



DAVID SANDERS, PH.D.  
Director

**County of Los Angeles**  
**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**  
425 Shatto Place -- Los Angeles, California 90020  
(213) 351-5602

Board of Supervisors  
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Fifth District

September 2, 2004

The Honorable Board of Supervisors  
County of Los Angeles  
383 Kenneth Hahn Hall of Administration  
500 West Temple Street  
Los Angeles, California 90012

Dear Supervisors:

**APPROVE THE DCFS / PROBATION  
SYSTEM IMPROVEMENT PLAN FOR STATE SUBMISSION  
(ALL SUPERVISORIAL DISTRICTS) (3 VOTES)**

**JOINT RECOMMENDATION WITH THE CHIEF PROBATION OFFICER THAT YOUR  
BOARD:**

Approve the Los Angeles County System Improvement Plan (SIP) (Attachment), as part of the Child and Family Services Review, for submission by the Department of Children and Family Services (DCFS) and the Chief Probation Officer, to the California Department of Social Services (CDSS).

**PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION**

As mandated by Assembly Bill 636, in January 2004, CDSS launched the California Child and Family Services Review, an outcome-based accountability system to monitor all counties. The accountability system requires that every three years, each County conduct a Self Assessment – a comprehensive review and analysis of how it is performing in child welfare related outcomes. The analysis must identify strengths and areas needing improvement, based on quantitative outcomes data from CWS/CMS, as well as qualitative data from case reviews and stakeholder meetings. Los Angeles County's first Self Assessment was submitted to CDSS in June 2004.

Based on the County Self Assessment findings, each county must submit an annual County SIP detailing how the County intends to improve its performance for areas needing improvement, including measurable improvement goals. The first SIP is due from counties to CDSS on September 30, 2004.

Without approval of the recommended action, DCFS/Probation is at risk of failing the California Child and Family Services Review.

#### Implementation of Strategic Plan Goals

The recommended action is consistent with the principles of the Countywide Strategic Plan Goal #5: Children and Families' Well-Being. The recommended action will ensure continued provision of child welfare related services to the children and families of Los Angeles County.

#### **FISCAL IMPACT/FINANCING**

Although the submission of this report does not have a direct fiscal impact, the SIP does commit the county to implementing strategies that may have fiscal impacts. These impacts may necessitate changes in financing of Child Welfare Services. The first step in addressing the changes needed is our current efforts in seeking federal and state approval of the Title IV-E waiver. The waiver will allow for more flexible use of funds in child welfare and for us to reinvest savings from out of home care in services and strategies identified in the SIP that achieve better outcomes for children.

#### **IMPACT ON CURRENT SERVICES**

The attached SIP includes many strategies to achieve improved outcomes for children and families. Several of these strategies involve increasing the availability of services through initiatives such as: Family-Centered Team Decision Making, Point of Engagement, Alternative Response, Joint Second Referrals, and approaches in the areas of Prevention, Reunification and Permanency, as recommended by the three Board-approved Workgroups. The SIP also refers to the increased array of services that would be available, pending federal approval of the Title IV-E waiver.

#### **FACTS AND PROVISIONS/LEGAL REQUIREMENTS**

In April of 2004, DCFS and the Probation Department worked in partnership to invite 65 individuals representing a broad range of stakeholder organizations to participate in the Outcomes and Accountability Group. The full list of participants is contained in the attachment. The mission of this group was to provide meaningful input into the Los

Angeles County Self Assessment and SIP. The group convened six times throughout the summer of 2004 to review and provide feedback on draft documents. Based on the input received, smaller workgroups developed revisions in between the Outcomes and Accountability meetings.

The SIP is due to CDSS no later than September 30, 2004.

### **CONCLUSION**

Upon approval by the Board of Supervisors, it is requested that the Executive Officer/Clerk of the Board send a copy of the adopted Board letter and attachments to:

1. Department of Children and Family Services  
Attn: Dr. David Sanders, Director  
425 Shatto Place  
Los Angeles, CA 90020
2. Probation Department  
Attn: Richard Shumsky, Chief Probation Officer  
Lynwood Justice Center  
11701 South Alameda St  
Lynwood, CA 90262
3. California Department of Social Services  
Attn: Wes Beers, Bureau Chief  
744 P Street  
Sacramento, CA 95814
4. Office of the County Counsel  
Attn: Catherine Pratt  
Principal Deputy County Counsel  
201 Centre Plaza Drive, Ground Floor  
Monterey Park, CA 91754

Respectfully submitted,

DAVID SANDERS, Ph.D.  
Director

RICHARD SHUMSKY  
Chief Probation Officer

The Honorable Board of Supervisors  
September 2, 2004  
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Attachment

c: Chief Administrative Office  
County Counsel  
California Department of Social Services

# LOS ANGELES COUNTY, SYSTEM IMPROVEMENT PLAN

## COVER SHEET

<b>California's Child and Family Services Review System Improvement Plan</b>		
<b>County:</b>	Los Angeles	
<b>Responsible County Child Welfare Agency:</b>	Los Angeles County Department of Children and Family Services	
<b>Period of Plan:</b>	October 1, 2004 – September 30, 2005	
<b>Period of Outcomes Data:</b>	The most recent available – Varies depending on the outcome	
<b>Date Submitted:</b>	September 30, 2004	
<b>County Contact Person for County System Improvement Plan</b>		
<b>Name:</b>	Genie Chough	
<b>Title:</b>	Principal Consultant	
<b>Address:</b>	425 Shatto Place, Room 603, Los Angeles, CA 90020	
<b>Phone/Email</b>	(213) 351-5777 chougg@dcfs.co.la.ca.us	
<b>Submitted by each agency for the children under its care</b>		
<b>Submitted by:</b>	<b>County Child Welfare Agency Director (Lead Agency)</b>	
<b>Name:</b>	Dr. David Sanders	
<b>Signature:</b>		
<b>County Chief Probation Officer</b>		
<b>Submitted by:</b>	<b>County Chief Probation Officer</b>	
<b>Name:</b>	Mr. Richard Shumsky	
<b>Signature:</b>		
<b>County Board of Supervisors</b>		
<b>Approved by:</b>	<b>Name:</b>	
	<b>Title:</b>	
<b>Signature:</b>		

Please provide name and affiliation of members of planning body on separate page.

## **Name and Affiliation of Members of Planning Body, Outcomes & Accountability Group**

Abagnale, Susan	Casey Family Program
Andrade, Laura	DCFS
Armstrong, Bonnie	Foundation Consortium
Azadian, Mariam	DCFS
Bartholomew, Gwen	Grandma's Angels
Brooks, Veronica	V.M. Brooks Consulting Services
Brown, Vernon	Aspira
Campbell-Motton, Lisa	Los Angeles County Probation Department
Cegarra, Patricia	DCFS
Chan, Sam	Los Angeles County Department of Mental Health
Custodio, Cecilia	DCFS
Donnelly, Bill	Inter University Consortium
Doran, Valerie	Inter-Agency Council on Child Abuse and Neglect
Duenas, Timothy	Los Angeles County Department of Health Services – Public Health
Edmiston, Donna	Los Angeles City Attorney's Office
Emmons, Mary	Children's Institute International
Espino, Liza	Los Angeles County Probation Department
Figueroa, Rita	Los Angeles Department of Public Social Services
Fogelman, Sylvia	Southern California Foster Family and Adoption Agency
Gulley, Cheryl	Western Region of Child Welfare League of America
Harris, Doug	Los Angeles County Probation Department
House, Kathy	Los Angeles County Chief Administrative Office, Budget
Jimenez, Armando	First 5 LA
Jones, Carol	DCFS
Katz, Alison	Grandparents as Parents, Inc.
Kawasaki, Harvey	DCFS
Kleinberg, Helen	Los Angeles County Commission for Children and Families
Klein Martin, Sacha	Association of Community Human Service Agencies
Krinsky, Miriam	Children's Law Center of Los Angeles
Lewis, Kim	Western Center on Law and Poverty
Levine, Meryl	Parents Anonymous® Inc
Mandel, Lisa	Children's Law Center of Los Angeles
Martinez, Evelyn	First 5 LA
Mason, Mitch	DCFS
Mattingly, Christina	Los Angeles County Commission for Children and Families
McCormick, Jill	Western Child Welfare Law Center
McCroskey, Jacquelyn	USC School of Social Work
Morales, Ron	DCFS
Munford, Shannon	Los Angeles County Probation Department
Nuno, Teresa	First 5 LA
Ogawa, Terry	Los Angeles City Commission for Children
Pearson, Cora	California State Foster Parent Association / Stepping Stone Foster Parent Association
Pedersen, Tina	Parents Anonymous® Inc.
Pion-Berlin, Lisa	Parents Anonymous® Inc.
Poindexter, Tramisha	California Youth Connection – Los Angeles Chapter
Pratt, Catherine	Los Angeles County Counsel

Profant Komuro, Natalie	LA Homeless Services Authority
Puckett, Gary	Los Angeles County Department of Mental Health
Rabens, Ilean	Mental Health Commission
Ritchie, Carol	Los Angeles County Probation Department
Saito, Kathleen	Los Angeles County Chief Administrative Office
Siegel, Maureen	Los Angeles City Attorney
Sheehan, Lari	Los Angeles County Chief Administrative Office
Shelvy, Marjorie	Legal Aid Foundation of Los Angeles
Smiley, Mary Ann	Los Angeles County Probation Department
Swinger, Dr. Herschel	Children's Institute International
Taylor, Terri	Florence Crittenton Center
Tilton, Deanne	Inter-Agency Council on Child Abuse and Neglect
Toulmin, Donna	USC Center on Child Welfare
Turner, Cassandra	DCFS
Valentine, Jenna	Association of Community Human Service Agencies
Vugteveen, Troy	Koinonia Family Homes
Wagner, Marvelle Zenith	AMARCH
Walker, Harold	SEIU Local 535
Washington, Ella	AMARCH
Weisz, Jenny	Public Counsel

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**Name and Affiliation of Members of Outcomes & Accountability Group**

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**SIP #7: Workload**

**Glossary**



**Los Angeles County, System Improvement Plan: October 1, 2004 – September 30, 2005**

<b>Outcome/Systemic Factor #1:</b> Recurrence of Maltreatment				
<b>County's Current Performance:</b> Using the federal measure, the rate of recurrence of maltreatment in Los Angeles County was 10.3% for the most recent two 6-month reporting periods between October 2002 and September 2003. While the County experienced a lower rate than the rest of the State (11.52%), there is still work to be done to achieve the national standard of 6.1% for this outcome.				
<b>Improvement Goal 1.0</b> Reduce the recurrence of maltreatment of children in Los Angeles County from 10.3% in 2003 (latest available data as of March 2004 PIP) to 8.9% in 2005.  [NOTE: Consistent with Departmental Goal #1, Performance Counts and PIP goal.]				
<b>Strategy 1.1</b> Increase the use of Structured Decision Making (SDM) to monitor progress in assessing and serving children and families.		<b>Strategy Rationale</b> SDM is a research-based tool that provides CSWs and SCSWs with a framework to ensure as consistent decision making as possible. SDM does not replace clinical knowledge, but enhances the ability to eliminate bias and other factors. It also enhances the legal sufficiency in cases when reasonable efforts are in question.  SDM provides CSWs with simple, objective and reliable tools with which to make the best possible decisions for individual cases and provides managers with information for improved planning and resources allocation.		
<b>Milestone</b>	<b>1.1.1</b> Fully implement SDM Utilization Reports to monitor the use of the Family Strengths and Needs Assessment, the Risk Reassessment and the Reunification Reassessment tools.	<b>Timeframe</b>	October 2004 – Deploy SDM Reassessment report tools	<b>DCFS Lead/External Partners</b> <ul style="list-style-type: none"><li>Cecilia Custodio, ITS</li><li>Dick Santa Cruz, SDM</li><li>Dick Santa Cruz, SDM</li><li>CRC</li></ul>
	<b>1.1.2</b> Conduct biannual site visits of regional offices by Children's Research Center (CRC) to assess the quality of SDM assessment tool usage and incorporation of facts supporting SDM Risk and Safety factors into referral investigation narratives and case planning.		December 2004 and July 2005 – Conduct SDM implementation assessments in 6 offices in each of site visits with CRC	

<p><b>Strategy 1.2</b> Increase collaborative efforts to assure that families have access to a broad range of prevention oriented community-based services. <b>(Consistent with Prevention Workgroup Plan, and part of Outcome/Systemic Factor #6: Services Array, Strategy 1.1.)</b></p>	<p><b>Strategy Rationale</b> The Prevention Workgroup Plan recommends that a Countywide Prevention Coalition be created to oversee essential crosscutting operational elements of the plan, providing structure and context to tie together the continuum of first, second and third level prevention activities.</p> <p><b>Discuss changes in identified systemic factors needed to further support the improvement goals.</b> Since coordination and collaboration between existing resources and programs that effectively meet the needs of children and families is at the heart of the plan, ongoing assessment, tracking and accountability for results is essential. Effective community resource networks establish links between programs/resources and children and families, constantly scanning the community environment and adapting to the changing needs of community members.</p> <p><b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b> Collaborative training for family-centered team practice will be needed to prepare staff of County departments, community-based organizations, foster and kinship care providers and family members to work together. Training may be facilitated through existing resources (i.e., the Inter University Consortium, training units from DCFS and other County departments) or through a new collaborative entity jointly financed and monitored by the Countywide Prevention Coalition.</p> <p><b>Identify roles of the other partners in achieving the improvement goals.</b> In addition to the key role of the community in this strategy, inter-departmental teamwork, information sharing, coordinated training and capacity development should be strengthened to assure that families experience continuity of care across first, second and third levels of prevention whenever possible. The Coalition should work closely with the CAO Service Integration Branch to develop and monitor these critical elements. One of the tensions inherent in service integration is balancing the separate agencies' needs for participation with the families' needs for deeper relationships with fewer individuals.</p> <p>Resolution of current barriers to information sharing across County</p>
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			departments and with community-based organizations is essential to support this kind of cross-departmental collaboration. The Board of Supervisors should ask County Counsel to work with the Countywide Prevention Coalition to minimize continuing barriers to cross-department information sharing. Public information and community marketing campaigns should be developed to share information on this new approach with the many members of the public who care deeply enough about children, youth and families to want to be part of the prevention effort. These campaigns should also provide information about the availability of services and supports in the community.		
Milestone	<b>1.2.1</b> Develop a plan to fund, organize and integrate first, second and third level prevention resources in a neighborhood setting. Resources should focus on high need geographic communities, at least one non-geographic community where children are at risk for child maltreatment, and communities where disproportionate numbers of children of color are involved in the child welfare system. <b>(Consistent with Prevention Workgroup Plan: Recommendation 1, First level/Primary prevention.)</b>  As part of the plan, identify the appropriate use of Family Preservation and Support funds that can be utilized to promote these prevention efforts. In addition, work with Inter-Agency Council on Child Abuse and Neglect (ICAN) to identify AB 1733/AB 2994 child abuse prevention funds that would be appropriate for these efforts.  In addition, identify a funding source that will provide after-care services in our communities to support the stability and well being of families. <b>(Consistent with Prevention Workgroup Plan: Continuum of Prevention-Oriented Supports and Services, Tertiary Prevention.)</b>	Timeframe	To be determined, pending Board of Supervisors Approval	DCFS Lead / External Partners	<ul style="list-style-type: none"><li>• DCFS Deputy Directors</li><li>• Commission for Children and Families</li><li>• ICAN</li><li>• CAO</li><li>• External stakeholders</li></ul>

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<p><b>Milestone</b></p>	<p><b>1.2.2</b> Build on existing community-based partnership coalitions at the sub-SPA level so community residents can connect to support one another in natural settings like childcare facilities, schools or faith-based organizations. In these settings, community residents can identify support for those at risk of abuse or neglect. In addition, they can participate both as decision-makers and consumers of services.</p> <p>More formal support systems such as DCFS, Probation, DPSS, DHS and others should join these informal networks to promote health and safety for children and families and form a continuum with primary prevention supports. The target population of this recommendation is children and families at risk for abuse and neglect who have not yet come to the attention of DCFS. <b>(Consistent with Prevention Workgroup Plan: Recommendation 2, Second level prevention/high risk/inconclusive.)</b></p> <p>Upon approval of the Prevention Plan, an operational plan will be developed to engage the community. The plan will include performance indicators to measure the effectiveness of the engagement process and strategies for sharing lessons learned among SPAs.</p>	<p><b>Timeframe</b></p>	<p>To be determined, pending Board of Supervisors Approval</p>	<p><b>DCFS Lead / External Partners</b></p>	<ul style="list-style-type: none"> <li>• DCFS Deputy Directors</li> <li>• Commission</li> <li>• CAO</li> <li>• External stakeholders</li> </ul>
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Milestone	1.2.3 Establish a cooperative agreement with First 5 LA/Partnerships for Families to develop strategies for the prevention of child abuse. This partnership will fill gaps in community-level services for families at risk for child maltreatment, by providing services to families with children age 5 and under where referrals are found to be inconclusive or unfounded. In addition, it will develop and strengthen natural helping networks at the neighborhood level and coordinate and promote collaboration among and between community and county systems.	Timeframe	To be determined, pending Board of Supervisors Approval	DCFS Lead / External Partners	<ul style="list-style-type: none"> <li>• First 5 Commission</li> <li>• Children's Institute International</li> <li>• DCFS</li> </ul>
<b>Strategy 1.3</b> Implement the Joint Second Referral (J2R) program.			<b>Strategy Rationale</b> The Joint Second Referral program teams a Public Health Nurse (PHN) with a CSW on initial home visits. The PHNs implement a referral and follow-up process to appropriate health related resources, as needed, to ensure timely health care is received. PHNs will accompany CSWs on initial home visits to the most vulnerable referrals, identified as children age 0-36 months who are referred to the Department for a second time. The program also involves reviewing referrals for medical issues, consulting with the ER CSWs, and working with parents, caregivers, and health care providers.  After a 90 day pilot, the Joint Second Referral will be evaluated based on data and modified if indicated to increase improved outcomes.  This strategy will build on progress and improve this outcome by offering skilled PHN observation, as well as a CSW, to identify risks, needs and strengths within the family.  <b>Discuss changes in identified systemic factors needed to further support the improvement goals.</b> Increase the number of PHNs in DCFS.  <b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b> Continued educational support from the InterUniversity Consortium, as well as		

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		training funds to attend seminars and conferences which offer training not available through the IUC such as the annual UC Davis Child Abuse Conference.			
		<b>Identify roles of the other partners in achieving the improvement goals.</b> A strong partnership between the PHNs and CSWs. PHNs also have relationships with many community partners and refer children and families to services as needed.			
		<b>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</b> State Budget Act of 1999 appropriated general funds for increasing the use of PHNs in meeting the health care needs of foster children. The Health Care Program for Children in Foster Care funds PHNs and is eligible for matching funds Title XIX MediCal funds. If strictly interpreted to cover services only to children in out-of-home care, the Act should be amended to include MediCal eligible children <u>at risk of being</u> in foster care. This amendment would support the goals of relying less on detention and improving the well-being of all children in the DCFS system, including new referrals, children in Family Maintenance, and voluntary cases.			
Milestone	<b>1.3.1</b> Complete J2R in 3 DCFS offices, where PHNs will accompany CSWs on home visits for initial joint second referrals of children age 0-36 mos.	Timeframe	October 1, 2004	DCFS Lead / External Partners	<ul style="list-style-type: none"><li>Lydia Banales, Nurse Manager</li></ul>
	<b>1.3.2</b> Analyze implementation data to determine the feasibility of expanding initial J2R visits to include children with known or suspected health issues.		October 1, 2004		<ul style="list-style-type: none"><li>Lydia Banales, Nurse Manager</li></ul>
	<b>1.3.3</b> Based on the outcome of the evaluation, develop a recommendation to the Executive Team on whether to expand J2R to additional DCFS offices using data to determine appropriate target population.		September 1, 2005		<ul style="list-style-type: none"><li>Lydia Banales, Nurse Manager</li><li>RAs</li></ul>

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<b>Strategy 1.4</b> Provide more services and resources for children and families through the use of tools such as Alternative Response and systems such as Point of Engagement (POE). Implement the Family Reunification Report recommendations in conjunction with establishing POE in SPA 4 and 6 offices that have agreed to begin this new front-end system, including Alternative Response. <b>(Cross reference to Outcome/Systemic Factor #3: Length of time to exit foster care to Reunification, Strategy 1.2.)</b>	<b>Strategy Rationale</b>
<b>Strategy 1.5</b> The Department will engage in a series of strength based, family centered initiatives, including Family-Centered Team Decision Making (FTDM), to foster a culture change that will include an emphasis on the urgency of reunification. Specifically, it will focus on the immediate provision of services and quality parent-child visitation, which may result in more rapid and successful reunifications. <b>(Cross reference to Outcome/Systemic Factor #3: Length of time to exit foster care to Reunification, Strategy 1.1.)</b>	<b>Strategy Rationale</b>

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<b>Outcome/Systemic Factor #2:</b> Rate of Child Abuse and Neglect in Foster Care	
<b>County's Current Performance:</b> The County's rate of 1.62% of child abuse or neglect in foster care <sup>1</sup> for the 9 month review period of April 1, 2003 - December 31, 2003 (latest available data as of July 2004) is significantly higher than the .90% rate for the rest of the State.	
<b>Improvement Goal 1.0</b> Reduce rate of abuse in foster care by 20%, from 1.73% to 1.38%.  [NOTE: Consistent with Departmental Goal #1, MAPP Goal, Performance Counts, and the PIP includes a State goal to reduce the maltreatment of children in foster care to 0.53% by June 2005.]	
<b>Strategy 1.1</b> Improve the County's data collection methodology and data quality issues, including problems of multiple reporting and the incorrect information of the perpetrator or victim. Further, the strategy includes working with the State to expand the definition of what constitutes abuse and neglect in foster care to include abuse and neglect perpetrated by relative caregivers and group home staff.  A component of the strategy is to conduct further analyses of the data to better define the populations. A more fine tuned analysis of the data to identify characteristics will allow for better, more focused, planning in the future. Such analysis should include the following: geographic area; age of the child and caregiver; type of abuse; licensed and certified foster homes, group homes, and relative caregivers.	<b>Strategy Rationale</b> DCFS recently began an in-depth examination of this measure. Preliminary analysis shows that there may be significant data collection and quality issues with this measure. For example, the County's method of data collection is not the same as Berkeley's methods. The outcomes may be different if we look at the same data as Berkeley uses for the State. Data quality issues may include multiple reporting or incorrect information on the perpetrator or victim.  <b>Describe how the strategies will build on progress and improve the program/outcome areas.</b> The strategy will address the foundation of collecting and tracking data on the rate of child abuse and neglect in foster care. The Department's position will be improved such that specific interventions can be developed and implemented to address specific populations of abuse and neglect in foster care, towards decreasing the rates. In addition, the Department will be able to respond more effectively to stakeholders' concerns on the rate of abuse and neglect in foster care.  <b>Describe education/training needs (including technical assistance) to achieve the improvement goals.</b> Education and training for Child Protection Hotline staff and line operations staff will be required on the new data collection methodology, towards promoting the accuracy of the data on the rate of abuse and neglect in foster care. Further, educating our external stakeholders and partners (such as foster parent

<sup>1</sup> The State measure defines foster care as licensed and certified foster homes, and does not include relative caregivers or group homes.



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			<p>associations, and out-of-home care service provider associations) will be very useful towards promoting the implementation of the new methodology and building the foundation of a partnership to address and improve the rate of abuse in foster care.</p> <p><b>Identify roles of other partners in achieving the improvement goals.</b> In developing an improved data collection methodology, our colleagues from CDSS are considered partners. As highlighted above, building a working relationship with external stakeholders and stakeholder groups on the new data collection methodology will be essential towards collecting and maintaining accurate data on the rate of abuse and neglect in foster care, and in developing action steps to decrease the rate.</p>		
Milestone	1.1.1 Align county data collection with statewide standards.	Timeframe	February 2005	DCFS Lead/External Partners	<ul style="list-style-type: none"><li>Cecilia Custodio, ITS</li></ul>
	1.1.2 Revisit the DCFS policy that addresses the Child Protection Hotline and referrals regarding abuse and neglect in foster care and work with representatives from line operators to identify any additional referral issues pertaining to out-of-home abuse.		January 2005		<ul style="list-style-type: none"><li>Joi Russell, Child Protection Hotline</li></ul>
	1.1.3 Data analysis protocols implemented to sort out specific characteristics, including group homes and relative caregivers.		June 2005		<ul style="list-style-type: none"><li>Cecilia Custodio, ITS</li></ul>

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<b>Milestone</b>	<b>1.1.4</b> Develop Improvement Goals for the reduction of abuse in group home care and relative care to be implemented in the FY 05-06 SIP and to serve as a data collection/data reporting model to be implemented at the state level.	<b>Timeframe</b>	June 2005	<b>DCFS Lead/External Partners</b>	<ul style="list-style-type: none"> <li>• Ed Sosa, Out-of-Home Care Evaluation/Quality Assurance</li> <li>• Wes Beers, CDSS</li> <li>• Barbara Needell, UC Berkeley</li> <li>• Helen Kleinberg/Harriet Williams, Commission for Children &amp; Families</li> <li>• Group home agency representatives</li> <li>• Relative caregiver representatives</li> </ul>
<b>Strategy 1.2</b> Improve timelines to permanency. <b>(See Outcome/Systemic Factors # 3: Length of Time to Exit Foster Care to Reunification, and #4: Length of Time to Exit Foster Care to Adoption.)</b>			<b>Strategy Rationale</b> The longer children remain in out-of-home care, the greater the probability that there may be abuse or neglect in foster care.		
<b>Strategy 1.3</b> The Department will engage in a series of strength based, family centered initiatives, including Family-Centered Team Decision Making (FTDM), to foster a culture change that will include an emphasis on the urgency of reunification. Specifically, it will focus on the immediate provision of services and quality parent-child visitation, which may result in more rapid and successful reunifications. <b>(Cross reference to Outcome/Systemic Factor #3: Length of time to exit Foster Care to Reunification, Strategy 1.1.)</b>			<b>Strategy Rationale</b> Use of the FTDM approaches, such as Family Group Decision Making, other Family to Family strategies and Team Decision Making, includes the involvement of birth families and community members, along with resource families, service providers and DCFS staff in all movement decisions (removal, placement disruptions and reunification). These approaches will provide children and families with additional resources and family involvement that they need to stay together, and ultimately, may improve the appropriate reliance on detentions. Through use of FTDM approaches, there will be fewer children entering the foster care system, which will lower the potential for maltreatment.		
<b>Strategy 1.4</b> Develop a Charter Foster Home Development (CFHD) program to improve the foster care program. The initial phase of the program would include development of a number of specialized foster homes for children and youth who have exhibited behaviors that put them at high risk for recurrence of maltreatment, delinquency, and/or homelessness. This may include children and youth with medical problems. These homes will provide the safe, stable, nurturing			<b>Strategy Rationale</b> As described in the State Child Welfare Redesign and Program Improvement Plan, too many minors are residing in costly out-of-home placements only to exit the system ill prepared for adulthood.  Specialized foster homes, intensive interventions and a strength-based, community-based support services approach will help diminish negative and dysfunctional behaviors. Children would remain in their schools and		

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<p>environment necessary to prepare them for success in adulthood. <b>(Consistent with Prevention Workgroup Plan: Recommendation #5, Tertiary level prevention.)</b></p>	<p>communities, and family reunification or the identification of permanent families would be promoted. This recommendation would also support empowering adolescents toward a successful transition into adulthood.</p> <p><b>Describe how the strategies build on the progress and improve the program/outcome.</b> Development of the CFHD Program contributes to the DCFS objective of ensuring that children are placed in the most appropriate out-of-home care resources. This includes the caregiver having the required skills and support systems to meet the individualized needs of the child. The CFHD Program will implement additional non-institutional, home-like settings that are specifically trained to meet the needs of at-risk populations.</p> <p><b>Describe the educational training needs (including technical assistance) to achieve the improvement goals.</b> Training on the use of CFHD, including purpose and procedures, would be required for line operations staff, Out-of-Home Care staff and other DCFS staff.</p>
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<p><b>Milestone</b></p>	<p><b>1.4.1</b>  A pilot program will be initiated to focus on three communities that are pre-selected based on a high incidence of out-of-home placements. Twenty to thirty foster families and relative caregivers will be selected and trained in providing a structured and well-supervised placement. The foster families will be chosen based on their capabilities in handling the special characteristics of the children and adolescents.  <b>(Consistent with Prevention Workgroup Plan: Recommendation #5, Tertiary prevention.)</b></p> <p>The pilot would contain the following elements:</p> <ol style="list-style-type: none"> <li>1. Service providers from within the same community will be used whenever possible. Service providers will be trained to recognize and address cultural needs.</li> <li>2. A public information campaign directed at the target communities will explain the need for permanent families/connections for foster youth. Community forums will be held regularly to encourage community support, problem solve and profile children in need of placement.</li> <li>3. Foster families and the appropriate community agencies will collaborate.</li> <li>4. Supervision and support meetings with the foster family and community advocates will be convened regularly to assure that desired outcomes are being met. CFHD parents will have on-call access to CFHD staff.</li> <li>5. Performance outcomes, such as permanency targets, will be identified and tracked.</li> </ol>	<p><b>Timeframe</b></p> <p>To be determined, pending Board of Supervisors' approval of Prevention Workgroup Plan, Recommendation # 5</p>	<p><b>DCFS Lead/External Partners</b></p> <ul style="list-style-type: none"> <li>• Gene Gilden, Permanency Resources</li> <li>• Louise Grasmehr, Public Affairs</li> <li>• RAs selected to participate in Pilot Program</li> <li>• In addition, as the lead agency, DCFS will coordinate efforts and activities with other county departments, community-based agencies and other key external stakeholders to implement the components of the Pilot and to track and monitor the results. These entities will be identified by DCFS, with input from its key external stakeholders.</li> </ul>
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<p><b>Milestone</b></p>	<p><b>1.4.2</b> Develop a plan to identify those dependents of the Juvenile Court pursuant to WIC Section 300 placed in out-of-home care and who exhibit behaviors that place them at high risk for recurrence of maltreatment, delinquency, and homelessness. The children and youth in this population exhibit behavior challenges and characteristics that include delinquency, multiple placement disruptions, mental illness, substance abuse, pregnancy, and severe academic challenges. These children and youth are typically at risk of placement or placed in RCL 12-14 group homes or at risk of hospitalization or hospitalized in psychiatric facilities. <b>(Consistent with Prevention Workgroup Plan: Recommendation #5, Tertiary prevention.)</b></p>	<p><b>Timeframe</b></p>	<p>To be determined, pending Board of Supervisors' approval of the Prevention Workgroup Recommendation # 5</p>	<p><b>DCFS Lead/External Partners</b></p>	<ul style="list-style-type: none"> <li>• Amaryllis Watkins, Specialized Programs RA</li> <li>• RAs</li> </ul>
<p><b>Strategy 1.5</b> Develop the Structured Decision Making (SDM) Foster Care Module.</p>			<p><b>Strategy Rationale</b> The SDM Foster/Relative Caregiver Module serves the following purposes:</p> <ul style="list-style-type: none"> <li>• Classifies licensed foster/relative caregivers by support need levels</li> <li>• Assesses the care required for each child placed in a foster/relative setting</li> <li>• Assesses the safety of a specific placement for a specific child/sibling at the time of placement</li> <li>• Facilitates the allocation of resources to foster parents based on their support need and the placed child's care needs</li> <li>• Prioritizes placement options by linking each child's care needs to specific caregiver capabilities</li> </ul> <p><b>Describe how the Strategies build on the progress and improve the program/outcome areas.</b> This strategy will contribute to meeting the DCFS objective of ensuring that children are placed in the most appropriate out-of-home care resource that includes the caregiver having the required skills and support systems to meet the individualized needs of the child.</p> <p><b>Describe educational/training needs (including technical</b></p>		

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			<b>assistance) to achieve the improvement goals.</b> Department-wide training will be required for line operations staff on the SDM Foster Care Module. In addition, training on the module will be required for foster parents and kinship caregivers so that the most appropriate placements for children under our care and supervision are successfully made.  <b>Identify roles of the other partners in achieving the improvement goals.</b> CRC will partner with DCFS in replicating the Foster Care Support Level Assessment Study and in developing the placement matching program. In addition, stakeholders, such as the Commission for Children and Families, foster parents and kinship caregivers, and external groups, such as foster parent associations, kinship councils, and out-of-home care provider associations, will be essential to partner towards building a strong working relationship on use of the SDM Foster Care Module. All levels of line operations staff, as well as other internal stakeholders will participate in the assessment study and developing the placement matching program.		
Milestone	<b>1.5.1</b> Negotiate contract with Children’s Resource Center (CRC) to replicate SDM Foster Care Support Level Assessment study.	Timeframe	October 1, 2004	DCFS Lead/External Partners	<ul style="list-style-type: none"><li>Dick Santa Cruz, SDM</li></ul>
	<b>1.5.2</b> Participate in SDM Foster Care Support Level Assessment Study with 4 Counties (San Diego, Fresno, Riverside and Sutter).		October 2004 – June 2005		<ul style="list-style-type: none"><li>Dick Santa Cruz, SDM</li></ul>
	<b>1.5.3</b> Work with CRC to develop contract for development of placement matching program based on results of SDM Foster Care Support Level Assessment Study.		July 2005		<ul style="list-style-type: none"><li>Dick Santa Cruz, SDM</li></ul>

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<b>Outcome/Systemic Factor #3:</b> Length of time to exit foster care to reunification	
<b>County's Current Performance:</b> For the 1-year period from January 1, 2003 to December 31, 2003, DCFS reunified children within twelve months at a rate of 33.2%. This is less than one-half the 72.7% rate of non-LA Counties, and less than the 76% national standard.	
<b>Improvement Goal 1.0</b> Increase by 10% the number of children who return home in less than 12 months.  [NOTE: This is consistent with Departmental Goal #2, MAPP Subgoal, and Performance Counts.]	
<b>Strategy 1.1</b> The Department will engage in a series of strength based, family centered initiatives, including Family-Centered Team Decision Making (FTDM), to foster a culture change that will include an emphasis on the urgency of reunification. Specifically, it will focus on the immediate provision of services and quality parent-child visitation, which may result in more rapid and successful reunifications.  Central to this initiative will be the development of a comprehensive and integrated training plan. Training shall be designed so that it meets the time lines for each SPA/Office as it implements the new service delivery system. Our community partners must play a central role in assisting Training Division, the University Consortium, and our community partners in training staff to make this culture change.	<b>Strategy Rationale</b> The paradigm shift involves new respect and engagement with parents to promote meaningful communication and identification of family strengths. It involves the family in the shared decision making process at every point in the case. The FTDM team (described below) and the social worker provide the linkage to available, appropriate resources so that a family reunification can be successful within a short period of time. There are specific outcomes in the case that relate to the risk assessment (using Structured Decision Making tools) and which the parents understand as their responsibility to achieve with the assistance of the Department, the caregiver and the community based agencies  FTDM is the overall approach to multi-disciplinary team planning and includes engaging extended families through such programs as Family Group Decision Making (FGDM), as well as the community through Family to Family strategies of Community Partnership, and Team Decision Making (TDM). These strategies involve birth families and community members, along with resource families, service providers and DCFS staff in all child movement decisions (removal, placement disruptions and reunification). FTDM also engages families in the treatment process earlier and in a meaningful and comprehensive way.  Such approaches will provide children and families with the additional resources and family involvement that they need to stay together, and ultimately, reduce reliance on detentions as the primary strategy for protecting children.  <b>Describe how the strategies will build on progress and improve</b>

	<p><b>this program/outcome area.</b> This strategy will build on the community-based organizing efforts of the Children's Planning Council. It will also engage families in their shared responsibility for the past, the present, and the future of their children. Finally, FTDM will build on the willingness of the courts to support and accept the family's plan when developed in a FGDM process. Our focus is legal permanency with family reunification as the preferred outcome for our children.</p> <p><b>Describe systemic changes needed to further support the improvement goals.</b> Increase skills in sharing information and power with extended family and community while ensuring respect and care for the welfare and privacy of children and nuclear families. The culture change must include the determination of specific safety compromises, utilizing Structured Decision Making (SDM), so that family specific services can be put in place to lower risk to an acceptable level so that children can be returned home quickly and maintained in their home safely.</p> <p><b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b> Roll out training to all levels of staff on the integration of Family to Family and FGDM. Training must include more than simply delivering training on specific aspects of culture change and the new service delivery model. It must be comprehensive and integrated with a goal of overall professional development of staff. At all times training must support the changes that the Department is initiating. It must reference the need for staff to conceptualize their focus to one of being family centered, family supportive and community focused with a belief that children residing safely in their own homes is the best possible outcome for our children.</p> <p><b>Identify roles of the other partners in achieving the improvement goals.</b> Training and technical assistance is essential from the following organizations that are shepherding both Family to Family and FGDM. These are: Annie E. Casey Foundation, Casey Family Programs and the American Humane Association. In addition, Family Preservation, contracted Mental Health providers, drug/alcohol and domestic violence service providers and other community partners are critical to providing an adequate service network for our families.</p>
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<b>Milestone</b>	<b>1.1.1</b> Develop a blueprint, including timeframes for full use of FTDM for initial placement/service.	<b>Timeframe</b>	December 2004 – Complete blueprint  January 2005 – Fully initiate POE in SB 2	<b>DCFS Lead/External Partners</b>	<ul style="list-style-type: none"> <li>• Michael Rauso, Multi-Agency Services</li> <li>• RAs, SPA Administration</li> <li>• Community stakeholders</li> </ul>
	<b>1.1.2</b> Develop a workload study to determine the projected impact of conducting FTDM meetings Department-wide and by SPA/Office. Determine how many facilitators will be needed to fully implement the program.		October 2005		<ul style="list-style-type: none"> <li>• Cecilia Custodio, ITS</li> <li>• Community partners</li> </ul>
	<b>1.1.3</b> Identify, train, and deploy adequate numbers of FTDM facilitators to SPA offices to support full implementation of the program. Community providers should play an important role in developing and delivering this training.		January 2005		<ul style="list-style-type: none"> <li>• DCFS Executive Team to authorize and identify staff for this program</li> <li>• Mark Miller, Training</li> <li>• Community partners, to assist with training development</li> </ul>
	<b>1.1.4</b> Develop policy/protocols covering key elements of FTDM practice that clarifies expectations of involved staff. Concurrent Planning, Strength-Based Practice and other Department initiatives must be integrated into FTDM.		February 2005 – Develop written policy and procedures		<ul style="list-style-type: none"> <li>• Guy Trimarchi, Policy</li> <li>• Mark Millier, Training</li> <li>• RAs, SPA Administration</li> <li>• Community partners</li> </ul>
	<b>1.1.5</b> Provide training on producing case plans based on the results of the FTDM meeting, which addresses the identified strengths, needs and risks, and assists the family in creating a safe environment. SDM's Family Strength and Needs Assessment (FSNA) shall be the basic process document to guide the development of the case plan.		March 2005 – Ongoing Department-wide implementation		<ul style="list-style-type: none"> <li>• Guy Trimarchi, Policy</li> <li>• Mark Millier, Training</li> <li>• RAs, SPA Administration</li> <li>• Community partners</li> </ul>

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<b>Milestone</b>	<b>1.1.6</b> Assure that children returning home from placement are consistently provided with in-home services (after-care) for up to 12 months as needed.	<b>Timeframe</b>	March 2005 – Full implementation (This is a current requirement, and skill-building for professional staff is needed.)	<b>DCFS Lead/External Partners</b>	<ul style="list-style-type: none"> <li>• RAs, SPA Administration</li> </ul>
	<b>1.1.7</b> Provide training to all DCFS staff on the importance of quality visitation between children and their families. Work with courts to take walk-ons and set-ons for timely court orders of family reunification. Training Section to develop specific modules to assist professional staff in arranging for and monitoring of quality visitation between parent/guardians and their placed children. Foster parent training should be enhanced to include specific training on the role of alternative caretakers in assuring positive and productive parent child visits.		May 2005		<ul style="list-style-type: none"> <li>• Mark Millier, Training</li> <li>• RAs, SPA Administration</li> <li>• Community partners</li> </ul>
	<b>1.1.8</b> Provide training on FTDM in all DCFS offices, including facilitators to lead teams, and stakeholders, so that they may participate as equal partners. Training will include traditional classroom instruction, as well as videos, coaching, training libraries, meetings with Executive Management, presentations from community service providers, cross-training, etc.		May 2005 – Roll-out training to Department and other partners		<ul style="list-style-type: none"> <li>• Guy Trimarchi, Policy</li> <li>• Mark Millier, Training</li> <li>• RAs, SPA Administration</li> <li>• Community partners</li> </ul>
	<b>1.1.9</b> When FTDM is utilized, 100% of FTDM family plans are submitted to Court in FM/R and P/P cases.		October 2005		<ul style="list-style-type: none"> <li>• RAs, SPA Administration</li> <li>• Ed Windsor, Court Services</li> <li>• Michael Rauso , Multi-Agency Services</li> </ul>
	<b>1.1.10</b> DCFS will determine what % of pre-placement decisions shall be engaged with FTDM.		October 2005		<ul style="list-style-type: none"> <li>• DCFS Executive Team</li> <li>• Michael Rauso, Multi-Agency Services</li> </ul>

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<p><b>Strategy 1.2</b> Provide more services and resources for children and families through the use of tools such as Alternative Response and projects such as Point of Engagement (POE). Implement the Family Reunification Report recommendations in conjunction with establishing POE in SPA 4 and 6 offices that have agreed to begin this new front-end system, including Alternative Response.</p>		<p><b>Strategy Rationale</b> Historically, the child welfare system has focused on the back-end of the system. Families, however, are more likely to engage in services at the point when they are in crisis. Delays in providing services after the immediate crisis is past, or when an adversarial court process has been initiated, leads to delays in reunification. To maximize successful reunification outcomes, services must be available immediately upon the case entering the system.</p> <p>DCFS is currently undergoing a significant shift in its approach to service delivery for children and families. DCFS is committed to providing more services when the family first enters the system and relying on out-of-home care only when all other avenues have been exhausted.</p> <p>One approach is the Point of Engagement pilot, which uses many tools, such as Alternative Response, Emergency Family Preservation and Team Decision-Making. The POE pilot is designed to provide a thorough investigation of child abuse and neglect referrals and timely provision of services from a wide array of potential services. Such services include prevention, and early and crisis intervention.</p> <p>Providing this broad range of services may help provide children and families with the resources they need to remain together, reducing the length of time in out-of-home care and time to permanence, preferably with children residing with their parents/guardians.</p>		
<b>Milestone</b>	<p><b>1.2.1</b> Train staff in SPAs 4 and 6 on POE and on the culture change necessary for a successful transition to a family services and support approach to child welfare practice.</p>	<b>Timeframe</b>	December 2004 – Full implementation (This process has already been initiated in two SPA 6 offices.)	<p><b>DCFS Lead/ External Partners</b></p> <ul style="list-style-type: none"> <li>• Mark Miller, Training</li> <li>• SPA 4 and 6 Administrations</li> <li>• Community partners</li> </ul>

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Milestone	<b>1.2.2</b> Identify departmental and community resources in SPAs 4 and 6, especially in the areas of mental health, domestic violence, and substance abuse including various forms of treatment which are particularly critical.	Timeframe	December 2004 (This process has been initiated in two SPA 6 offices.)		DCFS Lead/External Partners	<ul style="list-style-type: none"><li>• SPA 4&amp; 6 Administrations</li><li>• Michael Rauso, Multi-Agency Services</li><li>• Community partners</li></ul>
	<b>1.2.3</b> Develop a plan to establish an Alternative Response System.		December 2004			<ul style="list-style-type: none"><li>• SPA 4&amp; 6 Administrations</li><li>• Michael Rauso, Multi-Agency Services</li><li>• Community partners</li></ul>
	<b>1.2.4</b> Fully implement POE in SPA 4 and SPA 6.		February 2005			<ul style="list-style-type: none"><li>• SPA 4&amp; 6 Administrations</li><li>• Michael Rauso, Multi-Agency Services</li><li>• Community partners</li></ul>
<b>Strategy 1.3</b> Utilize the Regional Permanency Review Team (RPRT) process to review target populations of placed children to assure that each child has a tight reunification or alternative permanency plan. Part of this review will be to assure that each case has a clear parent/child visitation plan and that the tasks in each case plan address any barriers to maximum visitation. The SDM Reunification Assessment instrument will be used to support decision to return children home. This strategy is to include parents, caretakers, parent advocate and children wherever possible.			<b>Strategy Rationale</b> Experience at DCFS has repeatedly demonstrated that when multi-disciplinary teams review cases of children who have been sustained in out-of-home care for long periods of time, good outcome strategies can be developed that can lead to reunification, greater placement stability, and alternative legal permanency. The RPRT process can precede or coincide with the established Alternative Response System (Milestone 1.2.3 above).			
Milestone	<b>1.3.1</b> Standardize the use of the SDM Reunification instrument as the guiding tool to establish level of safety for consideration of returning children home.	Timeframe	Immediately upon the establishment of the review process. This tool is currently mandated for use at all critical decision points in which a return home is being considered.		DCFS Lead/ External Partners	<ul style="list-style-type: none"><li>• RAs, SPA Administration</li><li>• Mark Miller, Training, as needed</li></ul>

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Milestone	1.3.2 Establish a tracking system to assure that identified tasks determined in the RPRT are being implemented. The SCSW is the primary person responsible for assuring that RPRT case plan tasks are being implemented.	Timeframe	February 2005	DCFS Lead/ External Partners	<ul style="list-style-type: none"><li>• RAs, SPA Administration</li><li>• Cecilia Custodio, ITS</li></ul>
Strategy 1.4 Explore options for establishing positions of Community Resource Specialists and Parent Advocates in each SPA with community-based resources.			Strategy Rationale Creating and maintaining an Alternative Service delivery system will create a great need for coordination, tracking, arranging for services, connecting families and supporting families in entering various treatment systems if the program is to be successful. Frequently, service plans are unsuccessful because the detailed work needed to connect families fully with services does not occur. This support is a new workload for the Department and cannot be met with existing staff. It is possible that our community partners are strategically more able to provide this critical support function. Contracting with them may be a more effective solution to this problem than to hire new DCFS support staff directly.		
Milestone	1.4.1 Work with community partners, unions and others to identify options for establishing positions of Community Resource Specialists and Parent Advocates in each SPA.	Timeframe	February 2005	DCFS Lead/ External Partners	<ul style="list-style-type: none"><li>• David Waage, Human Resources</li><li>• Priscilla Cruz, Employee Relations</li><li>• Walter Chan, Contracts</li><li>• Locals 660 &amp; 535</li><li>• CAO</li></ul>
	1.4.2 If feasible, develop a job specification proposal for both a Community Resource Specialist and for the Parent Advocate. <b>(Consistent with Family Reunification Report.)</b>		April 2005		<ul style="list-style-type: none"><li>• David Waage, Human Resources</li><li>• Michael Rauso, Multi-Agency Service</li><li>• DCFS Executive Team</li></ul>
Strategy 1.5 Increase the use of Structured Decision Making (SDM) to monitor progress in assessing and serving children and families.  SDM is a research-based tool that provides CSWs and SCSWs with a			Strategy Rationale		

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framework to ensure as consistent decision making as possible. SDM does not replace clinical knowledge, but enhances the ability to eliminate bias and other factors. It also enhances the legal sufficiency in cases when reasonable efforts are in question.

SDM provides CSWs with simple, objective and reliable tools with which to make the best possible decisions for individual cases and provides managers with information for improved planning and resources allocation. The 6 tools include assessments in the following areas: Safety, Risk, Family Strengths and Needs, Contact Guidelines, Reassessment Risks/Needs, and Reunification. **(Cross reference to Outcome/Systemic Factor #1: Recurrence of Maltreatment, Strategy 1.1.)**

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<b>Outcome/Systemic Factor #4:</b> Length of time to exit foster care to adoption.	
<b>County's Current Performance:</b> During the 1 year period from July 1, 2003 to June 30, 2004, approximately 168 of 1633 (10.3%) children were adopted within 24 months of foster care entry.	
<b>Improvement Goal 1.0</b> Increase the percentage of foster children who are adopted within 24 months of removal from the home to 16%. Based on the increase to 10.3% in FY 2003-2004 from the previous three-year average (FY 2000-2003) of approximately 6.2% and the proposed strategies, it is projected that the percentage of those that finalize within two years of foster care entry will be 16% for FY 2004-2005.  [NOTE: Consistent with Departmental Goal #2, Performance Counts, and the PIP includes a State goal of 20.9% by June 2005. MAPP Goal is to finalize 4000 adoption for CY 2005.]	
<b>Strategy 1.1</b> Shift workload associated with TPR from case-carrying Children's Social Workers (CSWs) to Dependency Investigators (DIs) and clerical staff. NOTE: Discussions are being held with the Union to pilot this in 5 DCFS offices and to determine a start date.	<b>Strategy Rationale</b> This strategy will increase the number of TPRs completed in a timely manner as the DIs and specialized clerical staff will develop an expertise in this area leading to fewer court continuances.  <b>Discuss changes in identified systemic factors needed to further support the improvement goals.</b> There will be systems changes in the roles and responsibilities of the regional case-carrying CSWs, DIs and adoption CSWs in the five pilot offices.  <b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b> Specified DIs and clerical staff from the five pilot offices will need to be trained in the TPR process. All staff are currently being trained in concurrent planning.  <b>Identify roles of the other partners in achieving the improvement goals.</b> The DCFS RAs from the 5 pilot offices and Adoptions management will take a leadership role in the implementation of the pilot. The DCFS Training Section will play a crucial role in providing the TPR training to the DIs and clerical staff. County Counsel will act as advisors and consultants on the TPR process.

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Milestone	1.1.1 Co-locate Adoption staff in each office by the time the pilot begins.	Timeframe	April 2005	DCFS Lead/External Partners	<ul style="list-style-type: none"><li>• Diane Wagner, Adoptions</li><li>• RAs from 5 pilot offices</li><li>• RAs from offices w/o Adoption staff currently co-located</li></ul>
	1.1.2 Identify the DIs and clerical staff in each office who will be responsible for TPR.		To be determined – Under labor management discussion		<ul style="list-style-type: none"><li>• RAs from 5 pilot offices</li></ul>
	1.1.3 Train the identified DIs and clerical staff on the TPR process.		To be determined – Under labor management discussion		<ul style="list-style-type: none"><li>• Mark Miller, Training</li><li>• Possible consultation with County Counsel</li></ul>
	1.1.4 Implement in the 5 pilot offices.		To be determined – Under labor management discussion		<ul style="list-style-type: none"><li>• RAs from the 5 pilot offices</li><li>• County Counsel assigned to each of the 5 offices</li></ul>
Strategy 1.2 Implement a consolidated home study process for all new foster and adoptive parents to create a pool of resource families.			Strategy Rationale Consolidated home studies will facilitate permanency for children through the development of resource families. A resource family (formerly referred to as a foster or adoptive family) will support the goal of family reunification, and when reunification is not possible, be approved to provide legal permanence. This strategy will eliminate the time delay when a foster parent is identified as a potential adoptive parent and is then referred for an adoptive home study.  Identify roles of the other partners in achieving the improvement goals. Permanency Resources Division (PRD) management will manage the consolidated home study process. DCFS and CCL will work together to provide joint orientations to potential resource families. DCFS and IMCES will work together to schedule and provide PS-MAPP training to potential resource families. PRD management, the DCFS Contracts Division and the FFAs will work together to include a requirement that all FFA homes be dually prepared to provide foster and adoptive placements.		



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Milestone	1.2.1 This process began for new unattached families coming to DCFS to become foster or adoptive parents (i.e. resource families) in March 2004.	Timeframe	March 2004 – Completed	DCFS Lead/External Partners	<ul style="list-style-type: none"><li>• Gene Gilden, PRD</li><li>• Community Care Licensing</li><li>• IMCES</li></ul>
	1.2.2 Enter into discussions with FFAs about the DCFS priority to place children with Resource Families.		December 2004		<ul style="list-style-type: none"><li>• Walter Chan, Contracts</li><li>• Gene Gilden, PRD</li><li>• FFAs</li></ul>
	1.2.3 Require that all FFA families used by DCFS be dually prepared as resource families.		To be determined – This is a contractual issue that must be addressed in the next FFA contracts.		<ul style="list-style-type: none"><li>• Walter Chan, Contracts</li><li>• Gene Gilden, PRD</li><li>• FFAs</li></ul>
	1.2.3 Develop a plan to engage community partners regarding their need to dually prepare FFA families, for inclusion in the FFA contract.		June 2005		<ul style="list-style-type: none"><li>• Walter Chan, Contracts</li><li>• Gene Gilden, PRD</li><li>• FFAs</li></ul>
	1.2.4 Implement plan by contractually prioritizing DCFS placement of children with Resource Families		August 31, 2005 – The date current contract expires.		<ul style="list-style-type: none"><li>• Walter Chan, Contracts</li><li>• Gene Gilden, PRD</li><li>• FFAs</li></ul>
Strategy 1.3 Case management responsibility will remain with the regional case-carrying CSW until the adoption finalizes and all adoption tasks (both pre and post TPR) will be completed by adoption CSWs who are assigned to work with a specific regional unit. NOTE: Discussions are being held with the Union to pilot this in five DCFS offices.			Strategy Rationale This workload shift will allow the regional case-carrying CSWs to focus on mandated child welfare activities and will permit adoption CSWs to become involved in adoption-related tasks on cases much earlier in the process. This will facilitate the early beginning of concurrent planning and will result in decreased timelines to permanency for children.  Identify roles of the other partners in achieving the improvement goals. The Adoptions management team, the DCFS Labor Relations team and the Local 535 union representatives will jointly determine the appropriate case weight, yardstick and CAP for the adoption CSWs who will be participating in the pilot. The Adoptions Acting Division Chief will ensure that there is appropriate staffing for adoptions in the pilot offices.		

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Milestone	1.3.1 Determine the appropriate case weight, yardstick and CAP for the Adoptions CSWs who will be participating in the pilot	Timeframe	To be determined – Under labor management discussion	DCFS Lead/ External Partners	<ul style="list-style-type: none"><li>Diane Wagner, Adoptions</li><li>Priscilla Cruz, Employee Relations</li><li>SEIU Local 535</li></ul>
	1.3.2 Ensure that there is appropriate staffing (based upon current caseloads) in the Adoptions Division in the five pilot offices		To be determined – Under labor management discussion		<ul style="list-style-type: none"><li>Diane Wagner, Adoptions</li></ul>
<b>Strategy 1.4</b> Propose modifications and be an active participant in Streamlining the Interstate Compact for the Placement of Children (ICPC) approval process in conjunction with CDSS. <b>(Consistent with Relative Caregiver Permanency Report, Goal #10.)</b>			<b>Strategy Rationale</b> Many states require that the parental rights be terminated prior to starting an adoptive home study on a family in their state for a California child. This creates delays in determining if adoption is the appropriate plan for a child with an out-of-state family (typically a relative). By streamlining the ICPC process to allow for adoptive home studies prior to TPR, an appropriate permanent plan can be made more quickly.  <b>Identify roles of the other partners in achieving the improvement goals.</b> The Acting Adoptions Division Chief will discuss the ICPC issue with the adoption managers in the southern counties and garner support and suggestions for changes to the process. Adoptions Acting Division Chief Diane Wagner and Out-of-County Services RA Germaine Keys will work together to develop a plan to request changes to the ICPC regulations. The Deputy Directors for the Service Bureaus that are assigned Adoptions and Out-of-County Services will need to approve the plan and then obtain approval from the Executive Team. It will be necessary to involve many other external stakeholders in both the development and implementation of a plan to streamline the ICPC processes, but the identities of these entities will need to be determined.  <b>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</b> Statutory changes are needed to the Federal statutes related to ICPC.		

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Milestone	1.4.1 Discuss with Southern County adoption managers and CDSS Permanency Planning managers to garner support and suggestions for the proposed changes.	Timeframe	September 2004		DCFS Lead/External Partners	<ul style="list-style-type: none"><li>Diane Wagner, Adoptions</li></ul>
	1.4.2 Develop a plan to propose changes to the ICPC process.		February 2005			<ul style="list-style-type: none"><li>Karen Gunderson, CDSS</li><li>Diane Wagner, Adoptions</li><li>Germaine Key, Out of County Services</li><li>RAs</li><li>Guy Trimarchi, Policy</li></ul>
	1.4.3 Obtain approval from the Executive Team of the plan		March 2005			<ul style="list-style-type: none"><li>Trish Ploehn, Services Bureau 4</li><li>Russ Carr, Services Bureau 2</li></ul>
Strategy 1.5 Implement the Permanency Partners Program (P3).			Strategy Rationale This partnership between DCFS and the Consortium for Children is a program designed to create permanency options for dependent youth, ages 12 through 18, who currently have a plan of long term foster care.			
Milestone	1.5.1 Develop the work plan for the implementation of P3.	Timeframe	June 2004 – Completed		DCFS Lead / External Partners	<ul style="list-style-type: none"><li>Gene Gilden, PRD</li></ul>
	1.5.2 Identify the mediators who will participate in P3.		June 2004 – Completed			<ul style="list-style-type: none"><li>Gene Gilden, PRD</li><li>Kate Cleary, Consortium for Children</li></ul>
	1.5.3 Identify the 50 children in SPA 8 who will be served by the project.		July 2004 – Completed			<ul style="list-style-type: none"><li>Gene Gilden, PRD</li><li>Betsy Azariah, Lakewood RA</li></ul>

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<b>Milestone</b>	<b>1.5.4</b> Provide training on the P3 program to the mediators and to the case-carrying CSWs.	<b>Timeframe</b>	August 2004	<b>DCFS Lead / External Partners</b>	<ul style="list-style-type: none"> <li>Kate Cleary, Consortium for Children</li> </ul>
	<b>1.5.5</b> Obtain a blanket minute order from the Presiding Judge to allow for the sharing of information regarding these children with the Consortium and their staff.		September 2004		<ul style="list-style-type: none"> <li>Ed Windsor, Courts</li> <li>Gene Gilden, PRD</li> <li>County Counsel</li> </ul>
	<b>1.5.6</b> Assign the children to the trained mediators.		To be determined – Once court approval is obtained, cases will be assigned within one week.		<ul style="list-style-type: none"> <li>Gene Gilden, PRD</li> <li>Kate Cleary, Consortium for Children</li> </ul>
	<b>1.5.7</b> Mediators will initiate and complete the P3 process and develop a permanency plan for the youth.		Within 120 days of case assignment		<ul style="list-style-type: none"> <li>Gene Gilden, PRD</li> <li>Kate Cleary, Consortium for Children</li> </ul>

<b>Outcome/Systemic Factor #5: Management Information Systems</b>					
<b>County's Current Performance:</b>					
<p><b>DCFS</b></p> <ol style="list-style-type: none"> <li>1. To maintain our current level of operations, the Department must rely upon several different data tracking systems, and there is no ability to integrate them into CWS/CMS in real time.</li> <li>2. The turnaround time for CWS/CMS data entry is too long. As a result, information to measure performance and track outcomes is not as current as needed for decision-making purposes.</li> </ol> <p><b>Probation</b></p> <ol style="list-style-type: none"> <li>3. Currently, there is no statewide-automated system with Probation data. There is a Probation Lite system that provides limited dependency information. However, Field Deputies need to have critical dependency information regarding past reunification and permanency planning that is only available through CWS/CMS. PQAP data has revealed that 33% of Probation foster youth have a current or past dependency history, and this statistic continues to rise.</li> </ol>					
<p><b>Improvement Goal 1.0</b> Enhance CWS/CMS to allow tracking of all programs or initiatives.</p>					
<p><b>Strategy 1.1</b> Work with CWDA, CDSS and ACF to create a module that will enable counties to track all programs and initiatives in CWS/CMS.</p>			<p><b>Strategy Rationale</b> Adding such functionality for all programs in CWS/CMS will enhance counties' ability to measure the effectiveness of new programs and initiatives. This module will also allow for comprehensive and coordinated data analysis across programs and services, and improve the ability for CWS/CMS to serve as a useful management tool.</p>		
<b>Milestone</b>	<p><b>1.1.1</b> Work with CWDA to determine if this is a priority among counties, and if so, develop a proposal for CWDA to raise with CDSS.</p>	<b>Timeframe</b>	January 2005, pending CWDA approval	<b>DCFS Lead/ External Partners</b>	<ul style="list-style-type: none"> <li>• Leo Yu, CWS/CMS Oversight Cmte &amp; CWDA Information Systems Cmte</li> <li>• CDSS, CWS/CMS Branch</li> </ul>
	<p><b>1.1.2</b> Identify and contact the appropriate CDSS, ACF and DCFS staff for the analysis and design of the new CWS/CMS module. Begin discussions on the joint application design of the new module with CDSS and CWDA.</p>		April 2005, pending CWDA approval		<ul style="list-style-type: none"> <li>• CDSS, CWS/CMS Branch</li> <li>• Leo Yu, CWS/CMS Oversight Cmte &amp; CWDA Information Systems Cmte</li> </ul>

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<b>Improvement Goal 2.0</b> Integrate non-financial systems into DCFS CWS/CMS Datamart and the financial systems into LA County e-CAPS system (e-CAPS is the new county budgeting and accounting system).					
<b>Strategy 2.1</b> Transition all existing county specific systems into utilizing the CWS/CMS Datamart without any data redundancy.			<b>Strategy Rationale</b> Integrating systems into a single database may allow for comprehensive and coordinated data analysis across programs and services.		
Milestone	<b>2.1.1</b> Implement Emergency Shelter Care System, a web based system to track children placed in Emergency Shelter Care contract homes.	Timeframe	October 2004	DCFS Lead/External Partners	<ul style="list-style-type: none"><li>Cecilia Custodio, ITS</li></ul>
	<b>2.1.2</b> Implement ES/ILP System, a web based system that will track and report on the status of ES/ILP youth transitioning through the program as well as after jurisdiction is terminated and the CWS/CMS case is closed.		December 2004 – Implement Phase II. (Phase 1 was completed in July 2004.)		<ul style="list-style-type: none"><li>Pam Jacobian, ITS</li></ul>
	<b>2.1.3</b> Implement Family Preservation Integration System, a web based system that will integrate the FP Billing System and the CWS/CMS Datamart.		January 2005		<ul style="list-style-type: none"><li>Cecilia Custodio, ITS</li></ul>
<b>Strategy 2. 2</b> Align the Department’s budgetary and financial units into LA County e-CAPS system.			<b>Strategy Rationale</b> Allow the Department to identify all associated costs across programs and services.		

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Milestone	2.2.1 Finalize requirements for eCAPS interfaces for all payment systems.	Timeframe	January 2005	DCFS Lead/ External Partners	<ul style="list-style-type: none"><li>Ed Jewik, Finance</li><li>Barbara Sakuma, ITS</li><li>CAO</li><li>Auditor Controller</li></ul>
	2.2.2 Test, validate and approve eCAPS interface programming.		June 2005		<ul style="list-style-type: none"><li>Ed Jewik, Finance</li><li>Barbara Sakuma, ITS</li><li>CAO</li><li>Auditor Controller</li></ul>
	2.2.3 Implement eCAPS payment interfaces for all DCFS systems.		July 2005		<ul style="list-style-type: none"><li>Ed Jewik, Finance</li><li>Barbara Sakuma, ITS</li><li>CAO</li><li>Auditor Controller</li></ul>
Improvement Goal 3.0 Improve the length of time to complete CWS/CMS data entry, and increase the accuracy and validity of the existing data.					
Strategy 3.1 Advocate opening the CWS/CMS System to allow importing data to CWS/CMS Database. This will allow us to import service, health and education data into CWS/CMS database. This will provide accurate and timely information to our social workers, and improve services to children in our care.			Strategy Rationale Opening CWS/CMS will reduce the duplicate data entry in additional applications related to child welfare. This will reduce the length of time to complete data entry.  Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. ITS will have to determine whether opening CWS to import data has any legislative issues.		

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Milestone	<b>3.1.1</b> Work with CWDA to determine if this is a priority among counties, and if so, develop a proposal for CWDA to raise with CDSS.	Timeframe	January 2005, pending CWDA approval		DCFS Lead/ External Partners	<ul style="list-style-type: none"><li>CDSS, CWS/CMS Branch</li><li>Leo Yu, CWS/CMS Oversight Cmte &amp; CWDA Information Systems Cmte</li></ul>
	<b>3.1.2</b> Identify and contact the appropriate CDSS, ACF and DCFS staff for the analysis and design of the new CWS/CMS module.		April 2005, pending CWDA approval			<ul style="list-style-type: none"><li>CDSS, CWS/CMS Branch</li><li>Leo Yu, CWS/CMS Oversight Cmte &amp; CWDA Information Systems Cmte</li></ul>
	<b>3.1.3</b> Work with CWDA and CDSS to request that ACF allow the State to open up the CWS/CMS Database for importing data.		June 2005, pending CWDA approval			<ul style="list-style-type: none"><li>CDSS, CWS/CMS Branch</li><li>Leo Yu, CWS/CMS Oversight Cmte &amp; CWDA Information Systems Cmte</li></ul>
<b>Strategy 3.2</b> Investigate the current data entry process and identify problem areas. Identify specific data processes that are administratively burdensome or present barriers to creating meaningful information from CWS/CMS data. In addition, identify specific areas of missing or invalid data.			<b>Strategy Rationale</b> Identifying and correcting data processes will increase usage among CSWs and SCSWs, and allow managers to create management reports to be used in daily decision making.			
Milestone	<b>3.2.1</b> Identify “commonly missing” data elements used in the Executive Management Reports.	Timeframe	October 2004		DCFS Lead/ External Partners	<ul style="list-style-type: none"><li>Cecilia Custodio, ITS</li></ul>
	<b>3.2.2</b> Analyze current practices on data entry.		April 2005, pending Executive Team approval			<ul style="list-style-type: none"><li>DCFS Executive Team to identify staff for the analysis phase</li></ul>
	<b>3.2.3</b> Develop and implement an improvement plan.		October 2005, pending Executive Team approval			<ul style="list-style-type: none"><li>DCFS Executive Team to identify staff for implementation phase.</li></ul>



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<b>Strategy 3.3</b> Work with Union partners and SCSWs on their role regarding holding staff accountable for timely data input.  In addition, continue working with Union partners to identify by way of justification, the level of support staff necessary to support CSWs. <b>(Cross reference to Outcome/Systemic Factor #7: Workload Strategy 1.3.)</b>		<b>Strategy Rationale</b> Supervisors have significant influence in assuring timely input on an on-going basis. Timely and valid data entry is believed to be a workload issue since it would be an additional expectation of CSWs in addition to many other requirements. Identifying a means of support for CSWs to assist in data entry would improve the data flow process into CWS/CMS. This would in turn enable the department to provide important management information for the purpose of improving child and family outcomes.			
Milestone	<b>3.3.1</b> Work with Union partners to review CWS/CMS Navigational Tool for possible use as a case review tool or develop a DCFS Case Review Checklist if needed.	Timeframe	To be determined, pending discussion with Union partners	DCFS Lead/External Partners	<ul style="list-style-type: none"><li>Cecilia Custodio, ITS</li></ul>
	<b>3.3.2</b> Pending the outcome of discussions with Union partners, develop a system to record and analyze case review data.		To be determined, pending discussion with Union partners		<ul style="list-style-type: none"><li>Cecilia Custodio, ITS</li><li>DCFS Chief Deputy Director</li></ul>
	<b>3.3.3</b> Train all SCSWs and Public Health Nurses on the case review system.		To be determined, pending discussion with Union partners		<ul style="list-style-type: none"><li>Cecilia Custodio, ITS</li><li>Mark Miller, Training</li></ul>
	<b>3.3.4</b> Randomly sample 1 case per worker per month using the case review system.		To be determined, pending discussion with Union partners		<ul style="list-style-type: none"><li>DCFS Executive Team to identify staff to implement the sample case review system</li></ul>

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<b>Strategy 3.4</b> Use the CWS/CMS in the Department’s daily activities and decision making by delivering standard reports in a user-friendly and consolidated manner. <b>(Consistent with the Relative Caregiver Permanency Report, Barrier #6.)</b>		<b>Strategy Rationale</b> By providing CWS/CMS users with consolidated information for case management across programs and services, we can create a daily dependency on data, and ultimately, users will recognize the importance of accurate and timely data entry.  <b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b> Training on the use of these new systems and review will be needed at all levels of management and social workers.			
Milestone	<b>3.4.1</b> Implement MY_CSW System, a web portal that will provide the CSW the ability to have a personalized view of a worker’s caseload (children) including status and alerts on Case Plan, Court Reports, Contacts, Health & Education and other measures.	Timeframe	March 2005	DCFS Lead/External Partners	<ul style="list-style-type: none"><li>Cecilia Custodio, ITS</li></ul>
	<b>3.4.2</b> Deliver standard reports that use breakouts by Geographic areas, age and ethnicity.		June 2005		<ul style="list-style-type: none"><li>Cecilia Custodio, ITS</li></ul>
	<b>3.4.3</b> Implement Cognos Business Intelligence System, a system that will take the CWS/CMS data, APPS Payment Data, CWTAPPS Item Control Data and turns them into information for reporting and analysis, Score Card, Performance Measure, and Financial analysis.		June 2005 (Phase I will include Financial Foster Care Model )		<ul style="list-style-type: none"><li>Cecilia Custodio, ITS</li></ul>

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<b>Improvement Goal 4.0</b> The long-term goal is to obtain funding for a statewide-automated system for Probation. In the interim, Probation will work with State, Federal and DCFS partners to obtain access to CWS/CMS. Probation will also work with DCFS to gain access to the DCFS I-TRACK system.					
<b>Strategy 4. 1</b> Contact and collaborate with CDSS, ACF and DCFS to obtain access to CWS/CMS. Collaborate with DCFS to obtain access to the DCFS I-TRACK system.			<b>Strategy Rationale</b> The ability to access CWS/CMS data provides Probation staff with the necessary dependency information to enhance probation casework and will promote the achievement of permanency goals.  <b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b> Probation staff will require training on all new systems made available.  <b>Identify roles of the other partners in achieving the improvement goals.</b> Advocate opening the CWS/CMS System to allow importing data to CWS/CMS Database. Chief Probation Officer must lobby for this system, and ISO will need to obtain and assist with technology. DCFS will need to be involved.  <b>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</b> Probation must determine whether this is a funding and/or legislative issue.		
<b>Milestone</b>	<b>4.1.1</b> Identify CDSS, ACF and DCFS contact and determine how to obtain and utilize CWS/CMS.	<b>Timeframe</b>	August 2005	<b>Probation Lead/ External Partners</b>	<ul style="list-style-type: none"> <li>• CWS/CMS analyst</li> <li>• Probation Information Services Office (ISO) analyst</li> </ul>
	<b>4.1.2</b> Identify DCFS contact and develop a work plan to access the DCFS I-TRACK system.		August 2005		<ul style="list-style-type: none"> <li>• DCFS data systems analyst</li> <li>• Probation ISO analyst</li> </ul>
	<b>4.1.3</b> Plan and begin development of the Probation Case Management System (PCMS) application.		March 2005		<ul style="list-style-type: none"> <li>• Probation ISO analyst</li> </ul>

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<b>Milestone</b>	<b>4.1.4</b> Seek authorization from CDSS and DCFS to allow Probation placement DPOs to have view-only access to CWS/CMS.	<b>Timeframe</b>	September 2005	<b>Probation Lead/ External Partners</b>	<ul style="list-style-type: none"> <li>• CWS/CMS analyst</li> <li>• Probation ISO analyst</li> </ul>
	<b>4.1.5</b> Initiate the process of contacting and collaborating with Chief Probation Officers of California (CPOC) and ISO to establish statewide-automated system for Probation.		September 2005		<ul style="list-style-type: none"> <li>• Chief Probation Officer</li> <li>• County Counsel</li> <li>• CPOC</li> <li>• Probation ISO</li> </ul>

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<b>Outcome/Systemic Factor #6:</b> Services Array	
<b>County's Current Performance:</b>  <b><u>DCFS</u></b> <i>Current performance related to Improvement Goal #1:</i> Based on the Self-Assessment, improvement is needed in the availability of services. Specifically, there is a need for a broad range of community-based services that offer the flexibility necessary for continuous improvement. Such services are essential to achieving SIP goals #1 through #4, including: reducing the recurrence of maltreatment, the rate of child abuse and neglect in foster care, and the length of time for achieving reunification and adoption.  <i>Current performance related to Improvement Goal #2:</i> The aggregated detention rate in 2002-2003 was 7.2%. To date, for 2003-2004, the detention rate (October 2003 through April 2004 only) is 7.2%.  <b><u>Probation</u></b> Input from the Peer Quality Case Review and monthly review observations from Permanency Planning Officers indicate that timely exit from foster care may be influenced by the amount and type of services available for families. The barriers include limited and lack of resources especially for undocumented youth, sex offenders, high-end mental health youth and 18-year-old juvenile offenders.	
<b>Improvement Goal 1.0</b> Increase the availability of community-based services in the areas of Prevention, Reunification and Permanency, as recommended by the 3 Board-approved Workgroups.	
<b>Strategy 1. 1</b> Develop a plan to use the strategies included in the 3 Workgroup Plans.	<b>Strategy Rationale</b> On February 3, 2004, the Board approved the Children's Planning Council's 3 County goals and 9 corresponding recommendations. The motion directed various County agencies and stakeholders to provide input to the CAO. Recommendation #4, #5 and #6 are related to improving DCFS outcomes in prevention, reunification and permanency.  Following the Board's approval, DCFS and the Commission for Children and Families formed respective Workgroups for each topic, co-chaired by Commissioners and DCFS Deputy Directors, and involving community partners and stakeholders in the recommendation development process. By August 3, 2004, the 3 Workgroups provided their input to the CAO/CPC and shared their Plans, with the Board on August 3, 2004.

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Milestone	1.1.1 Identify members to a Task Force or Committee to develop a plan to implement strategies in the 3 Workgroup plans, and oversee implementation.	Timeframe	June 2005 (tentative)	DCFS Lead / External Partners	<ul style="list-style-type: none"><li>DCFS Executive Team</li></ul>
Strategy 1. 2 Begin DCFS implementation of Phase 2 of Performance Counts!			Strategy Rationale Performance Counts! is a countywide performance-based system for Los Angeles. It is designed to monitor and track performance in outcomes according to service continuum, as well as link program outcomes to funding.  Operating under such a system will increase accountability to the public for the County’s accomplishments in a single, unified and accessible format. Performance Counts! will also enable strategic business decisions, planning and investments.		
Milestone	1.2.1 Align and operationalize DCFS internal and external performance measurement requirements.	Timeframe	October 2004	DCFS Lead / External Partners	<ul style="list-style-type: none"><li>Tito Barin, Budget</li><li>Angela Carter, Admin</li><li>Cecilia Custodio, ITS</li><li>Joan Smith, Ed Jewik, Finance</li><li>Alison Weisbart, PC! Operations</li></ul>
	1.2.2 Develop a web-based monthly performance measurement report.		November 2004		<ul style="list-style-type: none"><li>Cecilia Custodio, ITS</li><li>Alison Weisbart, PC!</li></ul>
Strategy 1.3 Expand the use of volunteers.			Strategy Rationale To expand services and supports available to children and families, the Department will need to consult with Union partners and recruit additional assistance outside of the Department, such as volunteers.		

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<b>Milestone</b>	<b>1.3.1</b> Explore options for recruiting volunteers to work with CSWs, and discuss options with Unions.	<b>Timeframe</b>	June 2005	<b>DCFS Lead/ External Partners</b>	<ul style="list-style-type: none"> <li>• DCFS Executive Team</li> <li>• David Waage, Human Resources</li> <li>• Priscilla Cruz, Employee Relations</li> <li>• Locals 660 &amp; 535</li> </ul>
<b>Improvement Goal 2.0</b> Through the increased use of upfront and preventive services, reduce the need for detentions by 10%.  [NOTE: This is a MAPP Goal, and consistent with Departmental Goal #3, and Performance Counts measures.]					
<b>Strategy 2.1</b> Pending federal approval, follow up on the IV-E waiver proposal items around priority outcomes in this document.			<b>Strategy Rationale</b> The existing federal funding structure provides incentives for out-of-home placements, while provide little funds for prevention and early intervention. As a result, DCFS has submitted a IV-E waiver proposal, which is pending federal approval.  Two proposal strategies are to utilize savings from foster care costs to decrease caseloads through deflection of cases from the CWS system via enhanced community services and reinvestment of foster care funds to hire additional case-carrying CSWs and SCSWs.		
<b>Milestone</b>	<b>2.1.1</b> Negotiate terms and conditions of waiver with US DHHS, CDSS and CWDA.  <b>2.1.2</b> Plan and begin to implement waiver activities for year one.  <b>2.1.3</b> Develop an evaluation plan for waiver activities.	<b>Timeframe</b>	Upon notification by DHHS and CDSS  3 months after completion of terms and conditions of waiver  4 months after completion of terms and conditions of waiver	<b>DCFS Lead / External Partners</b>	<ul style="list-style-type: none"> <li>• DCFS Executive Team</li> <li>• DCFS Executive Team</li> <li>• DCFS Executive Team</li> </ul>
<b>Strategy 2.2</b> The Department will engage in a series of strength based, family centered initiatives, including Family-Centered Team Decision Making			<b>Strategy Rationale</b>		

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<p>(FTDM), to foster a culture change that will include an emphasis on the urgency of reunification. Specifically, it will focus on the immediate provision of services and quality parent-child visitation, which may result in more rapid and successful reunifications. <b>(Cross reference to Outcome/Systemic Factor #3: Length of Time to exit foster care to Reunification.)</b></p>	
<p><b>Improvement Goal 3.0</b> Increase the number of Probation services to assist youth exiting foster care through legal guardianship, adoption or emancipation.</p>	
<p><b>Strategy 3. 1</b> Probation will seek equal access to services currently available to all foster youth and their families and will use innovative, creative ways to search for untapped resources.</p>	<p><b>Strategy Rationale</b> Probation collaboration with DCFS and other service providers will increase the opportunity for Probation to participate in the existing range of options and services, which will expedite permanency goals.</p> <p><b>Discuss changes in identified systemic factors needed to further support the improvement goals.</b> Early identification and permanency planning for sex offenders and undocumented minors. Intensive collaboration is needed with community entities such as faith-based organizations and the private sector.</p> <p><b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b> Probation staff will require training on probation foster youth and their families and their role in servicing them. Probation staff will also require training in foster placement related topics, FGDM, TDM Title IV-E and AFSA.</p> <p><b>Identify roles of the other partners in achieving the improvement goals.</b> Partnership with DCFS and Judge Nash to develop protocol agreement for freeing Probation youth for adoption. Probation collaboration with DCFS on effective recruitment efforts of foster parents/foster homes and mentoring programs.</p> <p><b>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</b> Kin-Gap is needed for Probation foster youth in an effort to achieve permanency through legal guardianship or adoption.</p>



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<b>Milestone</b>	<b>3.1.1</b> Advocate for legislation change regarding Kin-Gap for Probation foster youth.	<b>Timeframe</b>	February 2005	<b>Probation Lead/External Partners</b>	<ul style="list-style-type: none"> <li>• Placement Quality Assurance Program (PQAP) Director</li> <li>• Probation Legislative Analyst</li> </ul>
	<b>3.1.2</b> Work with partners to change negative perceptions and images of Probation foster youth through education, media and community outreach.		September 2005		<ul style="list-style-type: none"> <li>• PQAP</li> <li>• Louise Grasmehr, DCFS Public Affairs Director</li> </ul>
	<b>3.1.3</b> Train Probation Officers in Family Group Decision Making (FGDM) and Team Decision Making (TDM) principles. Collaborate with DCFS partners regarding family reunification and developing adoption protocols.		September 2005		<ul style="list-style-type: none"> <li>• Probation Placement Director</li> <li>• DCFS Adoptions</li> <li>• DCFS Multi-Agency Services Division</li> </ul>

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<b>Outcome/Systemic Factor #7: Workload</b>					
<b>County's Current Performance:</b>  <b>DCFS</b> During the monthly Peer Quality Case Reviews, Children's Social Workers (CSWs) and Supervising Children's Social Workers (SCSWs) expressed concern that as a result of high workloads, CSWs may have less time to spend with families and children and to attend court hearings which may affect the outcomes of a case.  <b>Probation</b> The PQCR revealed a general concern that Deputy Probation Officers (DPOs) are unable to spend the necessary time needed with Probation foster youth and their families.					
<b>Improvement Goal 1.0</b> To improve overall outcomes, it will be necessary to create a manageable caseload and workload for Children's Social Workers and Supervising Children's Social Workers. It is important to note that it is unclear what impact the implementation of efforts such as FTDM and others will have on workload, and the Department will need to consider the change in workload over the next year.					
<b>Strategy 1.1</b> Work with State counterparts to either provide Counties with resources necessary to implement Senate Bill 2030, or reduce existing mandates.			<b>Strategy Rationale</b> The passage of SB 2030 resulted in a statewide workload study that found public child welfare was severely underfunded and understaffed to meet existing mandates.		
<b>Milestone</b>	<b>1.1.1</b> Raise workload and SB 2030 implementation issues with the County Welfare Directors' Association (CWDA).	<b>Timeframe</b>	December 2004	<b>DCFS Lead/ External Partners</b>	<ul style="list-style-type: none"> <li>Joan Smith, Finance</li> <li>Beverly Muench, Governmental Relations</li> </ul>
	<b>1.1.2</b> Identify State leadership on this issue, including CDSS and State Legislature (Committee members and LA County reps). Work with CWDA to convene meetings with State leadership to discuss.		January 2005		<ul style="list-style-type: none"> <li>Joan Smith, Finance</li> <li>Beverly Muench, Governmental Relations</li> <li>DCFS Executive Team</li> </ul>
	<b>1.1.3</b> Work with CWDA and CDSS to develop a plan to provide Counties with more resources to implement SB 2030 or reduce existing mandates.		March 2005		<ul style="list-style-type: none"> <li>Joan Smith, Finance</li> <li>Beverly Muench, Governmental Relations</li> </ul>

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<b>Strategy 1.2</b> Continue to increase the number of CSWs to case carrying assignments to reduce current number of assigned cases and span of control.			<b>Strategy Rationale</b> Reducing caseloads may allow for increased family interaction.		
<b>Milestone</b>	<b>1.2.1</b> Achieve agreement with union partners on improved services towards reaching outcomes.	<b>Timeframe</b>	June 2005 (tentative)	<b>DCFS Lead/ External Partners</b>	<ul style="list-style-type: none"> <li>• David Waage, Human Resources</li> <li>• Priscilla Cruz, Employee Relations</li> <li>• Locals 660 &amp; 535</li> </ul>
<b>Strategy 1.3</b> Continue working with Union partners to identify by way of justification, the level of support staff necessary to support CSWs.			<b>Strategy Rationale</b> Shifting clerical tasks to support staff will lower the CSW workload. Sufficient support staff ensures that uncovered clerical task is not shifted and added to the CSW's workload.		
<b>Milestone</b>	<b>1.3.1</b> Meet with Unions to reach agreement related to resources necessary for achieving outcomes.	<b>Timeframe</b>	June 2005 (tentative)	<b>DCFS Lead/ External Partners</b>	<ul style="list-style-type: none"> <li>• David Waage, Human Resources</li> <li>• Priscilla Cruz, Employee Relations</li> <li>• Locals 660 &amp; 535</li> </ul>
<b>Improvement Goal 2.0</b> Probation: Increase the amount of time DPOs spend with Probation foster youth and their families by decreasing amount of workload.					
<b>Strategy 2.1</b> Create a workgroup to discuss and analyze the workload of the Field Deputies. PQAP will further analyze the information to identify clerical tasks, duplicate forms and duplicate work in order to develop methods to shift and reduce unnecessary paperwork. PQAP will also analyze any other identified barriers impacting productivity.			<b>Strategy Rationale</b> Analyzing the workload will assist in developing possible strategies to reduce the workload of the Field Deputies.  <b>Describe changes in identified systemic factors needed to further support the improvement goals.</b> Efforts will include increasing the number of on-site DPOs to eliminate long commute hours and to develop a Home Assessment Team to be available for DPO utilization.		

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<b>Milestone</b>	<b>2.1.1</b> Convene a workgroup to analyze workload and develop a plan to decrease or delegate work tasks to other staff.	<b>Timeframe</b>	June 2005	<b>Probation Lead / External Partners</b>	<ul style="list-style-type: none"> <li>• Placement Quality Assurance Program</li> </ul>
	<b>2.1.2</b> Begin implementation of the plan developed by the workgroup.		September 2005		<ul style="list-style-type: none"> <li>• Juvenile Field Services Bureau Chief</li> </ul>

## GLOSSARY

**AB 1733/2994 Child Abuse Prevention, Intervention and Treatment Program:** The CAPIT program is administered by DCFS in collaboration with the Inter-Agency Council on Child Abuse and Neglect (ICAN) to support and enhance child abuse prevention, intervention and treatment services for children and families through community-based comprehensive service networks. The funds for AB 1733/2994 are a combination of state general funds and county Children's Trust Fund dollars (birth certificate fees). The funds are awarded through a competitive bid process to nonprofit community-based agencies in Los Angeles County that provide a wide range of child abuse prevention and intervention services, and may also be provided to public agencies. The total available funds are divided equally among the five Supervisorial Districts for funding agencies that serve the populations of their districts.

**CAP:** This term refers to the negotiated maximum number of cases or upper limit of cases a CSW can carry. It is 125% of the negotiated yardstick.

**Caseload:** This is the number of children served by a social worker.

**Family Preservation:** FP is a broad, integrated, Community-based, Collaborative approach to providing services to Department of Children and Family Services (DCFS) and Probation Families experiencing Family functioning challenges related to Child Abuse, Neglect, and/or exploitation. The approach includes the following elements:

- Focuses on the needs and functioning of the family as a unit;
- Views children and their families in the context of their environment;
- Assesses clients holistically and delivers services in a comprehensive, coordinated manner;
- Allows for varied intensity of services based on clients' needs;
- Is time-limited based on clients' needs;
- Facilitates accessibility of services;
- Builds upon the family's strengths;
- Affirms cultural values;
- Is responsive, and tailors services to the unique needs of the community;
- Recognizes the necessity of strong community supports for all families; and,
- Improves accountability by evaluating program effectiveness based on qualitative criteria.

**Placement Quality Assurance Program:** PQAP is a program responsible for monitoring the Probation Placement Units for compliance to Title IV-E and Division 31 by completing audit-type reviews on cases, providing training and assistance to Probation Placement staff and developing policy.

**Placement On-Site Program:** The Probation Officer is assigned to a specific placement facility and maintains his/her office on grounds. Their caseload consists of all minors placed in that facility.

**Promoting Safe and Stable Families Program:** The PSSF program, formerly known as Family Support, is to: prevent the unnecessary separation of children from their families; improve the quality of care and services to children and their families; and, ensure permanency for children by reuniting them with their parents, by adoption or by another permanent living arrangement through strong community-based programs. DCFS uses federal dollars to fund agencies to provide family support, family support aftercare for Family Preservation families, and adoption promotion and support services for at-risk families throughout Los Angeles County.

**Set-on:** A request to the Court to schedule a court hearing prior to the regularly scheduled hearing date. This is used for appearance hearings needed prior to a regularly scheduled hearing

**Walk-on:** A report submitted to Court that is unscheduled. Used primarily to ask the Court for permission to do something, modify an existing order or to inform the Court of some recent occurrence on the case. This is the fastest way for the Court to hear a case.

**Interstate Compact on the Placement of Children:** The basis for ICPC placement and procedures vary from state to state. For instance, an request for an Adoption ICPC study cannot be made until TPR has taken place. This practice is consistent with sequential adoption planning.

**Workload:** This is the expected or necessary performance by the social worker to serve the children and families in the caseload.