DFCS Continuum of Learning

May 2020

County of Santa Clara

- Community Members/Partners
- Department of Family & Children's Services (DFCS)
CONTINUUM OF LEARNING 2020 AGENDA

1. Welcome and State of the Agency (20 min)
   - DFCS Response to Covid-19 Pandemic
   - Current Status of Operations
   - Receiving Center
     Daniel Little, Wendy Kinnear, Jamila Hankins

2. Continuous Quality Improvement (10 min)
   - Agency Overview
     Naveen Sangwan, Leslie Salmon

3. System Improvement Plan (15 min)
   - Overview
   - Status of the Goals
     Daniel Little, Naveen Sangwan

4. 2019 Continuum of Learning Review (10 min)
   Daniel Little

5. Re-entry for 14-17 year olds (20 min)
   - Research Study
   - Case Example
     Kristine Frerer, Leslie Salmon

6. Community Forum (15 min)
   - Quality Parenting Initiative
     Amber Brandom, Don Long

7. Questions and Answers
   Daniel Little, Wendy Kinnear, Jamila Hankins
Welcome and State of the Agency
DFCS Response to COVID-19 Pandemic
To create safe environments for youth, families, and staff

1. Remote work for majority of staff, including Child Abuse & Neglect Center
2. Work with stakeholders on visitation order
3. Developed Personal Protective Equipment protocols per Centers for Disease Control & Prevention/Public Health guidelines
4. Acquired satellite sites to quarantine youth
5. Public Service Announcements with community partners regarding child abuse prevention
6. Focus on education, mental health, and placement support for all youth
DFCS - CURRENT STATUS OF OPERATIONS

CHANGES

- Acting Director (Daniel Little)
  Assistant Director (Wendy Kinnear-Rausch)
  Acting Assistant Director (Jamila Hankins)

- Participation in Families First Prevention Act

- Expansion of Differential Response Services in prevention – partnership with the schools and community and in after care for KinGap, Guardianship and Post Adoption families

- Expansion of wrap around services for families in voluntary services
SNAPSHOT OF 2019 - 1

- CANC Calls: 27,376
- In Person Responses: 7,705
- Cases Closed: 1,686
- Referrals: 10,689
- Cases Opened: 1,528
SNAPSHOT OF 2019 - 2

DIY
(Dually Involved Youth)

- 54 Assessments for DIY Status
- 45 youth accepted

Petitions Filed

522

- In custody (child removed from parent)
- Out of custody (child stays with parent)

Probate Cases

92

Extended Foster Care
(Supportive Transition)

269

Number of children who received child welfare services

3,564
SNAPSHOT OF 2019 - 3

Adoptions
1,265 total youth (adoption/legal guardianship/KinGap)
557 received Family Reunification
652 in permanent planning (adoption/legal guardianship/KinGap)
396 placed with family (Relative/NREFM)

Out of Home Placement
1,265 total youth

Family Maintenance (court or voluntary)
119
2,069
RECEIVING CENTER
Changes since December 31, 2019

1. Receiving Center - Enborg location closed on December 31, 2019 and ALL children moved to scattered site locations

2. Partnership with agencies for scattered site locations staffed by a professional parent of DFCS

3. Keiki site location for 24/7 care for children newly into care
Daily Receiving Center Dashboard

COVID Planning and Preparation

Daily Placement care coordination meetings for placement

Weekly care coordination meetings for care of children (Behavioral Health, Probation, DFCS and Placement Support Services)

Use of the Resource Parent Advisory to support decision making
RECEIVING CENTER

Numbers of children coming into care – for 23 hours and 59 minutes

2019

- Average of 8-10 children for care at any given time
- DFCS sought placement 964 times for 742 children.
- 686 (71% of these children) entered the system for the first time (non-dependents)
- 143 unduplicated children were already in out-of-home placement (dependents) and required a new placement
- 143 children for a total of 278 total admits
- 44 children had more than 1 admit

January 1 - April 29, 2020

- 220 children – Average of 5-6 children for care at any given time.
RECEIVING CENTER
Changes in support for youth and getting children to placement

IN PARTNERSHIP WITH OTHERS
- Placement Support Services (PSS)
- Therapeutic Behavioral Services (TBS)
- Probation teaming
- Wrap Around team support
- Behavioral Health and CSEC team supports
- Movement to Continuum of Care contracts for more individualized support
- Public Health Nurse partnership for medication

WITHIN DFCS
- Family Finding
- Support for children in transition to placement in partnership with Behavioral Health, Community Based Organizations, and Caregivers
- Emergency Home Approvals
- Transporting to placement
- 24/7 Acute needs program for Resource Family Approved (RFA) homes- pilot
AIM: PLANNED PERMANENCY FOR ALL CHILDREN and Youth INVOLVED IN THE CHILD WELFARE SYSTEM

THE WELCOMING CENTER
(23:59 minutes length of stay)

IMMEDIATE STABILIZATION SERVICES
(20 active slots with 30-day length of stay)

ISFC HOME WITH STRTP LEVEL OF CARE
6 homes 6 month length of stay

TRANSITIONAL FOSTER HOME
(2 homes with 30-day length of stay)

INTENSIVE TREATMENT FOSTER CARE
(6 homes with 6-month length of stay)

ENHANCED TREATMENT FOSTER CARE
(4 homes with 6-month length of stay)

Crisis Continuum includes Crisis Stabilization Unit, Mobile Response and Stabilization and contracts with 3 inpatient hospital (developing capacity for dedicated bed)
CONTINUOUS QUALITY IMPROVEMENT

An Overview
Quality: What is it?
Quality: DFCS Core Value

Safety

Permanency

Well-Being

Quality

Quality

Quality

Children & Families
Quality: How do we measure it?

- Child and Family Service Review (CFSR)
- Quality Assurance (QA)
- Continuous Quality Improvement (CQI)
CQI: What is it?

CQI is a philosophy and a culture of continuous learning that encourages staff at every level of the organization to continuously ask:

- How are we doing?
- Can we do it better?
CQI: Incremental Continuous Improvements

PDSA Cycles

- Plan
- Do
- Study
- Act

Cycle Repetitions

Process Improvement

Continuous Quality Improvement

Time

Implement process controls to maintain improvements
Why is CQI Important?

The ultimate goal of CQI is to enable organizations to improve their overall performance on an ongoing basis.
Misconception about CQI

Misconception:

\[ CQI = Data/QA \]

Reality:

\[ CQI \rightarrow Data/QA \]
### Difference Between QA and CQI

<table>
<thead>
<tr>
<th>QA</th>
<th>CQI</th>
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<tbody>
<tr>
<td>Retrospective</td>
<td>Prospective</td>
</tr>
<tr>
<td>Driven top down</td>
<td>Bridges both horizontally and vertically</td>
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<tr>
<td>Compliance driven</td>
<td>Improves performance agency-wide</td>
</tr>
<tr>
<td>Targets the performance of those whose cases are being reviewed</td>
<td>Focuses on improving multiple processes and outcomes</td>
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<tr>
<td>Punitive</td>
<td>Learning opportunity</td>
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<tr>
<td>Measures standards established by experts</td>
<td>Dynamic standards established by a multi-disciplinary team</td>
</tr>
<tr>
<td>Separate activity; Event based</td>
<td>Integrated activity; Ongoing Process</td>
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<tr>
<td>Management focused (directing)</td>
<td>Employee, partners and family focused</td>
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<tr>
<td>Involves selected staff and functions</td>
<td>Agency-wide and crosses all functions</td>
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Where are we in our implementation process?

- **Co-creation phase**

- **Critical Elements to Building CQI Culture**
  - Leadership Commitment
  - Employee Empowerment and Commitment
  - CQI Infrastructure
  - Teamwork and Collaboration
  - Family Focused
  - Continuous Process Improvement
SYSTEM IMPROVEMENT PLAN

An Overview
What is System Improvement Plan?

Operational agreement between the State, DFCS, and Probation

Outline for how Santa Clara County will improve its system of care for children and families

Commitment to specific measurable improvements
5 Year System Improvement Cycle

- Annual Progress Reports
- Quarterly Reviews
- System Improvement Plan
- Self-Assessment
Background

- Child Welfare Services Outcome & Accountability System
- California - Child & Family Services Review (C-CFSR) Case Review
-Peer Case Review & County Self-Assessment
- 5-Year County System Improvement Plan
DFCS Strategies & Performance Measures

Three Main Strategies

- Structured Decision Making
- Child & Family Teams
- Resource Family Approval

Focus on Two Federal Outcome Measures

- P2: Permanency in 12 months for children in Foster Care 12-23 months
- P4: Children with entries during 12-month period exits to Reunification/Guardianship within 12 months. Re-entries within 12 months
DFCS Strategies & Performance Measures

**Child and Family Teams**
- **P2 Impact**: Ensures all parties are well informed and working in unison for a timely and successful reunification/permanent placement
- **P4 Impact**: Prepares families and provides support to reduce the risk of re-entry after reunification or placement

**Resource Family Approvals**
- **P2 Impact**: Increases the number of stable permanent families prepared to provide permanency for a timely placement
- **P4 Impact**: Prepares resource families for permanent placement to reduce the risk of re-entry

**Structured Decision Making**
- **P2 Impact**: Ensures the child and family are ready for reunification through the use of validated assessment tools
- **P4 Impact**: Reduces the risk of re-entry by assessing readiness for reunification and making informed and consistent decisions
Juvenile Justice Strategies & Performance Measures

Two Main Strategies

Family Finding & Engagement Process + Child & Family Teams = Focus on One Federal Outcome Measure

P1: Permanency Within 12 Months for Children/Youth Entering Foster Care
Juvenile Justice Strategies & Performance Measures

**Family Finding and Engagement Process**
- Increases family involvement, engagement, and support to increase the timeliness of reunification
- Creates timely permanency for youth unable to return home by providing an alternative permanent family connection

**Child and Family Teams**
- Engages families in the reunification program to improve the transition home or to other permanency
- Ensures that underlying needs are identified and addressed
### Achieving and Sustaining Permanency

<table>
<thead>
<tr>
<th>Permanency</th>
<th>Desired Goal</th>
<th>National Standard</th>
<th>DFCS Performance</th>
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</thead>
<tbody>
<tr>
<td>Permanency in 12 months (entering foster care)*</td>
<td></td>
<td>40.5</td>
<td>39.9</td>
</tr>
<tr>
<td>Permanency in 12 months (in care 12-23 months)</td>
<td></td>
<td>43.6</td>
<td>48.8</td>
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<tr>
<td>Permanency in 12 months (in care 24 months or more)*</td>
<td></td>
<td>30.3</td>
<td>30.2</td>
</tr>
<tr>
<td>Re-entry to foster care in 12 months*</td>
<td></td>
<td>8.3</td>
<td>20.0</td>
</tr>
</tbody>
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# Safety Performance Measures

<table>
<thead>
<tr>
<th>Safety</th>
<th>Desired Goal</th>
<th>National Standard</th>
<th>DFCS Performance</th>
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<tbody>
<tr>
<td>Maltreatment in foster care*</td>
<td>8.50</td>
<td></td>
<td>5.42</td>
</tr>
<tr>
<td>Recurrence of maltreatment*</td>
<td>9.1</td>
<td></td>
<td>11.3</td>
</tr>
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</table>
Review our Child Abuse & Neglect Center data for Non-Report to determine the number of calls involving a pregnant mother with no children. Meet with Public Health to determine how to support the pregnant parent in receiving services such as prenatal care.

Convene a time-limited workgroup with internal and external stakeholders to review our Operational Policies and Procedures for Substance Abuse Treatment Facilities.

Review “Wendy’s” case to determine how to help address her mental health and substance abuse needs to improve the chances of (possible) future offspring from being system-involved despite the termination of parental rights.

Do a deeper dive on re-entry for 14-17 year olds.
P4 Re-entry into Foster Care
Youth Aged 14 to 17
P4 Measure—Overview

- Federal Longitudinal Measure—takes 3 years for results

- Of the children who entered foster care within a 12-month period and exited to reunification or guardianship within 12 months, what is the proportion of children who re-entered foster care within 12 months?*

- Federal standard is <=8.3%
Subset: Youth Aged 14 to 17

Graph 1: No Re-entry & Re-entry, Youth Aged 14 to 17 at Entry, CY 2012 to 2015

Graph 2: No Re-entry & Re-entry, Final Sample

N=310: No Re-entry (n=256); Re-entry (n=54)
Methods

• Descriptive Statistics: Numbers and percents

• Bivariate Analysis: Difference between group proportions

• Multivariate Analysis: Examined the effects of multiple independent variables (predictors) on the value of a dependent variable, or outcome.

• Both the bivariate and multivariate analyses included a test for statistical significance. The p-value, which measured the probability that the observed difference was due to chance, was viewed as significant at the p=<.05 level.
Selected Findings: Ethnicity

- The majority of youth in both groups were Latino.
- A significantly higher proportion of re-entry youth were African Ancestry.

- Compared to Latino youth, African Ancestry/Native American youth were significantly more likely to re-enter foster care.
• Significantly higher proportions of re-entry youth were indicated as receiving Wraparound, Intensive Therapeutic (IT), and Joint-Decision Making (JDM) services. A significantly higher proportion of re-entry youth were assessed as Katie A. eligible.

• While youth who were indicated as receiving services were more likely to re-enter, the results were not statistically significant.
Selected Findings: Program Involvement (Special Projects) – Count

- A significantly lower proportion of re-entry youth were not indicated as receiving: Wraparound, IT, JDM, or Katie A.
- A significantly higher proportion of re-entry youth were indicated as receiving 3 or all of the services.

- Compared to youth who received none of the services, those who received 1 to 2 were significantly more likely to re-enter foster care.
- Youth who were indicated as receiving 3 or all of the services were at the highest risk of re-entry.
Selected Findings: Length of Stay in Foster Care

- The majority of youth in both groups exited foster care in 3 months or less.

- Compared to youth who exited foster care in 3 months or less, those who stayed longer in foster care were less likely to re-enter foster care. (Results were not statistically significant).
Re-entry Youth (n=54)

- Half (50%) of youth re-entered foster care within 3 months. Within 6 months, 3 out of 4 youth had re-entered.
- The average time until re-entry = 3.3 months

- Approximately 2 out of 3 youth re-entered due to the same allegation as the initial entry.
- Caretaker Incapacity/Absence was the primary allegation.

Graph 11: Time to Re-entry

- <3 months
- 3 to 6 months
- 6 to 9 months

Graph 12: Initial & Re-entry Removal Reason

- Same Removal Reason: 65
- Different Removal Reason: 35
Approximately half (52%) of youth who re-entered, exited foster care within 1 year & were reunified with family.

The last service component for the majority of re-entry youth who stayed in foster care for over 1 year was Supportive Transition.
DFCS RE-ENTRY DEEP DIVE

Ages 13-17
WHAT DID WE DO
Looked at 52 re-entry cases for ages 14-17 (2015-17)

WHAT DID WE FIND
Many similarities. Data questions.

WHAT WILL WE DO
Mine data issues
Look into policy for voluntary cases
Partnering with mental health
Case Example: “Lisa”, age 14

FOR CONSIDERATION

▸ Lisa 1st placed in foster care in 2007 (6 years old)
▸ FR and FM for 3 ½ years
▸ 1 Placement w/ Grandparents
▸ Initial allegations: exposure to domestic violence, substance abuse, mental health issues
▸ Reunified with Mother in 2008, Father’s whereabouts became unknown
▸ Mother places Lisa out of home under Voluntary Family Reunification 2015
▸ Returned home after 3 months
▸ Re-entered 24 days later – Mother arrested for domestic violence and substance abuse
▸ 21 Placements, 2 Juvenile Hall commitments
▸ 01/2016 Family Reunification terminated
Case Example Cont’d
“Lisa”, age 14

FOR CONSIDERATION

2018 Lisa (age 17) gives birth to a baby girl

Baby is removed from Lisa due to substance abuse and domestic violence

Lisa receives 12 months of Family Reunification services

Services are terminated and baby is later freed for adoption
FOR ADDITIONAL CONSIDERATION

Graduated with her GED

Attending college – Wants to be a surgeon

Left her relationship and obtained a restraining order

Contested FR services being terminated. Given 6 additional months

Graduated from WRAP services

Residing in a THPP and maintains employment

Recognized baby needed permanency and placed for adoption with her relative caretaker

Re-established relationships with siblings
The Quality Parenting Initiative & Stakeholder Engagement

Working Together for the Safety, Wellbeing and Quality Parenting of Children
What is QPI?

Founded by the Youth Law Center (SF) – 2008

In California – a partnership between California Department of Social Services; Child Welfare Director’s Association & Youth Law Center

“An approach to strengthening foster care, refocusing on excellent parenting for all children in the child welfare system.”

QPI California http://www.qpicalifornia.org/index.shtml
Stakeholder Engagement

- Resource Parents
- Foster youth
- Birth Parents
- Social Workers (from throughout DFCS)
- Attorneys
- CASAs
- Behavioral Health
QPI Work Groups

- Placement Stability
- Information Sharing
- Resource Parent – Parent Relationship
- Transitions
Stakeholder Engagement - Advisory Groups

- Resource Parent Advisory Group (RPAG)
- Parent Advisory Group (PAG)
Objectives Relating to Community Forum Questions

- Parent Orientation Video (PAG)
- Communications Protocol (QPI)
- Resource Parent FAQs (RPAG)
- What to Expect When Going Through an Investigation (RPAG)
- Information Sharing Tool (QPI)
- Comfort Calls (QPI)
QUESTIONS & ANSWERS
DANKE!
THANK YOU!
MERCI!
GRAZIE!
GRACIAS!
DANK JE WEL!

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