review and make recommendations regarding the operation and maintenance of the PCC facility, including expenditure of the funds donated by Promises2Kids or other donors, and any material alteration or removal of any part of PCC.

Foster Care Services Board

Foster Care Services Committee is a formal board commission with CFSAB where public meetings are held monthly and attended by resource parents, community service providers and CWS staff. The committee was created to address issues specific to foster care, share information about services and placement resources, and institute changes needed to support foster families. The meeting is attended by members from the following organizations:

- Foster Parent Associations
- Grossmont College Foster, Adoptive, and Kinship Care Education Program
- Comprehensive Assessment and Stabilization Services (CASS)
- Developmental Screening and Enhancement Program (DSEP)
- County of San Diego Office of Education
- YMCA Kinship Support Program
- Public Health
- Child Welfare Services

8. Systemic Factors

8a. Management Information System (MIS)

Child Welfare Services Technology Level

San Diego County has continued to improve technology in order to assist with managing the provision of services to families more efficiently. The number of laptops issued to staff has increased so that work can be done remotely while in the field, or, in the case of CWS Court Officers, in court so that court related activities can be easily recorded in the CWS/CMS application in real time. With these laptops, staff have the added ability to use camera/video to facilitate better engagement when visits or meetings need to occur virtually. Dictation software has been added to assist staff with completing documentation of contacts timely. The systems described below are intended to streamline our work. Barriers to utilization of these services are staff awareness of what is available, as well as knowledge of how to utilize the various systems. Barriers to entering data and information into CWS/CMS are staff turnover and staff understanding of the importance for entering all information in the various notebooks within CWS/CMS. Newly hired staff receive training on CWS/CMS during Social Worker Initial Training (SWIT), however, the system is complex and the amount of information to document can make it a challenge for newer staff to remember. The CWS Help Desk is available to assist, San Diego County offers trainings to utilize systems, and Evident Change has provided recorded webinars that can be accessed so that staff can understand how to use these tools to their benefit.

In addition, the County uses the software listed below:

- **Business Objects:** Business Objects (BO) is an Administrative tool that allows queries to be run on data that is originated in the CWS/CMS Application. The data output can be used to generate trends, identify problem areas, areas needing improvement, and measures what the users are excelling in. Data reports are created from BO and assists with ongoing monitoring of SIP strategies and program performance. An ongoing challenge has been the outdated nature of the CWS/CMS system. This is an issue CDSS is currently working on including the development of a web-based system that allows greater versatility in ability to work with the data. An ongoing challenge is ensuring that staff enter information into CWS/CMS thoroughly and accurately in various fields.
- **SafeMeasures:** This program has 1,065 users and allows social work line staff, supervisors and managers, and executive leaders to see compliance and outcome measures countywide, within their Region and for their individual units of workers and caseloads. It is also used to provide staff with alerts to any children in proximity to major disasters or events. SafeMeasures is used from line workers to all levels of leadership to monitor compliance and performance on outcomes. This information allows for workers to manage the priorities in their workload.
- CWS use of a **Geographic Information System (GIS)** consists of GIS application hardware, software and personnel. HHSA GIS personnel use ArcGIS Pro software to map child welfare services data on an ad hoc basis for program planning and service delivery. GIS data is provided to the Children's Initiative, a nonprofit child advocacy agency in San Diego, to incorporate into the County of San Diego Report Card on Children and Families, which it produces biennially. GIS is also used to produce maps for the Native American project with the California Disproportionality Project and the Fairness and Equity meetings.

Other software/applications used in the County are as follows:

- **Computer Based Training:** Statewide, online training on how to use CWS/CMS is available in the STAR application at the State CWS/CMS website.
- **Training Region:** A State supported CWS/CMS computer system that is identical to the actual

application that allows social workers to practice using the system before they are assigned actual cases.

- **Scenario Manager:** This is a practice training program that contains fictional names, referrals and cases and provides a realistic CWS/CMS training scenario.

For all above listed software/applications, real time access to training enhances the ability of staff to understand their job function and the tools they need to deliver their services.

CWS Intranet

- **Policy Manual:** An intranet based site that lists CWS policies and procedures for every aspect of Child Welfare Services.
- **Resource Guide:** An intranet based site that provides information to assist staff with service delivery to clients.

For all listed programs on the intranet, real time access to policies and procedures enhance the ability of staff to understand their job function and the tools they need to deliver their services.

Other systems used to support CWS work

- **Microsoft Office Outlook:** Outlook email, calendar, reminders, and contacts all assist users to streamline investigations, court responsibilities and service delivery. Real time access to calendars, email and reminders enhances the ability of staff to more efficiently carry out their duties.
- **Mandated Reporter Application (MRA):** Web portal that allows mandated reporters to submit electronic child abuse follow up reports. The web portal enhances service delivery as it allows mandated reporters to submit their follow up report electronically and quickly. This web portal is in the process of being redeveloped to add an ability to allow mandated reporters to submit the report via the application without having to call, except in certain instances such as emergency situations.
- **Social Solutions Efforts To Outcomes (ETO™):** Web based ETO™ is used by our community partners, Community Services for Families (CSF), Independent Living Skills (ILS) and transitional housing providers to quickly and easily track efforts, outcomes, and participant progress. The use of this product enhances service delivery by allowing the contractors to meet data reporting timelines, in addition to case management required in their contracts.
- **Microsoft SharePoint:** Microsoft SharePoint makes it easier for staff to work together, by allowing them the ability to set up Web sites to share information with others, manage documents from start to finish, and publish reports to help everyone make better decisions, thus enhancing service delivery.
- **Microsoft Teams:** This application is used for meetings and collaborating. It is also used by the CWS Helpdesk and Support Team to connect to staff's computers to assist with resolving problems, thus enhancing service delivery by allowing helpdesk staff to connect immediately to resolve problems.
- **WebEx:** WebEx is used to host planned or AdHoc meetings virtually without requiring staff to attend in person, thus enhancing service delivery by allowing staff to eliminate travel to various staff meetings and thus become more efficient.
- **Sum Total:** Learning Management System (LMS): Sum Total allows us to track training, progress and attendance. This assists us with producing the annual training report due to the State. This enhances service delivery by streamlining the collection of trainings attended by staff, and allows us to be certain that staff are attending the required training necessary to do their jobs.
- **Genogram Analytics:** Genogram and Ecomap software for social workers to utilize in searching, identifying and locating permanent placements and connections for all children involved in the

child welfare system.

- **NICE InContact:** A phone system used to take, and record, calls to the Child Abuse Hotline. The system can also be used to keep track of call wait times, call monitoring, evaluate performance of agents and the call center.
- **Binti:** This web-based application is used by resource parents to upload/submit completed forms and supporting documentation to become a Resource Family.
- **Microsoft Dynamics 365 databases:** These databases are used to track various information. For example foster home availability, data from the Office of the Ombudsman (child fatalities, near fatalities, client escalations, contacts, issues, etc.), and information related to DOJ Grievance hearings.
- **CWS ERMS:** This is a Documentum Application to retrieve, view, store and modify forms and client documents.
- **Justice Electronic Library System (JELS):** This is a system that electronically distributes Court Reports and other documents to the Court, the Court Unit, attorneys, and the Court Appointed Special Advocate (CASA) program.

Probation Case Management System (PCMS)

The Probation Department utilizes the Probation Case Management System (PCMS). The system was developed specifically for probation and has no interface with other systems that track information for Child Welfare Services. Information regarding probation youth receiving Child Welfare Services is tracked through the PCMS system, and since October 2010 information is being entered into the Child Welfare Services/Case Management System (CWS/CMS) by probation staff. Data is reported to the California Department of Social Services monthly and is extracted by UC Berkeley. UC Berkeley provides data on probation youth that receive Child Welfare Services.

Probation continues to receive training on data entry into CWS/CMS. However, there have been systemic challenges with entering data and the subsequent data reported to the state. These systemic challenges are attributed to continued staff turnover within the division and the initial gap in training. As a result, the percentages that appear in the state reports are lower than our actual performance. Probation has developed an internal training course which will assist officers with more accurate data input. This training is pending certification by the Standard and Training for Corrections (STC).

PSSF/CAPIT/CBCAP Funded Providers Management Information System

PSSF/CAPIT/CBCAP Funded Providers Management Information System All County contractors are required to track data relevant to their programs and provide monthly or quarterly progress reports. The CWS Community Services for Families (CSF) program, the largest PSSF/CAPIT/CBCAP funded program, uses a web-based database that was mutually agreed upon by the CSF contractors. Social Solutions' Efforts to Outcomes (ETO™) Software is performance management software for human services, connecting efforts to outcomes, people to services and providers and communities to funders. It is web-based and accessible from any Internet-connected personal computer. ETO™ offers customizable program management tools, which facilitates recording information and receives reports for all levels of the work that is done. This database system captures client information ranging from basic demographic information to services received. This centralized database is capable of generating the CSF Monthly Progress Report, and information for the OCAP Report. The system comes with a robust reporting tool that facilitates ad-hoc report creation on demand. The contractors have this client management tool to track services provided, referrals issued, and goals identified. ETO™ enables agencies to track the progress of clients from initial contact through program completion.

8b. County Case Review System

Court Structure/Relationship

The County's Juvenile Court handles both dependency (CWS) and Juvenile Justice (Probation) cases to determine what is in the best interests of the child within the child's family and community. San Diego values having a working relationship with court partners in order to decrease barriers to achieving outcomes for children and families. Below are descriptions of the Juvenile Court's process for dependency cases.

Structure of San Diego County Juvenile Court for Dependency and Probation Cases

County Dependency Court: The dependency court system focuses on the protection of children and providing children with permanency through family reunification, adoption and guardianship, wherever possible. Additionally, the court system addresses the child's well-being. All of this is done through receiving information from the agency through court reports and updates from attorneys for the children and parents. The following step table explains how a case flows through the CWS and the Juvenile Court dependency system:

Exhibit 48. CWS and Juvenile Court Dependency System Case Flow	
Step	Action
1	CWS receives a report of suspected abuse or neglect.
2	CWS conducts a thorough investigation to determine the risk of harm to the child, for example: 1) whether child abuse or neglect exists; 2) whether there is immediate danger to the child; and, 3) whether the child can remain at home or with a relative.
3	If CWS determines there is immediate danger to the child and removes the child from their home, or requests a Protective Custody Warrant for the removal of a child, CWS has 48 hours to release the child back to the parents/legal guardian or files a petition for dependency.
4	The Juvenile Court holds a Detention Hearing within one or two judicial days after the petition is filed. At this hearing, the Juvenile Court determines if the child should be detained. The child and parents will each be appointed an attorney to represent their individual legal interests.
5	Within 21 days from the Detention Hearing, the Juvenile Court holds a Jurisdiction Hearing to determine if there is enough evidence for the child to come under the jurisdiction of the Juvenile Court.
6	The Juvenile Court will also hold a Disposition Hearing to declare the child a dependent and addresses placement of the child, protective orders, and order a case plan. If the Disposition Hearing is not held immediately after the Jurisdiction Hearing, it must be held within 60 days of the Detention Hearing. At the Disposition Hearing: <ul style="list-style-type: none"> • If the child is adjudicated a dependent, the family will receive a Family Maintenance or Family Reunification plan. • If the child is not adjudicated a dependent, the Juvenile Court may dismiss the case or order Voluntary Services for the child and family.
7	If the child is declared a dependent, the social worker and family work together to discuss case plan services. The case plan is created as a result of the initial assessment of the circumstances that brought the family to the attention of CWS, and will help assist in resolving those difficulties.

8	After the Jurisdiction and Disposition Hearings, a Review Hearing is held every six months to evaluate the child's well-being as well as progress and efforts to reunify, any need for continued court jurisdiction and efforts to facilitate permanency.
9	If the child has not reunified within the 12-month reunification time period allotted, the agency must make a recommendation for a permanent plan for the child. This is accomplished at the WIC 366.26 Selection and Implementation Hearing. Adoption is the most preferred permanent plan; however, it is not appropriate for all children/youth and their caregivers. Guardianship is an option for some children and for others "permanent placement with a fit and willing relative" is the most appropriate plan.

Probation's Delinquency Court System: The delinquency system focuses on the rehabilitation of the youth and protection of the community. The Juvenile Court delinquency system proceeds, in general, as follows:

Exhibit 49. Juvenile Court Delinquency System Steps	
Step	Action
1	When law enforcement takes a youth into custody, law enforcement decides whether to: 1) screen the case for booking into Juvenile Hall; 2) release the youth to his/her parents, 3) release the youth to an Alternative to Detention program, or 4) release and refer the youth to a diversion program. Note: If the youth is not detained and a petition is filed, the case proceeds to Step five.
2	The District Attorney's Office will review the case to determine if the youth is eligible for the Juvenile Diversion Initiative program, wait for Probation Approval to file, file a petition, or reject the case. If the DA's office is waiting for Probation's Approval to file, the Probation Department's Intake Unit assesses each case to determine the degree of intervention needed. Some cases may be handled informally, either through a warning letter or through community diversion. For more serious cases, the Intake Unit may request the filing of a petition for wardship.
3	If a petition is requested, the District Attorney files a petition, and the Probation Department investigates to ascertain the facts of the allegations for the detention report.
4	If the youth is detained, the Juvenile Court holds a Detention Hearing. At this hearing, the youth is appointed an attorney to represent the youth's legal interests or the youth's family retains an attorney. During this hearing, the Juvenile Court reviews the petition and determines whether the youth should be either returned home (with or without restrictions), placed at an alternative to detentions facility or detained in Juvenile Hall.
5	The next hearing is a Readiness Hearing. At the Readiness Hearing, the Juvenile Court accepts the youth's admission or denial to the charges presented in the petition: <ul style="list-style-type: none"> • If the youth admits the charges, the case is then set for disposition and assigned to an Investigating Probation Officer. Prior to the Disposition Hearing, the Investigating Probation Officer will meet with the youth and family/guardians to conduct an interview which will aide the officer in completing a risk and needs assessment and court report. • If the youth denies the charges, the case will be set for an Adjudication Hearing, which is like a trial. At the Adjudication Hearing, if the Juvenile Court finds the allegations in the petition true, the Court sets a Disposition Hearing. If the Juvenile Court finds the allegations false, the petition is dismissed.
6	At the Disposition Hearing, the Probation Department submits a court report and case plan with background information and recommendations. The Juvenile Court decides whether to declare the youth a ward of the Court. If declared a ward, the Court sets probation conditions for the youth and determines the youth's placement while on probation.
7	After the Disposition Hearing, Review Hearings are scheduled at six-month intervals to monitor the youth's progress while on probation.

CWS, Probation and Juvenile Court Relationships

CWS supports SET Value 5, a strong working relationship with the legal system, and participates in the Juvenile Court Dependency Policy group that meets biyearly to discuss matters pertaining to the Juvenile Court and CWS. The policy group includes the following: the CWS Director, presiding Juvenile Court Judge and other court personnel, Chief Deputy County Counsel, minors' and parents' attorneys, CWS Policy and Program Support staff, and Court Appointment Special Advocates (CASA).

Voices for Children, which is a local private, nonprofit organization that recruits, trains, and supports CASA volunteers plays an important role in working with social workers, and the court to advocate for the needs and well-being of children in foster care. These volunteers undergo an extensive screening and background process as well as participate in 35 hours of training before serving as CASAs. They are required to commit to a minimum of one year. They are part of the Child and Family Team and they spend at least seven to 10 hours a month in order to get to know the child or sibling group they are matched with. The CASA communicates with professionals, reports to the court on the progress and needs in order for judges to make the best decisions for the future and can be appointed as an educational rights holder as needed.

Additionally, CWS with Probation participate in the Blue Ribbon Commission meeting, which meets quarterly to discuss joint matters pertaining to the Court, CWS, and Probation. The Blue Ribbon Commission group includes the same participants as the dependency policy group but with the addition of community stakeholders.

The Juvenile Justice Policy Group meets on a quarterly basis to discuss matters pertaining to the Juvenile Court and Probation department. The Presiding Juvenile Court Judge, the Chief Probation Officer, the Deputy Chief of YDCSS, Division Chiefs attend the meeting from YDCSS and Institutional services, Juvenile Court Judges, the District Attorney's Office, and the Public Defender's Office.

YDCSS and Institutional Services management and executive management teams also meet on a quarterly basis with the Juvenile Court Judges to provide updates and to discuss any issues.

In addition, CWS and Probation are part of the Juvenile's Court's Tribal Justice Collaborative meeting. This workgroup addresses the disproportionate number of Native American children/youth in the child welfare system. The group is comprised of tribal and State representatives. CWS and Juvenile Justice data is reviewed and system barriers are discussed. Together, the group has established a partnership built on trust and collaboration in order to achieve better outcomes for Native children, families and communities.

The Administrative Office of the Court (AOC) has a contract for dependency legal services with Dependency Legal Services of San Diego who represent parents, and Children's Legal Services of San Diego who represent children/youth.

Coordination between CWS and Probation

The County of San Diego Probation and Child Welfare Services collaborate on several efforts to serve the foster care population. Among the efforts are programs such as the Crossover Youth Practice Model (CYPM), wraparound services, CFTs and the inclusion of a probation officer in CWS as a liaison to assist and ensure probation youth are referred to Independent Living Skills (ILS) services. Additionally, probation collaborates with partners in education, Transition Age Youth (TAY) and the procurement of services. The Probation Department and CWS have a signed Memorandum of Agreement and meet quarterly, or as needed, to discuss the needs of foster youth.

In 2012, San Diego County began implementation of the Crossover Youth Practice Model (CYPM), developed by the Center for Juvenile Justice Reform at Georgetown University. The CYPM protocol provides a mechanism for agencies to strengthen their organizational structure, enhance efforts at cross-system collaboration, and implement or improve practices that directly affect the outcomes for crossover youth, their families, and communities. The CYPM Guiding Coalition Committee consists of representatives from the Juvenile Court, Probation, Child Welfare Services, Office of the County Counsel, Office of the District Attorney, Dependency Counsel, Office of the Public Defender, and Voices for Children. The purpose of the protocol is to promote the appropriate and timely sharing of information between agencies to better inform workers at key decision points; develop and adapt specific policies and practices to better coordinate case assessment, planning and the management of services for crossover youth; increase the use of cross-systems data to track population trends and inform decision making on all levels of the involved departments and establish a process that maximizes the services utilized by each system to prevent crossover from occurring and to provide opportunities for families and the community to participate as partners in developing and meeting individualized goals within the case plan.

Both CWS and Probation utilize Foster Focus System, the Foster Youth Student Information System that houses information from the schools, the court, CWS and Probation. The Foster Focus System computer database stores demographic, health, and education information. It is accessible in varying levels to different entities. Foster Focus allows each entity to have pertinent information readily available to ensure timely school enrollment, transfer of records and ongoing educational success. Social workers and probation officers can also check a child's/youth's attendance and grades, allowing for timely follow up with the youth.

An additional collaboration is the Interagency Agreement. This agreement is between CWS, Probation, 42 school districts, the court, the attorneys for parents and children, and Voices for Children/ CASA program. The agreement establishes responsibilities for educational mandates by agency. It also provides document examples and where to locate the appropriate information. The agreement establishes procedures for the implementation of education related law at the local level, including determining the school of origin and providing transportation to school of origin.

Effectiveness of Juvenile Court and CWS to: Continuances

The use of court hearing continuances can influence the effectiveness of the dependency and delinquency court systems. Court continuances affect CWS's state and federal outcome measures. Continuances can delay permanency from being achieved within 12 months. Court continuances can occur for a variety of reasons. A Judicial Council review was completed and San Diego has implemented strategies to implement in order to minimize court continuances. The strategies include social workers providing detailed and thorough court reports that include the following: due diligence efforts in locating absent parents and relatives, clear recommendations by the agency, status of services provided to families, placement efforts, and caregiver feedback. There is open communication among all legal partners to assist in addressing any barriers or needs if issues arise. Additionally, San Diego County utilizes Pre-Settlement Conferences in an effort to resolve the matter before a trial.

In order for the hearing to be considered timely, the following items have to be documented:

- Correct findings and orders are made according to the type of hearing
- Required court reports and case plans are submitted timely
- Required legal timelines must be followed

Ensure Timely Termination of Parental Rights (TPR)

Administration for Children and Families (ACF) requires that termination of parental rights for children who

have been in care for 15 of the last 22 months occurs, unless a compelling reason indicating why TPR is not in the child's best interest is documented in the case. If the parent is making substantial progress with their case plan, and it appears likely that the child(ren) can return home, reunification services can be provided for up to 24 months. However, in cases where the child(ren) is unable to return home within the statutory reunification time period, the court must set a Selection and Implementation Hearing per WIC 366.26. To ensure this occurs, San Diego's policy is to have the Permanency Planning Assessment Unit (PPAU) complete a pre-assessment prior to the 366.21/22 hearings when a 366.26 hearing is to be recommended, or at any post permanency planning hearing when the recommendation is to change the permanent plan. In an effort to make informed, timely decisions about permanency, the social worker will make a referral for a pre-assessment of permanency to be conducted at the following case points:

- When the Dispositional recommendation is that no reunification services be provided to the parents.
- Prior to the 6-Month Status Review Hearing for children who were under age three at the initial removal date and children who are part of a sibling group in which the youngest child was under age 3 at initial removal.
- Prior to the 6-month Status Review Hearing for child(ren) who were initially removed under 300(g) and the parent(s) are still absent and have not had contact or visited.
- Prior to the 12-month Status Review Hearing under 366.21.
- Once every 12 months for children with any of the following permanent plans:
 - Placement with a fit and willing relative
 - Continued foster care
 - Another Planned Permanent Living Arrangement

Services available for children and parents

"Kids in Court" is a program funded by a grant from Rady Children's Hospital serving children, regardless of age, who are called as witnesses in Juvenile Court. Each child is provided with an explanation of court procedures as part of preparation for the court experience. The program provides advocacy and support to the child at the time of testimony and is available to assist with transportation if needed.

Children's Waiting Rooms are available at each courthouse. Families can use the waiting rooms for children who are attending a court hearing. In 2019, one Children's Waiting Room was updated by Children's Legal Services (CLS) thanks to a grant received from the Board of Supervisors, Voices for Children, and the Court's Chief Executive Officer. A teen room was added after Voices for Children allowed their offices at the court to be repurposed and renovated. This teen room includes access to computers, comfortable furniture, and a private space to speak to attorneys. The generous grants and donations provided the opportunity to update and create comfortable space for children to wait in at court.

Teaming

Probation uses alternative dispute resolution when working through an arrangement between the victim and the perpetrator of the crime. Restorative Justice, a local nonprofit, provides this service to Probation.

CWS utilizes Child and Family Team Meetings (CFT meetings) to create a unified teaming process with a child, family and support systems. CFT meetings are held to discuss a variety of needs such as placement, services, case planning and critical decision points in the case. A core principle of teaming and the foundation of the CFT meeting is honoring the youth and family as experts in their lives.

Process for Timely Notification of Hearings

The County provides timely notice to all legal parties involved in dependency cases. Notice is sent to the following parties:

- parents

- caregivers
- dependent children over 10 years old
- siblings of dependent children who are over 10
- attorneys and caregivers of those siblings
- CASA

The type of notice given may differ depending on the type of hearing. Notice for Detention Hearings is given verbally by the social worker. Notice for Jurisdictional Hearings is given by the Court clerks who mail the petition and hearing date to the parents. Notice for Review Hearings are served by first class mail and sent not earlier than 30 days and not later than 15 days before the hearing.

Notice for WIC 366.26 Selection and Implementation Hearings must be done by personal service. Parents are noticed by CWS or County Counsel staff at court if they are present when the hearing is set. If notice is not effectuated in court, the Permanency Planning Assessment Unit conducts searches and personally serves notice.

ICWA Notice

Per the Indian Child Welfare Act (ICWA), the agency and court must conduct reasonable inquiry to determine if a child may have Indian heritage. County Counsel and CWS work together to ensure proper ICWA inquiry and noticing is made by providing social work staff with clear instructions on how to conduct ICWA inquiry and noticing. The AOC developed an ICWA questionnaire regarding possible Native American heritage to be completed at the first hearing that parents attend. The parents' attorneys are responsible for reviewing the questionnaire with the parents to ensure accuracy of information provided. If a parent or other family member identifies a tribe, the agency notices the tribe or tribes and all other required parties of the hearing using the Judicial Council ICWA 030. CWS has designated ICWA notice specialists to assist with the inquiry and notice process. If the child is determined to be a tribal member, the case is managed by the Indian Specialty Unit, whose members have specialized training and work closely with the tribes.

Caregiver Notice

Caregivers, including pre-adoptive parents, receive notice of court hearings and are provided the opportunity to submit input regarding the child in their care to the court for consideration. Caregivers are given the JV 290 form to provide written feedback on the child's medical, dental, physical, educational, emotional health and living arrangements. Additionally, during case planning with the family, child and caregivers, the social worker discusses issues of well-being and permanency at least every six months and appropriate recommendations are made to the court.

CWS Case Planning

The assessments used to create the case plan are interviews with the children, parents, caregivers and collaterals as well as completion of the Child and Adolescent Needs and Strengths (CANS) tool with the family. The CANS is an assessment tool developed to support decision-making, including treatment planning and monitoring the outcomes of services for parents and children. A CANS will be completed within 30 days of a new case opening and every 6 months thereafter at a minimum, or updated as needed when there are changes. As previously mentioned, the CFT plays a significant role in decision making about the case plan. In order to support individualized assessment of strengths and needs, and support decision making around service planning, San Diego began implementing the use of the CANS tool during CFT meetings. The case plan is updated every 6 months or when changes occur. The

following are required areas to be covered in the Case Plan document when a child is placed out of the home:

- Objectives and services to address all of the child's needs that are identified on the CANS assessment tool and mental/behavioral/developmental screenings.
- Objectives and services to address all of the parents' needs that are identified on the CANS assessment tool to mitigate the risk and safety factors that contributed to the child's involvement with Child Welfare Services.
- The schedule of planned parent contacts and visits with the child, sibling contacts and visits with the child, and other permanent connections such as grandparents (if applicable).
- The schedule of planned SW contacts and visits with the child, parents and caregiver.
- Plans to ensure the child will receive medical/dental care that places attention on preventive health services through the CHDP or equivalent preventive health services in accordance with the CHDP's schedule for periodic health assessment.
- Placement and health care consideration to the youth's voice and gender that the youth identify with.
- Documentation that the child/youth, caregiver, and the CFT were provided with their Foster Children's Personal Rights (form 10-5) and Foster Youth Mental Health Bill of Rights Brochure (PUB 488) every 6 months and every change of placement.
- Documentation that the caregiver was provided the child's Health and Education Passport, explained the caregiver's rights and responsibilities to them, and the caregiver was assisted in helping obtain any school record information.

Probation Case Planning

Juvenile Probation develops case plans for foster care youth, pursuant to Division 31 and Title IV-E regulations. These case plans include permanency goals and the services to be provided. The child and family are involved in the development of the case plan goals, associated responsibilities and the case plan must be signed by the parent, child, probation officer, supervising probation officer and must be updated every six months. Challenges coordinating in person case planning and development meetings were often a challenge for the casework officer, due to the impacted and conflicting schedules of the partners, service providers, the family, and the probation officer. Although the COVID Pandemic created some challenges, an unexpected benefit of the pandemic in this instance allowed for improved collaboration with team members as they could participate virtually.

Probation has developed a new individualized case plan. The Client Action Plan (CAP) aligns efforts with evidence-based practices for collaborative case planning with youth involved in the juvenile justice system. The CAP standards embrace positive youth development, family support structures, and restorative justice practices. CAP case plans include goals that are individualized, client-driven and aimed at intervening with the most significant primary needs (formerly known as criminogenic needs). Using the San Diego Risk and Resiliency II (SDRRCII), officers determine the youth's most significant needs with the overarching goal of reducing recidivisms. When engaging the youth and family, officers include the available support system including family members, friends, mentors, faith-based advisers, school members, service providers, and other pro-social community members. Each team member is an integral part of the process in assisting the youth achieve goals and tasks.

The CAP helps provide a positive pathway for youth on probation to address the needs and risks that are impeding their success in the community and assist them in developing new patterns for success

throughout their adolescence.

8c. Foster and Adoptive Parent Licensing, Recruitment and Retention

The County of San Diego has a Memorandum of Agreement with the State of California to approve resource homes. Relative caregivers, foster parents, and adoptive families in San Diego are required to obtain an approval in order to be considered for placement of children in the foster care system. This prepares families to care for children temporarily or permanently. It also promotes greater timeliness to permanency for dependent children by ensuring a comprehensive evaluation of a family is completed prior to placement. The first step of the process requires that caregivers attend an orientation to determine if they want to become a Resource Family.

To obtain approval, resource family approval workers ensure families meet the state requirements. The approval process requires submission of an application, a background check of applicants, home environment check and a family evaluation. They are required to attend 12 hours of trauma-informed, pre-service training and attend at least eight hours of training per year. Their First Aid and CPR certification must be valid to maintain their approval.

The County of San Diego Resource Family Approval Department meets with approved resource families bi-annually to ensure their home continues to meet Written Directives standards.

In San Diego, there is a protocol for working with Indian families, children and Tribes to support CWS in decision-making that achieves compliance with the Indian Child Welfare Act (ICWA), and promote positive outcomes for Native American families. There is an Indian Specialty Unit (ISU) that works in collaboration with local tribes to ensure active efforts are taking place for native children and families. The ISU works closely with local tribes and Tribal social service agencies to complete joint Emergency Response Investigations. For Native American children who enter foster care the protocol provides guidance to ensure the child(ren) is placed in the least restrictive setting and unless there is good cause to the contrary or the child's tribe establishes a different order of preference, the order of placement preference for Indian children is as follows:

- 1) a member of the child's extended family (according to the ICWA "extended family member" will be defined by the law or custom of the Indian child's tribe, or, in the absence of such law or custom, will be a person who has reached the age of eighteen and who is the Indian child's grandparent, aunt or uncle, brother or sister, brother-in-law or sister-in-law, niece or nephew, first or second cousin, or stepparent); or
- 2) a home licensed, approved, or specified by the Indian child's tribe; or
- 3) an Indian home licensed by an authorized non-Indian licensing authority; or
- 4) an institution for children approved by an Indian tribe or operated by an Indian organization, which has a program suitable to meet the Indian child's needs.

ICWA allows federally recognized tribes to establish their own licensing/approval standards and to approve homes for the purpose of foster placement and pre-adoptive placement of an Indian child under county jurisdiction. This is known as a tribally-approved home (TAH). TAH homes may differ in some aspects from those licensed or approved in accordance with State standards, however, they are deemed equivalent to homes that are licensed or approved by the State. When a tribe will complete its own assessment and approval, the CWS Placement Social Worker will refer the relative and non-

relative extended family member for instructions on completing the necessary forms. Tribal agencies do not have authority to conduct emergency placement evaluations. Tribes will continue to rely on CWS to conduct emergency placement background checks when an emergency placement is needed and a tribal home has not been approved in advance.

Recruitment

The County of San Diego utilizes various methods to target recruitment of Resource Families. Recruitment booths are held at events around the county to provide information on becoming a resource family. Events for the recruitment booths are targeted to attract the kinds of resource families San Diego needs to serve sibling groups, older youth, and children with special needs. Media and Social Media campaigns are utilized to reach a wider audience. The campaigns include the Channel 8 Foster Hope and San Diego Living Segments as well as placing ads on the HHSA Facebook page and the sdcares4kids.com website. Sixteen Foster Hope and San Diego Living Segments in total from March 2021 to March 2022 aired that focused on the need for resource parents to care for medically fragile children, adolescents, and sibling groups. In an effort to target recruitment that reflects ethnic and racial diversity, San Diego has worked with Community Outreach staff in Central Region to support recruitment and community awareness for resource parents in that region and work with faith-based organizations to promote awareness regarding the need for resource families. To target recruitment of resource families for older youth recruitment booths are placed at events that target older youth. A newer strategy has been implementing Faith in Motion, a faith-based collaboration to fill in resource and service gaps by connecting the local faith community to the needs of children and families and assisting with recruitment of resource families. Lastly, Foster Adoptive Resource Family Services (FARFS) offers numerous orientations each month online to offer flexibility for potential resource families to attend.

Retention

San Diego values our Resource Families and understand the need to support them as they help care for vulnerable children. While the amount of children in out-of-home care continues to decrease, the children who remain in care have high level needs. The caregivers that have high needs children placed in their care need training and support to meet these needs. Prior to and during the last System Improvement Plan multiple strategies were put into place to provide support in order to help retain Resource Families and they are described below:

One of the more recent strategies implemented is FURS, discussed earlier in the report. FURS includes a 24/7 Statewide Hotline and a 24/7 County-based Mobile Response and Stabilization Team. It provides current and former foster youth (up to age 21) and their caregivers with immediate, trauma-informed support by caring and trained professionals when they need it. FURS provides resource families with support during times of crisis. San Diego provides the 24/7 mobile response through a network of contracted providers who are able to respond immediately when resource families and/or foster youth need assistance.

FARFS hosts an annual Quality Parenting Initiative (QPI) Resource Family Appreciation Event and an annual Resource Family Picnic to honor and celebrate foster parents. In order to build community partnerships, FARFS staff meet regularly with resource parent leaders, foster parent trainers, and staff from community-based organizations that offer services to foster families and children. The County of San Diego is participating in QPI to strengthen resource families through better communication, partnership, information sharing, transitions, and support from community partners. The core premise of QPI is that children in foster care deserve loving, committed, and skilled parenting from their caregivers. Thus, caregivers must feel valued, respected, and like they are members of a professional team that works collaboratively to meet the needs of the child.

KIDSline is a toll-free telephone number used by prospective and approved caregivers to obtain information and referrals to resources. CWS staff answer the KIDSline and provide assistance with the following:

- Information about the RFA process
- Questions and referrals regarding services for resource parents
- Process referrals to Resource Parent Ombudsman

Any time a RFA worker cannot approve a request, the RFA Manager reviews the request to verify that the denial was made due to safety concerns of the children.

In addition, the County of San Diego also administers through the YMCA Kinship Care contract support groups, respite services, emergency fund, and concrete services such as cribs or beds to remove barriers & support youth being placed with a relative.

Self-Evaluation

FARFS maintains monthly statistics that are reviewed to assess the recruitment efforts, retention efforts, and the effectiveness of orientation. There is ongoing dialogue between the FARFS and Recruitment/Retention staff on how to improve techniques and methods.

8d. Staff, Caregiver and Service Provider Training

Social Worker Training

CWS contracts with San Diego State University Research Foundation, Child Welfare Services Development (CWDS) for initial training and ongoing training that supports best practice, and new state and federal mandates. CWDS provides Common CORE initial training to CWS social workers.

All new social workers attend a ten-week Social Worker Initial Training (SWIT). CWDS provides twenty days of mandated Common CORE trainings, Child and Adolescent Needs and Strengths (CANS) training (2 days) and Becoming a Culturally Responsive Social Worker. The county provides an additional twenty-three days of county-specific training. New social workers receive seven to nine days of job-shadowing. In addition, new social workers go through a simulation exercise where they have an opportunity to conduct a mock investigation, incorporating the use of the SDM tools. After completion of initial training newly hired staff are assigned to a Workforce Training and Development (WTD) Unit. The units are designed to provide consistency and support to newly hired staff. The WTD units provide an opportunity for new social workers to enhance skills and apply transfer of learning. Once assigned to WTD social workers begin to work with families and are assigned a graduated caseload, and under close supervision, they are assessed on a variety of competencies.

In addition to initial training for new social workers, CWDS also provides ongoing development opportunities for all CWS staff, including supervisors and managers. Ongoing development opportunities include coaching, advanced trainings and simulations. CWS Policy and Program Support also provide training to staff at all levels regarding new state and federal mandates, required services and the CWS/CMS database. In addition, CWS has implemented coaching that is available to all workers to support their practice.

Training needs for staff are identified by obtaining information directly from CWS staff, case reviews and observations of trends/problems/issues. Once feedback is obtained trainings are coordinated accordingly.

CWS in partnership with CWDS provide the Cultural Responsiveness Academy (CRA) as a way to have our workforce actively participate in creating solutions to reduce disproportionality.

In FY 20-21, CWS began training staff on Components for Effective Clinician Experience and Reducing Trauma (CE-CERT), which is designed to increase employee awareness and understanding of the effects of Secondary Traumatic Stress in the workforce. The CE-CERT training was delivered in two cohorts for line staff and their supervisors. All supervisors are required to complete the training and are expected to utilize CE-CERT as part of quality supervision.

Probation Officer Training

The Probation Department has a comprehensive training program for all sworn officers. All officers must meet statutory and departmental training requirements. Newly hired officers must participate in and complete a six-week CORE training academy within the first year of assignment. Training topics include but are not limited to, case law, Juvenile and Adult casework, legal requirements, probation policies and procedures, report writing, ethics, Motivational Interviewing, and defensive tactics. Officers assigned to Youth Development and Community Support Services must participate in and complete an additional 80 hours of training, which covers specific aspects of juvenile casework and Title IV-E. Additionally, officers assigned to the Placement Division must participate in and complete a 51-hour training course through the Chief Probation Officers of California (CPOC). In this course, officers get in depth training about specific state and federal mandates related to foster youth, liabilities for non-compliance with mandates and the overall role and responsibilities of Probation Placement Officers with respect to contacts, report timelines, case plans, etc. Placement Officers also complete training on the CWS/CMS system, Commercially Sexually Exploited Children (CSEC), and other trainings as outlined periodically by the California Department of Social Services (CDSS).

Training needs are identified by individual supervisors as they monitor their officers' caseload activity to include required monthly face to face contacts with the youth and parent/guardian, case plan content, report writing, etc. Newly assigned Placement Officers are given a period to "shadow" other, more experienced officers to learn general casework duties and responsibilities. Supervisors monitor Placement Officers' performance through periodic caseload audits and monthly one on one sessions. In the event Supervisors note training needs, officers are assigned training to address the specific need. Placement supervisors enroll staff in the classes, as necessary. In the event there are new state or federal mandates with respect to specific procedures, the Probation Department reviews the mandate(s) and develops a training curriculum for staff.

The Probation Department and Child Welfare Services also collaborate and provide cross training on several topics to include CWS/CMS, CCFSR, audits, and information related to specific department initiatives with respect to youth in foster care.

To address the skill development of new and experienced staff, supervisors, and the Placement Division Chief, conduct face-to-face meetings with staff and supervisors to review progress, expectations and to discuss any work deficiencies and barriers to achieving requirements. Newly assigned placement officers meet with the supervisor monthly. Supervisors also complete six-month Performance Appraisals for newly hired officers and Annual Performance Appraisals for experienced officers.

Caregiver Training

CWS contracts with Foster, Adoptive, and Kinship Care Education Program (FAKCE), a program through Grossmont Community College, to provide training for all caregivers. Training is designed to support and strengthen foster and adoptive parents through information, practical parenting solutions, and resources.

Trainings are continuously evolving to address the needs of youth in foster care include topics on early child development, the importance of permanency, supporting lifelong connections of siblings, addressing the needs of the child inside and out, cultural considerations, and commercial sexual exploitation of children. To support and reinforce what is learned in the classroom, FAKCE also developed a Foster Parent Handbook, coordinate a Foster Parent Mentor Program, and offer resource parent support groups. FAKCE and CWS staff attend a bi-monthly Training Coordination Meeting to discuss training issues, proposals, and to review training curriculum. CWS administration also hosts a monthly resource parent advisory meeting with resource parent mentors to discuss specific case concerns.

Provider Training

All of the County's contracted service providers, including CAPIT/CBCAP/PSSF funded CSF are required to provide annual training to all countywide staff. Training topics include child abuse prevention and intervention, substance abuse, mental health issues, parenting, child development and mandated child abuse reporting. Contractors collaborate with one another to identify the most timely and beneficial training topics for staff, and with Contract Administrator approval, arrange for the trainings to take place. The Contract Administrator provides technical assistance, as needed, and can approve alternate community-based training to satisfy annual training requirements. Contractors also ensure that Management Information System (MIS) training is also offered for all newly hired staff that utilize the system

8e. Agency Collaboration

The County has a long history of community-based prevention partners who share knowledge, resources and responsibility to protect the safety of children and preserve the viability of individual families. These include a broad range of traditional and non-traditional partners that span across multiple public and private agencies and disciplines (e.g., grass root organizations, parents, faith-based organizations, civic leaders and business) but share a common vision for the protection and well-being of children and are willing to work in a collaborative manner. These partnerships include broad community input and participation in decision-making. CWS and Juvenile Probation have many agreements with child welfare, education, domestic violence, law enforcement, faith-based, military, mental and physical health entities. One such partnership is the Interagency Educational Agreement between CWS, Juvenile Probation, Juvenile Court, County Office of Education, and all school districts in the county, to ensure the protection of the educational rights of foster children and youth. These partnerships can be viewed on two distinct levels: Countywide and Neighborhood. The Countywide Partnership is broader and inclusive of multiple neighborhood perspectives, while the community partnership is reflective of a specific locale perspective. Agency collaborations span all HHS regions.

Collaboration with Tribal Partners

Collaboration with Tribal partners is a key component to ensure Native American children and their families achieve positive outcomes. San Diego has a protocol for working with Indian families, children and Tribes that was created with input from the 7th Generation Workgroup to promote collaborative efforts between CWS and tribal entities. The purpose of the protocol is to support CWS in decision-making that achieves compliance with the Indian Child Welfare Act (ICWA), and promote positive outcomes through the use of best practices described in the protocol. In addition to this protocol, San Diego continues to collaborate with Tribal Partners through participating in the following:

- *Tribal STAR*: Tribal STAR is a training and technical assistance program that focuses on building collaborations that improve outcomes for Native American children in the juvenile dependency system. "STAR" is an acronym for Successful Transitions for Adult Readiness, honoring the original

program from which Tribal STAR evolved in 2003. The Tribal STAR team provides training to child welfare social workers, legal advocates, Tribal Nations and Tribal Social Service agencies, and other ICWA advocates. They work with child welfare leadership and the tribal community to identify training priorities in San Diego, Imperial, Orange, San Bernardino, and Riverside Counties. Additionally, they host educational Forums to elevate social work practice and an annual Celebration to honor ICWA Champions and improvements in child welfare and ICWA compliance.

- 7th Generation Workgroup: CWS is an active participant in the 7th Generation Workgroup coordinated by Tribal STAR, a community advisory workgroup, that meets quarterly and guides local, state and national efforts at addressing best practice and reducing disproportionality of Native American families involved in the child welfare system. CWS continuously works with local tribal partners and other county participants to identify measures and create consistency with data reporting for the workgroup to improve outcomes for Native youth.
- Child Protection Team meeting: Across San Diego County, various professionals, including staff from CWS, law enforcement, medicine, prosecution, mental health, County Counsel and victim advocacy are collectively charged with protecting San Diego's children from abuse, violence and serious child neglect. The member agencies convene to create the Child Protection Team (CPT), ensuring that each case that rises to the level of review by the team is heard, with a goal to reduce any further trauma to children. The ISU participates in monthly CPT meetings with Indian Health Council (IHC) and Southern Indian Health Council (SIHC) to discuss child abuse referrals from their respective consortium of tribes. The ISU met with IHC for 10 CPTs and 12 with SIHC.
- Monthly case consultations are also held by SIHC and IHC and the ISU to review dependency cases and provide active efforts that are culturally responsive and in collaboration with the tribes. The ISU met with IHC for 10 case consultations and 12 with SIHC.
- Tribal Justice Collaborative: The San Diego Juvenile Court Presiding Court Judge and the Intertribal Court of Southern California Judge established the Tribal Justice Collaborative workgroup to address Juvenile Dependency and Juvenile Justice system issues impacting Native children, families and Tribes. CWS has participated since the inception of the Tribal Justice Collaborative in January 2021. Partners include Juvenile Probation, Tribal representatives, CWS, and liaison from the California Department of Social Services, Office of Tribal Affairs. Data, policies, system barriers and best practices are shared in order to build trust, collaboration and support for a culturally responsive child serving legal system in San Diego County.
- Participation in the Southern Counties Point of Contact (POC) Meeting through the office of Tribal affairs Southern Counties.

CalWORKS

As stated above, in section 5e, CWS and CalWORKS often serve the same families. In order to ensure that there are no barriers or issues regarding receiving these services, the foster care eligibility workers have a manager and program specialist who routinely meet with CWS staff to facilitate problem solving. Once a child returns home, caseworkers meet with parents to discuss applying for CalWORKS, if eligible to ensure the family's basic needs are met.

Fostering Academic Success in Education (FASE)

FASE is a new three-year collaborative pilot in South County, consisting of partners from the County of San Diego Health & Human Services Agency, Child Welfare Services (CWS), San Diego County Office of Education (SDCOE), and Sweetwater Union High School District (SUHSD).

FASE builds an infrastructure that supports collaborative, coordinated wraparound supports for youth in CWS with partnering agencies, enabling the youth to achieve educational success in high school, post-secondary education and beyond. At the launch of the program in August of 2020, 11 eligible foster youth began to participate in FASE. During the Service Year 2020-2021, 15 eligible foster youth were provided support. The outcomes were measured and are as follows:

- 85% of the students improved their Grade Point Average (GPA) from the first quarter to the end of the year
- 35% of the students increased their BPA to 4.00
- All of the Seniors graduated
- 95% of the Seniors graduated with a 4.0 GPA
- No placement changes occurred

This program will be expanding to provide services to children involved with CWS in North County due to its success.

A Memorandum of Agreement (MOA) was made between San Diego and the San Diego County Office of Education and Escondido Union High School District that outlines responsibilities. Monthly Core Team meetings are scheduled to discuss youth progress, barriers and challenges. CWS tracks and monitors the educational progress of each youth. CWS collaborates with school personnel to promote positive relationships among school district, CWS staff, caregivers and informs on the needs of the youth. There is no shared funding between the County and school districts.

Housing

CWS partners with three of the five Public Housing Authorities (PHA)s in San Diego for CWS housing programs.

The three PHAs are:

- San Diego Housing Commission (SDHC)
- City of Oceanside Housing Authority (OHA)
- Housing Authority of the County of San Diego (HACSD)

CWS supports families with housing assistance through a variety of programs.

- Bringing Families Home (BFH)—a short-term, nine-month Rapid Rehousing program for families experiencing homelessness or at risk of homelessness with an open Family Reunification or Family Maintenance case.
- Sober and Friendly Environment (SAFE) Housing—SAFE Housing is a shared arrangement for sober mothers active to substance treatment located in El Cajon that provides a “safe” environment for the mothers and children as the family progresses through the rehabilitation process.
- Substance Abuse Treatment (SAT) Housing Vouchers—SAT vouchers are for parents experiencing or at risk of homelessness who are actively participating or have recently successfully completed substance abuse treatment. Families who are accepted into this program receive a housing voucher to pay a portion of their rent, based on their income, for up to 18 months. SAT vouchers serve clients with an open CWS Family Reunification or Family Maintenance case.
- Family Unification Program (FUP) Housing Vouchers—FUP vouchers are specifically for families where lack of adequate housing is the primary factor in the imminent placement of the child in out-of-home care or in the delay of a child in out-of-home care returning to live with the family. Families approved for a FUP voucher receive long term rental subsidy assistance.

There is a Memorandum of Understanding (MOU) between CWS and the PHAs, which specify responsibilities of each party to ensure service delivery which includes definition of populations served, housing search assistance, participation in regular meetings, and case management services.

These agreements include the local Continuum of Care (CoC) Regional Task Force on Homelessness

(RTFH) which administers the Coordinated Entry System (CES). In addition, quarterly meetings are held between the PHA and CWS to discuss successes, barriers, status updates as well as provide data of voucher use and availability. CWS has a liaison and coordinator over family housing. The housing coordinator uses a screening tool to comprehensively assess the client for program eligibility as well as availability before they are referred to the corresponding program and PHA. Most of the housing programs are federally funded, however BFH is a State funded program where CWS receives specific allocations from the State to administer the program through listed fiscal years.

Children's Advocacy Centers

San Diego has two Children's Advocacy Centers (CACs), The Chadwick Center for Children and Families at Rady Children's Hospital and the Child Abuse Program at Palomar Health. They are two of 54 such programs in the state of California. The CACs provide family-focused and trauma-informed services to children and adolescents who may have experienced or witnessed maltreatment, abuse or violence.

The Chadwick Center for Children and Families at Rady Children's Hospital facilitates a multidisciplinary team (MDT), also known as the Child Protection Team (CPT), which includes caring and trained professionals from law enforcement, child protection, prosecution, mental health, medical, family advocacy and other CAC staff and community partners. The purpose of the CPT case review at Chadwick is to discuss and share information regarding the active investigation, case status and services needed by the child and family. These meetings occur weekly on Wednesdays. The Child Abuse Program at Palomar Health conducts monthly case review on the fourth Tuesday of every month. The purpose of the review is to review all cases that have been presented to the Child Abuse Program the previous month. The meeting also serves to provide a forum for inter-team communication regarding best practice.

CAC and CWS have a shared set of expectations to assist and protect all children, both victims and witness, who are exposed to any kind of abuse through a collaborative MDT approach. CACs provide a centralized, coordinated, comprehensive and compassionate trauma informed and victim-centered response to better support families through the child maltreatment investigation and facilitate MDT meetings. The CACs facilitate interagency communication and information sharing to reduce duplication of efforts or gaps in service delivery. CACs are contracted to provide Forensic Interviews and Forensic Medical Exams for children alleged to be a victim/witness of child abuse/neglect. Partnering with CACs helps reduce the number of interviews for a child when multiple agencies such as Child Welfare Services and Law Enforcement are involved. Reducing the number of times, a child has to be interviewed helps reduce systemic trauma and the trauma associated with disclosing abuse/neglect. CACs receive funding through federal, state, county, and grant funds. A child who receives a forensic interview and/or medical exam has access to resources such crisis intervention, short-term therapeutic intervention, long-term therapeutic intervention, caregiver therapeutic services, and advocacy services.

CWS Family Strengthening and Prevention Initiative (FSPI)-Review, Assess, Direct (RAD) Team

The FSPI is a partnership between CWS and 2-1-1 San Diego that enhances the CWS decision-making processes at the Child Abuse Hotline and provides families with opportunities to receive services to prevent child maltreatment. The FSPI combines the use of a hotline multidisciplinary team process called Review, Assess, and Direct (RAD) teams to improve screening decision-making and a referral process to the 2-1-1 San Diego Connect program to connect families to prevention services available to them in the community. A RAD team reviews child maltreatment referrals designated by the Child Abuse Hotline to meet assignment criteria for 10-day in-person response. The RAD team sorts the referral information into a consultation framework and determines to maintain the assignment designation, increase the response time or evaluate out the referral.

FSPI/RAD allows a differential response with a community response approach. When a family is experiencing a problem that does not meet the statutory criteria of abuse or neglect the family may

receive the necessary resources and services through 2-1-1 CONNECT. After the RAD Team determines the assignment designation the family can be linked to the appropriate supportive services to address the identified problems the family is experiencing.

Families referred to the 2-1-1 San Diego CONNECT program are able to receive support with connecting to community-based services that can assist with prevention of abuse and/or neglect. A 2-1-1 Client Care Specialist in the 2-1-1 San Diego CONNECT program will complete a 14 domain Social Determinants of Health Screening with the family and will work with the family to connect them to community-based organizations that can address their family's specific needs, such as:

- Housing and household goods
- Nutrition and health care
- Social and community connection
- Legal assistance
- Financial wellness and employee development
- Utility and technology assistance
- Safety and disaster assistance
- Education and human development

The International Liaison Office (ILO)

The ILO is a unit of caseworkers within CWS who serve as the point of contact with agencies abroad to ensure agreement and compliance with international treaties, policies and law. These caseworkers consult and communicate with the primary assigned caseworker information and updates from agencies abroad.

Services provided include:

- Child abuse cross reporting to other countries
- Home evaluations
- Notices to Foreign Consulate
- Parent Searches
- Home visits

There is a Memorandum of Understanding, (MOU) between the Mexican Consulate and San Diego County as it pertains to minors who are involved with CWS. The Mexican consulate provides comprehensive services to Mexican Nationals residing in the U.S. The Mexican consulate and CWS work collaboratively to prevent the neglect, abuse and exploitation of Mexican Minors who are currently residing in the U.S. The outcome goal is to provide the minors with a safe, stable and permanent home in a timely manner as well as the desired outcome of enhancing services provided to Mexican minors and their families. This MOU has the objective of a collaborative framework between the Parties to increase the protection and promotion of the rights of Mexican minors who are in the custody of CWS and who reside in the county of San Diego. The scope of cooperation is to organize and coordinate workshops, course, and seminars for the Mexican National Community to provide information about the diverse legal and social resources available to assist the families. All three parties, the Mexican Consulate, ILO and DIF will work collaboratively to implement the collaborative framework between the Parties in order to increase the protection and promotion of the rights of Mexican minors who are in the custody of CWS and who reside in the county of San Diego.

There are also meeting throughout the year with other counties to be up to date with legislation, policy and learn how other entities implement practice in an effort to support Mexican Nationals, that come to the attention of CWS. The meetings are:

- Every three months-ILO, Policy Analyst team, County Counsel CWS internal meeting, this meeting is to review practice and current trends as well as education on new policies and procedures that are developed due to new legislation.
- Every three months-Immigration and Child Welfare Practice Network Quarterly call (zoom

meeting) - our contact person is the program manager of Center on Immigration and Child Welfare. The common purpose of this meeting is to hear how other counties are doing and sharing best practice implementation of policies while working with Mexican National families.

- Every three months-Southern and Central California Counties International Services Committee- our contact person is in LA County.

Commercial Sexual Exploitation of Children (CSEC) and Human Trafficking Task Force

The CSEC program serves all youth who are at risk of or confirmed to be victims of commercial sexual exploitation. The guiding principles for serving the CSEC population include safety planning, collaboration across agencies, and victim-centered response. The goal is to build trust and relationships to foster consistent, culturally responsive, individualized and trauma-informed service provisions and interventions. CWS began screening all children 12 years and older for involvement with CSEC in 2014 using the CSE-IT tool.

The CSEC Response Protocol (CRP) program, a joint response with law enforcement, was implemented in 2016 to immediately respond to suspected or confirmed CSEC youth who were recovered in the field and connect youth with a CSEC Advocate.

CWS collaborated with Behavioral Health Services (BHS) to launch the I CARE Program that offers a drop-in center, outpatient mental health services, and other vital resources to youth 12 to 21 years old who are at risk of or have experienced sex trafficking or other sexual exploitation.

The CSEC Program includes several community partnerships to provide primary and secondary response programs to youth experiencing, or are at risk of, CSE and Human Trafficking (HT). The guiding principles for serving CSEC and HT survivors include incorporating the voices of individuals with lived experience, utilizing harm reduction strategies in safety planning, and collaboration across multiple agencies. Alongside our partners, we provide culturally responsive, individualized, and trauma-informed services. We share the goal of building trusting and consistent relationships with survivors to help meet their needs, regain their authority, and continue their healing journey.

In FY 21-22, CWS investigated 132 referrals where there was suspicion or confirmation of CSE. CWS served 98 youth in foster care who were experiencing or at high risk of experiencing CSE. To best serve youth and families impacted by CSE, we relied on our relationships with our community partners. Examples of our community partnerships are listed below:

- The CSEC Steering Committee is a collaborative team of staff representing all CWS regions and programs as well as ten community partners consisting of several social service agencies, legal partners, law enforcement partners, victim advocates, and direct service providers. The committee has a shared responsibility to develop and oversee the CSEC Interagency Protocol. The protocol ensures agency coordination to improve early identification of CSE and provide multi-disciplinary and individualized resources to youth and families to prevent or disrupt CSE and hold exploiters accountable.
- In partnership with the District Attorney's office, CWS increases awareness that HT and CSE are forms of child abuse through campaign ads and public service announcements. In FY 21-22, the campaign focused on the exploitation and trafficking of boys and LGBTQ+ youth. The reach of the campaign was 613,213 individuals with 985,600 impressions.
- Through an MOA signed in 2020, CWS staff are co-located with the San Diego Human Trafficking Task Force (HTTF), a cooperative of local, state, and federal law enforcement agencies. The co-located staff act as liaisons between CWS and HTTF to streamline and coordinate services for survivors that are identified during recovery operations.
- CWS oversees the CSEC Response Team (CRT) contract, which is a program that provides CRT

advocates who are available 24 hours per day to immediately respond to suspected or confirmed CSE victims with law enforcement and CWS. CRT Advocates have lived experience and help stabilize and address the victim's immediate needs. Advocates continue to provide intensive case management with frequent visits to triage youth to specialized services. In FY 21-22, CRT Advocates responded to 70 youth.

- CWS also collaborates with Behavioral Health Services (BHS) to connect families to the I CARE Program, a drop-in center and outpatient mental health clinic that offers vital resources to youth 12 to 21 years old who are at risk of or have experienced sex trafficking or other forms of sexual exploitation. The drop-in center served 110 unduplicated youth, while the mental health clinic served 47 youth this year.

Military Liaisons

CWS offices have designated military liaisons available for resources and information specific to military families. Each military liaison is a resource for social workers who have questions about military life, how the Family Advocacy Program (FAP) conducts their meetings and how it might affect services. Military liaisons work with FAP and other service providers on base to ensure coordinated services for families involved with CWS. Military liaisons participate in quarterly meetings with Marine Corps Air Station for their Family Advocacy Committee Meetings to obtain updates to programs for service members. Quarterly trainings are also provided to families active to the Navy or Marines.

CWS has a Memorandum of Understanding with military bases in San Diego to ensure that any investigations received on military families receive a timely, appropriate, and coordinated response. Military liaisons are expected to provide mandated reporter training, investigations training to FAP and other military personnel. Military liaisons also provide support in meetings facilitated by FAP for any families involved in open child abuse investigations and military personnel provide access to military bases and assist with contacting families living in military housing. There is no shared funding.

8e2. County of San Diego Probation Agency Collaboration

County of San Diego Probation collaborates with several community-based agencies to provide resources for at risk youth and their families in the community. Our agency holds contracts and has established a Memorandum of Agreement (MOU) with several agencies, which outline expectations and responsibilities. We collaborate through meetings with Child Welfare Services, Behavioral Health Services (BHS), the Juvenile Court, San Diego County office of Education and Community Based Organizations service providers, to name a few. Discussions center around successes and areas for growth and efforts at continued collaboration.

Collaboration includes attendance at recurring meetings, discussions, email correspondence, and communication through the Interagency Leadership Team. Information exchange occurs through various forms and includes but is not limited to Executive Leadership communication to other agencies, Court dissemination of information to probation and vice versa.

The Probation Department is increasingly incorporating the "lived experience" voice as collaborators. Additionally, as an agency, when developing service provision, oftentimes we partner with BHS, Child Welfare Services and any other agency directly impacted.

Wraparound Services

Behavioral Health Services (BHS) currently contracts with San Diego Center for Children for delivery of Wraparound services for Probation youth. The provider offers team based, family driven care that works on increasing natural supports and strengthening interpersonal relationships in support of youth and their families.

STAR/PAL

The San Diego Police Department's Sports Training Academic and Recreation (STAR) program and the county's Police Athletic League (PAL) merged into major activities-oriented program to benefit the community. STAR/PAL's focus is on providing recreational and literacy services and opportunities to youth and their families throughout the County of San Diego. In addition, STAR/PAL provide monthly food care packages to families who have been identified by Probation personnel.

Juvenile Forensic Assistance for Stabilization and Treatment (JFAST)

JFAST Court is a collaborative court that serves youth with mental health needs. Youth who are accepted into the program after a screening hearing will attend monthly hearings where their progress towards addressing their mental health needs and general compliance with court ordered conditions will be reviewed. Each collaborative partner, including the Juvenile Court, Public Defender, District Attorney, Juvenile Forensic Services and the Probation Department play a role in this rehabilitative program. Additionally, the Juvenile Court Clinic operated by the Vista Hill Foundation, Wraparound services, therapists through North County Lifeline and Juvenile Recovery Specialists, provide services to the youth and family. The program includes random drug testing, judicial supervision, drug treatment counseling, therapy, wraparound services, as well as the use of Court-imposed interventions and incentives.

Resiliency Is Strength and Empowerment (RISE)

RISE is a collaborative and trauma-informed court that uses a multidisciplinary approach to address the needs of youth who may have a history of, or may be at risk for, commercial sexual exploitation. Supportive collaborations with community programs to provide direct service treatment and programming include San Diego Youth Services, North County Lifeline, Voices for Children (CASA), Paws'itive Teams therapy dog, and wraparound services. RISE aims to engage and support youth and their families to achieve their full potential by using the "Five Cs" model of positive youth development: competence, confidence, character, connection, and contribution.

Achievement Centers

The Achievement Center model was launched in 2019 and is based upon a nationally recognized model. San Diego County's programs were started in the North Inland and Central Regions. In 2021, a program in the East Region was added. In San Diego, the Achievement Centers were designed to serve youth at-risk of detention for non-compliance with their probation terms. Instead of relying upon short-term detention to address non-criminal behaviors, the Achievement Centers serve as a pro-social alternative operated by community-based organizations. While active in programming, youth receive transportation to and from the site, academic assistance, meals, recreation, and other pro-social, positive youth development programming.

Resilience Community Mentoring Program

Resilience serves justice involved youth and young adults with mentoring by adults who have lived-experience in the justice system, along with a series of skill-building workshops and enrichment activities that will lead to reduced recidivism. This powerful model fosters rehabilitation and resilience among youth

and young adults on probation by using an evidence-based practice model that will reduce the likelihood of re-offending, and most importantly, inspire and build the positive potential of young people.

The first Resilience program began in Oceanside in 2018. The program expanded in 2020 to include the Central San Diego region.

CHOICE

The CHOICE program was launched in 2019. It is a nationally recognized model that is based on best practices and evidence-based principles. It provides intensive supervision through multiple daily contacts to support youth and guide them to make positive choices while working with them to complete court order mandates and reach case plan goals along with the assigned Probation Officer, Regional Clinician, and other community providers as part of a multi-disciplinary team.

CHOICE staff are trained in positive youth development strategies, trauma informed care, adolescent brain development, educational support, family interventions, juvenile justice systems and community safety strategies.

Alternatives to Detention (ATD)

ATD program design is based on the evidence-based Juvenile Detention Alternatives Initiative (JDAI) and provides a continuum of community-based and family-supported detention alternatives for youth who do not require secure detention and who would benefit from community-based options. By addressing a youth's underlying needs, ATD intends to reduce days detained and the likelihood of future contact with the justice system.

The program provides crisis intervention, case management, mentoring, mental health therapy and temporary placement in short-term foster care (Cool Beds).

The above-mentioned programs, except for Wrap-Around, STAR/PAL and Resilience Community Mentoring Program, come under the oversight of the Juvenile Justice Commission (JJC), which allows for continued stakeholder involvement, oversight, and voice in various juvenile justice collaborative programs. Through a partnership between the County of San Diego Board of Supervisors and The Children's Initiative, San Diego County became one of the first national sites to plan, develop and implement the United States Justice Department's Office of Juvenile Justice and Delinquency Prevention "Comprehensive Strategy." This model, bringing together diverse disciplines, is used to coordinate and enhance efforts that address juvenile delinquency and promote positive development of youth. Both the process and the product represent one of the first times a collaboration of this scale and diversity has occurred in San Diego County, or in the nation, on behalf of Juvenile Justice. The Children's Initiative continues to serve as principal coordinator for sustaining the Comprehensive Strategy partnerships and its implementation.

The "Comprehensive Multi-Agency Juvenile Justice Plan," developed in conjunction with the Juvenile Justice Coordinating Council, was approved by the San Diego County Board of Supervisors. It has resulted in an award from the State Board of Corrections of more than \$10 million to sustain programs, identify gaps in services, and create services for at-risk youth. These services address a variety of issues, including drug and alcohol abuse, gang involvement and truancy.

This model is based on an understanding that Community Based Organizations (CBO's) provide a critical link between the County's Probation Department and justice involved youth and their families. With a focus on prevention and education, CBO partners have helped to ensure that youth and their families exit the system with the tools they need to continue to lead productive lives free of crime, drugs, and gangs. It

is essential that CBOs are provided an independent forum where they can convey their thoughts and ideas to not only their partners in the juvenile justice community, but also to probation staff. Therefore in 1996 The Children's Initiative created the Juvenile Justice Comprehensive Strategy Task Force (JJCSTF) as a forum for communication between all juvenile justice stakeholders. The JJCSTF provides feedback to the County and the Board of Supervisors to ensure that the core principles and values of the Comprehensive Strategy remain embedded in services that San Diego County provides for at-risk youth and that the County continues to make progress in steering at-risk youth away from a life of crime.

The JJC and the JJCSTF convene on a quarterly basis, providing a community-wide venue for the review and discussion of San Diego County juvenile justice programming, to include, successes, needs, barriers, and solutions. This model has proven to be successful in allowing for continued and on-going stakeholder, system, and community input and voice.

8f. Service Array

Services listed in this section promote prevention, community-based family support, family reunification, adoption support, caregiver/kinship care needs, after care and/or targeted for underserved population needs. As a large county, gaps in services are present and/or are insufficient to meet the needs of all underserved populations, mostly in rural areas of the county or for families with specific language needs.

The County of San Diego is committed to implementing evidence-based and evidence-informed practices. These programs are funded through a variety of mechanisms including CBCAP, Children's Trust Fund, Mental Health Services Act funds, Realignment and grant funds. San Diego has a close relationship with local universities and participate in a number of research projects. Programs that are evidence-based practices include SafeCare and Systematic Training for Effective Parenting (STEP) and are described further in sections below. Under a contract with Evident Change an initial evaluation of the Family Visit Coaching service was completed, and the program is described further in this section.

CWS has multiple contracts with community-based organizations to provide direct services to families. The largest countywide prevention and intervention efforts funded by the County's CAPIT/CBCAP/PSSF funds are included in the variety of services provided through the Community Services for families (CSF) program. CSF provides a continuum of family support services that includes services for families that will prevent their entry into the child welfare system or ensure that children receiving child welfare services are able to live in safe, permanent families and maintain their connections to their school and community.

The following four Community Services for Families contractors provide services across the six HHS service regions:

- South Bay Community Services – South Region
- North County Lifeline – North Coastal and North Inland Regions
- Social Advocates for Youth – North Central and Central Regions
- Home Start – East Region

The key service components of CSF include:

- Case management services utilizing a family strengths participation approach
- In-home individualized parenting training
- Parenting education in a classroom setting
- Parent Partners, former CWS clients, who support and guide current CWS parents through the child welfare process
- Family Visit Coaching that support parents during visits by building on the parents existing strengths

Other supportive services, including referrals to community resources, support groups, individual therapy, emergency funds, and specialized services for foster and kinship families

In FY 20/21 approximately 1,138 families received case management, 832 parents participated in education services and, 237 parents worked with a Parent Partner with many more families referred to other services. CSF services are offered countywide through a combination of CWS, community and self-referrals. Families either receive services directly from the contracted agencies or they are referred to more appropriate services that are funded through a collaborative network of community-based service providers. Referrals made by CWS social workers are based on the Child and adolescent Needs and Strengths (CANS) assessment.

SafeCare

SafeCare is an evidence-based home-visiting program that offers services in the three key areas: bonding-skill training; home safety and cleanliness training and health care skill training. These were found to be effective in reducing child maltreatment. Outcomes for this service are measured using the Protective Factors Survey. All SafeCare services are provided in the home. Families might experience wait times due to provider staffing issues and/or referral timeliness.

Core Components for SafeCare are:

- Communication
- Problem Solving
- Case Management

Systematic Training for Effective Parenting (STEP) Group

STEP Group is an evidence-based program that is offered to families with a child welfare services case plan, voluntary and prevention clients and utilizes specialized curriculums and training for families with special needs children, adolescents, and other issues defined by the families receiving services. Classes are provided for three separate age groups (parents of children 0-5, parents of school-aged children (6-12), parents of teens (13-17). Outcomes for this service are measured using the Protective Factors Survey.

Systematic Training for Effective Parenting (STEP) In-home

STEP In-Home provides services to clients that do not fit the SafeCare model, such as children over the age of 12, families that declined SafeCare services, parents that do not have access to their children and children with untreated sexual abuse. Outcomes for this service are measured using the Protective Factors Survey. Families might experience wait times due to provider staffing issues and/or referral timeliness.

Parent Partners

Parent Partners are birth parents who have been involved with CWS and were successfully reunified with their children. As a result of their journey through the child welfare and Dependency Court systems, they possess a unique perspective and can provide guidance by sharing their experiences and lessons learned. The Parent Partners provide educational and supportive services to parents with a CWS case plan which include the following activities:

- meet with dependency and voluntary parents to encourage early engagement in services needed to meet their CWS Case Plan objectives (refer at case opening);
- provide parents with a face-to-face review of A Parent's Guide to the Child Welfare System booklet and video to supplement information provided by the CWS Social Worker; and
- attend family centered meetings.

Parents have indicated that they are very grateful for the parent partner program because they feel understood by the parent partner and that the service helps them lower their defenses and better understand and cooperate with the process. The Parent Partner program does have a waitlist and current Parent Partners are at caseload capacity. Providers have been actively looking to increase staffing to reduce the wait time for service.

Family Visit Coaching

Family Visit Coaching (FVC) is an innovative program for family visitation designed to accelerate the reunification process for families whose child(ren) have been placed in out of home care by child welfare services. It is a service designed to help parents understand the unmet safety needs that brought their child(ren) into custody and help them learn how to address those needs during family visitation so that they may reunify as quickly as possible. Visit coaching improves parenting by meeting with the parent before the visit, actively coaching during the visit, and debriefing with the parent after the visit. It is a supportive, collaborative process. FVC builds on parents existing strengths to empower them to take charge of their visits.

The outcomes for this service are measured by using the Protective Factors Survey. Evident Change completed an initial evaluation in January 2020. A quantitative and qualitative analysis was completed of the relationship between FVC participation and family reunification. Based on the analysis completed, Evident Change concluded "Overall, the evaluation found FVC to be a parenting program with promise." As stated above, the evaluation of this program found in pre- and post-tests of parenting skills, using a shortened version of the independently validated Parenting Skills Assessment, 10th version, there were statistically significant improvements in 14 out of the 15 parenting domains. Furthermore, interviews with program participants showed that parents who participated in the program, versus parents in the general child welfare population, had improved relationships with their children, better practical parenting skills, and a greater sense of self-efficacy (Mixed-Methods Evaluation of Family Visit Coaching, NCCD, January 2020). Families might experience wait times due to provider staffing issues and/or referral timeliness.

Adoption Support Services

PSSF funds are allocated for the Adoption Support Services program for families at all stages of the adoption process. Highly trained staff provide a range of services for all members of adoptive families, including support groups, training, referrals, mental health services, respite and recreational activities. The Adoption Support Services Contractor provides quality and efficient services to adoption families. Additional needs identified include respite care and clinical services to all regions of the county.

San Diego Youth Services

The San Diego Youth Services (SDYS) Adoption Support Services program is designed to meet the special needs of families in the process of adopting as well as those whose adoption have finalized. These services are available throughout San Diego County. For many children and teens early trauma layered with the specific issues of adoption creates a challenge that can impede the bonding and

attachment system within adoptive families. For this reason, SDYS provides services and support that focus on the whole child within the adoptive family constellation. Trauma can also negatively impact a child's capacity to learn and grow academically, socially, and emotionally. For this reason, this program addresses the child's needs in the context of the school and peer environment. The program is also aware of the tendency for families experiencing stress to isolate and feel separate from the larger community. All services aim to target the very specific needs of these families in order to ensure permanency and healthy family development. Families might experience a wait period for therapy services but are able to receive other support during the wait time.

Kinship Services

Quality Parenting Initiative (QPI)

Previously discussed, QPI provides support to resource families through monthly meetings in which resources and trainings of various topics are offered. These meetings support open communication between the resource family and the agency. There is no wait time for participants and this is a no cost service.

Kinship Support Program-YMCA

Provides support to kinship caregivers that have a child placed in their care.

Services Include: Kinship Navigation— Assistance navigating systems and accessing resources to support you in raising a relative's child.

Kinship Navigators can help access resources for needs such as:

- Guardianship & Adoption
- Public Benefits
- Childcare & Basic Needs Items
- Education & Mental Health Services
- Enrichment activities Support Groups—weekly groups providing peer support, training by Grossmont College, childcare, and a light meal Family Events—quarterly regional events for networking and fun Respite Care—a break or rest for caregivers age 55 and over.

Family Urgent Response System (FURS)

FURS also highlighted as an initiative in this report, includes a 24/7 Statewide Hotline and a 24/7 County-based Mobile Response and Stabilization Team. It provides current and former foster youth (up to age 21) and their caregivers with immediate, trauma-informed support by caring and trained professionals when they need it. FURS helps improve permanency outcomes by helping with placement stability. San Diego provides the 24/7 mobile response through a network of contracted providers who are able to respond immediately when resource families and/or foster youth need assistance.

CSEC Response Team (CRT)

CRT advocates are available 24 hours per day, 7 days per week to provide a coordinated response with Child Welfare Services and Law Enforcement to youth who are suspected to be experiencing sexual exploitation. Advocates provide a humanitarian bag upon meeting with youth in the field and follow up with intensive and frequent support to link the youth to long-term services. Their advocacy includes but is

not limited to providing practical supports (such as food, clothing and hygiene products) and case management support to link youth to safe shelter, medical and reproductive care, behavioral health care, legal services, transportation, and any additional services that promote the youth's safety. CRT provided services to 67 individuals in the 20-21 FY.

I CARE

I CARE supports youth, up to age 21, who are at risk for or have experienced sex trafficking or other commercial sexual exploitation. The program provides a drop-in center and a mental health clinic. The drop-in center provides immediate assistance such as food, emotional support, and assistance with resources. They also offer therapeutic and recreational groups, peer mentoring, leadership opportunities, and caregiver support. The mental health clinic offers individual, group, and family therapy; 24-hour support and crisis intervention counseling; and medication evaluation, treatment and management. I CARE provided services to 190 individuals in the 20-21 FY.

Family Support Liaison (FSL)

The FSL program also highlighted as an initiative, provides family-centered, culturally responsive services to African American families navigating the child welfare system. This program aims to reduce the disproportionate number of African American children in the child welfare system by strengthening the relationship between CWS and families to create better environments and outcomes for African American families. FSL provides education and support to families involved in the child welfare system on child welfare laws, system processes, communication, and early intervention strategies that enhance child safety and help families better understand and navigate the multiple processes involved in the Child Welfare System. The program has begun by working with African American families for the first year and expand to serve immigrant and refugee families countywide.

Services to Native American Children

The Indian Specialty Unit (ISU) was established in 1992 in efforts to promote the government-to-government relationship between the tribes and CWS; promoting the safety, permanency and wellbeing of children in Indian communities; and keep all Indian children connected to their family, tribe and culture. The ISU is a blended unit composed of SWs who provide culturally responsive case management services in conjunction with tribal social services to families that have been identified as Native American. The unit receives specialized and culturally responsive training to assist with having a better understanding of the Indian Child Welfare Act, tribal sovereignty and social and cultural customs. The ISU works closely with the tribal social workers assigned to each case. Families might experience wait times due to provider staffing issues and/or referral timeliness.

The strengths of the relationships between CWS and tribal communities including those with:

- Indian Health Council, Inc. (IHC) which serves a consortium of the following tribes:
 - San Pasqual Band of Mission Indians
 - La Jolla Band of Luiseno Indians
 - Rincon Band of Luiseno Indians
 - Pauma Band of Luiseno Indians
 - Mesa Grande Band of Mission Indians

- Los Coyotes Band of Cahuilla and Cupeno Indians
- Inaja-Cosmit Band of Indians
- Southern Indian Health Council, Inc. (SIHC) which serves a consortium of the following tribes:
 - Barona Band of Mission Indians
 - Campo Band of Mission Indians
 - Ewiiapaayp Band of Kumeyaay Indians
 - Jamul Indian Village
 - La Posta Band of Mission Indians
 - Viejas Band of Kumeyaay Indians
 - Manzanita Band of Mission Indians
- Lipay Nation of Santa Ysabel Social Services
- Pala Social Services
- Sycuan Social Services
- CWS policies that address ICWA and best practice
- Participation collaborative meetings to ensure access to culturally responsive services and tribal consultation such as Tribal Child Protection Team meetings, Tribal Case Consultation and Child and Family Team meetings
- Participation in collaborative meetings to address disparities among Native American children and families involved in the child welfare system
- CWS supports services to Native children and families by strengthening cultural practices and increasing child abuse prevention awareness through grants and contracts. Services provided by these programs reduce Native American disproportionality in child welfare services, provide equitable access to services that are culturally responsive, and leverage complimentary approaches to maximize community impact.
- Established an agreement and partnership with Indian Health Council to open a Child Assessment Center (2010) to provide medical assessments for new intakes and change of placement for tribal children in efforts be trauma informed by keeping children in their communities and familiar environment.

Permanency

Permanency has been a focus of the County of San Diego's System Improvement Plan for the past two cycles and the County has made significant progress in improving performance on the federal measure. The contracted family visitation services have contributed to this improvement by providing social workers with an additional resource they can use to support frequent family visitations while children are in out-of-home care. In addition to the family visitation services listed previously, families are also referred to Incredible Families.

Incredible Families

Incredible Families is a family focused approach that integrates the evidence-based Incredible Years model of parent education with a family meal and monitored visit. The visitation contractors provide

transportation and monitor the visits. Incredible Families is funded by Mental Health Services Act funding. Families have consistently provided positive ratings in customer satisfaction surveys of these services. Families might experience a wait time while they get assigned to a clinician. The wait time may vary based on staffing. Providers have struggled with staffing and this has an impact on the number of families served.

Permanency Roundtables

Permanency Roundtables are held for children who have not achieved permanency and are in the Residential and Adoptions programs of CWS. The primary goal of Permanency Roundtables is to expedite safe permanency for children. This is done through identifying and discussing ways to address barriers to achieving permanency through creative thinking and creating a plan for that child to achieve permanency.

San Diego Youth Services (SDYS)-Adoption Support Services

SDYS Adoption Support Services mentioned previously in this section, enhance, support and build a deep and lasting sense of attachment within the adoptive family in order to support permanency. This program services all families who are in the process of adopting or who have already adopted children. Their services include support groups, movie nights, attachment and adoption focused therapy, parent coaching, and family advocacy. The program is also aware of the tendency for families experiencing stress to isolate and feel separate from the larger community. All services aim to target the very specific needs of these families in order to ensure permanency and healthy family development. Families might experience a wait period for therapy services but are able to receive other support during the wait time.

Legal Advocacy Services for Children and Families

The County funds a Special Education Advocacy program through the San Diego Volunteer Lawyers Program (SDVLP) that provides legal assistance, advocacy and representation to dependency youth with special education or disciplinary needs. They provide consultation and information for CWS Social Workers, foster parents, relative/non-relative caretakers and parents of children who are dependents of the County of San Diego Juvenile Court. The County also funds a Guardianship Legal Advocacy program through the SDVLP that provides legal services to adults seeking to become legal guardians for relative or minor children who are not CWS dependents but are unable to live with a parent. These SDVLP programs leverage CWS funding and Children's Trust Fund. This allows the contractors to serve voluntary and dependency families. Referrals made to the programs are reviewed within one to two days. Application can take up to ten days depending on the completion and response from the client.

Discontinued Services

Cultural Brokers

The Cultural Broker Services program began offering services to families in the Central Region of San Diego and was funded by CWS. The program provided education to African American families involved in CWS on child abuse laws, life skills, effective communication skills, prevention and early intervention strategies that enhance child safety and provide linkages to supportive services. Services included public education, parenting classes, counseling, employment assistance, teen support, budgeting and other services related to improving the wellbeing of families. The program ended in December 2020 but a similar program, Family Support Liaison was procured in May 2021.

Child Abuse Prevention Strategies

CWS in partnership with iHeart provided a countywide child abuse prevention campaign. Primary goals include increasing awareness of child abuse prevention, safety and awareness. Multiple topics were covered during the campaign in FY 20-21, Shaken Baby, Pool Safety, Domestic Violence, Suicide prevention, Leaving Children Home Alone, Online Safety and Fentanyl. These goals are met using billboards, radio public service announcements (PSA) and digital messaging.

211 San Diego is a local nonprofit organization that is available to San Diego residents. 211 helps the community by providing education and resource information 24 hours a day, 365 days a year with information available in multiple languages. The database has over 6,000 services and resources that are updated on real time and Community Connectors help connect San Diego residents to the accurate information they need. 211 is also available as a searchable database online.

Additional prevention education and outreach includes efforts from new county departments. The departments focus on achieving better coordination of existing programs and community efforts to serve as a central point of collaboration for outside partners to ensure equity among all of San Diego's residents.

The Department of Homeless Solutions and Equitable Communities (HSEC) which houses the Office of Homeless Solutions (OHS), the Office of Equitable Communities and the Office of Immigrant and Refugee Affairs, provides prevention and outreach to the community as follows:

- OHS has public outreach workers that engage with the community to link them to the variety of homeless assistance programs.
- Public announcements are made via County newsletters, outreach workers and media for the following new resources created by OHS:
 - Magnolia Safe Parking in East County
 - Emergency Housing Shelter off Rosecrans
- Office of Equitable Communities provides education about its services and provides resources through various community engagement events such as wellness fairs, food distribution events, and promoting behavioral health campaigns.
- Office of Equitable Communities also has Regional Community Coordinators who work in their respective communities to lead workgroups to gather input from the community and increase accessibility to public resources and services.
- Office of Immigrant and Refugee Affairs created of a new website outlining various resources and FEMA information.

The County of San Diego's Office of Equity and Racial Justice partners with the community to co-create transformative, enduring, structural, and systemic change in San Diego County government. The community can subscribe to receive emails on community activities and events.

First 5 San Diego (First 5) services are available to all children countywide at no cost to families that are referred in or self-referred. The programs that are available include: Oral Health Initiative, Healthy Development Services (HDS) and an in-home family support program called First 5 First Steps which engaged families during their pregnancy up until the child turns 3 years of age. All of First 5's work is focused on ensuring all children are healthy, loved, nurtured, and enter school as active learners. Prevention and the early identification of needs are critical to ensuring that children are healthy and ready to learn. First 5 works with community agencies throughout the County to educate and provide information on the program to parents and caregivers to promote children's overall health and well-being.

Family First Prevention Services Act (FFPSA) was launched in the County of San Diego through a

collaboration of Child Welfare Services, Juvenile Probation and Behavioral Health Services. It also includes representation from the community including the following partners: various community-based organizations, District Attorney's Office, Interagency Leadership Team, Partners in Prevention Network, area tribes, and individuals with lived experience. The County of San Diego engaged community-based organizations and tribal partners in a readiness assessment to gain a better understanding of the span and depth of services being provided to better serve children, youth and families in the community. Culturally responsive services for children, youth, and families who would benefit from prevention services were also prioritized.

8g. Quality Assurance System

CWS Continuous Quality Improvement System

In 2012, the County of San Diego Child Welfare Services (CWS) began shifting from Quality Assurance (QA) to Continuous Quality Improvement (CQI). The goal for CQI in San Diego is to evaluate and identify what is working well to build our strengths as a child welfare system as well as recognizing where improvements are needed. Continuous Quality Improvement is a joint effort at all levels of the agency through utilizing the QA and CQI reports to help inform practice and monitor effectiveness of policies that are described below. The reports include various data and quality case reviews.

The Data unit reports provide an ability to track performance on goals and outcomes. The Data Unit distributes daily and weekly COVID reports, a daily disaster report, 44 monthly reports, 14 quarterly reports, 2 bi-monthly reports, and for Fiscal Year (FY) 20-21 provided 170 Ad Hoc reports. The CQI Policy Analysts (PAs) use Safe Measures and reports from the Data Unit on a regular basis to provide information to their regional managers, supervisors and caseworkers to identify areas of strength and areas needing improvement. CWS also utilizes the Child and Family Services Review (CFSR) outcome measures as well as the UC Berkeley CWS/CMS data system known as the California Child Welfare Indicators Project (CCWIP) and include these in the Key Data Report (KDR) that is distributed monthly to assist with quality assurance and continuous quality improvement. The CWS Director and Policy and Program Support Managers review the CDSS Quarterly Data Report each quarter. In addition, the Data Unit has established Safe Measures dashboards on the County Intranet so that managers and executives in the region can easily find and evaluate the performance of their regions on the County of San Diego's SIP measures and other key compliance measures related to safety, permanency, and well-being. In addition to the data reports, we use quality case reviews to determine the social work practice that is working to help meet goals and outcomes as well as the areas needing improvement. The Centralized CQI Unit and the CQI Policy Analysts (PAs) in each region complete the quality case reviews. These reviews include:

- The 100 CFSRs completed each year by the Centralized CQI Unit
- The Safety Enhanced Together (SET) Referral and Case Reviews (Including court and voluntary Family Maintenance, Family Reunification, and Post Permanency) completed monthly by both teams
- The Evaluated Out (EO) Reviews on referrals evaluated out in region (5 reviews per region completed quarterly) by the CQI PAs
- The Open Case Investigation (OCI) Referral Reviews completed by the Centralized CQI Unit

While it is important to review and gather information about case practice, it is necessary to provide feedback to ensure that lessons can be learned from these reviews. Information obtained from the CFSRs is provided twice a year through presentations on what was seen in the CFSRs that was working well, areas for improvement as well as an explanation of concerted efforts for each item. The CQI PAs

offer caseworkers in their region the opportunity to obtain feedback on the SET Review that was completed on their referral or case. Trends seen in the OCI Referral reviews are provided to the supervisors in this program. Lastly, there are several meetings that include the executive team and the CQI staff to discuss practice trends, strategize improvements to enhance practice and policy, and promote workload equity and efficiencies with actionable items to implement and monitor. The QA/QI meeting is for the Executive team, and the CQI Workgroup with a quarterly CQI Steering Committee includes the CQI staff and Executive team.

Effectiveness of County Policies for Monitoring ICWA and MEPA

Indian Child Welfare Act (ICWA)

In accordance to the federal and state laws involved with the child welfare system, San Diego County CWS has implemented the following policies and activities that supports our tribal partnership and commitment to ensure ICWA compliance:

- CWS established an Indian Specialty Unit (ISU) to investigate and case manage all ICWA cases in the County. The ISU staff are trained in all policies pertaining to ICWA compliance and have well established working relationship with tribal social workers and agencies.
- San Diego County's Protocol for Working with Indian Families, Children and Tribes (2016) was created in collaboration with local tribal representatives and other community partners that serve Native American children, families and community. The protocol was updated in 2019 to include legislative changes (AB 3176).
- ICWA Inquiry and Noticing Manual was updated in 2020 to include legislative changes from AB 3176
- CWS social workers were trained on those changes in collaboration with County Counsel in 2022
- Quarterly ICWA Inquiry and Noticing Specialist meetings:
 - ICWA appeal cases are discussed and reasons for the appeal are reviewed;
 - Designated ICWA Inquiry and Noticing specialists are regionally located;
 - Child Welfare Policy Analyst tracks trends, issues and training concerns;
- County Counsel Office appointed attorneys to serve as ICWA that assist guide our practice and compliance with ICWA
- Inquiry begins at the hotline; hotline screeners are trained to inquire with the reporting party about possible tribal affiliation of the family and documenting on the Emergency Response Document the tribe and tribal contact information, per the Federal Register
- Child Welfare Services staff attend various collaborative meetings with representatives from the State, Southern Counties, Tribes, Probation, and the Juvenile Court.
- CWS's Indian Specialty Unit staff attend monthly case consultation meetings and Child Protection Meetings with local tribal social workers.
- Provide opportunities to participate in the Cultural Responsiveness Academy (CRA) on Native American Families. CRA was established in 2016 to support child welfare staff and leaders in their efforts to achieve equity in their organization and confront the issues of disproportionality and disparity of services that impact the children and families involved with Child Welfare Services. The CRA is a learning opportunity that includes an eLearning, monthly classes with a

simulation day, coaching, and a group project that highlights a new way of being culturally responsive.

- Implementation of a consistent ICWA and Working with Native American Tribes Field Activity for all CWS staff to prepare social workers for success in the field should they encounter an Indian child. This provides social workers to learn about the local Indian Health clinics and meet local tribal representatives
- CWS Director, Assistant Director, and managers are part of the Tribal Justice Collaborative, which is a workgroup established to address Juvenile Dependency and Juvenile Justice systems issues impacting Native children, families and Tribes. Data is presented and discussed that address the disproportionate number of children CWS and Probation systems. Together, ideas of how to best to address barriers and supports for ICWA compliance in the San Diego County Juvenile court.
- Attend 7th Generation Workgroup where CWS continuously works with local tribal representatives and other partners to discuss systems issues to address disproportionality, services to Native children and families, training and share resources. In addition, a sub-committee was created to identify measures and develop a consistent data collection and reporting to improve outcomes for Native children youth. In 2017, the workgroup identified a need for the development of a data dashboard to help guide conversations and action steps within the workgroup. CWS continuously works with local tribal partners and other county participants to identify measures and create consistency with data reporting for the workgroup
- CWS staff attend and have presented at various Statewide and national ICWA Conferences. Staff that attend have an opportunity to learn about best cultural practices and ICWA compliance work being developed and utilized in different jurisdictions across the state and other parts of the U.S.
- All CWS policies to meet the Indian Child Welfare Act (ICWA) mandates are available to all social workers electronically in PolicyTech.

Multiethnic Placement Act (MEPA)

CWS has the following internal processes in place to assure compliance with the Multiethnic Placement Act (MEPA) when making adoptive placements:

- The Adoption Placement Committee screens all children in need of an adoptive placement and sends out RFA Written Reports of potential adoptive families to social workers, regardless of child and family's race (unless the family is not willing to adopt a child of a certain race, which is allowable under MEPA).
- Social workers are required to review all potential matches, to discuss the matches with the families, and to provide written feedback on the potential match (i.e., why the family was not selected for the child or why they were matched with the child). Supervisors review these feedback forms.
- The Placement Committee reviews the feedback forms and returns them to the placement coordinator who keeps track of all feedback on families.
- The feedback forms are used to provide feedback to the families as to why they were not matched; they are also used to pinpoint patterns and biases in practice, which are immediately addressed by the Supervisors and CWS Managers.

- Social workers for children write a “telling;” a document, which in part individually assesses a child’s needs regarding placement. They also complete a child profile form, which includes a section on special considerations for placement. These documents are also used in the matching process. At times, the consideration of Race, Color, Nationality, and Origin (RCNO) may be in the child’s best interest as allowed under MEPA.
- Recruitment of permanent placement families includes diligent efforts to reach and include families who mirror the characteristics of the children waiting for an adoptive placement.

Process and Effectiveness for Ensuring and Monitoring Well-being

As stated earlier, the CANS is completed within 30 days of a new case opening, and every 6 months thereafter at a minimum. This is completed during the CFT meetings with the family and children, when age appropriate. In addition to monitoring through ongoing CANS and CFT meetings, the agency’s policy is that case planning, and assessing needs occurs during monthly in-person visits. Policy states that quality contacts incorporate the following components:

- Engagement and dialogue: Use empathy, genuineness, and respect with children, parents, and caregivers. Value the parent and child voice and promote reflection on strengths, needs, and concerns.
- Assessment: Ensure the safety, well-being, and permanency of children in all stages of the case. Assess the progress on the case plan.
- Teaming: Build connection with the family through CFT’s by engaging youth and family in planning and decision-making. Facilitate the sharing of information among family members and service providers.
- Services planning and delivery: Ask the parent, child, and caregiver what needs they want to focus on and what are necessary for successful reunification (on case plan and addressed in CFT).
- Monitoring and adopting: Explore the parent, child, and caregiver needs and assess progress toward the case plan. Make any necessary adjustments and use the CFT team members to assist with any barriers.
- Transition: Assure that progress is being made toward any planned or necessary transitions and all team members are coordinating that care. Follow up with any task and/or previous concerns.

Mental Health and Trauma Needs

As part of the Continuum of Care Reform, Pathways to Well-Being ensures that all children in an open child welfare case are screened for potential mental health concerns via the CANS. San Diego’s mental health screening compliance goal is 90%. This compliance goal is monitored in a monthly key data report (KDR) that is shared with all managers. If the youth scores a 1, 2 or 3 on the Emotional/Behavioral Needs Domain the child will be referred to therapy as an action item in the CFTM. Barriers to meeting the health screening compliance goal have been identified. In order for this data to be captured accurately, the CANS needs to be entered in CWS/CMS. The Health and Education Passport (HEP) clerks assist with entering the CANS, however, rely on the social workers to forward the completed CANS for this entry. Another barrier has been shifts in the timeline for court dates due to continuances and trials. When this happens, the CANS and Case Plans may not match the “due date” in CWS/CMS because social workers are waiting to complete the updated assessments at a date closer to the status review court date. Several strategies have been implemented to increase timeliness for mental health screenings and are as follows:

- The CANS forms have been moved from the Forms Repository to CWS/CMS so that they can be filled out electronically and immediately sent to the HEP Clerks.
- Continuous Quality Improvement (CQI) Policy Analysts (PAs) assist with ensuring timely completion of the CANS.
- Increased communication with regional leadership team when there are concerns about CANS completion rates so that staff reminders can be provided.
- MSW Interns assist by reaching out to social workers to clarify discrepancies in timeliness and this information is reported to the CWS Epidemiologist.

If a child is prescribed psychotropic medication prior to becoming a dependent of Juvenile Court, or is assessed to need psychotropic medication, an Application for Psychotropic Medication (Form JV-220) is completed and submitted to Juvenile Court for their review and approval. The caseworker discusses the proposed medication treatment and address any concerns or questions that the child and youth may have about the medication(s). An outside agency reviews the Application to assess whether the prescription recommendations are within community standards and will make a recommendation to the Juvenile Court Presiding Judge regarding the approval. If the Application is approved by the Juvenile Court Presiding Judge, the effectiveness of medication(s), any side effects, and/or changes in dosage should be discussed during monthly in-person visits and CFT meetings so that the information can be considered when looking at strategies, supports, and services. If a child or youth refuses medication, the case worker should document the child and youth's concerns in their contacts and the steps taken to mitigate these concerns. The child and youth's final decision will be documented in the contact.

Physical Health Needs

The County of San Diego Public Health Nurses (PHN) work directly with Child Welfare Services (CWS) Social Workers and the Juvenile Probation Department Probation Officers to provide health care coordination activities for children in foster care. CWS, Probation, and PHNs work to ensure that all children in foster care receive the required medical and dental exam within 30 days of entry or placement, as well as continuing routine medical and dental exams, as stated in the Health and Safety Code §124025-124110; Child Welfare Services Manual of Policies and Procedures Division 31-206.36 - .361. San Diego's health and dental examination compliance goal/rate is 95% for all out-of-home placement children/youth in foster care. The compliance goal is monitored in the KDR.

Educational Needs

Monitoring how a child's educational needs have been adequately identified and addressed occurs during monthly in-person meetings with the child and caregiver, assessed in the CANS, discussed during CFT meetings, and obtaining school records such as report cards and Individual Education Plans (IEPs) for the purposing of monitoring needs. As previously mentioned, San Diego County Interagency Agreement is an agreement between partnered systems to ensure educational support to students in foster care.

Special Needs

- CWS ensures service delivery for special needs children and high-risk families through the **County CWS staffed Medically Fragile Unit** and the Deaf Services Unit. In addition, the County has a long standing relationship with the San Diego Regional Center which includes a working Memorandum of Understanding and quarterly collaboration meetings to ensure developmentally disabled mutual clients receive appropriate services.

- The County has a specialized **Residential Services Program** that addresses the unique needs of children requiring a higher level of care (i.e., group home and FFA). Social workers in this unit have expertise in developing specialized case plans.

Needs of Children 0-5 Years Old

The County has contracted with Rady Children's Hospital **Developmental Screening and Enhancement Program (DSEP)** to provide a comprehensive system of care that ensures that young children (0-5) entering the system receive a developmental and behavioral/socio-emotional screening, annual behavioral/socio-emotional re-screenings, and receive follow up services if needed. The quality assurance activities include:

- Every week, a report is generated by the CWS Data Unit and provided to DSEP of all children under age six who have a newly opened child welfare case.
- DSEP uses this report to schedule screening appointments.
- Following the screening, DSEP provides an Individual Care Plan for each child with recommendations of activities and services to benefit the child's development. Workers, caregivers and service providers use this document to support the child's unique needs. Children can be referred to a variety of services based on need including Regional Center, early childhood education programs, DSEP provided services such as caregiver coaching, California Early Start, First 5's Healthy Development Services program, and many others.

Case Planning Process

The policy for documenting and monitoring compliance with child and family involvement in case planning is that all conversations that occur during in-person visits are documented in CWS/CMS. When case planning conversations occur during CFT meetings the documentation requirements includes the following:

- CFT Facilitator will make copies of and provide every team member with the CFT Confidentiality Agreement, and CFT Meeting Summary and Action Plan within 3 business days.
- The CFT Meeting Agenda, CFT Confidentiality Agreement, and the CFT Meeting Summary and Action Plan will be imported into CWS/CMS.

The CFT Meeting Summary and Action Plan may be submitted to court or attached to court reports, after redacting any information not relevant to the court report.

Concurrent Planning services are to be provided to all children receiving Family Reunification services. Social workers address concurrent planning activities in the case plan and court reports in the following documents:

Case Plan: The Initial Case Plan and Case Plan Update will have two tracks as follows: 1) the family reunification track, which describes the services to be provided to assist reunification, and, 2) the permanency planning track, which identifies the child's permanency alternative and the services to be provided concurrently to achieve legal permanency if efforts to reunify fail.

Court Report: A court report for a family reunification case with concurrent planning must meet the following requirements, depending on the type of court report.

- **Jurisdictional/Dispositional Hearing Report:** The Jurisdictional/Dispositional Hearing Report must include both the reunification plan and the permanency alternative plan should reunification fail, as well as the following information:
 - Parent's prognosis for reunification.

- Documentation of discussion with the parent about the requirement to plan for permanency, and the parent's option to voluntarily relinquish the child for adoption and participate in adoption planning.
 - If there was no discussion, a statement why there was no discussion (e.g., parent unavailable/unwilling).
 - Steps made toward legal permanence for the child; (e.g., a child who is placed with a relative who is willing to provide legal permanence, or a child who is referred to PPAU for placement in a concurrent planning home).
- **Review Reports:** The Status Review Hearing Report must include an update on the services provided to achieve alternate permanence for the child if efforts to reunify fail.
 - The continuing services social worker is required to complete a pre-assessment for permanency (e.g. looking into guardianship or adoption as an alternate plan) for each case prior to the 6 and 12 review hearing if the parent is not progressing in reunification. This facilitates the proper timelines for the case to move to TPR in a timely manner. Timelines may be out of compliance if a court hearing is continued or a trial is set that extends beyond the assessment timeframe. The court report(s) outline what permanent plan is appropriate for the child and why it would be in the best interest of the child to set a 366.26 hearing for further assessment regarding terminating parental rights.
 - If it is determined that there are any exceptions to the terminating parental rights requirement, the reasons will be documented in the court report.

Once a permanent plan is ordered, concurrent planning is no longer required. However, if the permanent plan ordered is Another Planned Permanent Living Arrangement (APPLA), for a youth 16 or older, or continued foster care (for children under 16), the SW must continue to document any barriers to achieving a more permanent plan and social workers should continue to work towards a more permanent plan. Activities involved in obtaining a more permanent plan include continued relative searches, possible adoption recruitment activities, completing family finding activities, presenting the child(ren) at a Permanency Round Table, and consideration of returning the child home.

For youth in placement, 15 ½ years old and not yet 16 years of age, the Independent Living Skills or case carrying caseworker shall ensure that the youth participate in the development of the Transitional Independent Living Plan (TILP). The TILP shall be reviewed, updated, approved and signed by the ILS or case carrying caseworker and the youth at least every 6 months or when requested by the youth (if less than 6 months) as long as the youth remains a dependent. The TILP will be incorporated in the case plan and the case carrying caseworker will submit both the case plan and the TILP to court. If the youth has chosen not to participate in the ILP services that are on the TILP, the assigned case carrying caseworker must make a consistent effort to engage the youth by modifying or revising the goals to align with the youth's assessed needs. If the youth refuse to cooperate in the development of the TILP, the ILS or case carrying caseworker will:

- Complete the TILP
- Include the needs and services
- Include documentation in the TILP and documentation in the CWS/CMS contact notebook that explains the refusal and reasonable efforts made to obtain the youth's cooperation.

CAPIT/CBCAP/PSSF

To capture participation and evaluation data for programs supported with CAPIT/CBCAP/PSSF funds a Contracting Officer Representative (COR), and a Child Welfare Policy Analyst work together to develop monthly or quarterly program reports to track the progress and effectiveness of the programs. The programs submit monthly or quarterly progress reports, training schedules, attendance sign in sheets and completed survey reports. In addition to reports, the COR also completes site visits to observe contracted

programs and trainings. The COR reviews the monthly invoice, approves and tracks year to date expenditures to ensure that the funding is being utilized at the appropriate rate.

Contract assessments and annual monitoring plans are created to guide the COR regarding the expectations of the contractor through the Statement of Work (SOW), each annual plan has variations to ensure all or most of the activities of the contracted services are captured. Sharing clear expectations of the number of clients served number and quality of training supports the evaluation throughout each contract year of the various services outlined in the SOW.

Probation Quality Assurance

The Probation Department has made significant improvements to the Quality Assurance system. Over the last several years, the Placement Division has focused on improving data collection and monitoring systems for achievement of performance measures and in revising and/or developing new procedures as a means of achieving those performance measures. Some of these improvements include the development of a data entry sheet which assists in the collection and entering of data into the CWS/CMS system as well as a supervisor audit tool which assists supervisors with quality assurance. The development of a Placement Dashboard which is a snapshot in time of Placement specific data which assists in identifying trends and gaps. Additionally, the development of a monthly Title IV-E Quality Assurance Committee (TQAC) meeting which focuses on training, quality assurance and updates in Title IV-E mandates.

Probation policies utilized to evaluate the achievement of performance measures include requirements on monthly face to face visits and telephone contact with the youth and parent (legal guardian), development of comprehensive case plans, supervisor case audits to ensure compliance with Title IV-E mandates, monthly collection, analysis, and distribution of data from CWS/ CMS, SafeMeasures and the Probation Case Management System (PCMS). Information from the various data sites is utilized to assist in identifying barriers and to present suggestions for improvement of performance measures as identified in the county Quarterly Data Reports.

The Probation Department policy requires face to face contact with the youth and parents (legal guardian) at least once a month. These face-to-face contacts must take place at the home or group home and allow the officer the ability to monitor the safety, well-being, and permanency of the youth as they evaluate the placement for appropriateness, safety practices and measures and the overall placement structure.

The Probation Department utilizes several screening and assessment tools to identify a youth's treatment, mental health and trauma needs. These include:

- San Diego Risk and Resiliency Checkup II (SDRRC II)
- Evaluation of Imminent Risk and Reasonable Candidacy (EIRRC)
- Massachusetts Youth Screening Instrument-2(MAYSI-2)
- Columbia-Suicide Severity Rating Scale (C-SSRS)
- Commercial Sexual Exploitation Identification Tool (CSE-IT)
- Statement of Dangerous Propensities
- Psychological Evaluations
- Reasonable Candidate Foster Care (RCFC) Case Plan

- Client Action Plan (CAP)

Upon completion of the assessment process, Probation Officers formulate a comprehensive case plan to include the identification of treatment needs relative to mental health, education, and trauma. Probation Officers complete all case plans with input from the youth and the parent (legal guardian). Parents (legal guardians) and the youth acknowledge participation in the case planning process by signing all case plans. The case plan is linked to the Community Resource Directory and allows officers to link services to fit the youth's individual needs.

A Transitional Independent Living Plan (TILP) is also generated for age-appropriate youth. The TILP is forwarded to the Independent Living Skills Coordinator who ensures the youth receives the appropriate services. All case plans are updated every six months to include new information and/or recommendations for additional services or needs. Officers also prepare detailed reports including Permanency Planning Hearing (PPH) reports which also identify needs and the plan to address those needs. Officers also complete a concurrent case plan for use in the event there are barriers to implementing the initial plan.

For youth that are dually involved with Child Welfare Services and the Probation Department, Child and Family Team (CFT) meetings are coordinated with the parent (guardian), youth, Probation officer, social worker and other relevant individuals such as the Court Appointed Special Advocate (CASA) or teachers/mentors. The purpose of the CFT meeting is to discuss the needs of the youth and family and allow input of the parties in formulating a viable plan of action to accomplish goals. For youth with extreme mental health needs who have presented with challenges in treating those needs, the case is discussed at the Interagency Leadership Team (ILT) meeting. The ILT members provide input to develop a comprehensive plan of action.

A Public Health Nurse (PHN) is assigned to the Juvenile Probation Placement Unit and oversees the administration of prescription medications. The Public Health Nurse reviews all JV220's, the Application for Psychotropic Medications, for appropriateness and upon review and approval, forwards the Application for Psychotropic Medications to the Psychiatrist at Vista Hill, the Juvenile Court Clinic. The Psychiatrist reviews the application and provides comments with respect to the appropriateness and/or risks involved with the prescription. Probation Officers monitor the administration of psychotropic medications for youth in the facility during group home visits by ensuring medications are in a locked storage area, limiting youth access. Officers also review medication logs for staff signatures and for accuracy in the dispensing of medications.

9. Critical Incident Review Process

CWS has an Administrative Case Review (ACR) process to identify and review cases due to suspected child abuse/neglect that result in severe injury, near fatality or death. These cases are deemed “high risk” and/or “high profile” requiring intensive case management or monitoring. Upon receiving a report that meets the high risk/high profile criteria above, an Administrative Case Review (ACR) may be required per the request of the CWS Director or County Counsel. When an ACR is requested, the Ombudsman team presents the case(s) and all relevant history pertaining to the family. Following the case presentation, regional/program participants will discuss best practices, lessons learned and follow-up/action items for the CWS team.

The ACR meeting is facilitated by the CWS Director and co-facilitated by County Counsel. The Office of the Ombudsman (OOO) coordinates the meeting and alerts all parties with an agenda and confirmation of the meeting date and time. The attendees include:

- CWS Director, CWS Executive Assistant, County Counsel
- Assistant Directors (AD)
- Region/Program Deputy Director (DD), Chief, and PSPM
- Office of the Ombudsman (OOO) PSPM, OOO Protective Services Supervisor (PSS), and Ombudsman Investigator (OI) is responsible for the in-depth case review.
- Any others relevant to the case: e.g., Hotline/Standby or Resource Family Approval (RFA)

The assigned Regions/Programs are also responsible for conducting their own case review of the high risk/high profile case. During the ACR meeting, any Region and Program involved in the family’s CWS history is responsible for presenting the case(s), including the following information:

- Allegations
- Findings
- Safety and Risk Assessments
- Intervention/services/placement/case plan
- Legal Status
- Areas of strength and areas needing improvements

Following the ACR meeting the following activities shall occur the OOO considers discussion during ACR meeting and finalizes ACR Mapping report. To ensure that everyone is aware of next steps attendees receive the ACR Mapping report following the meeting for review and necessary action. The ACR documents cannot be used to address personnel/performance issues. Although the case practice related to the ACR may lead to the identification of personnel/performance issues, these concerns must be addressed in a process independent of the ACR. The DD reports back to CWS Director about these action steps. The ACR meetings can inform policy or practice changes, identify training needs, and lead to systemic changes to address issues identified through this process.

In addition, CDSS sends quarterly Child Fatality and Near Fatality Reconciliation reports to the OOO. The OOO then compares the report to San Diego CWS records to ensure the information is correct according to the SOC 826 forms submitted during the reporting period. The information collected from CDSS is included in the aggregate data for the annual Child Fatality/Near Fatality report prepared by CDSS.

Child Fatality Review Committee

The Child Fatality Review Committee (CFRC) is a closed committee where professionals involved with the intervention, prevention, and investigation of child deaths convene monthly. It is a multidisciplinary team composed of representatives from both public and private agencies which includes the Medical Examiner's Office, Law Enforcement, Probation, District Attorney's Office, Child Welfare Services, Rady Children's Hospital & Chadwick Center, Public Health Services, Medical Care Services, Behavioral Health Services, Fire Emergency Medical Team (EMT), San Diego County Office of Education, County Counsel, and U.S. Consumer Product Safety Commission. This committee reviews all sudden unexpected child deaths that fall under the jurisdiction of the Medical Examiner's Office to identify factors or circumstances contributing to child deaths to prevent future occurrences. The review facilitates communication and coordination among those systems and agencies responsible for providing services to children and families, as well as those agencies responsible for investigating reports of child endangerment. The San Diego Child Fatality Review Committee was established in 1982 and was only the second child fatality committee established in the country. During its first 15 years, it reviewed the deaths of children newborn through age 6, but that was expanded to children through age 12 in 1998 and through age 17 in July 2005.

10. National Resource Center Training and Technical Assistance

San Diego County does not use technical assistance that the county anticipates requesting from the NRC, Western Pacific Implementation Center, and Quality Improvement Centers.

11. Peer Review Results

The San Diego County Peer Review (PR) was conducted the week of April 11-15, 2022 and was a collaborative effort between CWS and Probation. Cases for the 2022 PR were selected from both CWS and Probation. A representative sample of cases was selected based on child and family characteristics, CWS or Probation status, and region in which they were located. The cases adequately represented the population of San Diego County. In total, 28 cases were reviewed (19 CWS cases and 9 Probation). Cases focused on permanency in 12 months for children entering foster care for both CWS and Probation. The following section outlines the key results from the review process. See Appendix E for more details on the process and key results.

Peer Review Process

- Four teams from “peer counties”
- Each team debriefed and documented their findings after each interview
- Team members integrated debrief findings at the end of the day
- Themes were identified throughout that process
- Peer Review themes reflect the voice of the social worker and probation officers

Focus Area

For this Peer Review, CWS and Probation selected P1 Permanency in 12 Months for children entering foster care as this was an area of challenge for both, especially in the last couple of years.

Summary of Peer Review Findings

In the sections below, we present the Peer Review findings organized by the sections of the interview tool:

The interview protocol first asked questions geared to understanding the background of the case, strengths, and challenges of the involved family and the experience of the worker. Sample questions included: Describe the initial safety issue(s) that resulted in this child’s removal; In the last three years, what trainings have you [SW or PO] received that helped you find permanency for this child/youth? Please give a summary of your experience, length of time with the county, and length of time in your current program. Exhibit 50 displays the key background themes that surfaced. Please note that similar ideas surfaced across interview protocol domains; however, to be succinct, Harder+Company re-organized themes to appear only once per domain of best fit.

Exhibit 50. Background Themes

Strengths	Challenges
<ul style="list-style-type: none"> • Longevity, tenure and experience of worker/officer • Workers have knowledge of County tools, resources and supports • County offers multiple training opportunities • Evidence of low case loads 	<ul style="list-style-type: none"> • Lack of refresher training opportunities, esp. regarding permanency and family finding • Trainings related to permanency are limited • High number of case workers per case • Inconsistent and limited Family Finding efforts • Evidence of high case loads • Many resources available, however workers may be unfamiliar with them • Minimal engagement of parents and not utilizing other creative methods to engage (Probation only)

- San Diego policy around frequency of worker supervision (bi-weekly or monthly; should be once per week)

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

2. Maintaining Connections. Section two of the interview protocol inquired about family connections and visitation. This section asked questions such as: At what point in the case did the agency begin to locate Relatives/NREFMs of the child/youth? What factors did you (or the agency) consider when making decisions about the parent-child visitation plan? Exhibit 51 highlights key strengths and challenges within maintaining connections.

Exhibit 51. Key Maintaining Connections Themes

Strengths

- Worker’s due diligence in prioritizing siblings to be placed together
- Worker’s efforts in maintaining children’s schools of origin
- CFTs conducted regularly and ongoing
- Utilization of WRAP (Probation only)

Challenges

- Inconsistent, irregular and limited family finding efforts
- Lack of upfront clarity, information and training for potential relatives for placement
- Lack of adequate RFA information provided to families
- Limited engagement with father and paternal relatives
- Need to work concurrent plan and case plan together from beginning of case
- Limited visitation and continued contact with siblings (Probation only)

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

3. Engagement. This section asked about how and at what points the SW or PO engaged the child/youth and the child/youth’s family in case planning concurrent planning and placement decisions. Sample questions included: Where did most of your in-person visits with the child/youth take place (home, school, etc.)? What are some of the topics you talked about with the child/youth? Exhibit 52 highlights key strengths and challenges within engagement.

Exhibit 52. Key Engagement Themes

Strengths

- Workers exhibit positive engagement skills, empathy and care for families and children

Challenges

- Visitation not occurring regularly or in person
- Lack of parent involvement and willingness to participate due to transportation challenges,

<ul style="list-style-type: none"> Workers consider family unit needs when engaging them in services Workers consider youth voice and choice throughout the life of the case County demonstrates supportive/collaborative practices Utilization of CFTs, MDTs, CANS, SOP practices and SDM 	<p>competing time commitments, and other family responsibilities</p> <ul style="list-style-type: none"> Impact of COVID-19 on in-person engagement and connection (visitation) Lack of circles of support (SOP practice) for parents and parent advocates and lack of natural support networks for parent/caregiver and youth Limited sibling engagement once in placement (minimal presence at CFTs, family therapy, etc.) Lack of sufficient services and supports in family's primary language
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Recommendations: Increase father engagement efforts; Ensure consistent use of MDTs and CFTs; Ensure agreement and commitment to case plan by all parties; Increase use of technology and apps like Think of US and Circle; Increase SOP language; Create behaviorally-based case plans; Partner more with Family Resource Centers; Hire more support staff (for filing, data entry, transportation, visitation); Increase school engagement (reduce stigma of being in the system)

4. Assessment and Services The assessment and services section sought to understand what type of assessments were conducted and what type of services families were connected to or received. Sample questions in this section included: Please explain when, by whom and what, mental health assessments were completed on this child/youth; what mental health services were provided to the child/youth? How did the worker maintain contact with the service providers and assess the quality of the services provided? Exhibit 53 highlights key strengths and challenges within assessments and services.

Exhibit 53. Key Assessment and Services Themes

Strengths	Challenges
<ul style="list-style-type: none"> There is a broad array of services and supports available through and in partnership with the County For the cases that did achieve permanency within 12 months, there was consistent use of warm hand offs between workers Multiple service options available (i.e., access to AOD, substance use specialists, individual and family therapy) (Probation only) Good communication with service providers (Probation only) Placement/STRTPs were appropriate and met youth's medical/dental/service needs (Probation only) Placements had available and accessible services on site that met the needs of youth (Probation only) Assessments for mental health, health, and dental were done initially and ongoing Incentives for participation in services, therapy, case plan requirements (Probation only) 	<ul style="list-style-type: none"> Lack of continued assessment for services/supports throughout the life of the case (ongoing assessments/reassessments not consistently completed) Lack of consistent visitation efforts and coordination Lack of parental assessments conducted (Probation only) Barriers to housing (employment conditions within 90 days of reunification)

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

5. Placement Matching This section asked questions to understand how placement decisions were made. For example, how did workers, or the agency, match this child/youth with their placement(s)? Exhibit 54 highlights key strengths and challenges within placement matching.

Exhibit 54. Key Placement Matching Themes

Strengths	Challenges
<ul style="list-style-type: none"> • Youth/child has a voice and choice in placement decisions, their connection to services, etc. • County provides opportunities for parents/caregivers to engage in case planning, placement decisions, CFT meetings, etc. • When possible and appropriate, cases kept in county and near family networks • Officers used relevant placement types that were best suited to meet youth's unique needs (Probation only) 	<ul style="list-style-type: none"> • Difficulties solidifying relative placement -either failed approvals, relatives withdrawing at some point in the RFA process • Lack of ongoing family finding efforts beyond the parent's recommendation • Lack of availability of foster homes for high need youth • Difficulty finding in-county placements for youth with challenging behaviors and severe trauma (Probation only)

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

6. Permanency This section focused on permanency decision making processes. Sample questions included: When and how were the family's risk and safety issues reassessed prior to permanency? In what ways did the court system affect successful or unsuccessful permanency for the child/youth? Exhibit 55 highlights key reunification strengths and challenges.

Exhibit 55. Key Permanency Themes

Strengths	Challenges
<ul style="list-style-type: none"> • Relative placements generally identified early on • Honored youth and parents voice and choice when considering permanency options • SW utilized reasonable efforts to achieve reunification (e.g., use of CANS, Safety assessment, SDM conducted for all) 	<ul style="list-style-type: none"> • Need for continued family finding and concurrent planning in case first placement falls through • Lack of ongoing efforts to maintain youth's connection to relatives

<p>successful permanency cases, supportive exit plan)</p> <ul style="list-style-type: none"> Engaged both families and youth in conversations about permanency goals and “next steps” (Probation only) 	<ul style="list-style-type: none"> Need for more intentional relationship building efforts between worker and parents/caregivers that are difficult to engage When initial permanent plan/goal falls through then lack of alternative options- delays reaching permanency
<p>Recommendations: Use parent partners; Encourage regular SW visits to the home; Ongoing assessment of protective, risk and safety factors; Ensure clear expectations between client and agency to support case plan</p>	

Peer Identified Promising Practices

Peer counties were asked to reflect on what they had noticed throughout the case reviews and what ideas or best practices their county engages in that San Diego County could benefit from implementing. Peer counties provided insights and recommendations into the areas of practices, resources, and policy and procedure. During the peer practices sharing, San Diego County stakeholders were very engaged by asking critical questions to Peer Counties related to how these practices were implemented and what supports are in place to ensure sustained quality practice. The top line recommendations from the nine peer counties are listed below, followed by a table that provides additional details to each of the top line recommendations.

- Begin family finding efforts (FFE) early and continue efforts throughout life of case.
- Begin concurrent planning early in the case and continue throughout
- Increase father engagement and father centered services
- Continue efforts to establish and utilize natural support networks for families throughout the life of a case.
- Increase translations services for non-English speaking families
- Identify and implement any updates needed for placement policy manuals
- Perform initial and re-occurring assessments every six months OR when a significant event happens in the child / youth’s life
- Promote and prioritize communication and collaboration among the child / youth’s team
- Staggered worker assignments
- Increase visitation support
- Increase RFA homes and connection / support resources
- Increase employee training

Probation specific

- Consider assigning officers to cases tentatively before disposition.
- Provide continuous support to youth even beyond their case closing as PO is often a critical connection for them
- Establish consulting network within probation units

12. Outcome Measures

The following graphs explore San Diego child welfare safety and permanency outcome measure trend data. These outcomes are mandated by the federal government and are tracked for California and its counties through the Child Welfare Indicators Project website, a joint venture of the California Department of Social Services and the University of California at Berkeley (http://cssr.berkeley.edu/ucb_childwelfare). CSA baseline for the 2015 report was Quarter 4 of 2015 (typically covering January 2015 – December 2015 but may vary by measure) and baseline for the current CSA is Quarter 2 of 2021 (typically covering July 2020 – June 2021 but may vary by measure).

Safety Measures	Permanency Measures (overall topic and specific measures)	
<ul style="list-style-type: none"> Maltreatment in foster care (S1)^K Recurrence of maltreatment (S2)^K 	Permanency Timelines	<ul style="list-style-type: none"> Permanency in 12 months for children entering foster care (P1)^{K,P} Permanency in 12 months for children in foster care for 12 to 23 months (P2)^{K,P} Permanency in 12 months for children in foster care for 24 months or more (P3)^{K,P} Re-entry to foster care (P4)^{K,P} Placement stability (P5)^{K,P}
	Response and visits	<ul style="list-style-type: none"> Timely Response (2B)^K Monthly Visits- Out of Home (2F)^{K,P} Monthly Visits – In Home (2S)^K
	Placement type	<ul style="list-style-type: none"> Siblings (4A) Least restrictive care (4B) Congregate care placement (4C) ICWS Eligible (4E) Multi-Ethnic placement status (4E2)
	Health related outcomes	<ul style="list-style-type: none"> Rate of timely health (5B1) Rate of timely and dental exams (5B2) Authorized for psychotropic medication (5F)
	Education and stability	<ul style="list-style-type: none"> Individualized education plan (6B) Other stability measures – compete high school or equivalency, obtained employment, have housing arrangements, and a permanency connection with an adult (8A)

K= Key indicators for the C-CFSR process that have additional focus in analysis and developing insights
P=measures that apply to Probation

The graphs below display each San Diego measure's trend over time and as appropriate and available, contrast their results to state trends and to federal targets. The key indicators for the C-CFSR process are accompanied by a brief narrative covering age and race/ethnicity differences in the most recent year of data. Probation collects data on some, but not all C-CFSR measures, and is included when appropriate. Demographic data (age and race/ethnicity) is only included in the narrative if there was a significant finding, and all demographic data is found in Appendix F and G. All outcomes include reflections, interpretations, and insights from review sessions held with the CWS and Probation planning team members. These sections also integrate the feedback from the various community data collection activities and the peer review process.

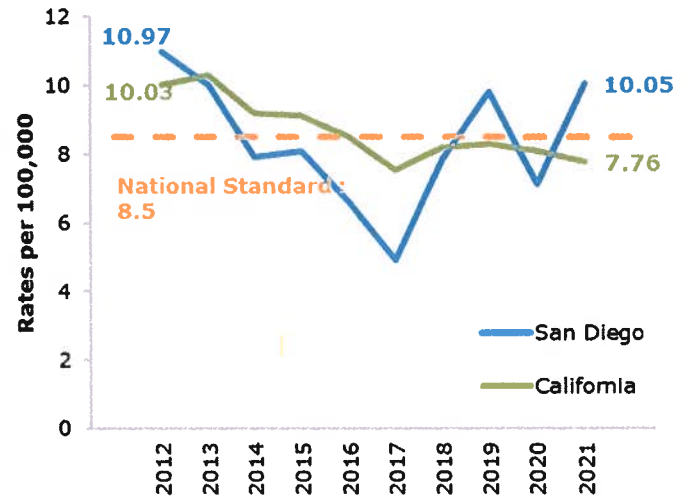
Safety Measure Trends (CWS Only)

Maltreatment in Foster Care (Measure S1)

This measure describes the rate of victimization per day of foster care for all children in foster care during a 12-month period. The trend of maltreatment rate in foster care for San Diego decreased from 2012 to 2017, but then generally increased to the present date. It is currently above the national target.

In looking at the data by ethnicity, current data shows that Native American children had the highest rate of maltreatment in foster care (16.58), while Asian/Pacific Islander had the lowest (5.5). The rates for Black, White and Latino children were similar (10.63, 10.62, and 10.1 respectively). Historically, Latino children had the highest rate between 2015 through 2017. That changed in 2017-2018 where Asian/Pacific Islander had the highest rate (14.71) followed by Latino children (9.21). From 2018-2019, White children had the highest rate (15.37), and from 2019-2020 Black children had the highest rate (7.58). Overall, there has not been a clear and consistent trend by ethnicity in this measure. Current data by age reveals that the age groups with the highest rate of maltreatment in foster care are ages 3-5 (10.7), ages 11-15 (14.2) and ages 16-17 (13.75).

S1: Maltreatment in Foster Care
Rate of Maltreatment Reports per 100,000 Days in Care



Ethnic Group	Maltreatment Reports per 100,000 days	
	2015	2020
Black	6.52	10.63
White	6.05	10.62
Latino	7.63	10.1
Asian/PI	-	5.5
Nat Amer	-	16.58
Missing	-	-
Total	6.69	10.32

Age Group	Maltreatment Reports Per 100,000 days	
	2015	2020
Under 1	2.74	8.88
'1-2	8.1	7.54
'3-5	7.85	10.7
'6-10	8.12	9.48
'11-15	6.51	14.2
16-17	4.58	13.75
Total	6.69	10.32

Specifically related to the overall trends, the CWS team noted some considerations. The Open Case Investigations (OCI) unit is now investigating all cases, resulting in a more objective and thorough assessment than the case carrying social workers who originally conducted investigations. Additionally, during the time of the previous SIP, CWS was not reporting to the hotline as frequently as they should. Since then, this more regular hotline reporting has increased maltreatment report rates. That is when a case carrying worker received a reported concern, they may inquire/investigate themselves, however, not necessarily report the concern to the hotline for a formal investigation. Policy shifted over the years to not having the case carrying social worker investigate concerns, so they had to make a report to the hotline to be assigned to an ER worker. Another possible reason for an increase in Maltreatment in Foster Care is that San Diego is one of the top locations for victims of Commercial Sexual Exploitation of Children

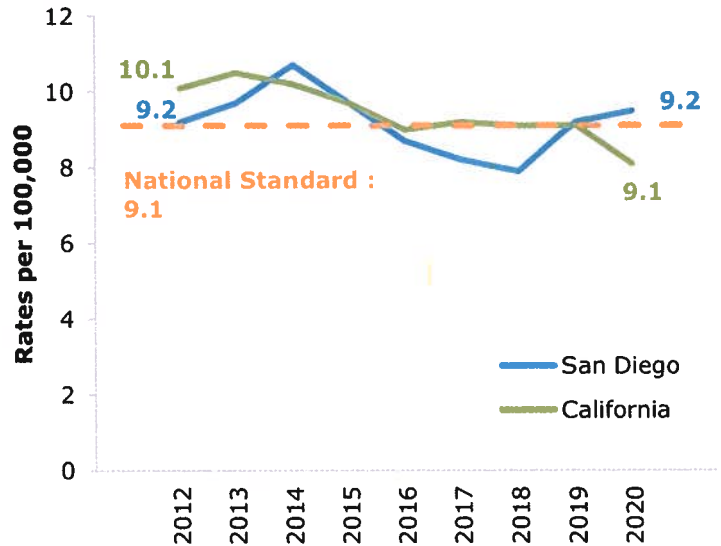
(CSEC) and a disproportionate number of victims are in foster care. A final key contextual issue that may have impacted the spike of maltreatment in 2020 is that the pandemic kept children at home as emotional and financial pressures mounted.

Recurrence of Maltreatment (Measure S2)

This measure tracks the percent of children who were victims of another substantiated maltreatment allegation within 12 months of their initial report. The trend for San Diego is roughly similar to measure S1 above, tracking downward through 2018 and then increasing to the present day to be slightly above the national target.

The CWS team reviewed the data and advised caution in making interpretations due to the small number of cases (see tables below). For example, rates of maltreatment recurrences for children over 11 increased from 2014-2020, whereas the younger age group rates decreased. A potential contributing factor could be that the system may not intervene as readily for older children who have relatively more autonomy and independence than the younger children. More research is needed to understand these trends.

S2: Recurrence of Maltreatment Rate of Maltreatment Reports per 100,000 Days in Care



Also, the rate of maltreatment recurrences for the Asian/Pacific Islander (A/PI) population increased markedly from 2014 to 2020 (nearly 3%) but there was only 1 A/PI case in 2021. Moreover, for most of the other ethnic groups, percent decreases were discovered from 2014-2020. CWS pondered whether these decreases were due to increased engagement efforts through CFTs or culturally specific service provisioning (i.e., Cultural Brokers which is now the Family Support Liaison (FSL) program, increased education on Diversity, Equity and Inclusion as well as unconscious bias).

	Age Group (%)											
	Under 1		'1-2		'3-5		'6-10		'11-15		16-17	
	2014	2020	2014	2020	2014	2020	2014	2020	2014	2020	2014	2020
Children with recurrence	9	8.9	12.6	11.1	10.1	9.6	9.5	9.0	9.1	10.2	4.9	6.1
Children with no recurrence	91	91.1	87.4	88.9	89.9	90.4	90.5	91.0	91.0	89.8	95.1	93.9

	Ethnic Group (%)											
	Black		White		Latino		Asian/PI		Nat Amer		Missing	
	2014	2020	2014	2020	2014	2020	2014	2020	2014	2020	2014	2020
Children with recurrence	12.7	12.4	11.0	9.7	8.7	9.4	3.8	9.6	21.5	2.4	2.5	3.1
Children with no recurrence	87.3	87.6	89.0	90.3	91.3	90.6	96.2	90.4	78.5	97.6	97.5	96.9

In relation to the overall trends, and similar to S1 above, CWS noted that the increased scrutiny that OCI provides could result in an increased identification of existing maltreatment from 2014 to 2020.

Permanency Timeline Trends (CWS and Probation)

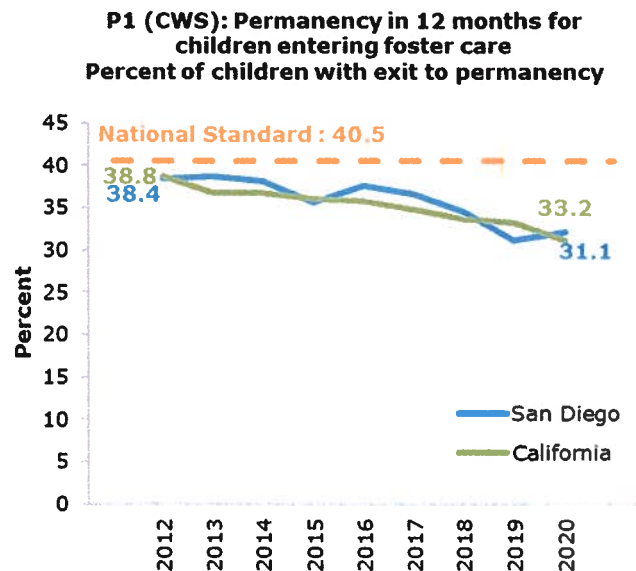
The C-CFSR includes three permanency timelines: P1 (within 12 months), P2 (within 12 months for children who are in care from 12-23 months), and P3 (within 12 months for children who are in care 24 months or more).

Permanency in 12 months for children entering foster care (Measure P1)

This measure tracks the percent of children discharged to permanency (reunification, adoption, or guardianship) within 12 months of entering foster care. This outcome is tracked by both CWS and Probation; thus, data are reported here separately.

CWS Data: The San Diego trend has generally declined since 2012 and is below the national target. The majority of children that achieved permanency in 12 months did so through reunification (30.9%).

This outcome measure has trended down for all ethnicities, except for White children where a small increase was seen between 2015 (29.7%) to 2020 (34%). Asian/Pacific Islander and Native American children have the highest rates of achieving permanency in 12 months. In 2020, 42.4% of Asian/Pacific Islander children achieved permanency, while 35.3% of Native American achieved permanency. Only 25.3% of Black children achieved permanency in 12 months, down from 33.5% in 2015. The data broken down by age shows the trend of children ages 16-17 and under 1 month old have a lower percentage of achieving permanency in 12 months from the date they entered foster care. Ages 1 to 15 years old all have similar rates of achieving permanency (from 32-38%; data not shown).



	Ethnic Group /Year (%)												Total	
	'15-'16	'19-20	'15-'16	'19-20	'15-'16	'19-20	'15-'16	'19-20	'15-'16	'19-20	'15-'16	'19-20	'15-'16	'19-20
Reunified	33.9	25.3	33.9	34	35.1	30	45.2	42.4	31.3	35.3	66.7	100	35.1	30
Adopted	0	0.5	0.6	1.4	0.6	0.5	2.4	0	0	0	11.1	0	0.6	0
Guardianship	3.7	0	1.5	0.4	1.5	0.9	0	0	0	5.9	22.2	0	1.9	0
Aged out/Emancipated	0	0	0.3	0.4	0	0.2	0	0	0	0	0	0	0.1	0
Other	0.5	1.6	1.2	0	1.3	0	0	3	3.1	0	0	0	1.1	0
Still in care	61.9	72.5	62.5	63.8	59.3	68.3	52.4	54.5	65.6	58.8	100	100	61.3	67

	Age Group/Year (%)					
	<1 mos		16-17yr		Total	
	'15-'16	'19-20	'15-'16	'19-20	'15-'16	'19-20
Reunified	19.7	12.8	19.6	24.1	35.1	30.9
Adopted	3	0	0	0	0.6	0.8
Guardianship	1.5	0	0	0	1.9	0.7
Aged Out/Emancipated	0	0	2	3.7	0.1	0.2
Other	0.5	0.6	5.9	3.7	1.1	0.4
Still in care	75.4	86.7	72.5	68.5	61.3	67.1

CWS identified a number of contextual and contributing factors for the downward trend in permanency by 12 months listed here:

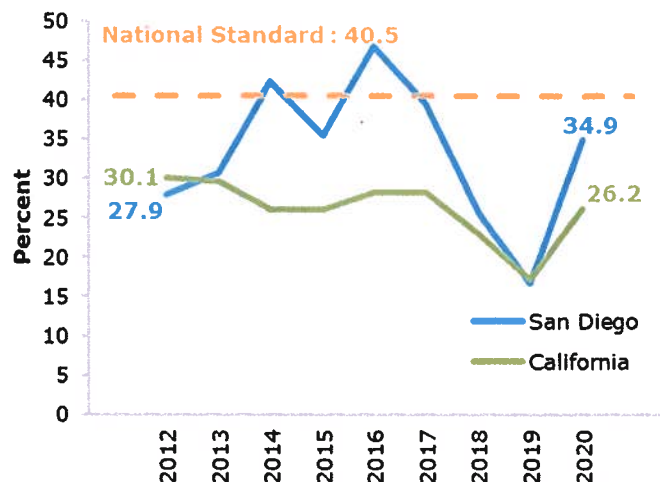
- Continuances for court hearings can keep cases in the jurisdiction phase for a longer period, which affected both case planning and permanency efforts.
- Court timelines were pushed back repeatedly due to the pandemic, resulting in delays to conduct the necessary case planning. Additionally, court hearings moved to virtual, and anecdotally, CWS observed virtual hearings became easier to reschedule and postpone than in-person hearings where people committed to be physically present at the courts.
- Also due to the pandemic, accessing services became more difficult for families. Some services were temporarily unavailable while they took time to figure out how to deliver services virtually. The lack of services may have delayed timely permanency for children.
- There are a small number of cases where a parent voluntarily agrees for their child to be placed out of their home while they participate in services to reunify. These cases are not court involved. CWS has seen, in some instances, that these families do not get into services as quickly as parents who are court involved; thus, this may result in them not reunifying within 12 months.
- While the overall number of cases has decreased over time, the cases that remain are often tougher cases with multiple areas of concern. Consequently, the necessary time to provide the needed support to achieve permanency extends beyond the 12-month timeline of P1.

Finally, as noted by resource parents who attended a focus group, CWS and Probation are both highly bureaucratic and “there is a lot of red tape.” They noted that improved and consistent training to learn the different protocols and resources could help them help parents navigate the process and achieve permanency more expediently.

Probation Data: The probation trend data shows a sharp decline from 2016 until 2019, when it rebounded to approaching the national standard in 2020.

From 2015 to 2020, the proportion of children in the different age and race/ethnicity categories generally stayed the same (see tables below).

P1 (Probation): Permanency in 12 months for children entering foster care
Percent of children with exit to permanency



	Age Group/Year (%)					
	11-15yr		16-17yr		Total	
	'15-'16	'19-20	'15-'16	'19-20	'15-'16	'19-20
Reunified	42	38	20	24	35	31
Adopted	1	0	0	0	1	1
Guardianship	5	2	0	0	2	1
Aged Out/Emancipated	0	0	2	4	0	0
Other	2	0	6	4	1	0
Still in care	51	60	73	69	61	67

	Ethnic Group /Year (%)												Total	
	Black		White		Latino		Asian/P.I.		Nat Amer		Missing		'15-'16	'19-20
	'15-'16	'19-20	'15-'16	'19-20	'15-'16	'19-20	'15-'16	'19-20	'15-'16	'19-20	'15-'16	'19-20		
Reunified	34	25	34	34	35	30	45	42	31	35	67	100	35	31
Adopted	0	1	1	1	1	1	2	0	0	0	11	0	1	1
Guardianship	4	0	2	0	2	1	0	0	0	6	22	0	2	1
Aged Out/Emancipated	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	1	2	1	0	1	0	0	3	3	0	0	0	1	0
Still in care	62	73	63	64	62	68	52	55	66	59	0	0	61	67

Probation identified a number of contextual and contributing factors for the sharp decline from 2016 until 2019 listed here:

- Justice involved youth have higher rates of placement changes than CWS involved youth. This is due to a relatively higher rate of running away (i.e., going AWOL), terminations, and rearrests, all of which impact the time a youth spends in care.
- On the parent side of the permanency equation, probation noted that the context of reunification is different for probation than CWS. In CWS cases, the parent is the concern and CWS works closely with them to reunify the family, if possible. In probation cases, probation works primarily with the youth as it is the youth's behavior as the primary concern. Not infrequently, probation finds parents and family members unwilling to take back a troubled youth and the stigma of a justice involved youth makes it challenging to find placement.

Also, as noted by resource parents during focus groups, too many people are involved in the case process from inception to discharge which creates a number of roadblocks for people who are "just trying to give youth a safe place to be."

Regarding the sharp uptick in permanency rates since 2019, Probation speculated the following:

- Probation recalibrated caseloads in 2019 after a time study. Prior to this, caseloads were as high as 40. They are now capped at 15.
- Probation became more intentional about understanding and using guardianship and provided focused trainings to staff.

- The Title IV-E waiver gave probation exposure to family finding, a key strategy in the last SIP. Probation started to use the same family finding database as CWS during this time which greatly increased their effectiveness at finding placement.
- As wraparound became mandatory, probation focused on building on individual and family strengths to help families achieve positive goals and improve well-being. This may have made inroads for permanency for justice involved youth.

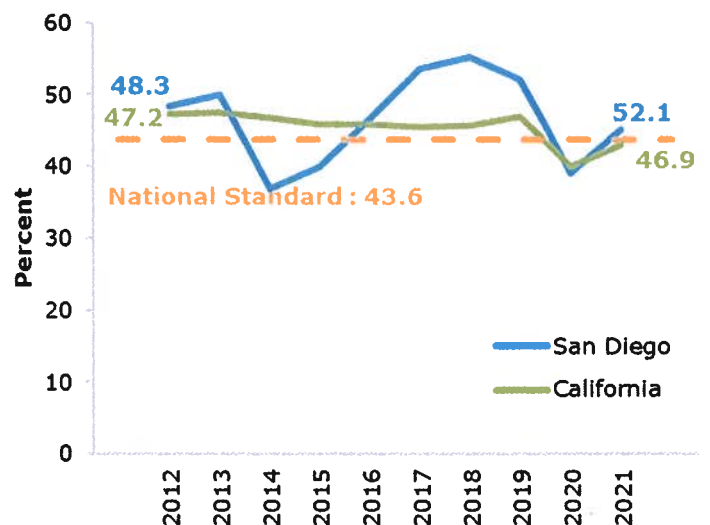
Permanency in 12 months (in care 12-23 months) (Measure P2)

This measure tracks the percent of children who had been in care between 12-23 months and were discharged within 12 months. This outcome is tracked by both CWS and Probation data; thus, they are reported here separately.

CWS Data: The County's performance on this measure has fluctuated. From 2014 to 2018, there is an increase. Then in 2018, there is a downward trend, only to increase again in 2020, ending just above the national target. Children that achieved permanency in this measure were mostly split between reunification (20.4%) and adoption (20%), with a small percentage achieving permanency through guardianship (4.9%).

The CWS team discussed a number of contributing factors to the more recent dips in permanency in 2019. They wondered if housing played a role. Families who apply for a HUD voucher have a better chance of receiving it if the case is continued, and it was not uncommon for cases to be continued to achieve that critical support. The team noted that the 2020 increase in permanency tracks along the same time that RFA was established which may have contributed to more opportunities for children to achieve permanency with a relative.

P2 (CWS): Permanency in 12 months for children in care 12 to 23 months
Percent of children with exit to permanency



The percentage of achieving permanency by ethnicity increased for all ethnic groups in comparing outcomes from 2015 to 2021. Asian/Pacific Islander and Native American children had the highest increase with Asian/Pacific Islander at 50% in 2015 and 72.8% in 2021 and Native American at 44.4% in 2015 and 81.8% in 2021 (data not shown). In looking at the permanent plans achieved by ethnicity, adoption was the higher percentage for Black (21.6%) and White (27.1%) and Asian/P.I. (45.5%) children. Achieving permanency through reunification was at a higher rate for Latino (21.4%) and Native American (54.5%) children. In 2021, children ages 1-2 had the highest rate of permanency at 49.3%, followed by ages 3-5 at 48.2%, ages 6-10 at 46.6%, ages 11-15 at 45.1% and ages 16-17 at 15.3%. Ages 11-15 and 16-17 had the largest increase between 2015 and 2021. For children ages 11-15 the permanency rate went from 19.4% in 2015 to 45.1% in 2021 and for children ages 16-17 the rate went from 7.5% to 15.3% (data not shown). When looking at permanency type achieved by ages a higher percentage was achieved through reunification for ages 3-5 (27.2%), ages 6-10 (28.2%) and ages 11-15 (23.8%), Achieving permanency through adoption was the most common exit reason for ages 1-2 (32.4%).

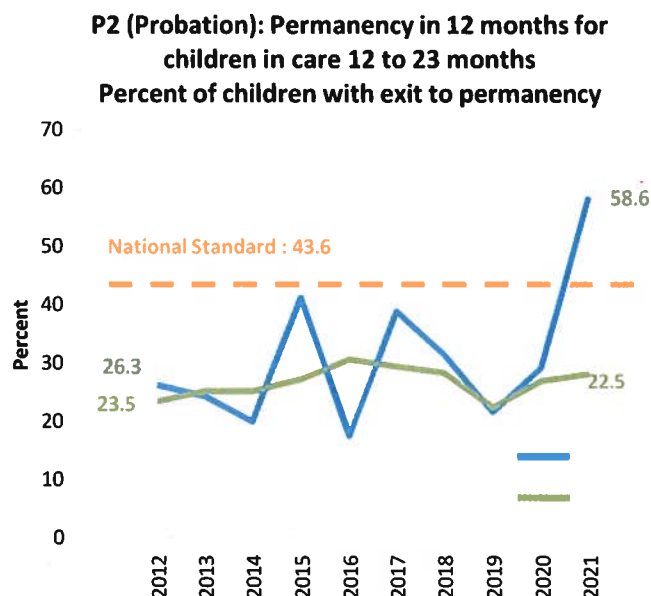
	Ethnic Group /Year (%)												Total	
	Black		White		Latino		Asian/P.I.		Nat Amer		Missing		'15-'16	'20-'21
	'15-'16	'20-'21	'15-'16	'20-'21	'15-'16	'20-'21	'15-'16	'20-'21	'15-'16	'20-'21	'15-'16	'20-'21		
Exited to reunification	20.5	17.6	14.2	16.3	15.1	21.4	45.8	27.3	50	54.5	0	0	17.5	20.4
Exited to adoption	17.4	21.6	37.4	27.1	18.3	15.1	25	45.5	0	27.3	0	0	22.6	20
Exited to guardianship	9.8	1.4	7.7	5.4	4.9	6	4.2	0	0	0	0	0	6.5	4.9
Exited to non-permanency	0.8	1.4	1.3	0	0.6	1.4	0	0	0	0	0	0	0.8	1
Still in care	51.5	58.1	39.4	51.2	61	56.1	25	27.3	50	18.2	0	0	52.6	53.7

	Age Group/Year (%)					
	1-2yr		16-17yr		Total	
	'15-'16	'20-'21	'15-'16	'20-'21	'15-'16	'20-'21
Exited to reunification	10.4	15.5	19.4	5.1	17.5	20.4
Exited to adoption	36	32.4	5.6	5.1	22.6	20
Exited to guardianship	3.3	1.4	5.6	5.1	6.5	4.9
Exited to non-permanency	0	0	8.3	7.7	0.8	1
Still in care	50.2	50.7	61.1	76.9	52.6	53.7

Probation Data: Similar to Probation's P1 outcome, trend data greatly increased from 2019 to the present, far exceeding both the national standard and a marked increase over California.

Similar to P1, from 2015 to 2020, the proportion of youth in the different age and race/ethnicity categories generally stayed the same (see tables in Appendix G).

The circumstances noted above for P1 apply to P2's uptick in placement since 2019.



Specific to P2, Probation noted their reality of supervising youth with higher needs including those that are more aggressive and/or have sex and arson offenses. Probation communicated the treatment timelines for programs related to these needs are typically from 12-18 months. This means that youth who enter care under these circumstances will automatically take longer to achieve permanency. Furthermore, youth entering a STRTP also increased during this time as the Interagency Placement Committee, established in 2018, ensured that every case was screened for STRTP. STRTP timelines are set by the treatment plan and are outside of the control of probation and,

as noted above, are often longer than the initial 12 months. Anecdotally, Probation noted that the length of stay in STRTPs has been extended in recent years due to the turnover in therapists. When therapists leave, the timeline is disrupted and extended as it takes time for a new therapist to build trust with the youth for healing to occur. Finally, justice involved youth are also more likely to go absent (AWOL) lengthening the timeline.

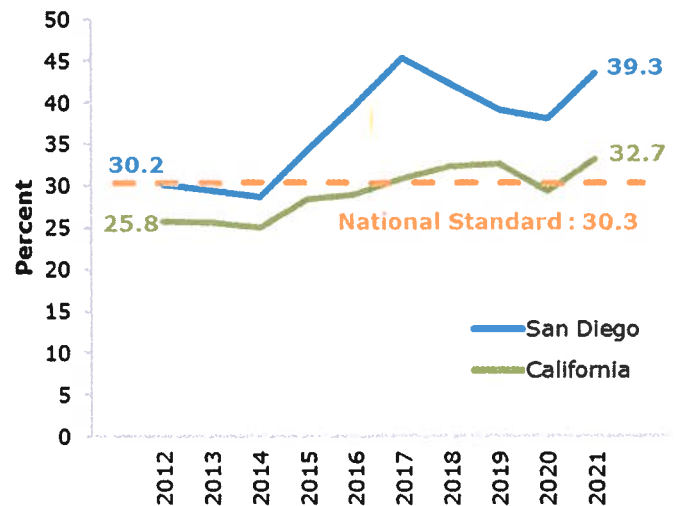
Permanency in 12 months in care 24 months or more (Measure P3)

This measure tracks the percent of children who had been in care for 24 months or more and were discharged within 12 months. This outcome is tracked by both CWS and Probation; thus, they are reported here separately.

CWS data: Unlike P1 and P2, the trend for P3 trended up over the last ten years, ending above both California and the national standard. Children most commonly exited to permanency with adoption in this outcome measure (36.2% in 2021), followed by guardianship (4.4%) and reunification (3.2%).

In looking at the permanent plans achieved by ethnicity, adoption was the higher percentage for Black (25.9%) and White (46.6%), Latino (38.5%), and Native American (16.7%) children. Achieving permanency through guardianship was at a higher rate for Asian/P.I. (12.5%) children. When looking at permanency type achieved by ages a higher percentage was achieved through reunification for ages 11-14 (7.4%). Achieving permanency through adoption was the most common exit reason for ages 1-2 (60.9%).

P3 (CWS): Permanency in 12 months for children in care 24 months or more
Percent of children with exit to permanency



	Ethnic Group /Year (%)												Total	
	Black		White		Latino		Asian/P.I.		Nat Amer		Missing		'15-'16	'20-'21
	'15-'16	'20-'21	'15-'16	'20-'21	'15-'16	'20-'21	'15-'16	'20-'21	'15-'16	'20-'21	'15-'16	'20-'21		
Exited to reunification	2.9	2.8	1.6	4.6	1.1	3.1	0	0	0	0	0	0	1.6	3.2
Exited to adoption	29.7	25.9	47.8	46.6	34.1	38.5	31.6	0	52.4	16.7	0	0	36.3	36.2
Exited to guardianship	1	5.6	4.3	3.8	1.1	3.8	0	12.5	0	0	0	0	1.7	4.4
Exited to non-permanency	1.4	2.8	2.2	0.8	1.6	1.2	0	0	4.8	0	0	0	1.7	1.3
Still in care	65.1	63	44	44.3	62.1	53.5	68.4	87.5	42.9	83.3	0	0	58.7	54.8

	Age Group/Year (%)					
	1-2yr		16-17yr		Total	
	'15-'16	'20-21	'15-'16	'20-21	'15-'16	'20-21
Exited to reunification	0	4.3	0.6	1.2	1.6	3.2
Exited to adoption	76	60.9	1.9	2.5	36.3	36.2
Exited to guardianship	0	1.4	0.6	2.5	1.7	4.4
Exited to non-permanency	0	1.4	9.3	6.2	1.7	1.3
Still in care	24	31.9	87.6	87.7	58.7	54.8

Although the children in P3 tend to be the most challenging to establish permanency for, the work completed by the Adoptions team on cases where children have been in foster care beyond 24 months contributed to higher than expected results in this measure through the review and implementation of multiple strategies to help youth in care for a long period of time to achieve permanency. This work includes utilizing Permanency Round Tables to explore barriers for a more permanent plan and ideas to help achieve permanency. An important practice that may have impacted this was the change in Resource Family Approval (RFA) in 2020. Families may have been approved faster during this time and children exited to permanency. They further wondered if the 2020 change in policy for visitation of parents involved in RFAs contributed to the marked upswing in the trend. Before 2020, parents could not visit when they were in the RFA process. When that policy was changed, CWS noticed a swift increase in permanency. That observation could be true for P1 and P2 as well.

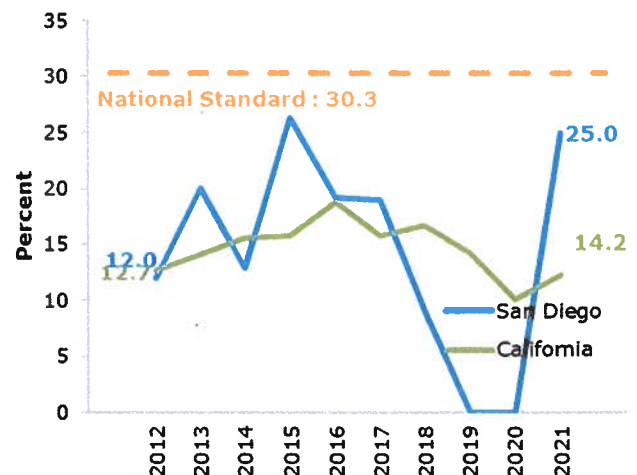
Probation data: The data indicates a significant drop from 2017-2019 with a recovery to the 2014 level by 2021. All data points were below the national standard.

Trends in age and ethnicity/race data were similar to P1 and P2 (See Appendix G for demographic data)

Several themes emerged from the community data collection (i.e., the forums, focus groups and survey) and Peer Review that impact all three Permanency indicators for CWS and Probation. These include:

- Consistently strong practices.** Participants noted several core practices that are supportive of families and help to achieve both safety and permanency for children. These include Child and Family Teams (CFTs), Multidisciplinary Teams (MDTS), Child and Adolescent Needs and Strengths tool (CANs), Safety Organized Practice (SOP), Structured Decision Making (SDM), Wraparound Services, and Parent Partners.
- A mixed response to centering on the child:** Peer Review results found that in many cases, the social worker and probation officer take into consideration the child's voice and choice throughout the case. However, former foster youth expressed that CWS has more work to do to center on and fully value youth. They noted that CWS was inconsistent in valuing youth and that they felt CWS perceived them to be not "competent" to have an opinion about things that impact their life. Tribal focus group

P3 (Probation): Permanency in 12 months for children in care 24 months or more
Percent of children with exit to permanency



participants expressed a correlate to this- tribal partners felt more fully heard and collaborative when working with the Indian Specialty Unit as opposed to CWS caseworkers in other programs and regions.

- **The challenge of multiple case workers.** San Diego CWS organizes its case management by the phases of the case. This means that families do not have a single point of contact throughout their case. Both community members and peer counties noted that this is not optimal for families. For example, during focus groups, parents involved with CWS noted that case workers are frequently not up to date with their case resulting in re-questioning the parent and an unpreparedness to meet their needs. Former foster youth noted the importance of having one person who was intentionally and genuinely looking out for them. Peer Review counties noted that while social worker turnover is a concern across the state, San Diego's case management approach may negatively impact the continuity of care. The CWS CSA planning team had a rich discussion about the recommendation to shift to "vertical case management" (in which one case worker manages a family's case from beginning to end). San Diego previously piloted vertical case management in two regions eliminating the Court Intervention (CI) unit; thus, cases went from the ER worker to a Continuing Services (CS) worker who had a mixed caseload of CI cases and CS cases. The barriers to success with this pilot were that the CI cases took priority over the CS cases due to the frequent court demands as well as the difficulty switching between duties and having expertise in these two different phases of the case. Indeed, CWS observed that their cases require focused, intensive support that can exceed the ability of one case worker. The team discussed teaming (i.e., multiple case workers on one case) as a way to address both the parent and youth experience in consistency while also supporting case workers. The current staffing context- high turnover and unfilled positions- makes this shift challenging.
- **Visitation:** The parents' ability to visit their children when they have been separated can be a critical component to achieving permanency. Yet, during the pandemic, visitation supports were often lacking and that may have had a negative impact on all three permanency outcomes. The lack of visitation supports was also taxing to the Resource Parent focus group participants because they became the transportation of last resort and this role impressed upon them a feeling of being a "commodity." Peer Review counties noted that limited visitation supports have negatively impacted the ability of families to maintain connections and engagement. CBO and System Forum participants noted visitation as something that is a key element of what works to achieve permanency.
- **Family Finding:** Extended family and non-relative extended family members are key to achieving permanency. Peer review counties noted that CWS family finding is not happening consistently nor throughout the life of the case. They strongly suggested further exploring potential placements through formal searches, and not relying solely on the parent's initial recommendations. Family finding is something probation has focused on from the last SIP with positive results. Peer counties suggested additional work throughout the case is necessary for both CWS and Probation.

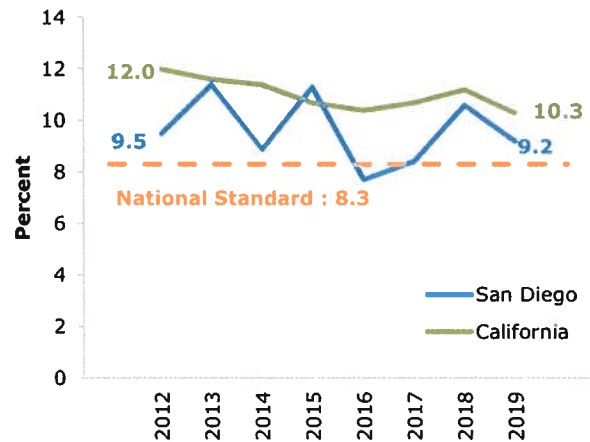
Re-entry to foster care in 12 months (Measure P4)

This measure includes the percent of children reunified within 12 months, but who re-entered foster within 12 months of their discharge from foster care. This outcome is tracked by both CWS and Probation; thus, they are reported here separately.

CWS data: The percent of children who re-entered the system has consistently been above the national standard except for in 2016.

The rate of re-entry has decreased for most ethnicities with the exception of children identified as White (9.7 in 2014-2015 and 13.6 in 2018-2019), and Asian/Pacific Islander (0 in 2014-2015 and 12.5 in 2018-2019). CWS noted the high number of re-entries for White children. While this appears to be a disproportionately negative impact for White children, the CWS team questioned if it also signals that social workers are more likely to take chances on returning children to white families as opposed to other racial ethnic groups. This thoughtful observation on how bias can seep into decisions is by no means a fact. It is rather a signal for CWS to continue its intentional self-reflection and practice improvement. When looking at the data by age, we see that there is a decrease in re-entries for every age with the exception of ages 1-2 (8.2 in 2014-2015, and 10.4 in 2018-2019). The ages with the highest rate of re-entry are children under the age of 1 month old, and children ages 16-17.

P4: Re-entry to foster care in 12 months
Percent of children with re-entries



	Ethnic Group /Year (%)													
	Black		White		Latino		Asian/P.I.		Nat Amer		Missing		Total	
	'14-15	'18-19	'14-15	'18-19	'14-15	'18-19	'14-15	'18-19	'14-15	'18-19	'14-15	'18-19	'14-15	'18-19
Children with re-entries	11.3	0	9.7	13.6	11.6	8.8	0	12.5	46.2	*	0	0	11.3	9.2
Children with no re-entries	88.7	100	90.3	86.4	88.4	91.2	100	87.5	53.8	*	100	100	88.8	90.8

	Age Group/Year (%)					
	<1 mos		16-17yr		Total	
	'14-'15	'18-19	'14-'15	'18-19	'14-'15	'18-19
Children with re-entries	15.2	13.6	15	14.3	11.3	9.2
Children with no re-entries	84.8	86.4	85	85.7	88.8	90.8

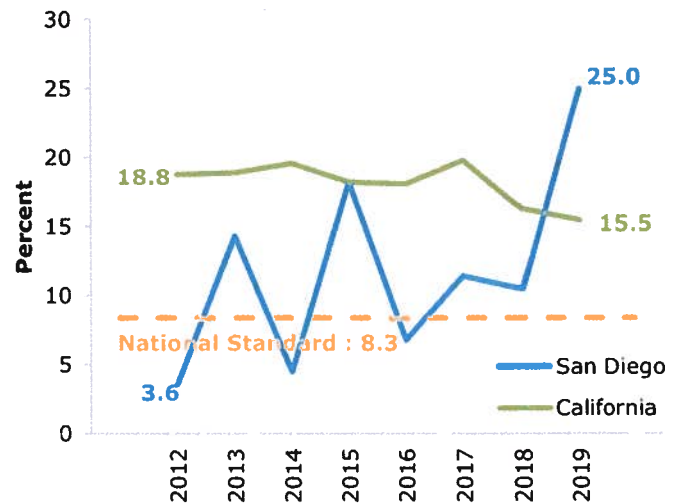
When considering the trend data, the CWS team wondered if dynamics such as sibling groups and cases of relapse affected this trend. CWS conducted a deep dive into this data during the last SIP Progress Report on the 35 cases that re-entered. Of those, 20 had an open FM case in an effort to provide continued stabilization services and monitor to prevent re-entry, however, new incidents occurred that could not be mitigated. Of those 35, there were several large sibling groups (groups of 3, 4, 5 and 6 siblings). While each child's experience is their own, when large sibling groups are reunified and a new incident happens where they re-enter, this impacts the re-entry rate. Furthermore, for cases where

parents relapsed using substances, there may be some instances where the agency did not make concerted efforts to provide services to prevent re-entry and just resorted to removal. Concerted efforts would look like utilizing the safety network to keep the children safe while trying to re-engage the parent in substance use services and enact the relapse prevention plan to stabilize and prevent removal. Unfortunately, relapse is common during recovery and it's not always realistic to expect parents to be prepared to reunite with their children within 12 months. CWS noted that the chance for relapse is acute during the potentially stressful time in which the children are returning home to live with their parents. The issue of drug use was also noted amongst parent focus group participants. Parents who had challenges with drug use felt CWS was ready to take their children more so than they were there to support them through their addiction. They felt they were treated as if they did not deserve to have their children instead of being treated with dignity and support to overcome their challenges.

Probation data: The trend data shows a sharp increase from 2018-19. However, it is important to note that this is only 3 of 12 youth. As overall cases have decreased, probation is working with youth with more challenging behaviors (i.e., sex offenses, aggression, and arson), which may result in re-entry.

Probation highlighted various strategies to improve the re-entry rate. These included the continued use of Child and Family Team (CFT) meetings, Interagency Placement Committee (IPC) certifications, and wraparound services to better assess readiness for reunification. Additionally, Probation made referrals to Functional Family Therapy- a practice that CBO and System Forum participants noted was working for families- as well as other community-based services to increase family stability. Probation noted the importance to continue to train and educate staff on available resources for youth once reunified. This will remain a focus in the future.

P4 (Probation): Re-entry to foster care in 12 months
Percent of children with re-entries



Placement stability (Measure P5)

The measure tracks the placement moves per day of foster care for all children who entered foster care in a 12-month period. This outcome is tracked by both CWS and Probation; thus, they are reported here separately.

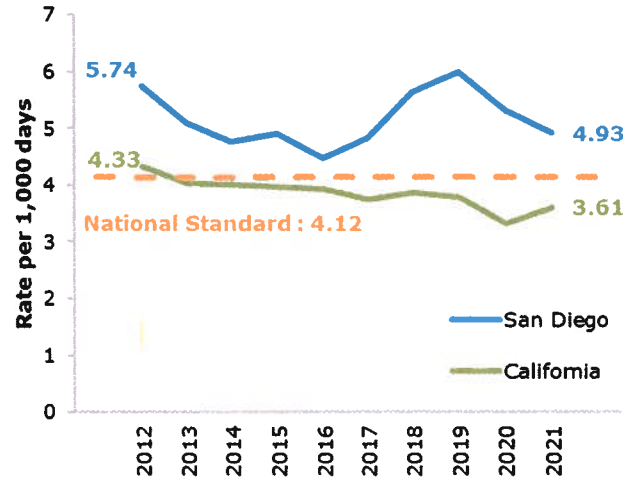
CWS data: Over the last 10 years, placement stability has stayed above the national target, but is showing a downward trend over the most recent years.

Comparing 2014-2015 data to 2020-2021 data, all ethnicities had a decrease in placement moves per 1,000 days, with the exception of children identified as Latino which had an increase of 4.8 to 5.41. Furthermore, the recent data shows Latino children had the highest number of placement moves per 1,000 days. The CWS team observed the higher number of placement moves during 1,000 days for older youth compared to the younger age groups. They noted that the older age groups may be more likely to have runaway episodes which may in turn, result in a placement change.

CWS discussed the critical importance of increased family finding to increase the likelihood of being placed with a relative, something that Peer Counties identified as an improvement opportunity for San Diego County. The CWS team also pointed out that Native American children exhibited the lowest number of placement changes during this period, which they believe may be in part due to tribal homes exemption from RFA requirements (see data tables below).

The CWS team discussed that placement stability generally improved since the last SIP. They attributed this performance to improved foster parent licensing and retention efforts, use of resource parents who mentor parents, and the Quality Parenting Initiative.

P5 (CWS): Placement Stability
Rate of placement moves (per 1,000 days)



Ethnic Group	Foster Care Days for Children with Entries	Placement moves	per 1,000 days
Black	26,306	129	4.9
White	48,145	212	4.37
Latino	77,555	415	5.41
Asian/P.I.	4,826	24	4.65
Nat Amer	2,241	3	1.76
Missing	417	3	6.85
Total	159,490	786	4.94

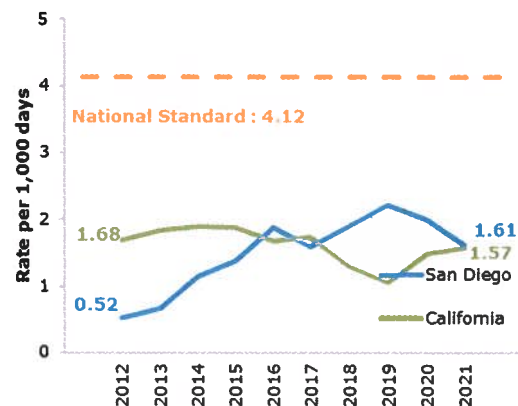
Age Group	Foster Care Days for Children with Entries	Placement moves	per 1,000 days
Under 1	49,438	185	3.75
'1-2	23,522	115	4.95
'3-5	27,833	132	4.74
'6-10	26,611	140	5.25
'11-15	26,434	176	6.66
16-17	5,652	38	6.95
Total	159,490	786	4.94

Probation data: The probation placement stability rate trend line is well below the national standard, but above California's rate from 2018 to 2021.

Demographic data was not available for this indicator.

Probation mentioned that stability for high need youth is challenging for a number of reasons. Justice-involved youth tend to have higher rates of placement changes due to running away, terminations and rearrests, which impacts the time a youth spends in care during a single placement episode. As previously mentioned, Probation primarily focuses on the youth, not the family. As a result, the youth may have undergone a positive change, but the family may not have been ready to provide stability for the youth. Also, some resource families are not equipped to handle the behaviors these youth exhibit. Moreover, for youth receiving treatment for sex offenses, their treatment programs are typically from 12-18 months. Additionally, Probation observed that the Court typically supports keeping youth in congregate care to enable the youth to benefit from extended foster care services.

P5 (Probation): Placement Stability
Rate of placement moves (per 1,000 days)

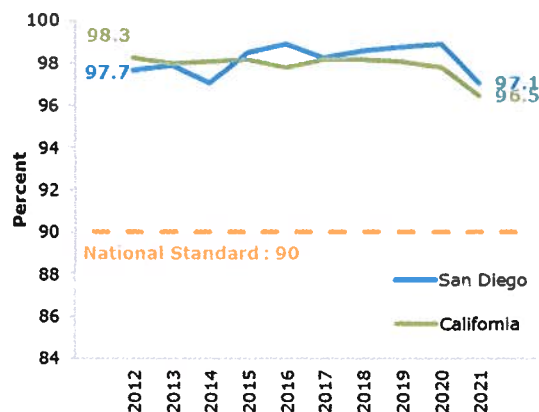


Response and Visitation Trends

Timely Response (Measure 2B, CWS only)

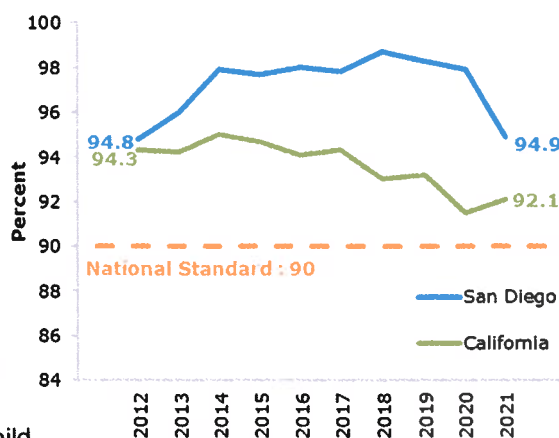
This measure counts both the number of child abuse and neglect referrals that require, and then receive, an in-person investigation within a given time frame. It includes both attempted and completed investigations. The two time classifications are immediate response (within 24 hours) and 10-day compliance response. The ten-year data trend shows that CWS consistently had a high immediate response that exceeded the national standard and was higher than the California trend for most of this period.

2B Timely Response
(immediate response %)



The CWS team pointed to a number of data quality concerns associated with this measure including that social workers neglect to enter contacts due to high workloads. They also noted that social workers have differences in understanding of how to enter attempts when a parent denies a school visit.

2B: Timely Response
(10-day response compliance %)



In reviewing the demographic data for this measure, CWS explored why Latino children did not receive as timely a response as other groups. One consideration explored was that Latino families may have both San Diego and Mexico addresses. More exploration is needed.

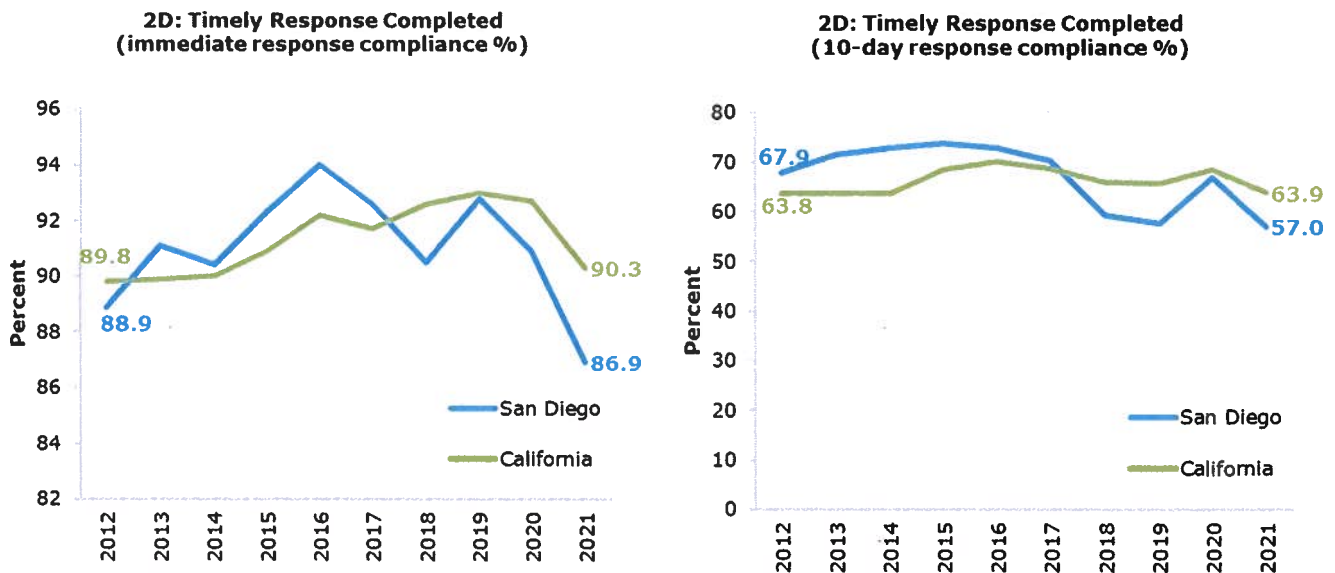
Contributing factors to the downward trend in timely response in recent years are believed to be due to the pandemic, which impacted CWS's ability to safely investigate, and school interview policies. Before the policy change where only conducting school interviews when certain criteria note that it is necessary, emergency response workers regularly went to schools first to interview children, which resulted in more timely investigations because the child was seen at school. However, when this new policy was enacted (for good reason as we should critically

think about whether interviewing a child at school is necessary for the investigation), caseworkers more frequently attempted interviews at the home. This resulted in attempts being timely, however, impacted timely face-to-face as the family may not have been home to interview, or only some of the children were home to interview. Then, subsequent attempts may not have been timely due to workload from immediate response referrals making it a challenge to get back out to interview the family. Or, families then were alerted by a card left on the door, and they would schedule an in-person at a later date than what would be considered timely by Administration for Children and Families (ACF) (e.g., schedule an appointment one to two weeks out from the social workers initial attempt).

Another context consideration is that in cases of families with multiple children, the indicator is considered not timely if one of the children is not seen. In other words, it does not count partial success as a response time.

Timely Response that resulted in a determination of abuse or neglect (Measure 2D, CWS only)

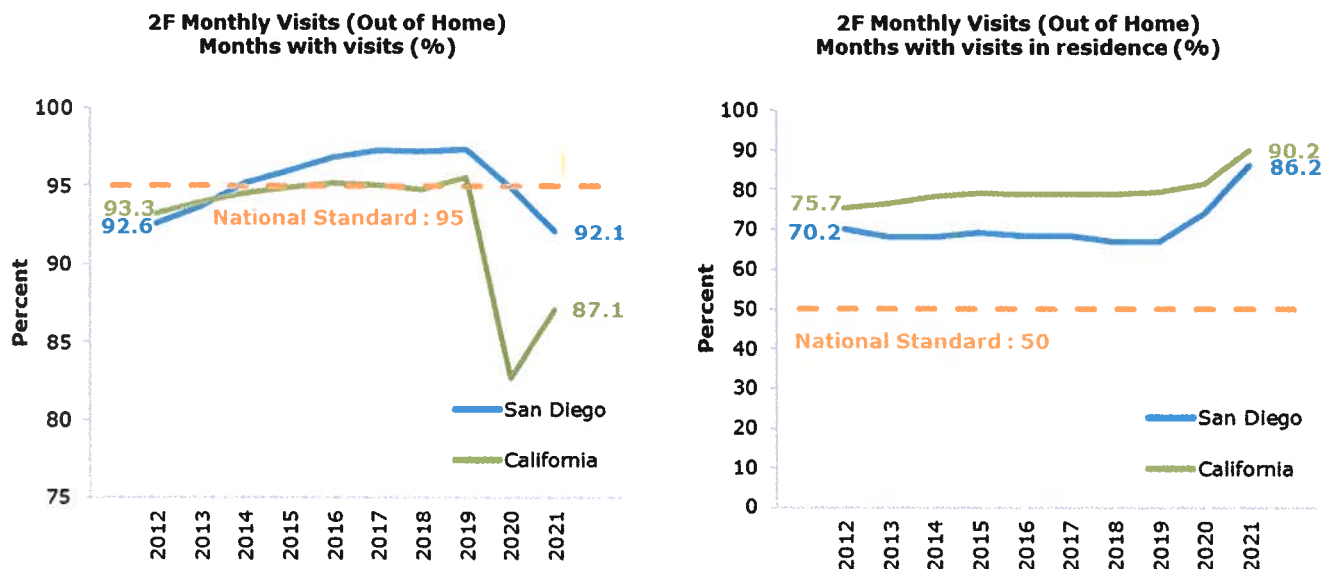
Similar to Measure 2B, this measure counts both the number of child abuse and neglect referrals that require, and then receive, an in-person investigation by immediate response (24 hours) or within the 10-day compliance response period. However, different from 2B, this measure only takes into account completed investigations. The ten year trend shows that the response resulting in a determination was both lower than the state and declined markedly from 2017 to 2021.



This indicator is contextualized in much the same way as 2B. The marked decline in completion dates is largely due to the pandemic, which created challenges to meeting families and children because of relative lack of access to or safety concerns with visiting homes and schools. This measure excludes the "attempted" in-person visits for the investigation. So, similar to above, when CWS makes an attempt to visit the home, either subsequent attempts are not timely due to workload and number of immediate response referrals which impact workload and ability to follow up on referrals already assigned, or families contact the social worker after the attempted visit, and schedule the visit for a later date that would not be considered timely (i.e., a week or two from the time the social worker made their attempt). Previously, when children were seen at their schools for every investigation, it made it easier to see them in-person and complete the interview with them timely.

Monthly Visits (Measure 2F, CWS and Probation)

These reports calculate the percentage of youth in placement who are visited by caseworkers. Each youth in placement for an entire month must be visited at least once. The graphs summarize monthly data by year. The measures show both in-person contacts (the graph to the left) and in-person contacts that occurred in the residents of the youth (the graph to the right). It is striking that in-person visits in San Diego were generally trending above the national standard until 2019 and then markedly dropped, where as in-person visits in the residence of the youth were both above the national standard and trended up during the same period.

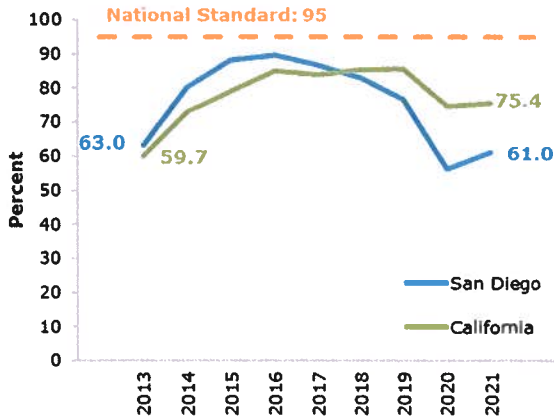


CWS did not have access to trend data for demographics for this outcome measure but based on the 2021 Q2 data, Latino and White children exhibited the highest number of timely responses (See Appendix G for demographic data).

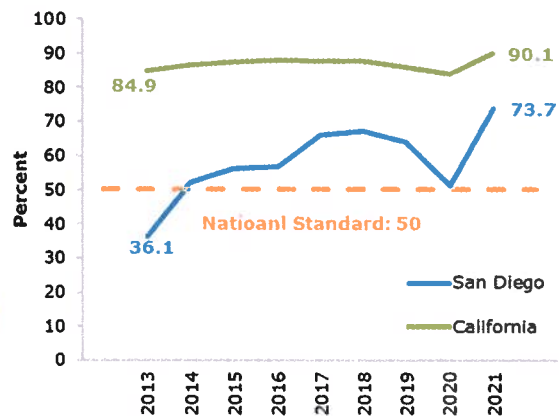
The CWS team discussed how COVID played a major role in the drop of face-to-face visits, yet San Diego did remarkably better than the state comparison trend. The team discussed that this may be due to data quality errors in other counties because during COVID, many social workers were not trained in how to enter video calls during this period. The team also suggested that months with visits in residence may have increased because schools were shut down, leaving home as the only venue. The group further reflected on the relatively high number of older youth with no timely response and wondered if that is due to youth who run away and visits cannot be conducted- something the Probation department also noted.

Probation: Trends for monthly visits generally trended below the national standard and California while monthly visits in residence are well above the national average, but below the state comparison. Probation also noted that data quality is poor for this outcome and may not be reliable.

2F (Probation): Monthly Visits (Out of Home) Months with visits (%)



2F (Probation): Monthly Visits (Out of Home) Months with visits in residence (%)

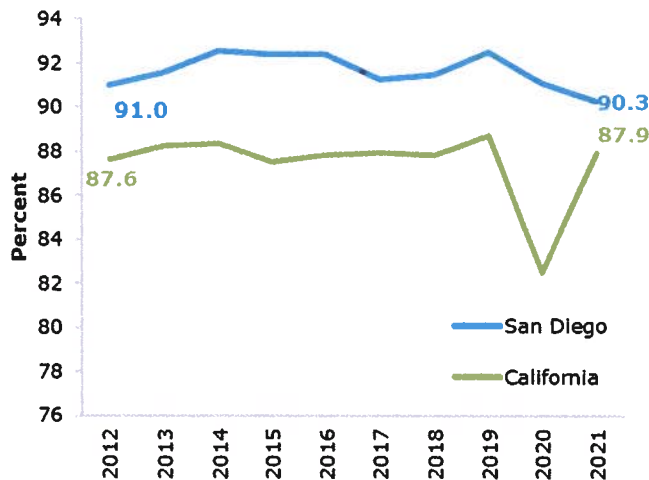


Monthly Visits for Those Receiving In-Home Services (Measure 2S, CWS only)

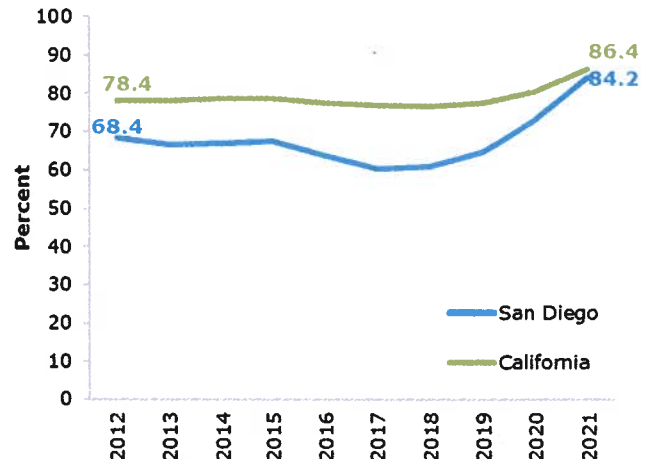
This outcome calculates the percentage of children receiving in-home services who are visited by caseworkers. Child welfare in-home services are a continuum of prevention-related supports and programs designed to enhance the protective capacity of caregivers and improve the conditions that may contribute to safety and risk concerns for children. Each child receiving services for an entire month must be visited at least once. The graphs below summarize monthly data by 12-month periods.

The results roughly track the same trends as measure 2F but have less noticeable change. In-home services overall (the graph to the left) were generally high and consistent over the last 10 years, with only a modest drop after 2019. San Diego's in home service by far exceeded the state comparison trend data. However, in-home services in the residence of the child or youth increased since 2019, generally below the state trend line, but ending similarly (See Appendix G for demographic data).

2S Monthly Visits for those receiving in-home services Months with visits (%)



2S Monthly Visits for those receiving in-home services in Residence Months with visits (%)



In looking at these trends, trust was noted as a main contributor to the relatively high number of visits for those receiving in-home services. The CWS team mentioned the work their teams have done to build trust to allow for these visits. This includes training on implicit bias and Diversity, Equity and Inclusion. Policy changes were also implemented to increase the number of in-person visits for voluntary cases. The policy changed in 2021 that required the frequency of in-person contact to be 2 times minimum each month for voluntary cases. This recommendation was a result of trends seen in the Child and Family Services Reviews (CFSRs) and the risk of possible lack of engagement by families due to not being court involved.

Also, the team considered that the number of home visits may be higher for families who receive the Intensive Family Preservation Program (IFPP). This high intensity service provides more contacts with other case workers. IFPP would explain these high numbers in relation to the general state number comprised of counties without IFPP.

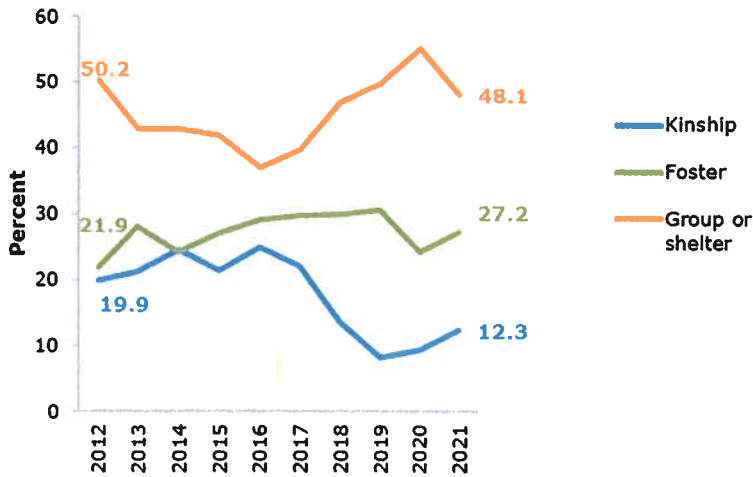
Even with these positive trends, former foster youth, Tribal, and parent focus group participants suggest there is still work to be done to center youth voice and support families.

Least Restrictive Placements (Measure 4B, CWS and Probation)

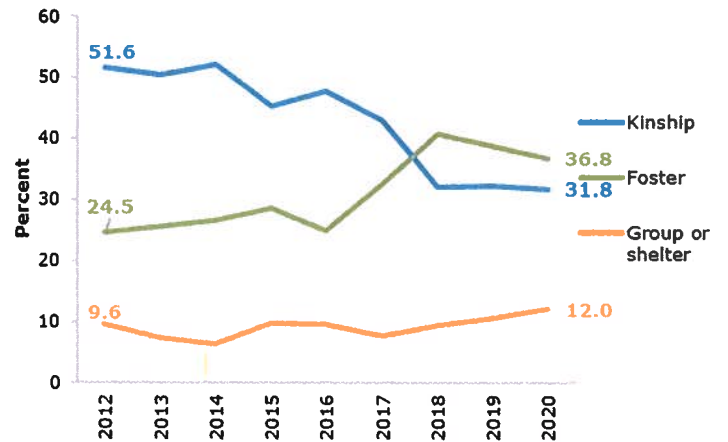
This measure reports the various placement types for children over time by both first-time placement and the predominant placement. The county and state collect data about five types of less restrictive placements: relative or non-relative extended family member (NREFM)- referred to as “kinship” in the graphs; foster home; foster family agency (FFA); group/shelter; and other. The below graphs only report percentages over 10% for readability, but it is of note that FFAs were infrequently used for either first or predominant placement. Other includes Court Specified, Tribally approved Home, Non-Foster-Care, Guardian, Runaway, Trial Home Visit, SILP, Transitional Housing, Missing, or “Other (all other codes)- if there are instances of a placement type that is not offered for a particular report, then those instances will be counted in the Other category for that report. These numbers were also small and diverse making it difficult to develop meaningful analysis or insights.

CWS data: The 10-year trend data shows that while a group home/shelter may be the most common first placement, it is the least frequent predominant placement. Conversely, kinship is the least common first placement, but generally the predominant placement. It is also of note that foster placement became the predominant placement in 2019-2020. Age and demographic data are not available for this indicator.

**4B: Least Restrictive Placements
(First Placement %)**



**4B Least Restrictive Placements
(Predominant Placement %)**

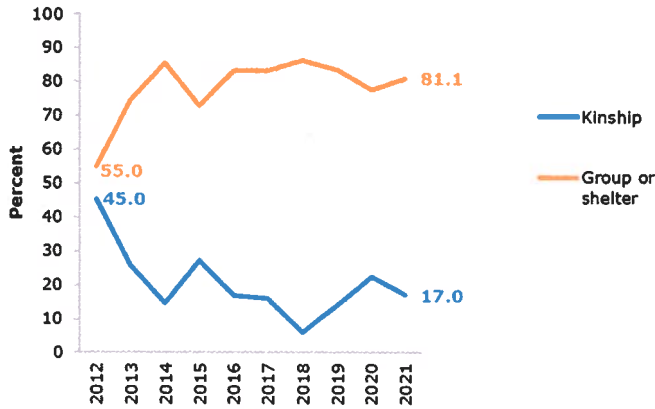


CWS noted that the generalized pre-2020 downward trend of kinship in first placement could be accounted for by RFA process barriers and delays. In the RFA process, there is the "Emergency track" and the "Standard track". The "Emergency track" can be completed more quickly. However, if a person going through the RFA process has criminal history or something else that needs further assessment, they will need to go through the "Standard track", which takes longer. The upward kinship trend in first placement after 2019 could be explained by the beneficial 2020 changes that made the approval process less onerous. However, the ongoing downward trend of kinship placement as the predominant placement is concerning and is not immediately explainable.

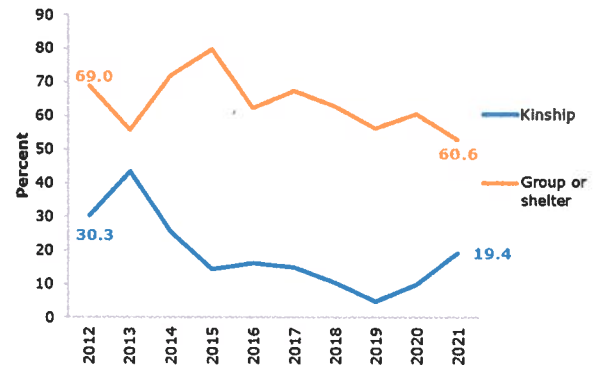
Probation data: Of interest in the Probation trends is that group home or shelter is higher in first placement than predominant placement, while kinship placement trends tracked similarly between first placement and predominant placement. No demographic data is available.

Probation discussed that kinship placements may have increased in recent years due to increased family finding and the enactment of an emergency RFA process, in which families are supported w/ funding more immediately.

4B (Probation): Least Restrictive Placements (First Placement %)



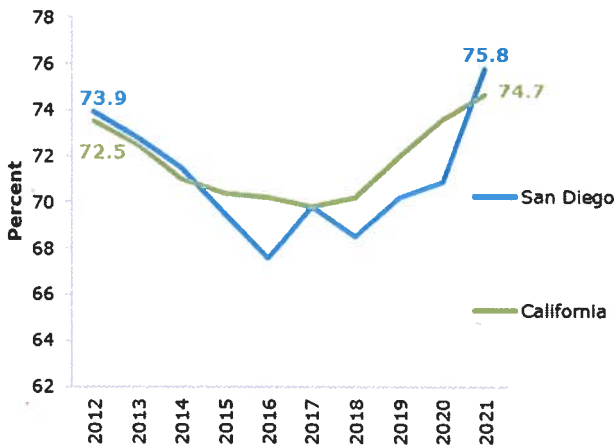
4B (Probation): Least Restrictive Placements (Predominant Placement %)



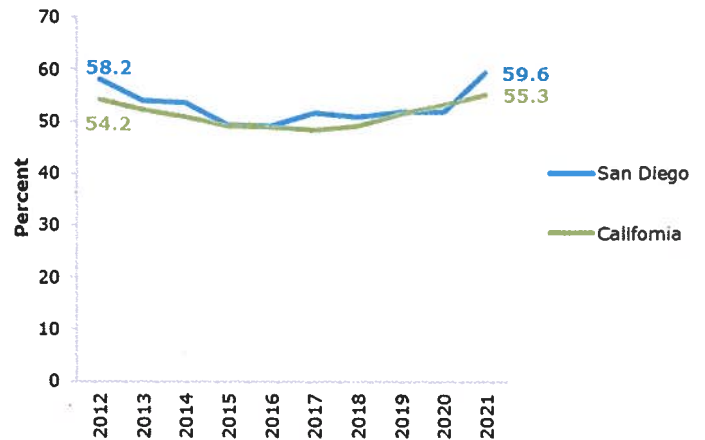
Siblings (Measure 4A, CWS only)

This measure provides point in time counts of sibling groups placed in Child Welfare supervised foster care. San Diego's performance over the last 10 years has been largely the same and nearly mimicking the state's trends. Demographic data was not available for this measure.

4A Placement with siblings (Percent placed with some siblings)



4A: Placement with siblings (Percent placed with all siblings)

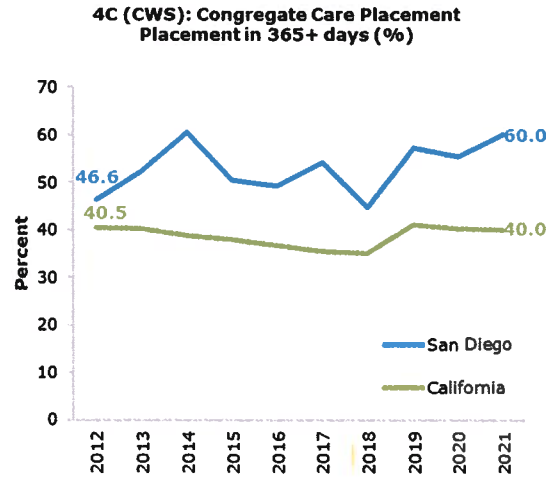


CWS predicted that a factor for this high performance is that policy changes have allowed siblings to stay at the Polinsky Center while CWS works to find a placement that would accommodate the sibling set. Another factor that may account for the upward trend in 2020 is the changes to the RFA process in that same year. This process smoothed and expedited placements generally. It is of note that Peer Counties saw CWS prioritization of siblings being placed together as a strength of the county. However, CWS noted that more information is needed to fully understand the reasons behind the performance of this indicator.

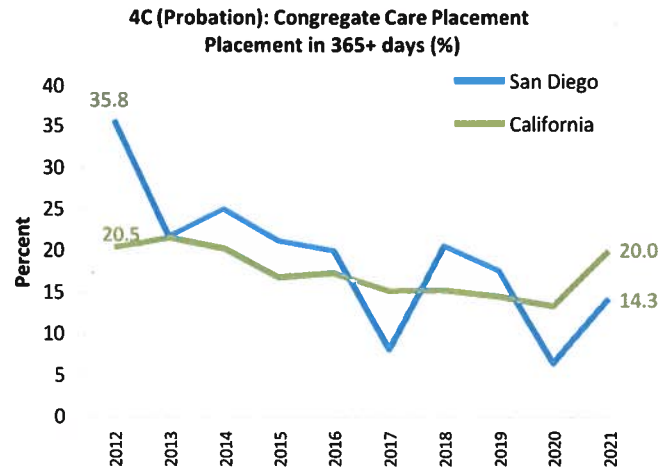
Congregate Care: one year or more (Measure 4C, CWS and Probation)

This measure calculates the percentage of children and youth in congregate care on a selected day who spent at least 365 of the preceding 400 days in congregate care settings. This data is tracked by both CWS and Probation; thus, it is reported here separately.

CWS: San Diego County's trend line has generally increased over the last 10-years, with a marked increase since 2018. By comparison, San Diego has tended to be well above the California measures for congregate care. This should be set in the context that San Diego CWS has significantly decreased the total number of youth in congregate care. Youth are only placed in STRTPs when they truly cannot meet their mental health needs in a family setting. This may mean they need a longer period of time to meet their treatment goals. Additionally, San Pasqual Academy impacts this outcome. Many youth stay at SPA until they complete high school.



Probation: Probation was not as familiar with this measure that relates directly to STRTP as it is relatively new. An explanation for the downward trends from 2018 to 2020 could include their efforts with implementing CCR which began in 2018. Probation implemented their interagency placement committee which regularly reviews cases in which the youth has been in foster care for 6 months or more. Officers are required to articulate the need for continued care beyond 6 months. Cases are reviewed every six months and the committee provides feedback on the transition of the youth from care back home. Additionally, Probation has seen a dramatic reduction in caseloads across the board, especially foster care cases.



Reasons the trends may have moved upwards from 2020 to 2021 include increased efforts by courts to continue foster care for a transition to extended foster care. Also, Probation has seen an increase in dually involved youth who most times will remain in foster care until they reach 18 and transition to extended foster care. This means they could be in foster care for years.

ICWA Eligible Children (Measure 4E, CWS only)

This outcome measures the placement status of Indian Child Welfare Act eligible children, taking into account placement type, child relationship to substitute care provider, and substitute care provider ethnicity. The resulting placement status categories are placements with relatives; with non-relative, Indian substitute care providers (SCP); with non-relative, non-Indian substitute care providers (SCP); with non-relative substitute care providers with ethnicity missing in CWS/CMS; in group homes where ethnicity cannot be determined; and in other placements.

4E (1) Placement Status for Children with ICWA Eligibility		
	2015	2021
Relatives	48.9	50.0
Non Relatives, Indian SCPs	M	M
Non Relatives, Non Indian SCPs	15.9	28.8
Non Relatives, SCP Ethnic Missing	M	M
Group Homes	M	M
SILP	M	M
Other	M	0.0
Missing	0.0	0.0

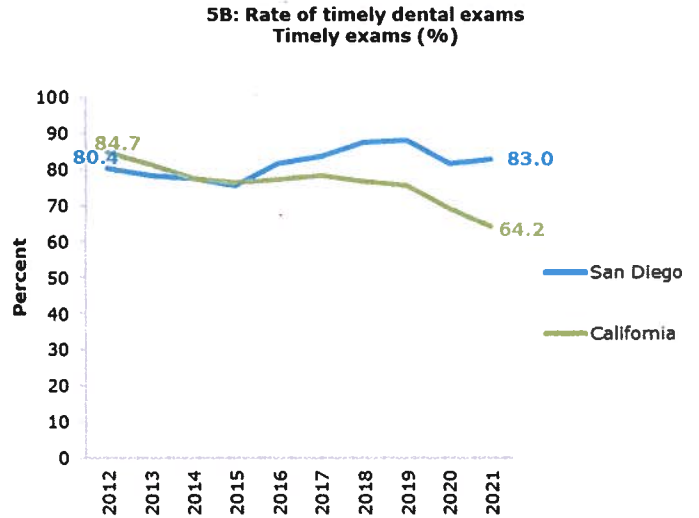
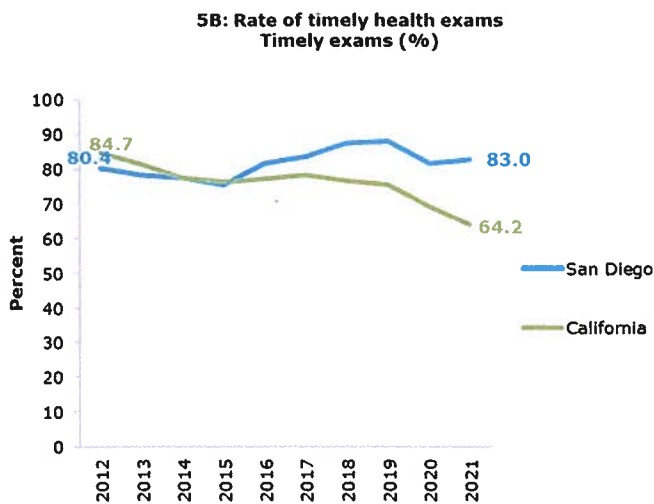
4E (2) Placement Status for Children with Primary or Mixed (Multi) Ethnicity of American Indian		
	2015	2021
Relatives	39.3	43.3
Non Relatives, Indian SCPs	M	M
Non Relatives, Non Indian SCPs	29.5	30.0
Non Relatives, SCP Ethnic Missing	M	M
Group Homes	M	M
SILP	M	M
Other	M	0.0
Missing	0.0	0.0

Health Related Outcome Trends (CWS Only)

The C-CFSR requires three health measures be tracked. They provide information on trends; however, there is no comparison to national standards for this data. This data tends to be of less quality than the key C-CFSR outcomes, but still offers valuable insights.

Timely Health and Dental Exams (Measures 5B1, 5B2)

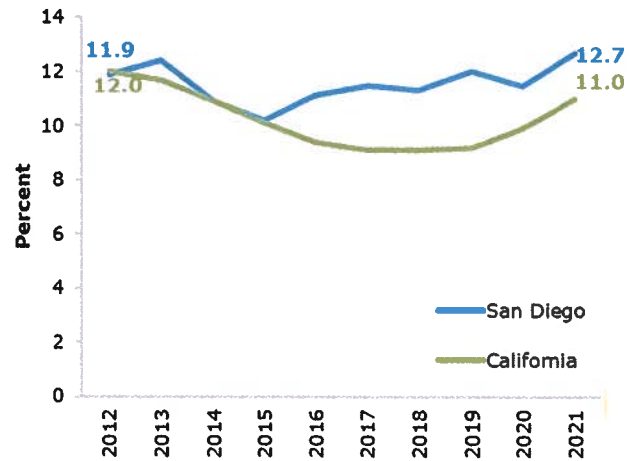
Timely health exams continue to be at a high percentage, well above the California trend line that has decreased over this period. Dental exams have increased over the last 10 years, similarly well over the state trend data. These high trend rates may be explainable by the community partnerships CWS maintains. CBO and System Forum participants frequently noted a key strength in the San Diego system of care is its individualized and specialized programs and the partnership with existing community services.



Youth receiving authorized psychotropic medication (5F)

This measure reviews the trends of all children who were in an out of home placement with a court order or parental consent authorizing the child to receive prescribed psychotropic medication. The percent of children with a consent stayed roughly the same over the last 10 years, and slightly above the state's trends. Approximately 41% of youth in foster care are between the ages of 6-17 years old. Older children have potentially experienced more trauma, and have symptoms of depression, anxiety, and other diagnoses that psychotropic medication can assist with.

5F Authorized for Psychotropic Medication Psychotropic medication (%)



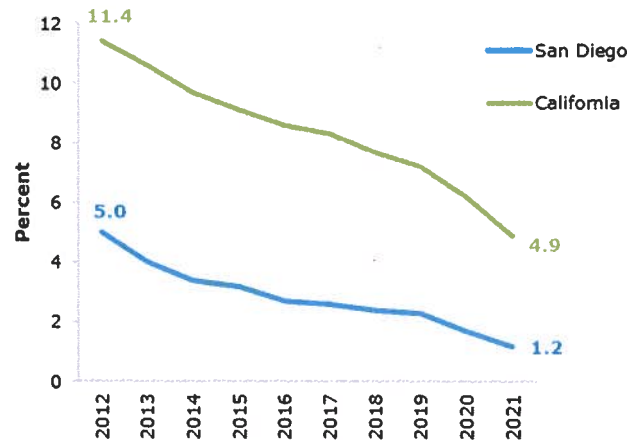
Education and Stability Outcome Measures (CWS only)

Similar to the health-related outcome trends, this data tends to be of less quality than the key C-CFSR outcomes. Only IEP trends were available to CWS at the time of this report. Other stability measures – complete high school or equivalency, obtained employment, have housing arrangements, and a permanency connection with an adult (8A) were not available.

Individualized Education Plan (6B)

This measure tracks the percent of children in an out of home placement who have had an Individualized Education Plan (IEP) meeting. San Diego's IEP percentage has trended downward over the last 10 years and is much lower than the state trend data. San Diego has consistently had a lower percentage of children with IEPs and the line of decrease trend tracks with the state's decrease. The number of children in out of home placement has decreased and this may account for the decrease. Additionally, data entry quality can impact this outcome. If this information is not entered into CWS/CMS, the accurate number of children with IEPs will not be captured. The Policy Analyst who oversees policies related to IEPs will be providing staff with reminders to complete this field.

6B Individualized Education Plan (% of children)



13. Summary of Findings

The CSA requires counties to take a comprehensive approach in its examination and identification of community need for prevention and community-based services. This approach includes an analysis of the federal and state outcome measures and systemic factors within the context of the county's demographic profile as well as information gathered via active participation of the county's prevention network partners, staff, and the larger community. This section presents findings from all CSA data collection and community engagement activities including the Peer Review as it relates to county strengths, areas for improvement, and recommended strategies.

CWS: County Strengths

Recurring themes of strength included:

- Use of Safety Organized Practice (SOP) and bringing in safety networks before determining whether a case should be opened
- County offers multiple training opportunities
- Achieving permanency for children in care 12-23 months, and children in care 24 months or more (San Diego CWS is performing above the national standard in both outcome measures as well as performing above California as a whole)
- Improved placement with some or all siblings measure through prioritizing siblings being placed together
- Increase in collaborative efforts with community services
- Broad array of services
- Efforts to achieve permanency through use of CANS, SDM and after care planning
- Shift to providing services to prevent involvement with Child Welfare Services
- Collaborative work between the CWS Indian Specialty Unit and the Tribal Social Workers and partners

CWS: Populations at greatest risk of maltreatment:

- AA and NA children disproportionately represented
- Households with substance use and domestic violence
- Children between the ages of 0-5, particularly the youngest ages in this range are at greatest risk for maltreatment

Probation: County Strengths

Recurring themes of strength included:

- Staff had longevity and experience
- Low case loads
- Efforts to include family voice and choice in case planning throughout life of case
- CFT's were conducted regularly and were ongoing
- Utilization of WRAP services
- Overall efforts to collaborate with other agencies
- Good communication with service providers
- STRTP's were appropriate and met youth's needs
- STRTP's had services on site to meet youth's needs
- Youth kept near family, natural supports
- Use of relevant placement types to meet youth's unique needs
- Identification of relative placement options early on

Probation: Populations at greatest risk of maltreatment:

- Probation youth may experience risk of maltreatment if they are victims of CSEC

- Engaged families in decisions related to permanency goals

CWS: Areas Needing Improvement

Recurring themes of improvement needed included:

- Too many changes in Social Workers
- Staff retention
- Family finding completed consistently throughout the life of the case
- Lack of training related to permanency and family finding
- Inconsistent and limited family finding efforts (this also was a theme in background, maintaining connections and permanency sections)
- Lack of familiarity of resources/services for youth and family
- Minimal engagement with parents and not utilizing other creative methods to engage
- Limited engagement with father and paternal relatives
- Limited visitation and continued contact with siblings
- Need to work concurrent plan from beginning of placement
- Lack of services/supports in family primary language

Probation: Areas Needing Improvement

- Recurring themes of improvement needed included:
- Lack of training related to permanency and family finding
- Inconsistent and limited family finding efforts (this also was a theme in background, maintaining connections and permanency sections)
- Lack of familiarity of resources/services for youth and family
- Minimal engagement with parents and not utilizing other creative methods to engage
- Limited engagement with father and paternal relatives
- Limited visitation and continued contact with siblings
- Lack of upfront clarity, information, and training for RFA/relatives
- Need to work concurrent plan from beginning of placement
- Lack of parental involvement and willingness to participate due to other commitments
- Lack of services/supports in family primary language
- Lack of continued assessments during life of case
- Lack of parental assessment
- Lack of RFA homes for high needs youth
- Lack of alternative options when initial plan fails

Gaps and Needs (CWS and Probation have overlapping gaps and needs)

Service Array

Findings from the CSA stakeholder forums, focus groups, and Peer Review consistently noted there is a wide array of services available to families, but there are gaps and delays in access. Gaps in services occurred not because services were unavailable but rather due to challenges often related to service provider staffing issues, waitlists and coordination and communication between county staff (e.g., social worker), contracted service provider, and service recipient (family/youth).

Alcohol and Drug Treatment Programs

Although alcohol and drug treatment programs exist across the county, substance abuse treatment services for specialized needs are limited. For example, residential substance abuse treatment centers that allow parents to stay with their children when they are making progress towards recovery have enrollment criteria that can exclude fathers, multiple children or children over the age of 12.

Housing Services

Housing in San Diego has become increasingly difficult due to the economy and lack of affordable units. Families who are experiencing housing instability are referred to housing programs, but they struggle with securing affordable rental units. Unstable housing can delay reunification and can cause for children remain in out-of-home care longer, even when safety and risk factors have been addressed.

Family Finding Services

Participants noted the County's efforts to involve families in placement decisions services such as CFTs. However, they noted more could be done to identify and engage family and support systems (especially paternal family members) throughout the life of the case and not simply during the initial removal.

After Care Services

Case Management and support services to strengthen families and nurture the development of healthy behaviors beyond case closure can be challenging to find if families/youth are navigating on their own. Continuation of any treatment needed to maintain family/ youth stability requires social worker and service provider coordination.

Summary of the Outcome Data Measures and Relevant Data Trends

CWS

Exhibit 12. Summary of CWS Outcome Data			
	San Diego	Federal	State
S1: Maltreatment in Foster Care	10.05	8.5	7.76
S2: Recurrence of Maltreatment	9.2	9.1	9.1
P1: Permanency in 12 Months for Children Entering Out-of-Home Care	31.1	40.5	33.2
P2: Permanency in 12 Months for Children in Care 12-23 months	52.1	43.6	46.9
P3: Permanency in 12 Months for Children in Care 24+ months	39.3	30.3	32.7
P4. Re-entry to Foster Care within 12 months	9.2	8.3	10.3
P5. Placement Stability	4.93	4.12	3.61

Probation

The decline in performance of the P1 measure could be attributed to the need for a higher level of care for longer periods of time. Additionally, youth AWOL and rearrests contribute to longer periods of time in case since youth cannot complete treatment when they are absent from care. Oftentimes, youth take longer than 12 months to complete all phases of a program as STRTP's timelines for treatment completion do not coincide with our P1 goals. As noted in the "areas needing improvement" sometimes there is a lack of parental involvement, which causes challenges for reunification.

Summary of the Effect of Systemic Factors on Outcome Data Measures and Service Delivery

CWS

Management Information Systems: There have been numerous improvements in technology over the years to help improve the information system. Systems have been improved to facilitate better communication with community partners. A couple of examples are the use of the Justice Electronic Library System (JELS) to facilitate providing court documents timely to court partners and the Mandated Reporter Application (MPA) that allows mandated reporters to submit electronic child abuse follow-up reports with more ease. One of the main barriers affecting data outcome measures is ensuring that data is entered into CWS/CMS and that it is entered in accurately. Data entry errors can affect the accuracy of outcomes as the information is pulled from CWS/CMS.

County Case Review System: San Diego values having a working relationship with court partners in order to decrease barriers to achieving outcomes for children and families and ensure timely review of children and family needs. Improvement in decreasing court continuances is an ongoing need, however, quarterly meetings such as the Blue Ribbon Commission meeting and the Juvenile Justice Policy Group facilitate better communication to help address areas for improvement.

Foster and Adoptive Parent Licensing, Recruitment, and Retention: This systemic factor was a focus for the last SIP and improvements have been made, particularly in the area of providing supports for retention of Resource Families. This includes providing concrete supports such as financial assistance to purchase beds through the Kinship Navigator program or respite care to providing crisis supports such as the implementation of the Family Urgent Response System (FURS) and Resource Family Mentor program where experienced Resource Families provide support to newer Resource Families. Ongoing efforts have been made to continually recruit Resource Families with the use of media, and holding information booths at events. More recently, work has started with Faith in Motion, a faith-based collaboration to provide support to Resource Families and assist with recruitment.

Staff, Caregiver, and Service Provider Training: There is a wide array of trainings available to staff, caregivers, and service providers and stakeholders noted the county offering multiple training opportunities as an area of strength. Staff are offered a variety of trainings through Child Welfare Development Services (CWDS), and the County of San Diego. Trainings made available range from using Microsoft applications to self-care, leadership, and training specific to Child Welfare Services practice. In FY 20-21, CWS began training staff on Components for Effective Clinician Experience and Reducing Trauma (CE-CERT), which is designed to increase employee awareness and understanding of the effects of Secondary Traumatic Stress in the workforce. The CE-CERT training was delivered in two cohorts for line staff and their supervisors. All supervisors are required to complete the training and are expected to utilize CE-CERT as part of quality supervision. Resource Families are provided with various trainings to meet children's needs through Foster, Adoptive, and Kinship Care Education Program (FACKE). The trainings offered are designed to support and strengthen resource families ability to care

for children in foster care. All of the county's service providers are required to provide annual training to their staff and topics include child abuse prevention and intervention, substance abuse, mental health concerns, parenting, child development, and mandated child abuse reporting.

Agency Collaboration: The 2012-2017 SIP focused on Agency Collaboration as its systemic factor and improvements have continued over the years. Agency collaboration is important in supporting children and families and achieving positive outcomes for families. An example of this increased collaboration is the Interagency Educational Agreement between CWS, Juvenile Probation, Juvenile Court, County Office of Education, and all school districts in the county in order to ensure the protection of the educational rights of foster children and youth.

Service Array: The gaps in service array are noted above and this systemic factor will be a focus for the current SIP. That being said, strengths identified in this area are the array of services, however, improvements in the area of access and increasing prevention services are needed.

Quality Assurance System: Since moving from a Quality Assurance system to a system of Continuous Quality Improvement in 2012, great strides have been made with this systemic factor. Through the use of various data reports and quality case reviews that are reported out at all levels there is a greater understanding of our areas of strength, areas needing improvement and training area needs.

Probation

One glaring theme present in the systemic factor of service array is lack of services (i.e., long wait times, need for services in all communities as some services are not available in all communities). Lack of services include those needed for our population to address severe mental health and substance abuse challenges. Additionally, services need to match the family needs, in the native language. Another overall theme is the need for aftercare services and the desire for a warm handoff to CBO's. The lack of services to address needs impacts permanency.

Summary of Progress, Challenges and Overall Lessons Learned from the Previous SIP

CWS

The 2017-2022 SIP focused on three areas: Permanency in 12 months for children entering foster care (P1), Re-entry to foster care (P4), and Foster and Adoptive Parent Licensing, Recruitment and Retention systemic factor. Improvements in the systemic factor were made as evidenced by an increase over time of Resource Families available and added support to resource families through FURS and the mentoring program. San Diego has not achieved the goal improving performance in the P1 and P4 federal outcomes to meet the National Standards.

Obstacles to achieving permanency in 12 months vary depending on the unique circumstances of each case. Our efforts continued during the last SIP cycle in the area of improving timely reunification through increasing access to basic supports, permanent connections efforts, and visitation services. The evaluation of the Family Visit Coaching program completed by Evident Change has indicated that this program, when used at the start of a case, could be beneficial in achieving this goal. The evaluation found that our agency typically referred families who were not progressing in their visits to the FVC program and that referrals were made later in the reunification process. This was a barrier to the program impacting reunification the way it was intended. Another area of ongoing concern is the amount of continuances granted for court hearings. The CWS Court Unit tracked reasons for continuances from January 2019 to December 2019. The data was analyzed by looking at who requested the continuance and the reason for continuances. Out of 1,925 continuances requested during this time, 909 were requested by the Agency,

and 742 were requested by an attorney, 272 were requested by the Court, and 2 were requested by others. The top 3 reasons for requesting a continuance are: additional information/further assessment/investigation needed, client not present/need to speak to client, and noticing issues.

A qualitative review during the most recent SIP Progress Report was completed on the 35 children who re-entered foster care within 12 months. This review found that 20 of the 35 children had open Family Maintenance (FM) cases in an effort to provide ongoing services to support the family, however, new incidents occurred resulting in re-removal. Feedback from the focus groups and stakeholder forums conducted during this County Self-Assessment indicate that additional efforts to stabilize families with new incidents could help decrease re-entry rates.

Probation

For our previous SIP, we chose to focus on P2 and re-entry although we were also not meeting the national standard in the P1 measure. We developed strategies and actions steps we believed would improve P1 as well as P2. We implemented a series of strategies and action steps which assisted in increasing our performance in P2, which currently is well above the national standard, however, our performance in P1, stayed relatively the same from 34.3 to the current 34.9. Although we attempted to align strategies to increase P1, our performance did not improve significantly. A closer look at reasons for our performance specific to the P1 measure and designing specific strategies and actions steps to improve performance may have assisted in improving performance this SIP cycle.

We made significant progress in improving the P2 measure as our previous performance was 25% and our current performance is well above the national standard at 58.6%, which is an indicator that the strategies and actions steps resulted in this improves performance in this measure.

We experienced challenges with implementing some action steps and with each SIP Annual Review, we made changes to adjust. It will be beneficial to use the CSA as a means to inform, condense and define strategies and actions steps based.

Examples to Explain Themes and Justify Conclusions Drawn

CWS

San Diego CWS organizes its case management by the phase of the case and this creates a scenario where families can have four or more social workers assigned throughout the life of their case. This can be further impacted by staff turnover. Both community members and peer counties noted that having multiple social workers assigned is not optimal for families. When a new social worker is assigned, they need time to familiarize themselves with the family and case. This can lead to delays in case progression. Warm hand-off transitions of cases is one strategy to minimize impacts of the social worker changing.

Visitation is an important component for children and parents to maintain their connection and relationship and is correlated with successful reunification. Peer counties found that visitation between children and parents could happen more frequently, and Resource Parents expressed visitation support such as transportation would be helpful in supporting successful visitation.

Evidence of lack of family finding efforts and difficulties approving relative placements was found during the Peer Review process. Relative placements can help provide stability and permanency for a child. Permanency planning at the start of the case and throughout is important to ensure the child can achieve permanency if they are unable to reunify with their parents. Even when relatives cannot be a placement resource, they can still provide the child with support, a sense of self, and connection to their family of

origin. Fatherhood engagement is important as often times children will lose connection to their paternal relatives when placed in foster care. Community members and peer counties found that more work could be done to increase father engagement efforts.

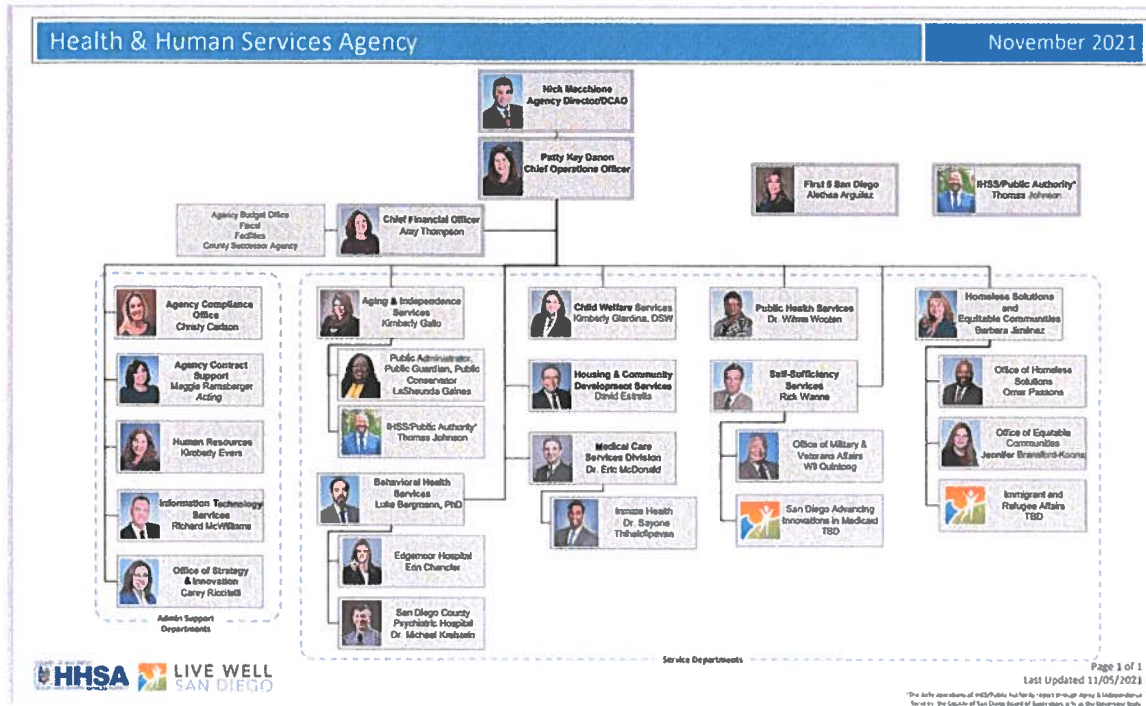
Next steps the county will take:

For CWS, given the fact that there are lessons learned from the last SIP in regards to goals related to Permanency in 12 months for children entering foster care (P1) and Re-entry into foster care (P4), we believe it is important to continue to focus on these goals. It is in children's best interest to achieve permanency safely as soon as possible. That being said, the systemic factor of Service Array fits with achieving these outcomes to ensure that the proper services are available and accessible to achieve these outcomes as well as provide opportunities to support and prevent families from being involved in Child Welfare Services.

Probation

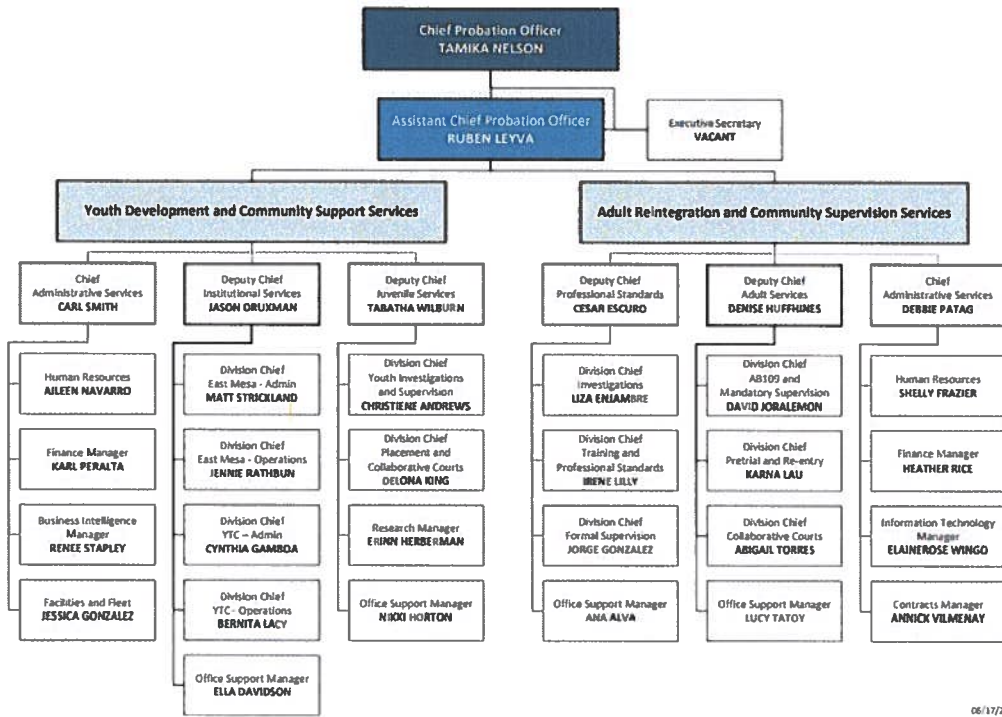
- Lack of substance abuse treatment for youth who struggle with substance abuse challenges. There currently are no STRTP's specific to substance abuse. Most focus on providing mental health services.
- Lack of upfront clarity for relatives/ resource parents- relatives or resource parents are often ill equipped to handle the challenges which present in caring for youth with severe behavioral, mental or substance abuse.

Appendix A: HHSA Organizational Charts





PROBATION ORGANIZATIONAL CHART



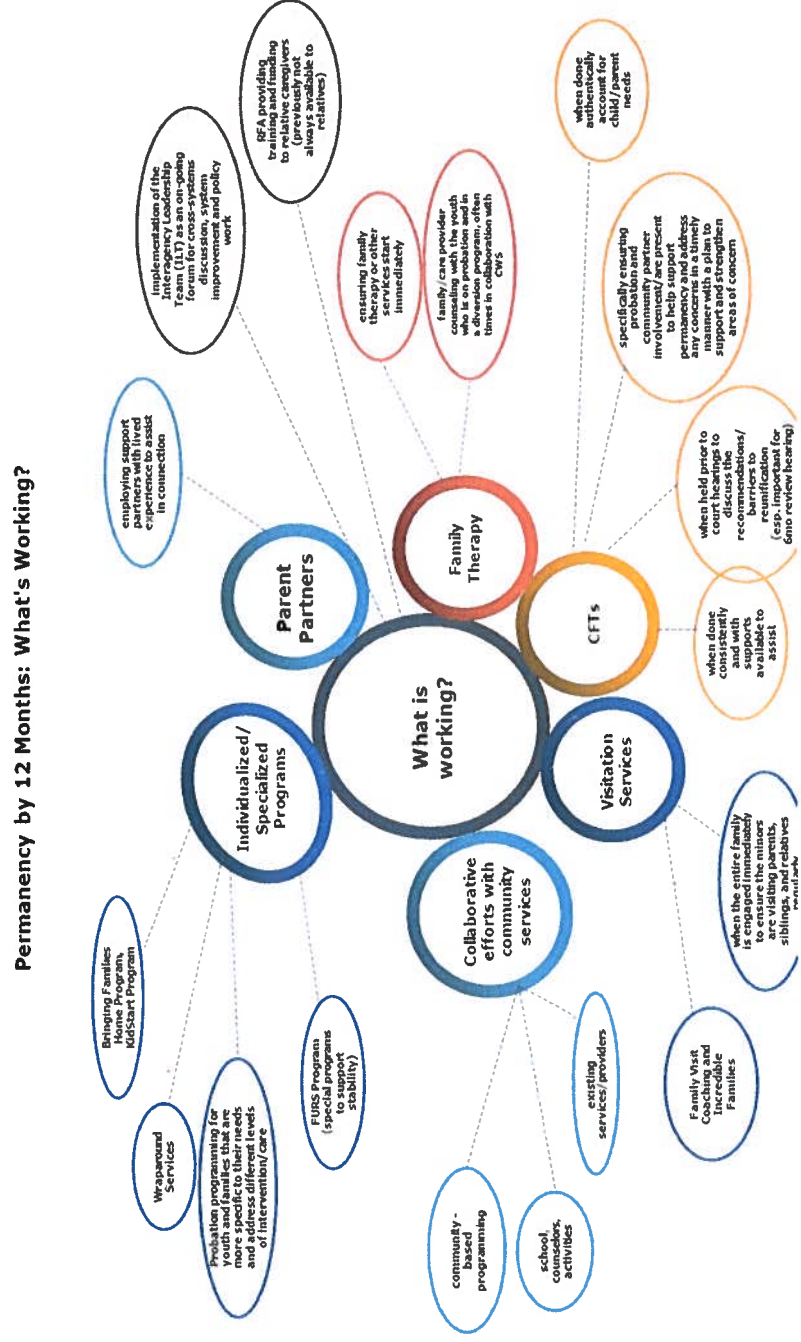
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Appendix B: CBO and System Partner Forums Results

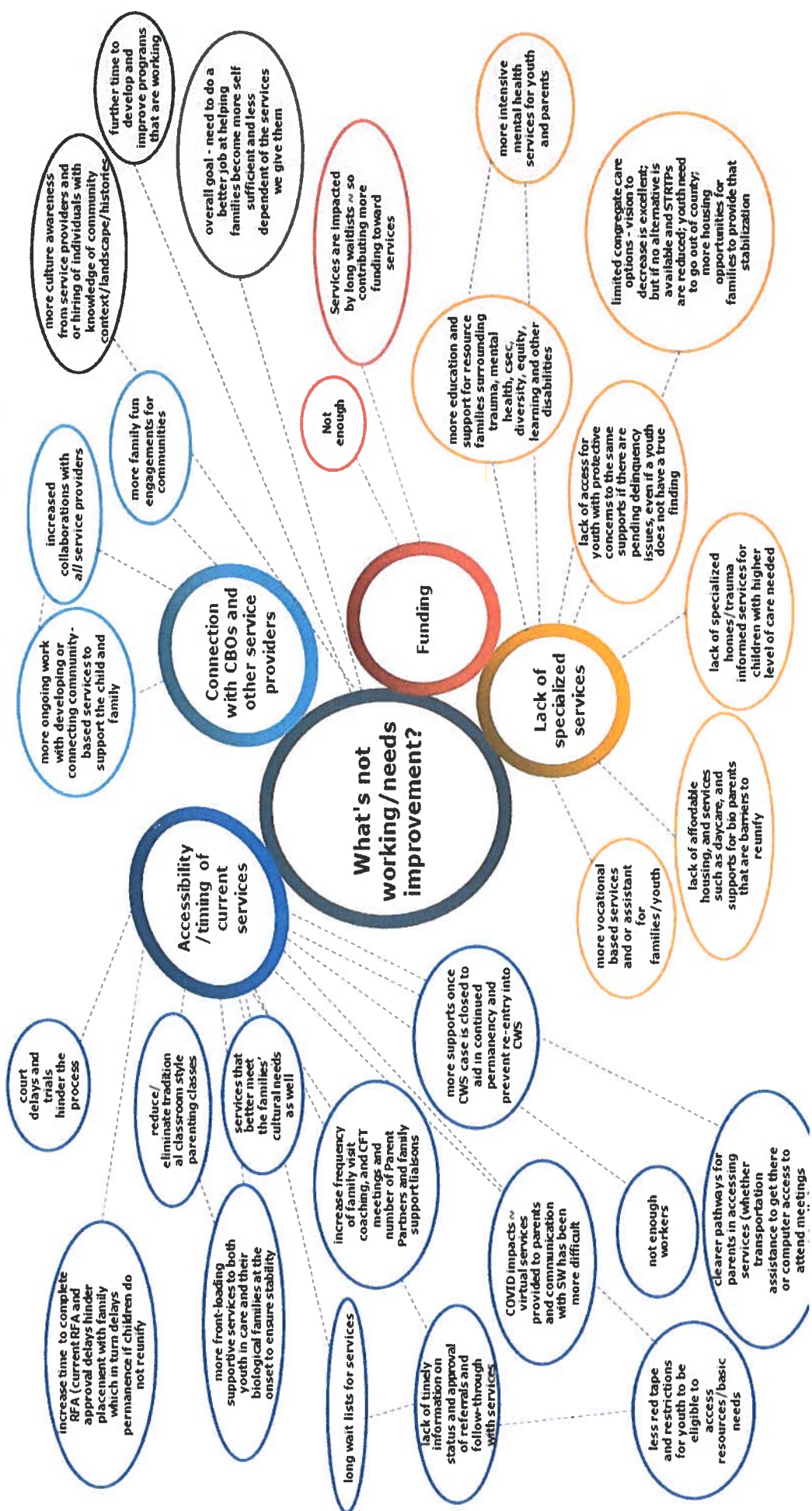
CWS's facilitator, Harder+Company Community Research, developed and facilitated two virtual forums for CBO and system partners. Forum 1 focused on Permanency by 12 months and Forum 2 focused on Systems Array. Below are the results of each. Over 80 participants engaged in both forums including representatives from the following agencies:

- | | | |
|-----------------------------------|--|--|
| • Behavioral Health Services | Justice | • SDSU Social Policy Institute |
| • Casey Family Services | • Office of Vice Chair Nora Vargas | • South Bay Community Services |
| • CDSS | • Probation | • The Children's Initiative |
| • CFSAB Members | • Promises2Kids | • Tribal Family Services at Indian Health Council, Inc |
| • Children's Legal Services (CLS) | • Public Health Nurse | • UCSD Health |
| • CSEC Task Force | • San Diego County Office of Education, Foster Youth Services Coordinating Program | • Vista Hill Bridges TRC |
| • Child Welfare Services | • San Diego County Probation Department | • Voices for Children |
| • Voices for Children | • San Diego District Attorney's Office- Chief Juvenile Branch | • Walden Family Services |
| • First 5 San Diego | • San Diego Regional Center | • Wrapworks |
| • FAYCE | • San Diego Youth Services | • YMCA Kinship Services |
| • Fred Finch | • SBCSSanDiego.org | • YMCA Partners in Prevention |
| • Just in Time for Foster Youth | | • YMCA Youth and Family Services |
| • North County Lifeline | | • Youth Development & Community Support Services |
| • Oceanside Police Department | | |
| • Office of Equity and Racial | | |

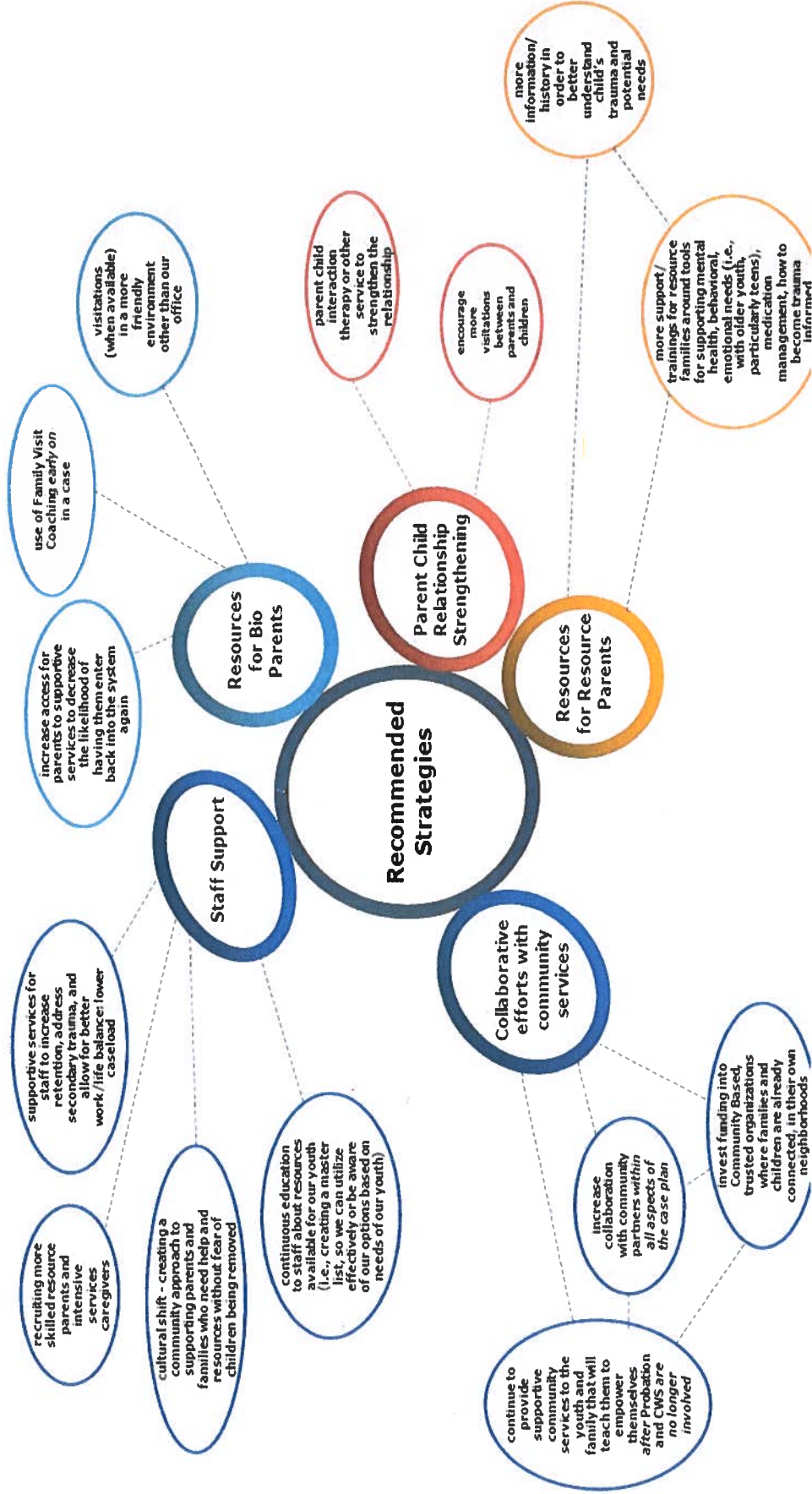
Forum 1: Permanency in 12 Months. This forum focused on what was working, not working, and strategies for improvement. The following visuals summarize the results – the larger circles being key themes and the smaller circles being details and nuances to the key themes.



Permanency by 12 Months: What's Not Working/Needs Improvement



Permanency by 12 Months: Recommended Strategies



Forum #2: Focus on Service Array Systemic Factor Forum participants were asked to break into 12 small groups and provide response to the following Service array questions across three key points: prevention, during care, and after care.

1. When thinking about service array, what's working?
1. What about service array needs improvement?
1. What strategies do you suggest for improving service array?

The following pages offer a high level summary of responses that came up in more than one group.

What's working

Prevention	During Care	After Care
<ul style="list-style-type: none"> • Community resource packets • First 5 programming (in home parenting) • Parent partners • CBOS in community • Intensive Family Preservation Program (IFPP) • Mindset shifts to prevention (system to community and punishment/control to service/support) • CFTs • Early identification of needs • Family Strengthening Prevention Initiative (hotline) • Bringing in support networks before involved • Basic needs (housing/rental assistance) • Wrap services 	<ul style="list-style-type: none"> • CFT • Kinship support/navigation programs • Parent partners • Community Services for Families • Family Visitation/Coaching • DSEP • MDTs • Collaboration • Culturally specific programs currently in operation (ex: Tribal child protection team and My 2 Aunties) 	<ul style="list-style-type: none"> • Kinship support and kinship navigator services for relative caregivers • Basic needs (housing voucher/rental support) • CBOs relationship to families continue beyond case because of increased trust • Closing CFTs include support networks • First 5 programs (HDS, Mi Escuelita) • Therapeutic support for parent/child in DV cases

What needs improvement

Prevention	During Care	After Care
<ul style="list-style-type: none"> • Mental health/substance abuse treatment/consistency • Services in community, in all parts of county • More timely and warm handoffs between CBOS and CWS/CWS and POs • Waitlists for services • Monetary guidelines to access services (ex: services for families who do not have Medi-Cal) • Childcare options • Culturally specific services (language, BIPOC focused, tribal) • CBOS accountability while also building time in for rapport with families • Waitlists for services • Basic needs (food, shelter) 	<ul style="list-style-type: none"> • Youth mental health services/substance abuse treatment for youth • Visitation is not sufficient • High staff caseloads/Staff attrition creates instability • Wait times • School related services and supports • Accessibility of services matched to families need: language, geography • CFT related: Professional voice louder than youth voice; ensure all family members present • Voice/input from those with lived experience • Family support liaisons (need more) 	<ul style="list-style-type: none"> • More after care services/Wait lists for services • Ensuring awareness of available services • Discontinuation of services after case closes/need for extended case management and services • Ensuring support network as case • More services in community • Culturally specific services • Services that families feel safe accessing (not too much oversight) • Basic needs (housing supports) • closes • Focus on family and community

Suggested Strategies

Prevention	During Care	After Care
<ul style="list-style-type: none"> • General statements of increasing prevention services and enhancing the continuum of care services • Home based services • Services matched to the family's culture and languages • Affordable housing • Increased mental health services • Increased access to childcare • Listen to youth and families as experts in what they need 	<ul style="list-style-type: none"> • Same social worker throughout case/vertical case management • Expansion of visitation supports (ex: transportation) • Increase in quality mental health and substance abuse programs • Explore relatives who were unable to be placed previously • Retain social workers • Ensure regular check ins with the quality of care families receive • Incorporate input from those with lived experience when developing/updating policies • Increase advocates to navigate systems 	<ul style="list-style-type: none"> • More comprehensive foster care exit planning and after care services for youth • Increase number of and access to CBOS that are in the communities of the families and cultural/language • Care coordination • Provide housing supports

Appendix C: Focus Group Summaries

Focus Group Results

The Harder+Company team held four focus groups during the months of February and March 2022: former foster youth, Tribal partners; Resource Parents; and parents. We used an equity-centered approach to the focus groups that recognized participants as experts of their own lived experience. A key component of this approach was to engage a participant as our key design expert and facilitator. These individuals, helped our team focus and tailor the focus group questions appropriately and their central role as a facilitator ensured that they both created a trusting environment and were positioned to elicit deeper understanding of their focus group's experience with CWS and Probation. Below is a summary of high-level takeaways for the four different groups.

Youth Focus Group Findings (7 participants)

- Most youth who shared had at least a handful of social workers or probation officers they worked with during their engagement with CWS.
- Youth experience support differently, but ultimately highlight when there was at least one person (be it the social worker, manager of the place where they live, etc.) who was intentionally and genuinely looking out for them. They share that children who are system involved are often assumed to have a certain attitude (i.e., be angry), when in reality children are just not able yet to express their feelings because of the trauma they have either been born into or experienced.
- The communication with CWS was inconsistent and usually seemed to have been to the disadvantage of youth; they were often dismissed or ignored and their actions misconstrued on paper; this led to them often not being included in or feeling included in decision making. They were not seen as “competent” to have an opinion about things that impacted their life. In some cases they are placed in really strict, controlling foster homes where the foster parents do not make it a safe space for youth to openly communicate in or because the social worker does not create that space for them either.
- Services and resources were inconsistent – while some youth appreciated having been able to complete their GED or being put in buddy / mentorship, anger management programs, the majority highlight the lack of needed resources that are tailored to the needs of their experiences (i.e., mental health support, housing, etc.). Eligibility criteria is often an impediment for youth to access resources (i.e., they have to fit in “a box” to qualify and there’s not a lot of flexibility).
- Among the most important things that foster youth need are transparency, good and honest communication, intentional and careful placement.

Tribal Partners Focus Group Findings (10 participants)

- Indian Specialty Unit is highlighted as one of the services that are most helpful because it supports ability to identify the right supports and where to get them for this specific population. In particular, Wrap supports families with higher needs more directly and through their tribe and tribal social worker. Tribal partners felt much better and heard when working with folks from the Indian Specialized Unit versus everyone else at CWS because they were understood and worked more collaboratively to support the families.
- CFTs on reservation and training facilitators on ICWA has supported the families that are system-involved and respite services.
- Location of services (i.e., where to drug test) can be a challenge for some of the families in farther areas, especially when appointments or locations get cancelled or changed.

- Transportation has been a barrier in working with some families and has prevented them from engaging in services.
- Housing services are needed in the county.
- Mental health is hard to get out to the reservations. This is particularly acute for youth
- Urban populations need more services. They do not always get or have access to services, especially those whose tribes are out of state; there are not enough advocates for this population
- Having one case worker from beginning to end can help mitigate the trust issues that exist between the tribal groups and the county.
- Placing children and youth in tribally approved homes is a burdensome process because you have to jump through too many hoops to get the child placed; the issue raised is it feels like the county undermines the sovereignty of the tribes and them knowing what is best for their children.
- Transparency and follow-through came up as two things that are extremely helpful when engaging with CWS, as well as getting court documentation to the tribal social worker before court sessions.

Parent Focus Group Findings (9 participants)

- Some parents shared a shift in how they engaged with CWS – many were involved with CWS when they were younger themselves and then again when they had children.
- Parents don't always feel supported by CWS; they are viewed as a problem and it does not feel like they want to help and instead are more focused on removing the child from the parent.
- Some parents shared about behavioral issues their children had that went undiagnosed because child was not offered services and the result was CWS accusing the parent of neglect or misbehavior.
- Some of the children and youth that were talked about have high needs and needs for services to support them through behavioral health and mental health. They are not always connected to services. Most parents shared they do not have a good relationship with CWS.
- Some shared that they are aware of some of the services they can access for themselves and their children if they are system-involved and how some of the programs offered by the county has helped them lead better lives and meet requirements to be able to have their children at home.
- Parents who had challenges with drug use felt CWS was ready to take their children more so than they were there to support them through their addiction. They felt they were treated like they did not deserve to have their kids instead of being treated with dignity and supported to overcome their challenges.
- Some shared that fathers are not engaged enough, and that fathers are not expected to have the same level of responsibility or engagement as mothers or female caretakers.
- Sometimes when a new person (CWS worker) came into the picture, it seemed like they were not up to date with the case. Consequently, they would question the parent about things that were on their file and seemed unprepared to handle the needs of that case, which points to an issue with handoff of cases between CWS workers.

Resource Parent Focus Group Findings (8 participants)

- Resource parents expressed frustrations with the probation department and the length of time it takes to go through their cases; the fact that so many people are involved and the number of roadblocks that creates for people who are just trying to give children a safe place to be.
- Engagement with CWS is extremely bureaucratic and there is a lot of red tape.
- Social workers should all go through the same levels of training to learn the different protocols based on who they will work with.

- Timeline of services is a challenge; it takes a very long time to get services for kids which impacts their placement (i.e., if they have behavioral needs, and they are not being addressed, foster parents might not be able to handle it)
- Mentoring and therapeutic services have been very helpful for families and children.
- Visitation support including transportation for visitation are important resources that are not currently in place (“they feel like a commodity and they shouldn’t be”)
- Some shared that the longer they have been a resource parent the more respect they feel, but acknowledge that all resource parents should feel heard, valued, and respected from the beginning regardless of how long they have been there
- Most resource parents shared that they feel heard and respected as members of their group and in the work they do
- They suggest more cultural considerations are needed, to be able to support families in their primary languages and accounting for their cultural needs.

Appendix D: Peer Review Details

Process and Methods Detail

Case Selection

In selecting the cases, CDSS provided a sample of randomly selected cases, stratified by age and gender. The Quality Support Team (QST) further vetted the cases by ensuring that the cases were not duplicates, sibling sets, or assigned to the same workers. CWS vetted a total of 59 cases with 19 being primary and 4 backups.

Preparation of Peer Counties, CWS, and Probation staff

CWS peer reviewers represented Alameda, Humboldt, Kern, Los Angeles, Madera, Orange, Riverside, and Santa Barbara counties, while Probation peer reviewers represented Kern, Los Angeles, Riverside and Sutter counties.

For the Peer Review process, CDSS provided a list of counties that were doing well in the measure (P1) for CWS and Probation that could be invited for the Peer Review process. Peer Reviewers received a letter explaining the Peer Review process. They were invited to attend an Orientation/Readiness training for the review tool, and they received a detailed Peer Review week schedule. Participants were provided a contact list via email prior to Peer Review should they need anything.

The Peer Review week was launched by an orientation/readiness session on Thursday April 7th. For the first half of the session, CWS and Probation staff and stakeholders were invited to attend. This was the opportunity to welcome, introduce, and explain the process and goals for the Peer Review week. An overview of the county's past System Improvement Plan (SIP) priority areas were discussed along with the current CWS/Probation performance. This allowed for peer counties to have an idea of San Diego's past accomplishments and challenges, as well as current goals. Facilitators provided an overview of the C-CFSR, including the CSA process, SIP, and Peer Review process. After this, all agency staff and stakeholders were dismissed and for the second half of the session, peer counties were brought together to familiarize themselves with one another and review and practice with the standardized interview tool. In addition, peer counties were provided a databook of San Diego County's demographics and current CWS/Probation initiatives. This allowed for peer counties to have an idea of San Diego County's makeup, as well as their current initiatives.

TIME	Activity
30 min	Prep for Interview 1
75 min	Interview 1
15 min	Break
30 min	Debrief Interview 1
30 min	Lunch Break
75 min	Prep for Interview 2
15 min	Interview 2
15 min	Break
30 min	Debrief Interview 2
45 min	End of Day Debrief

Peer Review Week

During the week, the peer counties were split into four interview teams, consisting of a mix of peer county representatives from CWS and Probation and a scribe from Harder+Company.

A schedule was established and provided to ensure all cases received equitable time during the review. The table to the right represents the schedule for one of the Peer Review days. CWS and Probation staff prepared key case information for peer counties to review. Time was dedicated for the peer counties to

review any necessary information. The interview then started and lasted one hour and fifteen minutes. The interviewers welcomed the interviewee, introduced themselves, and began the interview. Upon completion of the interview, the team took a short fifteen-minute break and then debriefed the case for 30 minutes. During debriefing, the teams discussed and recorded the main strengths, challenges, and best practices that emerged during the interview.

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

Interviewers were provided with a debriefing sheet to take notes on throughout the interview. The debrief tool was comprised of seven sections detailed. The sections of the tool coincided with sections of the interview tool and had areas for interviewers to note strengths, challenges, and best practices of the case being reviewed. These notes were used to guide the debriefing session following the interview and the end of day debriefs.

Peer Review Findings

On the final day of the Peer Review week, all agency staff and stakeholders were invited back to hear the results and outcomes from the week. This was a three and a half hour learning focused session that included a synthesis of the data collected during the Peer Review week and Peer County best practices.

Peer Promising Practices

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

Practices

- **Begin family finding efforts (FFE) early and continue efforts throughout life of case.**
 - Utilize formal searches, not solely relying on parental reports.
 - Engage located family members to provide supports other than placement.
 - Establish FFE positions within the agency and contract with other programs (Casey, etc.) to meet need.
 - Creating family finding/engagement positions.
 - Training using digital stories of former foster youth that were disconnected from their loved ones for extended periods of time.
 - Increase supervision and group decision making for cases that do not have concurrent permanency goals established by a certain time before six months into a case.
 - Increase involvement/engagement of fathers and their extended family and friends.
 - Document family finding efforts in a Connections Tree and keep on file.
 - LA County hires retired social workers part-time as P3 workers to solely focus on family finding from the onset of the case.

- Development of a Family Finding Unit within the department to assist the PO of Record with locating relatives and making those connections.
- Madera County starts assessing family member or making inquiry of family supports and NFREM from detention and start 309 Relative/NFREM emergency placement, the Department provides support via: clothing allowance, paying for beds/cribs for Relative/NFREM 309 placement. The process starts from the front end all the way to the back end to ensure that the child is placed with relative or NFREM families.
- Madera also connects with the tribes if the parents identify from detention that they are or may be eligible for ICWA, this way the child's tribal connection remains or not displaced. The Tribe is always part of the decision making about the child and or the family especially regarding placement.
- Create training to address ongoing family finding efforts throughout the life of the case
- Permanency/Concurrent Planning and family finding should be addressed in every CFT meeting
- Supervisors to conduct case audits to monitor ongoing family finding efforts
- Court reports modified to address ongoing family finding efforts or why family finding is no longer an option
- Family Finding Social Worker attends all detention hearings to gather information on family members and contacts all family members identified. Family Finding social worker will assess how each family member can or would like to be involved with the child and provides the family with information on the RFA process. Information is then forwarded to the carrying caseworker. Information is kept in a public folder for SW's working with the family to access.
- Sutter County Probation contracts through Seneca Family Finding. We provide the parents' names and birthdates, and they provide us a report with up to 4 degrees of relatives. 1st degree would be minor's grandparents, aunts and uncles vs. 4th degree family finding is friends; associates; former roommates. Reports provide addresses and phone numbers associated with each person. Has lead us to reach out to family members who may be a good fit for the child, even if the parents do not get along with them (usually due to the parent's antisocial behavior). These searches have yielded us results from 10-47 family members to reach out to.
- **Begin concurrent planning early in the case and continue ongoing**
 - Prior to disposition, completing a permanency assessment with an Adoptions Supervisor. Revisiting this assessment at least every six months.
 - Riverside County utilizes Concurrent Planning Review (CPR) meetings monthly with Adoptions and Continuing Services to help identify permanent plans for identified caseload children. Social Service Practitioners are encouraged to routinely inquire of birth parents and other relatives as to other family members/NREFM's who may be interested in placement of child(ren) in event reunification with birth parents/caregivers fails and alternative permanency options are required. Also, if developmentally appropriate, ask case child(ren) to identify family supports who may be able to assist with placement or permanency.
- **Increase father engagement and father centered services**
 - Submit absent parent searches immediately for fathers whose whereabouts are unknown. Provide information on their rights and how to elevate standing in Court. Refer to Fatherhood Circle and Parent Advocacy program.
- **Continue efforts to establish and utilize natural support networks for families throughout the life of a case.**

- Increase training in SOP specific to using Circles of Support in CFT's to build up a network that can provide ongoing support to families and permanency efforts.
 - Increase training in how to engage families in this effort and how to convey the importance of establishing a strong network increases likelihood of reunification occurring sooner in their case.
 - In OC, parents with Family Reunification (FR) cases are paired with a parent mentor through the OC Parent Mentorship Program. The parent mentor provides one-to-one weekly or biweekly mentorship to parent. Additionally, the parent mentor is someone who has successfully reunified with their child(ren) and understands how the Child Welfare System operates and teaches the parent how to best utilize what the CWS system has to offer. The parent mentor also helps hold the parent accountable for participating in Case Plan services.
 - Engage family members and multi-disciplinary team members in CFT's at key intervals in a case; such as initial removal/placement, at 6-8 months for Family Reunification, at 3 months for Family Maintenance/Voluntary cases, and reviewing case status of children who are Permanent Placement to upgrade to permanent plans if there is not one in place. Riverside County utilizes the Family Connections Unit to help identify possible relatives or Non-Related Extended Family Members (NREFM's) for identified caseload children.
 - I have never seen a collaborative court for juveniles before, but I was extremely impressed with RISE Court and JFAST. What about forming some type of collaborative court for all placement youth? It seems like it could be beneficial to have parents, service providers, and minor all have a voice in court, and all be held accountable for their efforts in the case? This is something I would love to explore for Sutter County!
- **Translations Services for non-English speaking families**
 - Arrange for language line services for non-English speaking families are in need of translation services when there is no certified worker to provide translation services. If language line does not have the available dialect in the database, a contracted provider whose sole purpose is to identify a provider of those translation services is helpful. Kern County utilizes both of these services to help provide translation services to reduce any barriers a parent or family might feel when accessing services or understanding what has been court ordered for them to complete on their case plans.
 - Contracted with a language line service to provide translation services
 - Madera contracted interpretation line for all languages, and American Sign Language
 - **Consider assigning officers to cases tentatively before disposition.**
 - Tentative officer is included in initial CFT, which offers opportunity for warm handoff and gives child / youth understanding of what happens if child moves to placement.
 - This also can support rapport building between tentative officer, child, and child's family and support team.
 - It allows tentative officer to better understand permanency implications (i.e., if permanency is a factor in the case).
 - **Identify and implement any updates needed for placement policy manuals**

- Addressing policy manual update needs can support ensuring that all unit personnel's knowledge is always current and reduces confusion due to outdated information or ambiguity.
- **Perform initial and re-occurring assessments every six months OR when a significant event happens in the child / youth's life**
 - CFTs and assessments can support the child / youth's team better support efforts for permanency, including better understanding of changing family needs (progress, setbacks, etc.).
- **Promote and prioritize communication and collaboration among the child / youth's team**
 - Building a strong relationship with as many of those involved in a child / youth's case can promote and facilitate its success. Knowing who is involved in a child / youth's case is extremely helpful for future planning and shows the child / youth your efforts and dedication to supporting them
- **Provide continuous support to child / youth even beyond their case closing as PO is often a critical connection for them**
 - Whether or not permanency is reached, child / youth will benefit from having at least one continuous support through age 21; going above and beyond can really help them feel seen and cared for and impact their permanency and other outcomes
- **Establish consulting network within probation units**
 - Having multiple co-workers support being able to consult with others who also bring expertise and experience that can support developing solutions, next steps, being a soundboard for you when unsure how to move forward.
 - Assigning a Permanency DPO to assist the DPO of Record with Legal Guardianship / Adoption services. L.A. County has had numerous legal guardianships and several successful adoptions for probation youth through the Placement Permanency & Quality Assurance Unit.
- **Staggered Worker Assignments**
 - To ensure consistency, a recommendation is to have the Court Intervention worker and Continuing Services worker assigned concurrently with the CI assigned as secondary.
 - This allows for limited disruptions and efficiency in service delivery and minimize the amount of workers a family is primarily engaging/working with at any given time throughout the case. LA County assigns a Dependency Investigator (CI) to investigate legal issues/petition only with the primary continuing services worker handling case management and contacts.
- **Limited Visitation**
 - Court to order the frequency of visits instead of at the discretion of the worker (ex: 3x3, three times per week for 3 hours each visit). A critical indicator of reunification is the frequency and quality of visits.

- Hire in-house Human Services Aides to assist with transporting and monitoring visits or provide overall support to the social workers. LA County assigns HSAs to either individual units or shared by the entire office depending on office size.
- A recommendation is for the county to implement a practice/policy of ensuring the social workers monitor at least one visit per month to aide in assessing for progressive visitation and decision making.
- Every 90 days, assigned social worker (ASW) should assess visitation between parent(s) and child(ren). Prior to liberalizing visits, ASW should consult with supervisor and/or parent(s) and child(ren) service providers, ex: therapist. Afterwards, ASW should input a contact note into CWS with her assessment.
- **Lack of RFA homes and connection / support resources**
 - Use of media recruitment. L.A. County contracted with Mark Daley & Company to create radio ads, TV commercials, and social media recruitment. Through those efforts, we were able to get a lot of families willing to go through the RFA process and take probation youths into their homes.
 - Implemented the Forever Friends program which matches STRTP probation youth with a positive mentor who would visit and go on community passes and participate in the youth's case. (Typically, the Forever Friend were not interested in RFA placement, but wanted to be a mentor and support for probation youth)
- **Employee Training**
 - Create a Buddy System/Shadowing
 - Create Field Mentoring Training
 - Provide some hands-on training in the field of all/many assignments

Appendix E: Community Partner Survey Findings

<https://harderco.co1.qualtrics.com/reports/public/aGFyZGVyY28tNjl4NTVhYjc4MwViNDgwMDEwYzQ0NTk2LVVSXzIITUNEcVRhQW8zSVZGMw==>

Appendix F: CWS Demographic Data Tables by C-CFSR Outcomes

2B Timely Response (immediate)

	Age Group							Total
	Under 1	'1-2	'3-5	'6-10	'11-15	16-17	18-20	
Timely Response	244	243	316	393	365	117	0	1,678
No Timely Response	8	5	9	8	13	7	0	50
Total	252	248	325	401	378	124	0	1,728

	Ethnic Group						Total
	Black	White	Latino	Asian/PI	Nat Amer	Missing	
Timely Response	210	433	776	68	16	175	1,678
No Timely Response	3	10	27	1	1	8	50
Total	213	443	803	69	17	183	1,728

2B Timely Response (10 Day)

	Age Group							Total
	Under 1	'1-2	'3-5	'6-10	'11-15	16-17	18-20	
Timely Response	166	333	553	928	1,163	375	1	3,519
No Timely Response	4	14	30	49	57	34	1	189
Total	170	347	583	977	1,220	409	2	3,708

	Ethnic Group						Total
	Black	White	Latino	Asian/PI	Nat Amer	Missing	
Timely Response	413	1,008	1,529	128	24	417	3,519
No Timely Response	19	59	79	4	2	26	189
Total	432	1,067	1,608	132	26	443	3,708

2D: Timely Response that resulted in a determination of abuse or neglect

Timely response completed (immediate)

	Age Group							Total
	Under 1	'1-2	'3-5	'6-10	'11-15	16-17	18-20	
Timely Response	123	220	329	551	688	203	0	2,114
No Timely Response	45	128	248	432	535	204	2	1,594
Total	168	348	577	983	1,223	407	2	3,708

	Ethnic Group						Total
	Black	White	Latino	Asian/PI	Nat Amer	Missing	
Timely Response	253	632	902	68	15	244	2,114
No Timely Response	177	433	708	64	11	201	1,594
Total	430	1,065	1,610	132	26	445	3,708

Timely response completed (10-day)

	Age Group							Total
	Under 1	'1-2	'3-5	'6-10	'11-15	16-17	18-20	
Timely Response	123	220	329	551	688	203	0	2,114
No Timely Response	45	128	248	432	535	204	2	1,594
Total	168	348	577	983	1,223	407	2	3,708

	Ethnic Group						Total
	Black	White	Latino	Asian/PI	Nat Amer	Missing	
Timely Response	253	632	902	68	15	244	2,114
No Timely Response	177	433	708	64	11	201	1,594

2F: Monthly Visits (out of home)

	Age Group							Total
	Under 1	'1-2	'3-5	'6-10	'11-15	16-17	18-20	
Timely Response	123	220	329	551	688	203	0	2,114
No Timely Response	45	128	248	432	535	204	2	1,594
Total	168	348	577	983	1,223	407	2	3,708

	Ethnic Group						Total
	Black	White	Latino	Asian/PI	Nat Amer	Missing	
Timely Response	253	632	902	68	15	244	2,114
No Timely Response	177	433	708	64	11	201	1,594
Total	430	1,065	1,610	132	26	445	3,708

2F: Monthly Visits in Residence (Out of Home)

	Children in Out-of-Home Placement	Placement Months	Months with Visits	Percent with Visits	Months with Visits in the Residence	Percent with Visits in the Residence
	n	n	n	%	n	%
Under 1	493	3,797	3,637	95.8	3,023	83.1
'1-2	566	4,588	4,283	93.4	3,635	84.9
'3-5	478	3,708	3,476	93.7	2,926	84.2
'6-10	477	3,869	3,599	93	3,164	87.9
'11-15	447	3,692	3,172	85.9	2,845	89.7
16-17	179	1,236	1,063	86	979	92.1
Total	2,640	20,890	19,230	92.1	16,572	86.2

	Children in Out-of-Home Placement	Placement Months	Months with Visits	Percent with Visits	Months with Visits in the Residence	Percent with Visits in the Residence
	n	n	n	%	n	%
Black	448	3,667	3,345	91.2	2,835	84.8
White	723	5,559	5,114	92	4,413	86.3
Latino	1,347	10,735	9,901	92.2	8,566	86.5
Asian/PI	77	561	529	94.3	453	85.6
Nat Amer	42	362	337	93.1	301	89.3

Missing	3	6	4	66.7	4	100
Total	2,640	20,890	19,230	92.1	16,572	86.2

2S: Monthly Visits (in Home)

NOTE: data is the same for 2S1 and 2S2

	Children Receiving In- Home Services	Service Months	Months with Visits	Percent with Visits	Months with Visits in Residence	Percent with Visits in Residence
	n	N	n	%	n	%
Under 1	382	1,620	1,503	92.8	1,262	84
'1-2	428	1,901	1,767	93	1,501	84.9
'3-5	456	2,266	2,052	90.6	1,730	84.3
'6-10	491	2,313	2,111	91.3	1,769	83.8
'11-15	391	1,718	1,465	85.3	1,241	84.7
16-17	74	272	216	79.4	175	81
Total	2,222	10,090	9,114	90.3	7,678	84.2

	Children Receiving In- Home Services	Service Months	Months with Visits	Percent with Visits	Months with Visits in Residence	Percent with Visits in Residence
	n	N	n	%	n	%
Black	291	1,288	1,135	88.1	930	81.9
White	607	2,584	2,361	91.4	2,043	86.5
Latino	1,188	5,671	5,117	90.2	4,295	83.9
Asian/PI	95	397	371	93.5	308	83
Nat Amer	33	135	122	90.4	97	79.5
Missing	8	15	8	53.3	5	62.5
Total	2,222	10,090	9,114	90.3	7,678	84.2

Appendix G: Probation Demographic Data Tables by C-CFSR Outcomes

Note that demographic data was not available for Placement stability (Measure P5) and Monthly Visits (Measure 2F).

Permanency in 12 months for children entering foster care (Measure P1)

	Age Group/Year*					
	11-15yr		16-17 yr		Total	
	'15-'16	'19-'20	'15-'16	'19-'20	'15-'16	'19-'20
Reunified	20	17	31	13	51	30
Adopted	0	0	0	0	0	0
Guardianship	0	0	0	0	0	0
Aged Out/Emancipated	0	0	8	2	8	2
Other	2	5	3	10	5	15
Still in care	18	25	26	1	44	39
Total	40	47	58	39	98	86

* No adopted, omitted from table

	Ethnic Group /Year*												Total	
	Black		White		Latino		Asian/P.I.		Nat Amer		Missing		'15-'16	'19-'20
	'15-'16	'19-'20	'15-'16	'19-'20	'15-'16	'19-'20	'15-'16	'19-'20	'15-'16	'19-'20	'15-'16	'19-'20		
Reunified	11	6	15	7	22	17	1	0	2	0	0	0	51	30
Adopted	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Guardianship	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Aged Out/Emancipated	0	0	1	1	7	1	0	0	0	0	0	0	8	3
Other	1	3	2	3	2	7	0	1	0	0	0	1	5	15
Still in care	16	8	13	10	15	21	1	0	0	0	0	0	44	39
Total	28	17	31	21	46	46	2	1	2	0	0	1	98	86

* No adopted, omitted from table

Permanency in 12 months (in care 12-23 months) (Measure P2)

	Age Group/Year*					
	11-15yr		16-17 yr		Total	
	'15-'16	'19-20	'15-'16	'19-20	'15-'16	'19-20
Reunified	4	2	2	5	6	7
Aged Out/Emancipated	2	2	7	6	9	8
Still in care	4	5	15	4	19	9
Total	10	9	24	15	34	24

*no adoption or guardianship, omitted from table

	Ethnic Group /Year*											
	Black		White		Latino		Asian/P.I.		Nat Amer		Total	
	'15-'16	'19-20	'15-'16	'19-20	'15-'16	'19-20	'15-'16	'19-20	'15-'16	'19-20	'15-'16	'19-20
Reunified	1	1	1	4	4	2	0	0	-	-	6	7
Aged Out/Emancipated	1	4	2	1	6	2	0	0	-	-	9	8
Still in care	5	1	7	3	7	5	0	0	-	-	19	9
Total	7	6	10	8	17	9	0	0	-	-	34	24**

*no adoption or guardianship, omitted from table

** no "missing, omitted from table

***does not add up because there was 1 missing not accounted for in the table

Permanency in 12 months in care 24 months or more (Measure P3)

	Age Group/Year*					
	11-15yr		16-17 yr		Total	
	'15-'16	'19-20	'15-'16	'19-20	'15-'16	'19-20
Reunified	0	0	5	0	5	0
Aged Out/Emancipated	0	0	4	8	4	8
Still in care	5	1	13	4	18	5
Total	5	1	22	12	27	13

*no adoption or guardianship, omitted from table

	Ethnic Group /Year*											
	Black		White		Latino		Asian/P.I.		Nat Amer		Total	
	'15-'16	'19-20	'15-'16	'19-20	'15-'16	'19-20	'15-'16	'19-20	'15-'16	'19-20	'15-'16	'19-20
Reunified	2	0	0	0	3	0	0	0	0	0	5	0
Aged Out/Emancipated	3	3	0	1	1	4	0	0	0	0	4	8
Still in care	5	1	2	0	8	4	1	0	2	0	18	5
Total	10	4	2	1	12	8	1	0	2	0	27	13

*no adoption or guardianship, omitted from table

** no "missing, omitted from table

Re-entry to foster care in 12 months (Measure P4)

	Age Group/Year					
	11-15yr		16-17 yr		Total	
	'15-'16	'18-'19	'15-'16	'18-'19	'15-'16	'18-'19
Children with re-entries	0	2	3	1	3	3
Children with no re-entries	20	5	21	4	41	9
Total	20	7	24	5	44	12

	Ethnic Group /Year											
	Black		White		Latino		Asian/P.I.		Nat Amer		Total	
	'15-'16	'18-'19	'15-'16	'18-'19	'15-'16	'18-'19	'15-'16	'18-'19	'15-'16	'18-'19	'15-'16	'18-'19
Children with re-entries	1	0	0	0	2	2	0	0	0	1	3	3
Children with no re-entries	9	1	11	2	19	6	1	0	1	0	41	9
Total	10	1	11	2	21	8	1	0	1	1	44	12

Congregate Care: one year or more (Measure 4C)

	Age Group/Year					
	11-15yr		16-17 yr		Total	
	Jul '16	Jul '21	Jul '16	Jul '21	Jul '16	Jul '21
In congregate care <365 days	16	7	46	21	62	28
In congregate care 365+ days	2	1	6	3	8	4
Total	18	8	52	24	70	32

	Ethnic Group /Year											
	Black		White		Latino		Asian/P.I.		Nat Amer		Total	
	Jul '16	Jul '21	Jul '16	Jul '21	Jul '16	Jul '21	Jul '16	Jul '21	Jul '16	Jul '21	Jul '16	Jul '21
In congregate care <365 days	18	3	14	9	35	19	4	0	1	1	62	28
In congregate care 365+ days	3	1	7	2	8	0	0	1	0	0	8	4
Total	21	4	21	11	43	19	4	1	1	1	70	32

Appendix H: References

ⁱ All data in this section come from the United States Census Bureau American Community Survey.
<http://www.census.gov/quickfacts/table/PST045215/06073.00>

ⁱⁱ <https://voiceofsandiego.org/2022/03/20/5-things-we-learned-about-the-cost-of-living-in-san-diego/>
ⁱⁱⁱ United States Census Bureau.
<http://www.census.gov/quickfacts/table/PST045215/06073.00>

^{iv} U. S. Bureau of Labor Statistics (USBLS), Local Area Unemployment Statistics, November 15, 2021
<https://beta.bls.gov/dataViewer/view/timeseries/LAUMT064174000000003>

^v United States Census Bureau. American Community Survey 2010-14
http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_S1901&prodType=table

^{vi} https://data.census.gov/cedsci/table?tid=ACSDP5Y2020.DP03&g=0400000US06_0500000US06073

^{vii} United States Census Bureau. American Community Survey 2008-10
http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_3YR_S1701&prodType=table

^{viii} United States Census Bureau. American Community Survey 2010-14
http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_S1701&prodType=table

^{ix}
<https://data.census.gov/cedsci/table?q=residents%20living%20in%20poverty%20san%20diego%20county&tid=ACSST1Y2019.S1701>

^x Regional Task Force on the Homeless. 2016 Point-in-Time Count: Comprehensive Report; and, 2014 Point-In-Time Count: General Homeless Profile. <http://www.rtfhsd.org/publications/http://www.rtfhsd.org/publications/http://www.rtfhsd.org/publications/>.

^{xi} Regional Task Force on the Homeless. 2020 Point-in-Time Count: Comprehensive Report <https://www.rtfhsd.org/wp-content/uploads/2020-WeAllCount-Report-10.pdf>

^{xii} The higher 2016 numbers are due, in part, to the implementation of a dedicated youth survey in 2015 that was improved upon for the 2016 count. The sheltered count of unaccompanied youth in 2015 was 29 and the count of unsheltered youth was 30. The 2015 report noted that 43% of these youth had been in the foster care system and that 43% had a mental illness.

^{xiii} https://www.sandag.org/uploads/publicationid/publicationid_1309_6930.pdf

^{xiv} San Diego Association of Governments (SANDAG), Tribal Governments Project.
<http://www.sandag.org/?subclassid=105&fuseaction=home.subclasshome>

^{xv} Kidsdata.org, Lucille Packard Foundation for Children's Health. www.kidsdata.org.

^{xvi} https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/maternal_child_family_health_services/MCFHSstatistics.html

^{xvii} Lucille Packard Foundation for Children's Health. Kidsdata.org. www.kidsdata.org.

^{xviii} <https://www.marchofdimes.org/peristats/data?top=4&lev=1&stop=43®=99&sreg=06&creg=06073&obj=8&slev=6>

^{xx} <http://www.kidsdata.org/region/368/san-diego-county/summary#1/child-and-youth-safety>

^{xx} United States Census Bureau. American Community Survey 2020
<https://data.census.gov/cedsci/table?q=total%20families%20in%20san%20diego%20county&tid=ACSST5Y2020.S1101>

^{xxi} United States Census Bureau. American Community Survey 2020
<https://data.census.gov/cedsci/table?q=total%20families%20in%20san%20diego%20county&tid=ACSST5Y2020.S1101>

^{xxii} County Health Rankings and Roadmaps. Robert Wood Johnson Foundation.
<http://www.countyhealthrankings.org/app/california/2016/rankings/san-diego-county/outcomes/overall/snapshot>.

^{xxiii} 2014 data: http://www.sandiegocounty.gov/content/dam/sdc/me/docs/SDME_Annual_Report_2014.pdf
[2011](http://www.sandiegocounty.gov/content/dam/sdc/me/docs/SDME_Annual_Report_2011)

2020 data: <https://www.sandiegocounty.gov/content/dam/sdc/me/docs/ME-AnnualExecSummary-2020.pdf>

xxiv <http://www.kidsdata.org/region/368/san-diego-county/results#cat=12>

xxv <https://www.rchsd.org/documents/2022/02/safe-kids-report-2022.pdf/>

xxvi San Diego Association of Governments (SANDAG), Tribal Governments Project.
<http://www.sandag.org/?subclassid=105&fuseaction=home.subclasshome>