California Child and Family Services Review
Self Assessment for

Santa Clara County
Department of Family and Children’s Services and
Probation Department, Juvenile Probation Services

Conducted by
Santa Clara County
Department of Family and Children’s Services and the
Probation Department, Juvenile Probation Services

Luke Leung, Acting Agency Director
Lori Medina, Department Director

May 2012
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February 2012

Introduction
Starting in January 2004, pursuant to California Assembly Bill 636 (Chapter 678, The Child Welfare System Improvement and Accountability Act of 2001), California established a new Child Welfare Services Outcome and Accountability System in an effort to improve child welfare services for children and their families in each of California’s 58 counties. Counties are evaluated in achieving outcomes through the California Child and Family Services Review (C-CFSR). This process includes assessment and analysis of a county’s performance on critical child welfare outcomes in the areas of child safety, permanence and well-being. This year the analysis included the county’s efforts toward Child Abuse Prevention

This process requires specific steps toward system improvement through thoughtful evaluation and analysis. The quantitative evaluation component is a county’s Self Assessment. The purpose of the Self Assessment is to analyze a county’s performance in the eight child welfare outcomes for Child Welfare and Juvenile Probation in collaboration with consumers, key partners and stakeholders. This analysis includes program strengths and barriers, as it relates to those children, youth, and families being served.

The qualitative assessment is accomplished through a county’s Peer Quality Case Review (PQCR). The purpose of the PQCR is to supplement the quantitative information obtained through the Self Assessment with qualitative data gathered from peer social workers, probation officers, and supervisors identifying areas of strength and those areas needing improvement. The results of a county’s Self Assessment and PQCR support the development of a System Improvement Plan (SIP) that establishes measurable goals for a county’s system improvement and the strategies for achieving those goals. Each county’s SIP guides the county’s planned improvement in identified child welfare outcomes for the subsequent five years. Counties must complete this three year cycle of evaluation and self assessment, as well as ongoing monitoring and evaluation of the county’s SIP efforts using quarterly reports of data extracted from the Child Welfare Services/Case Management System (CWS/CMS) in an effort to strive toward continual practice improvement. A county’s SIP should align with the State’s efforts in a statewide Practice Improvement Plan (PIP).

Santa Clara County’s Self Assessment is a focused analysis of data from the State of California Department of Social Services, dated July 2011 report of the County’s performance on State and Federal outcomes and is compared to the baseline period from the January 2009 report, as provided by University of California, Berkeley. In addition, Santa Clara County is utilizing the information to address the overrepresentation of minority children in the Child Welfare System, particularly the disparity among children of African American and Latino descent. These issues are addressed through the county’s participation in the following:

- The California Partners for Permanency (CAPP), a federal project in which an Institutional Analysis (IA) was conducted in May 2011, further evaluating Santa Clara County’s over-representation of children of African American or African Ancestry in long term foster care. Further, Santa Clara County has conducted several community forum meetings staff, supervisors, management, community partners, and additional stakeholders in an effort evaluate Santa Clara County’s services, programs, and outcomes with children and families.
In addition, Santa Clara County completed a review regarding the overrepresentation of Latino children and families, specifically concentrating on the high rates of entry into the Child Welfare System. The Latino Child Welfare Equity Project (LCWEP) also included community forum meetings with community partners, social workers, youth and families.

Santa Clara County also completed several Cultural Dialogues Forums, looking at over representation of children of color in the Child Welfare System, as well as the impact of historical racism for several races and ethnicities.

Santa Clara County has attempted with all of these efforts to ensure a strong community partnership to look at the work within child welfare and to ensure that the voice of the parents and youth we are serving is included in decision making. Every effort will be made to continue in this respect with regards to goal setting and development of the County’s System Improvement Plan.

Santa Clara County is also including additional evaluation and analysis of efforts toward Child Abuse Prevention Intervention and Treatment (CAPIT), Community Based Child Abuse Prevention (CBCAP) and Promoting Safe and Stable Families (PSSF) and has ensured two oversight committees to provide this review. An oversight committee comprised of caregivers, youth, parents, social workers, probation officers, supervisors, and community partners and stakeholders will provide additional feedback and ensure accuracy of information for the final Self Assessment report and will be asked to continue to champion the efforts for the County’s SIP.

Santa Clara County is committed to the CSA process and realizes that this process and all of the current efforts and initiatives in SCC set the stage for the vision and goals that will propel us forward and harness the momentum thus far for change in child welfare for the children and families we serve. SCC believes in partnership and transparency and believes this CSA document provides the written groundwork detailing the efforts from prevention through after care and sets the foundation for the next steps for SCC staff, our partners, our stakeholders and the youth and parents we serve.
Santa Clara County Self Assessment
February 2012

Santa Clara County’s Self Assessment report is organized into the following sections:

Section I:
Section I includes Santa Clara County’s (SCC) demographic profile and the demographic profiles specific to child welfare and juvenile probation.

Section II: Provides information on the characteristics of Santa Clara County’s child welfare services infrastructure, organization, resources, staffing, technology, bargaining units, and political jurisdictions.

Section III: Includes a summary of the current Peer Quality Case Review (PQCR) Summary for both child welfare and juvenile probation completed in June 2011.

Section IV: Includes the outcome indicators and data analysis for both child welfare and juvenile probation. In addition, this section includes an analysis regarding the county’s current performance on CWS Outcomes and C-CFSR Data Indicators and State measures for safety, permanency, and well-being. Data reported is from both University of Berkeley and Safe Measures using the most recent data available, dated July 2011.

Safety Outcomes include those measurements regarding the fact that children are, first and foremost, protected from abuse and neglect and that children are maintained safely in their own homes whenever possible and appropriate. Outcome measures for Safety include the following:

- S1 - Recurrence of Maltreatment
- S2 – No Maltreatment in Foster Care
- State Outcome Measure 2B – Immediate and 10-day Response for Child Abuse/Neglect Referrals
- State Outcome Measure 2C – Timely Social Worker Visits with the Child

Permanency Outcomes focus on whether children have permanency and stability in their living situations without increasing re-entry to foster care and that family relationships and connections of children are preserved as appropriate. Permanency Measures include the following regarding rates of reunification, adoption, and placement stability:

Reunification Measures
- C1.1 – Reunification within 12 Months (Exit Cohort)
- C1.2 – Median Time to Reunification (Exit Cohort)
- C1.3 – Reunification within 12 Months (Entry Cohort)
- C1.4 – Re-entry Following Reunification (Exit Cohort)

Adoption Measures
- C2.1 – Adoption within 24 Months (Exit Cohort)
- C2.2 – Median Time to Adoption (Exit Cohort)
- C2.3 – Adoption within 12 Months (For children in care 17 continuous months or longer)
- C2.4 – Legally Free within in 6 Months (For children in care 17 continuous months or longer)
- C2.5 – Adoption within 12 Months for those children legally freed

Permanency for Children in Long-term Care
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- C3.1 – Exits to Permanency for those children in care over 24 months
- C3.2 – Exits to Permanency for those children legally free
- C3.3 – Children Emancipating who have been in care for 3 years or longer

Placement Stability and Preservation of Family Relationships
- C4.1 – Children with Two or Fewer Placements (8 days to 12 Months in Care)
- C4.2 – Children with Two or Fewer Placements (12 to 24 Months in Care)
- C4.3 – Children with Two or Fewer Placements (at least 24 Months in Care)
- 4A – Children Placed with Siblings
- 4B – Point in Time Placement for Types of Placement
- 4E – Rate of ICWA Placement

Well-Being Outcomes measure whether children receive services adequate to meet their physical, emotional, educational and mental health needs. In addition, counties should include assessment and measures of whether youth emancipating from foster care are prepared to transition to adulthood. Well-Being measures contained in this report include the following:
- 5B.1 and 5B.2 – Timely Medical and Dental Examinations
- 5F – Children Authorized for Psychotropic Medication
- 6B – Individual Education Plan
- Additional information for transitioned aged youth contained in the Efforts to Outcomes (ETO) database is contained in the body of this report.

Section V: Describes how Santa Clara County’s child welfare system operates with relationship to the systemic factors that can impact achievement of the C-CFSR child and family outcomes, quality improvement, training, service array, and training. This section also includes a description of countywide abuse prevention activities, strategies and partnerships.

Section VI: Summarizes Santa Clara County’s data results and analyses with regards to the C-CFSR outcomes, discusses the strengths and areas needing improvement for the county’s child welfare system, and identifies areas for further evaluation through the PQCR process.
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February 2012

I. Santa Clara County Demographic Profile and the Demographic Profile in Child Welfare and Juvenile Probation

A. Demographic Profile for the General Population of Santa Clara County

With more than 1.8 million residents, Santa Clara County (SCC) is the sixth most populated county of California's 58 counties and the most populated county in the Bay Area. The County's 15 cities contain 95% of the County's population, and more than half of the County's residents live in San Jose.

Table 1

<table>
<thead>
<tr>
<th>Population Statistics for Santa Clara County</th>
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<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>2008</td>
</tr>
<tr>
<td>N</td>
</tr>
<tr>
<td>--------------------------------------------</td>
</tr>
<tr>
<td>Total population</td>
</tr>
<tr>
<td>1,764,499</td>
</tr>
<tr>
<td>100.0%</td>
</tr>
<tr>
<td>1,781,642</td>
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<tr>
<td>100.0%</td>
</tr>
<tr>
<td>0.96%</td>
</tr>
<tr>
<td>Age</td>
</tr>
<tr>
<td>less than 20 years</td>
</tr>
<tr>
<td>474,538</td>
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<tr>
<td>26.9%</td>
</tr>
<tr>
<td>474,506</td>
</tr>
<tr>
<td>26.6%</td>
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<tr>
<td>-0.3%</td>
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<tr>
<td>0 to 5 years</td>
</tr>
<tr>
<td>131,153</td>
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<td>7.4%</td>
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<tr>
<td>124,464</td>
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<td>-0.4%</td>
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<tr>
<td>20 years and over</td>
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<td>1,289,961</td>
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<td>73.1%</td>
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<tr>
<td>1,307,136</td>
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<tr>
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<tr>
<td>65 years and over</td>
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<tr>
<td>192,731</td>
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<td>10.9%</td>
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<tr>
<td>196,944</td>
</tr>
<tr>
<td>11%</td>
</tr>
<tr>
<td>0.1%</td>
</tr>
<tr>
<td>Race -- All</td>
</tr>
<tr>
<td>Black or African American alone</td>
</tr>
<tr>
<td>57,415</td>
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<tr>
<td>3.3%</td>
</tr>
<tr>
<td>47,352</td>
</tr>
<tr>
<td>2.6%</td>
</tr>
<tr>
<td>-0.7%</td>
</tr>
<tr>
<td>White alone</td>
</tr>
<tr>
<td>969,247</td>
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<tr>
<td>54.9%</td>
</tr>
<tr>
<td>893,169</td>
</tr>
<tr>
<td>50.0%</td>
</tr>
<tr>
<td>-4.9%</td>
</tr>
<tr>
<td>Hispanic or Latino of any race</td>
</tr>
<tr>
<td>457,963</td>
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<tr>
<td>26.0%</td>
</tr>
<tr>
<td>462,053</td>
</tr>
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<td>27.0%</td>
</tr>
<tr>
<td>-1.0%</td>
</tr>
<tr>
<td>Asian alone</td>
</tr>
<tr>
<td>577,694</td>
</tr>
<tr>
<td>32.7%</td>
</tr>
<tr>
<td>574,646</td>
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<tr>
<td>32.1%</td>
</tr>
<tr>
<td>-0.6%</td>
</tr>
<tr>
<td>Am Indian and Alaska Native alone</td>
</tr>
<tr>
<td>19,409</td>
</tr>
<tr>
<td>1.1%</td>
</tr>
<tr>
<td>9,865</td>
</tr>
<tr>
<td>0.6%</td>
</tr>
<tr>
<td>-0.5%</td>
</tr>
<tr>
<td>Race, child population</td>
</tr>
<tr>
<td>529,454</td>
</tr>
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</tr>
<tr>
<td>496,604</td>
</tr>
<tr>
<td>100.0%</td>
</tr>
<tr>
<td>Black</td>
</tr>
<tr>
<td>11,996</td>
</tr>
<tr>
<td>2.3%</td>
</tr>
<tr>
<td>10,976</td>
</tr>
<tr>
<td>2.2%</td>
</tr>
<tr>
<td>-0.1%</td>
</tr>
<tr>
<td>White</td>
</tr>
<tr>
<td>148,258</td>
</tr>
<tr>
<td>28%</td>
</tr>
<tr>
<td>124,045</td>
</tr>
<tr>
<td>25%</td>
</tr>
<tr>
<td>-3.0%</td>
</tr>
<tr>
<td>Hispanic</td>
</tr>
<tr>
<td>187,322</td>
</tr>
<tr>
<td>35.4%</td>
</tr>
<tr>
<td>182,501</td>
</tr>
<tr>
<td>36.7%</td>
</tr>
<tr>
<td>1.3%</td>
</tr>
<tr>
<td>Asian/ Pacific Islander</td>
</tr>
<tr>
<td>147,566</td>
</tr>
<tr>
<td>27.9%</td>
</tr>
<tr>
<td>148,778</td>
</tr>
<tr>
<td>30%</td>
</tr>
<tr>
<td>2.1%</td>
</tr>
<tr>
<td>Native</td>
</tr>
<tr>
<td>1,337</td>
</tr>
<tr>
<td>0.3%</td>
</tr>
<tr>
<td>1,136</td>
</tr>
<tr>
<td>0.2%</td>
</tr>
<tr>
<td>0%</td>
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</tbody>
</table>

Educational attainment:

| Population 25 years and over               |
| 1,175,219                                  |
| 100.0%                                     |
| 1,197,185                                  |
| 100.0%                                     |
| 1.8%                                       |
| High school graduate or GED                |
| 192,073                                    |
| 16.3%                                      |
| 191,066                                    |
| 16.0%                                      |
| -0.3%                                      |
| Some college or Assoc. degree              |
| 236,606                                    |
| 25.2%                                      |
| 232,332                                    |
| 24.5%                                      |
| -0.7%                                      |
| Bachelor's degree                          |
| 287,886                                    |
| 24.5%                                      |
| 309,901                                    |
| 25.9%                                      |
| 1.4%                                       |
| Graduate or professional degree            |
| 229,818                                    |
| 19.6%                                      |
| 241,623                                    |
| 20.2%                                      |
| 0.6%                                       |
Population Statistics for Santa Clara County

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2010</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>Percent</td>
<td>N</td>
</tr>
<tr>
<td>Foreign born</td>
<td>649,753</td>
<td>36.8%</td>
<td>662,877</td>
</tr>
<tr>
<td>Grandparents</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living with own grandchildren under 18 years</td>
<td>45,156</td>
<td>100.0%</td>
<td>47,578</td>
</tr>
<tr>
<td>Responsible for grandchildren</td>
<td>10,877</td>
<td>24.1%</td>
<td>9,712</td>
</tr>
</tbody>
</table>

a - 2010 California Department of Finance Child Population Projections Ages 0-17 (see Center for Social Sciences Research, UCB at http://cssr.berkeley.edu/CWSCMSReports/population/data).

b - Note that these child population estimates differ from the "less than 18 years" estimate above as different methods are used from the two reporting sources.

Data Source: American FactFinder, US Census Bureau

Analytic Summary:
The population growth for Santa Clara County (SCC) has slowed in the last 2 years (2008 to 2010) to less than .1%. There has been a slight decline in the population of children (ages 20 or less) and a slight increase in the population of adults. While the percentages for Hispanic and Asian/Pacific Islander children appear to have grown somewhat (1.3% and 2.1% respectively), percentages for Black and White children have decreased (-0.1% and -3.0% respectively). This trend is consistent with the trend from the last reporting period (2006-2008); however, the percentage increases and decreases have lessened. Additionally, the number of residents who are 65 years and older or who are foreign born has also increased very slightly, with corresponding percentage changes of 0.1% and 0.3%. A change in educational attainment is observed from the previous reporting period. While there is an increase in the number of individuals who have attained a bachelor's, graduate, or professional degree, a reduction also occurred in the number of individuals who are high school graduates, have received a GED, have some college, or have received an Associate Degree.

As the chart below shows, the economic downturn that is facing the nation is also affecting families in SCC. While the unemployment rate has remained relatively stable during the past three years (currently 9.6%), there has been a marked increase in unemployment when comparing the 2008 to 2011 time period to the last quarter of 2008 (7.0%-see Figure 1). Counter intuitively, the economic downward trend is mirrored by the reduction in child welfare caseloads and in out of home care rates per 1,000 children during the past three years (see Demographics section). However, there is suggestive evidence that the strain of the economic downturn in beginning to have a deleterious effect on children's safety and well-being- see Appendix A.
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Figure 1

Santa Clara Unemployment Rate


Santa Clara County experienced an unemployment rate of 12% in January 2010, with about 100,000 residents looking for jobs. This rate was lower than California’s unemployment rate of 13% in January 2010; however, the recession is hitting this County, as Santa Clara County has one of the highest median incomes and costs of living in the U.S. Nearly 1 in 10 children and 1 in 12 adults in the County live in poverty. Among female-headed households, more than 16% or 1 in 5 households live in poverty, and 22% live below the Self-Sufficiency Standard.

Figure 2

Santa Clara County Family Household Income 2010

Source: factfinder.census.gov
The following are characteristics about the population in Santa Clara County related to children and teens as obtained from http://www.cdph.ca.gov/data/Pages/default.aspx. Hispanic females have the highest birth rate in SCC. Teen births are highest among Hispanic females and lowest among Asians. Infant mortality is lower in Santa Clara County than in other Bay Area counties. African Americans continue to have the highest rates of infant mortality, low birth weights, and preterm births. The trend for preterm birth has been steadily increasing since 2001. Hispanic mothers have the lowest first trimester prenatal care rate (76%) and have the second highest infant mortality rate (5.5 per 1,000 live births).

Santa Clara County is lower than the state average for teenage births. The teenage birth rate for Santa Clara County in 2008 for females ages 15-17 was 14 per 1,000 compared to the state average of 19 per 1,000. The birth rate for teens ages 18-19 was 41 per 1,000 females compared to the state rate of 60 per 1,000. In 2008, there were 507 live births to teenage mothers ages 15-19 in SCC. This accounts for 1.9% of all live births in the County, which is lower than the state percentage of 3.1%. Further, The California Department of Public Health reported that the immunization rate in 2008 among children in SCC was 84%, which was higher than in California (77%). The immunization rate in the County has increased steadily during the past decade, but remains short of the Healthy People 2010 target.

In 2008, there were 1,729 infants with low birth weights born in Santa Clara County. This accounts for 6.4% of total live births in the County, which was slightly lower than then state average of 6.8%. The prevalence of low-birth weight infants was highest among African Americans (9.3%). The most current data on the California Department of Public Health web site, is from 2009 and shows 1817 infants with low birth weights born which was 7.2% of total live births in that year. This is a jump of 88 infants born
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with low birth weights from 2008 to 2009. (http://www.cdphe.ca.gov/data/Pages/default.aspx)

In addition, during fiscal year 2008, there were 24,508 WIC (Women, Infant and Children) clients in Santa Clara County, and 228,238 food vouchers were distributed to WIC clients. It is estimated that 90% of the County’s eligible population is enrolled in the WIC program. There are currently 33 families and 50 children on the wait list for the subsidized childcare programs in Santa Clara County, awaiting enrollment in the California Alternative Payment Program. None of the children and families waiting is from the child welfare system, as these families are given priority and enrolled immediately. These numbers have remained fairly constant since 2008.

A point in time data snap shot for the total number of children on Medi-Cal from September 2011 was 112,577 and 3,500 new families were enrolled into the Welfare to Work Program during this same month, as reported from the monthly data analysis. Santa Clara County Social Services Agency / Medical and Employment Benefits

There has been a 4.12% increased overall in children and families use of CalWORKs and other related services and programs as compared to the same point in time for 2010. This includes the following:
CalWORKs up 2.35%
Food Stamps up 22.21%
Medi-Cal up 1.57%
General Assistance up 18.64%
Refugee Cash Assistance down 27.91%

1. Education Systems Profile for Santa Clara County

The following section provides a description of Santa Clara County’s education system with information regarding public schools, including student enrollment, numbers of teachers and administrators, preschool information, and the number of public school districts and school performance indicators. Data was obtained from the California Department of Education. Santa Clara County has 33 school districts and ranges from 21 students in Montebello School District to over 31,000 students in San Jose Unified School District.

Student Demographics

Table 2

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<tr>
<th>Santa Clara County Enrollment Data</th>
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<tr>
<td></td>
</tr>
<tr>
<td><strong>Number of Students</strong></td>
</tr>
<tr>
<td>------------------------</td>
</tr>
<tr>
<td>Students</td>
</tr>
<tr>
<td>Teachers K-12</td>
</tr>
<tr>
<td>Administrators K-12</td>
</tr>
</tbody>
</table>
### Santa Clara County Self Assessment

**February 2012**

<table>
<thead>
<tr>
<th>K-12 School Districts</th>
<th>33</th>
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</thead>
<tbody>
<tr>
<td>Elementary School Districts</td>
<td>119,593</td>
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<tr>
<td>High School Districts</td>
<td>51,833</td>
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<td>Unified School Districts</td>
<td>89,604</td>
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<tr>
<td>County Office of Education</td>
<td>4,513</td>
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Table 3

Santa Clara County's Changing Student Population

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<thead>
<tr>
<th></th>
<th>2002</th>
<th>2007</th>
<th>2011</th>
<th>Change '02-'11</th>
<th>% Change '02-'11</th>
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**Low Income**

| Low Income       | 76,119     | 90,124     | 100,492    | 24,373         |

**English Learners**

| English Learners | 61,643     | 67,291     | 11,299     | +20.2          |

*"Other" includes: American Indian or Alaskan Native, Pacific Islander, two or more races or not reported.*

### Santa Clara County Enrollment Data

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**February 2012**

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Santa Clara County Report Total

Table 5

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The following provides information on the percentages of students enrolled into special education in Santa Clara County by race/ethnicity.

Table 6

**Special Education Enrollment, by Race/Ethnicity: 2010**

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Santa Clara County Self Assessment  
February 2012

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<tr>
<td>Pacific Islander</td>
<td>0.9%</td>
<td>0.8%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>2.3%</td>
<td>1.8%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Data Source: As cited on kidsdata.org. Special Tabulation by the State of California, Department of Education, Special Education Division; Assessment, Evaluation and Support.

Educational Outcomes
Beginning with the Class of 2006, all high school students in California are required to pass the California High School Exit Examination (CAHSEE) (along with all other state and local requirements) in order to earn a high school diploma. Consistently over the past several years, students of African American and Hispanic or Latino background and ethnicity pass the CAHSEE at lower rates than students of Asian and White ethnicity and background.

Table 7

<table>
<thead>
<tr>
<th>CAHSEE Passing Rates in Santa Clara County</th>
<th>English Language Arts</th>
<th>Mathematics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2008</td>
<td>2009</td>
</tr>
<tr>
<td>African American</td>
<td>78%</td>
<td>77%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>68%</td>
<td>69%</td>
</tr>
<tr>
<td>Asian</td>
<td>93%</td>
<td>92%</td>
</tr>
<tr>
<td>White</td>
<td>92%</td>
<td>93%</td>
</tr>
<tr>
<td></td>
<td>73%</td>
<td>73%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>70%</td>
<td>72%</td>
</tr>
<tr>
<td>Asian</td>
<td>97%</td>
<td>97%</td>
</tr>
<tr>
<td>White</td>
<td>94%</td>
<td>94%</td>
</tr>
</tbody>
</table>

California Department of Education Educational Demographics

Santa Clara County Graduation Rates for 2009-2010

Table 8

<table>
<thead>
<tr>
<th>County</th>
<th>Cohort Graduate</th>
<th>Cohort Graduation Rate</th>
<th>Cohort Dropout Rate</th>
<th>Cohort Special Ed Completers</th>
<th>Cohort Special Ed Completers Rate</th>
<th>Cohort Still Enrolled</th>
<th>Cohort Still Enroll Rate</th>
<th>Cohort GED</th>
<th>Cohort GED Complet Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Santa Clara</td>
<td>20,697</td>
<td>16,214</td>
<td>78.3</td>
<td>3,476</td>
<td>16.8</td>
<td>39</td>
<td>0.2</td>
<td>941</td>
<td>4.6</td>
</tr>
</tbody>
</table>

California Department of Education Educational Demographics
Santa Clara County Self Assessment  
February 2012

Santa Clara Drop Out Rates
Table 9

<table>
<thead>
<tr>
<th></th>
<th>Dropouts Gr. 9 (2006-07)</th>
<th>Dropouts Gr. 10 (2007-08)</th>
<th>Dropouts Gr. 11 (2008-09)</th>
<th>Dropouts Gr. 12 (09-10)</th>
<th>Dropouts Gr. 9 (2006-07) through Gr. 12 (09-10)</th>
<th>Grade 12 Graduates (09-10)</th>
<th>Graduation rate*</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Total:</td>
<td>200</td>
<td>277</td>
<td>677</td>
<td>1,860</td>
<td>3,014</td>
<td>16,833</td>
<td>84.8</td>
</tr>
<tr>
<td>State Total:</td>
<td>17,375</td>
<td>15,168</td>
<td>23,395</td>
<td>42,078</td>
<td>98,016</td>
<td>405,087</td>
<td>80.5</td>
</tr>
</tbody>
</table>

California Department of Education Educational Demographics

Santa Clara County drop-out rates have continued to increase over time since the 2006-2007 academic year.

Subsidized Lunch Program
In 2009, 37.7 percent of school children in Santa Clara County qualified for the subsidized school lunch program. To qualify for the federal lunch subsidy program, a child’s family income must fall below 185 percent of the federal poverty level, which was $40,793 for a family of four in 2009.

Preschool Attendance and Demographics
According to Children Now and the California Score card for preschool attendance for 3 and 4 years olds from 2010, SCC is at 56% of children enrolled into preschool. An ethnicity breakdown includes the following: 67% White children, 41% for Latino children, 48% for African American children, 63% for Asian children, and 64% other. SCC’s preschool attendance is similar to other Bay Area counties, who all rank between 52% and 60% attendance and enrollment.

Analytic Summary:
Over the past nine years (2001-2011) total enrollment in Santa Clara County has grown by approximately 7,700 students, or 3.1%. Specifically, Asian and Hispanic/Latino enrollment has increased by a total of 29,600 students; enrollment for white students decreased by 28,165 students and African American enrollment decreased by 2,494 students. The percentage of low-income students has increased by 18.3%, and English Learners (EL) increased by 20.2 % over the last ten years. In addition, the total number of English Learners in Santa Clara County schools has increased by almost 4,000 students (6.2%) in the past five years. In the fall of 2011 there were nine Santa Clara County school districts in which EL students accounted for at least one third of the total enrollment.

In addition, preschool enrollment has continued to increase with wait lists for both part time and full time subsidized preschool programs. Although, there is no wait list for children involved in the Child Welfare System, as they are given priority. The average wait list for other families continues to be over 30 families.
Santa Clara County Self Assessment  
February 2012  

B. Demographics of Santa Clara County Child Welfare Caseload  
1. Child Welfare Participation Rates  
Santa Clara County’s Self Assessment includes the last Quarterly Report in the CSA cycle for the Santa Clara County Department of Family and Children’s Services complied by the California Department of Social Services (CDSS) and the University of California, Berkeley, dated July 2011. (Appendix A). These participation rates are based on unduplicated numbers of children under 18 with consideration of the following: (1) the rate of children referred for abuse and/or neglect; (2) the rate of children with substantiated referrals for abuse and/or neglect; (3) the rate of children who are entering foster care or out of home care for the first time; and (4) the number of children who are in foster care. Total child population (estimate) in SCC: 474,506

(1) Number and rate of children with referrals for 2010  
• 12,670 children with allegations  
• 28.2 per 1,000 children

(2) Number and rate of children with substantiated referrals for 2010  
• 1498 children with substantiated referrals  
• 3.3 per 1,000 children

Figure 4  
Incidence Rate of Referrals and Substantiated Referrals  
(Children 0-17 years)

<table>
<thead>
<tr>
<th>Year</th>
<th>Referrals per 1,000 children</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>6.2</td>
</tr>
<tr>
<td>2004</td>
<td>6.7</td>
</tr>
<tr>
<td>2005</td>
<td>7.2</td>
</tr>
<tr>
<td>2006</td>
<td>7.5</td>
</tr>
<tr>
<td>2007</td>
<td>7.6</td>
</tr>
<tr>
<td>2008</td>
<td>4.8</td>
</tr>
<tr>
<td>2009</td>
<td>4.0</td>
</tr>
<tr>
<td>2010</td>
<td>3.3</td>
</tr>
</tbody>
</table>

Figure 4: Incidence Rate of Referrals and Substantiated Referrals  
(Children 0-17 years)

(3) Number and rate of first entries for 2010  
• 679 children with first entries  
• 1.5 per 1,000 children
Table 10

Incidence Rate for Referrals, Substantiations and Foster Care
Entries per 1,000 Children (CY 2010)

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Referrals</th>
<th>Substantiated Referrals</th>
<th>All Entries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>112.6</td>
<td>12.1</td>
<td>7.9</td>
</tr>
<tr>
<td>White</td>
<td>19.9</td>
<td>2.0</td>
<td>1.0</td>
</tr>
<tr>
<td>Hispanic</td>
<td>45.6</td>
<td>6.0</td>
<td>2.6</td>
</tr>
<tr>
<td>Asian/ Pacific Islander</td>
<td>11.4</td>
<td>1.1</td>
<td>0.4</td>
</tr>
<tr>
<td>Native American</td>
<td>27.8</td>
<td>5.7</td>
<td>2.5</td>
</tr>
<tr>
<td>Total</td>
<td>28.2</td>
<td>3.3</td>
<td>1.5</td>
</tr>
</tbody>
</table>

(*) Ethnic breakdown is included in the table above. The historical chart below shows that (1) there is a downtrend in the prevalence of children in care per 1,000 children.
(4) Number and rate of children in care
Point-in-time period: July 1, 2011
- 965 children in care
- 2.2 per 1,000 children

Table 11

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>07/01/06</th>
<th>07/01/07</th>
<th>07/01/08</th>
<th>07/01/09</th>
<th>07/01/10</th>
<th>07/01/11</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Per 1,000</td>
<td>Per 1,000</td>
<td>Per 1,000</td>
<td>Per 1,000</td>
<td>Per 1,000</td>
<td>Per 1,000</td>
</tr>
<tr>
<td>Black</td>
<td>24.6</td>
<td>22.2</td>
<td>20.0</td>
<td>17.8</td>
<td>14.8</td>
<td>14.6</td>
</tr>
<tr>
<td>White</td>
<td>3.3</td>
<td>2.9</td>
<td>2.5</td>
<td>1.9</td>
<td>1.8</td>
<td>1.7</td>
</tr>
<tr>
<td>Hispanic</td>
<td>8.0</td>
<td>8.0</td>
<td>6.4</td>
<td>5.5</td>
<td>4.5</td>
<td>3.8</td>
</tr>
<tr>
<td>Asian/P.I.</td>
<td>0.7</td>
<td>0.8</td>
<td>0.6</td>
<td>0.6</td>
<td>0.4</td>
<td>0.3</td>
</tr>
<tr>
<td>Nat Amer.</td>
<td>10.0</td>
<td>11.0</td>
<td>11.3</td>
<td>10.3</td>
<td>11.9</td>
<td>15.1</td>
</tr>
<tr>
<td>Missing</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Total</td>
<td>4.5</td>
<td>4.4</td>
<td>3.6</td>
<td>3.1</td>
<td>2.5</td>
<td>2.2</td>
</tr>
</tbody>
</table>

Analysis- Rates of Entry
There are however, some interesting challenges noted in this data with regards to ethnicity and race. For instance, while referral substantiations and entry rates continue to decline each year, differences amongst race/ethnicities have started to emerge. For example, a post hoc analysis finds that African American or African Ancestry children have a markedly higher referrals rate than other children. However, the substantiated rate per 1,000 African American/African Ancestry children is beginning to converge with the group average. The incident rate per 1,000 children for entries into care has also markedly declined for African American/African Ancestry children, but still remains noticeably higher than the group average of 1.5 per 1,000 children at 7.9 per 1,000 children. For Latino children, their referral rate has not changed much over the past year, however, it does still remain high, but substantiations and entry into care has continued to decline.

In addition, when SCC compares rates of entry to both other counties in California and on a National level, SCC continues to have some of the lowest rates of entry for foster care.
The total number of children and prevalence per 1,000 children in care, at any point-in-time, continues to successively decrease. In general, so has the proportion of children of different race or ethnic backgrounds, with the exception of Native American children whose caseload numbers range between 10 and 15 for the reported periods (see table below). However, in comparison to their respective SCC population more African American, Native American, and Hispanic children continue to be represented in the child welfare caseload.
Table 12

<table>
<thead>
<tr>
<th>Caseeload by Year (point-in-time) and Prevalence Rates by Race/Ethnicity per 1,000 Children</th>
<th>07/01/09</th>
<th>07/01/10</th>
<th>07/01/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caseload</td>
<td>2226</td>
<td>1966</td>
<td>1786</td>
</tr>
<tr>
<td>In Care Rates per 1,000 children</td>
<td>3.1</td>
<td>2.5</td>
<td>2.2</td>
</tr>
<tr>
<td>Race/ethnicity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>17.8</td>
<td>14.8</td>
<td>14.6</td>
</tr>
<tr>
<td>White</td>
<td>1.9</td>
<td>1.8</td>
<td>1.7</td>
</tr>
<tr>
<td>Hispanic</td>
<td>5.5</td>
<td>4.5</td>
<td>3.8</td>
</tr>
<tr>
<td>Asian/PI</td>
<td>0.6</td>
<td>0.4</td>
<td>0.3</td>
</tr>
<tr>
<td>Nat. American</td>
<td>10.3</td>
<td>11.9</td>
<td>15.1</td>
</tr>
</tbody>
</table>

Data source: CSSR, UC Berkeley

(*) To provide other caseload statistics, the following demographic information was prepared utilizing September 2011 as a representative sample month.

**Caseload by Service Component**

On September 12, 2011, there were a total of 1761 child cases. Of those cases, the breakout by program type is as follows:
- Emergency Response (ER) – 35 children (2.0%)
- Family Maintenance (FM) – 608 children (34.5%)
- Family Reunification (FR) – 481 children (27.3%)
- Permanent Placement (PP) – 637 children (36.2%)

**Figure 8**

- Hispanic/Latino: 59.0%
- White: 21.6%
- African American: 12.0%
- Black: 5.3%
- Asian/PI: 1.7%
- Native American: 1.0%
- Unknown: 1.0%
During the month of September 2011, the SCC Department of Family and Children's Services (DFCS) received abuse and/or neglect referrals for 1400 children in 858 families.

Of the 1761 open cases in that month, 87.8% of children in out-of-home care resided in family settings: 49.9% of these children resided in relative/NREFM homes, 0.7% resided in small family or Court specified homes, 23.2% resided in FFA homes, 21.6% resided in FFH homes, and 4.6% resided in guardian homes. Of the children in out-of-home care, 12.2% resided in non-family settings (group homes).

**Distribution of Cases**

A breakdown of social workers serving children and families included the following:
- 11 social workers in Family Resource Centers served 210 children in families receiving Voluntary Family Maintenance Services
- 6 workers served 93 children in families receiving services for Sexual Abuse
- 6 workers served 101 children in families speaking Spanish as a primary language
- 7 workers served 101 children in families receiving services from Drug Dependency Court
- 5 social workers served 101 children in families receiving Informal Supervision Services
- 5 social workers served 88 children in families receiving services for Domestic Violence
- 80 social workers served 1176 children in families receiving services in Family Maintenance, Family Reunification, or children and youth receiving post-permanency services
- A total of 120 workers served 1870 children

**Child Age, Gender, and Ethnicity**
The age groupings of the 1762 children with open cases in September 2011 are as follows:

<table>
<thead>
<tr>
<th>Number of Children</th>
<th>Percentage of Caseload</th>
<th>Age in Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>306</td>
<td>17.4</td>
<td>2 or less</td>
</tr>
<tr>
<td>271</td>
<td>15.4</td>
<td>3-5</td>
</tr>
<tr>
<td>401</td>
<td>22.8</td>
<td>6-10</td>
</tr>
<tr>
<td>481</td>
<td>27.3</td>
<td>11-15</td>
</tr>
<tr>
<td>302</td>
<td>17.1</td>
<td>16-19</td>
</tr>
</tbody>
</table>

Of the 1761 children, 868 (49.3%) were male and 893 (51.7%) were female.
The ethnicities of the 1761 children with open cases in September 2011 are as follows:

<table>
<thead>
<tr>
<th>Number of Children</th>
<th>Percentage of Caseload</th>
<th>Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>94</td>
<td>5.3</td>
<td>Asian</td>
</tr>
<tr>
<td>211</td>
<td>12</td>
<td>African-American</td>
</tr>
<tr>
<td>1039</td>
<td>59</td>
<td>Hispanic</td>
</tr>
<tr>
<td>380</td>
<td>21.6</td>
<td>White</td>
</tr>
<tr>
<td>30</td>
<td>1.7</td>
<td>Native American</td>
</tr>
<tr>
<td>5</td>
<td>&gt;1</td>
<td>Missing data</td>
</tr>
</tbody>
</table>
Analytic Summary:
There continues to be an over-representation of both Hispanic and African American–African Ancestry children and families involved in the child welfare system as compared to the general population. The majority of children in care are between the ages of 6 and 15 years of age.

C. Demographics for Juvenile Probation

The following data represents data from Fiscal Year 2009 to 2011.
- There are approximately 2,000 wards under Probation supervision.
- Reasons for placement include sex offenses, substance abuse and behavioral/mental health issues.

Current Data as of August 2011

Table 15

<table>
<thead>
<tr>
<th>Placement Location</th>
<th>Youth Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out-of-County</td>
<td>20</td>
<td>41.67 %</td>
</tr>
<tr>
<td>Out-of-State</td>
<td>12</td>
<td>25.00 %</td>
</tr>
<tr>
<td>Santa Clara County</td>
<td>16</td>
<td>33.33 %</td>
</tr>
<tr>
<td>Total:</td>
<td>48</td>
<td></td>
</tr>
<tr>
<td>Percent:</td>
<td></td>
<td>100.00 %</td>
</tr>
</tbody>
</table>
Santa Clara County Self Assessment
February 2012

Figure 13

Table 16

<table>
<thead>
<tr>
<th>Placement Location</th>
<th>Gender</th>
<th>Youth Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out-of-County</td>
<td>Female</td>
<td>5</td>
<td>71.43 %</td>
</tr>
<tr>
<td>Out-of-State</td>
<td></td>
<td>1</td>
<td>14.29 %</td>
</tr>
<tr>
<td>Santa Clara County</td>
<td></td>
<td>1</td>
<td>14.29 %</td>
</tr>
<tr>
<td>Total:</td>
<td></td>
<td>7</td>
<td>100.00 %</td>
</tr>
<tr>
<td>Percent:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out-of-County</td>
<td>Male</td>
<td>15</td>
<td>36.59 %</td>
</tr>
<tr>
<td>Out-of-State</td>
<td></td>
<td>11</td>
<td>26.83 %</td>
</tr>
<tr>
<td>Santa Clara County</td>
<td></td>
<td>15</td>
<td>36.59 %</td>
</tr>
<tr>
<td>Total:</td>
<td></td>
<td>41</td>
<td>100.00 %</td>
</tr>
<tr>
<td>Percent:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grand Total:</td>
<td></td>
<td>48</td>
<td></td>
</tr>
</tbody>
</table>
Table 17

<table>
<thead>
<tr>
<th>Placement Location</th>
<th>Ethnic Group</th>
<th>Youth Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out-of-County</td>
<td>Black</td>
<td>3</td>
<td>37.50 %</td>
</tr>
<tr>
<td>Out-of-State</td>
<td></td>
<td>2</td>
<td>25.00 %</td>
</tr>
<tr>
<td>Santa Clara County</td>
<td></td>
<td>3</td>
<td>37.50 %</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td></td>
<td><strong>8</strong></td>
<td><strong>100.00 %</strong></td>
</tr>
<tr>
<td><strong>Percent:</strong></td>
<td></td>
<td><strong>100.00 %</strong></td>
<td></td>
</tr>
<tr>
<td>Out-of-County</td>
<td>Hispanic/Latino</td>
<td>12</td>
<td>37.50 %</td>
</tr>
<tr>
<td>Out-of-State</td>
<td></td>
<td>10</td>
<td>31.25 %</td>
</tr>
<tr>
<td>Santa Clara County</td>
<td></td>
<td>10</td>
<td>31.25 %</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td></td>
<td><strong>32</strong></td>
<td><strong>100.00 %</strong></td>
</tr>
<tr>
<td><strong>Percent:</strong></td>
<td></td>
<td><strong>100.00 %</strong></td>
<td></td>
</tr>
<tr>
<td>Out-of-County</td>
<td>White</td>
<td>5</td>
<td>62.50 %</td>
</tr>
<tr>
<td>Santa Clara County</td>
<td></td>
<td>3</td>
<td>37.50 %</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td></td>
<td><strong>8</strong></td>
<td><strong>100.00 %</strong></td>
</tr>
<tr>
<td><strong>Percent:</strong></td>
<td></td>
<td><strong>100.00 %</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Grand Total:</strong></td>
<td></td>
<td><strong>48</strong></td>
<td></td>
</tr>
</tbody>
</table>

- Within the total population, 48 wards fall into the category of those receiving CWS, which include residential treatment facilities, foster homes and relative/non-relative placements.

**Analytic Summary:**
The majority of probation youth are placed in programs that are out-of-county or out-of-state. Over the reporting period there were slight drops in the number of youth placed in programs in-county, and the use of out-of-county/state programs remained relatively the same (FY2009 out-of-county/state placement 72%, FY2010 out-of-county/state placement 69%, FY2011 out-of-county/state placement 72%).

According to California Social Services Research Center (CSSR), as of October 2010, there were 91 youth placed in care by Santa Clara County Probation. (74 probation youth were in group placement, 16 youth were on runaway and one was on a trial home visit). One hundred percent of probation youth were placed in group homes. The majority of those youth were placed out-of-county or out-of-state. The Probation Department has traditionally used a high number out-of-county and out-of-state placement programs as an alternative to committing minors to the Department of Juvenile Justice (DJJ), formerly known as the California Department of Corrections and Rehabilitation (CDCR) or California Youth Authority (CYA). Over the reporting period, Probation and the Juvenile Justice Courts have made a concerted effort to commit fewer minors to DJJ, thus leading to an increase in the use of out-of-county and out-of-state programs as an alternative.

In 2004, Probation and the Juvenile Justice Courts adopted the juvenile detention alternatives initiative philosophy and demonstrated that Santa Clara County could safely reduce reliance on secure detention, such as Juvenile Hall and the Enhanced Ranch Programs (ERP). The juvenile detention reforms changed the juvenile justice system’s values and policies and helped to eliminate the inappropriate or unnecessary use of
secure detention; redirect public funds to sustain successful reforms; and reduce racial and ethnic disparities.

Instead of a commitment to Juvenile Hall or ERP, alternative probation programs were used, such as the Pre-Ranch Alternative Program (PRAP). PRAP was implemented in order to increase the options available for arrested youth. The program targeted youth who would otherwise be incarcerated in Juvenile Hall or at ERP. PRAP are based in neighborhoods where detention cases are concentrated and are operated by local community based organizations. While the PRAP led to an increased use of in-county placements from October 2008 to December 2009, ethnic and gender profiles of minors in placement remained constant over the reporting period.

Probation has continued to collaborate with juvenile justice agencies, other governmental entities, and community organizations. Through these collaborative efforts, new and enhanced non-secure alternatives to detention have been either identified or developed. Most recently, in June 2011, the practice of recommending long term Juvenile Hall commitments to the Court was prohibited. Additionally, in August 2011, Probation developed the Encouraging Diversity Growth and Education program (EGDE). EGDE is a community based school and day treatment program operated by Probation and the County office of Education (COE). EDGE provides school linked services, cognitive behavioral treatment (CBT), and substance abuse counseling during the school day. Currently, Juvenile Hall and ERP populations are at all time lows with a daily average of 180 youth in Juvenile Hall (46% of capacity) and 60 youth in ERP (40% of capacity).

Prior to January 2011, probation placement youth that were at imminent risk of removal from home were typically placed in foster care. Since January 2011, under the auspices of Senate Bill 183, Wraparound services have been used for Probation families more frequently. The Santa Clara County Wraparound model has been developed through a collaborative partnership between the Social Services Agency (SSA), Department of Family and Children Services (DFCS) the Mental Health Department (MHD) and community based providers (EMQ Families First, Rebekah’s Children’s Services and the Unity Care Group). This partnership was achieved through identification and recognition of mutual philosophy, goals and values, coupled with frequent meetings with each agencies leadership team. The program design was solidified through the solicitation of community and family input, has high standards, and measures the achievement of outcomes while ensuring voice, choice and access for all stakeholders. Wraparound services are provided on a no eject, no reject basis. As the needs of the child and family change, the Wraparound Plan of Care is changed to meet these needs and to achieve identified outcomes.

In addition, the Department has developed a partnership with the Bill Wilson Center to provide local Multidimensional Treatment Foster Care (MTFC) placement as an alternative to group or residential treatment placement, incarceration, and hospitalization for adolescents who have chronic antisocial behavior, emotional disturbance, and delinquency. MTFC is an evidence based foster care program which places one youth with a foster family at a time. Community families are recruited, trained, and supported to provide MTFC placed adolescents with insensitive supervision at home, in school, and in the community; clear and consistent limits with follow-through on consequences; positive reinforcement for appropriate behavior; a relationship with a mentoring adult; and
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separation from delinquent peers. MTFC uses a team approach to treatment with individualized case planning and 24-hour a day/7 days a week support for foster parents. The program utilizes a behavior management method to provide youth with a structured and therapeutic environment.

As an effect of these programs, we realized a 430% increase in the use of Wraparound services, a 37% decrease in total out-of-home foster care placements and a 49% decrease in out-of-state and out-of-county placements by December 2011.

C. Education System Profile and Student Demographics for Santa Clara County Child Welfare

The following is a breakdown for children and youth in out of home placement for a point in time in November 2011 with regards to school information.

(1) 88 Children, ages 3 and 4 years of age, who are eligible for preschool enrollment (*)
   • 48 (55%) Were enrolled in Head Start or preschool
   • 4 (.05%) of 3 and 4 year olds had an Individual Education Plan (IEP) for special education services
(2) 164 Children in Kindergarten through 3rd grade
(3) 193 Children in 4th through 8th grade
(4) 310 youth in 9th through 12th grade
(5) 5 youth in college, adult education or vocational program
(6) 185 of the above mentioned children and youth in K-12th grade have an IEP for special education services

(*) Santa Clara County DFCS policies and procedures mandate that all preschool age eligible children are enrolled into Head Start or a comparable preschool program unless it is determined that it is not in the child’s best interest.

School Enrollment Information for Santa Clara County

Figure 14
Special Education Information for Santa Clara County

Figure 15
There are 33 school districts, including the County Office of Education in Santa Clara County. The following provides a breakdown of a point in time of children in out of home and in-home placement regarding preschool through college and in the top 10 school districts where over 85% of the children and youth involved with DFCS attend school. In addition, figure 15 provides the breakdown of the numbers of identified special education students at over 26% children/youth identified as special education.

Table 18

<table>
<thead>
<tr>
<th>Grade Level - Out of Home and In Home School Age Youth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preschool/Head start</td>
</tr>
<tr>
<td>Out of Home Placement</td>
</tr>
<tr>
<td>In Home</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

Figure 16
Grade Level - Out of Home and In Home School Age Youth

- Preschool/Headstart
- Elementary School
- Middle School
- High School
- College
- Not Recorded

Out of Home Placement
- 51
- 247
- 303

In Home
- 4
- 145
- 86
- 16
- 104
- 51
- 62
- 0
- 36

Total
- 351
- 196
- 122
- 365
- 4

Table 19

Top Ten School District Enrollments

<table>
<thead>
<tr>
<th></th>
<th>Eastside Union</th>
<th>San Jose Unified</th>
<th>Alum Rock</th>
<th>Gilroy</th>
<th>Campbell</th>
<th>Santa Clara</th>
<th>Oak Grove Elem</th>
<th>Evergreen Elem</th>
<th>Franklin/Mackinley</th>
<th>Milpitas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out of Home Placement</td>
<td>84</td>
<td>59</td>
<td>46</td>
<td>51</td>
<td>31</td>
<td>36</td>
<td>32</td>
<td>30</td>
<td>19</td>
<td>23</td>
</tr>
<tr>
<td>In Home</td>
<td>25</td>
<td>32</td>
<td>27</td>
<td>21</td>
<td>15</td>
<td>10</td>
<td>11</td>
<td>9</td>
<td>14</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>109</td>
<td>91</td>
<td>73</td>
<td>72</td>
<td>46</td>
<td>46</td>
<td>43</td>
<td>39</td>
<td>33</td>
<td>29</td>
</tr>
</tbody>
</table>
Top 10 School District Enrollments

- Eastside Union
- San Jose Unified
- Alum Rock
- Gilroy
- Campbell
- Santa Clara
- Oak Grove Elem
- Evergreen Elem
- Franklin/Mckinley
- Milpitas

Analytic Summary:
Due to Santa Clara County’s Educational Services Unit (EdSU) and policies and procedures regarding accurate data entry for educational information, the Health and Education Passports for children and youth regarding education are over 90% accurate. In addition, due to the fact that over 85% of the children and youth involved with DFCS attend 10 school districts, DFCS has concentrated its efforts regarding partnership and collaboration in an attempt to ensure good working relationships and the appropriate educational supports. Educational contracts with LACY- Legal Advocates for Children and Youth and Morrissey and Compton Educational consultants ensure that parents and caregivers have access to educational advocacy and support in an effort to address academic and behavioral concerns in the classroom, as well as educational training on special education. These services are provided throughout the county, including scheduled hours for the South County location (*) in an effort to ensure that children with disabilities and special education needs and their families are supported to ensure access to the services and supports necessary for each student to reach their full academic potential. In addition, advocacy through email, letters and phone is utilized for those children and youth in schools outside of SCC or those remote geographical locations where services may be limited. (Please see the services section of this report for more information regarding these programs.) DFCS has started to see increases in graduate rates and enrollment into college. It is hopeful that this concentrated effort in elementary school, middle school and high school, as well as partnerships with community based organizations for support and scholarships is helping to ensure better educational outcomes and a greater likelihood for post secondary education for youth in Santa Clara County. There is a concentrated effort in this area by DFCS, community partners and the Juvenile Dependency Court. (*) South County includes Morgan Hill, San Martin and Gilroy.)

II. Public Agency Characteristics
A. Size and Structure of Child Welfare Agency- Department of Family and Children’s Services (DFCS) and Juvenile Probation

1. County Operated Shelter for Child Welfare
Santa Clara County operated a Children’s Shelter located on a six-acre campus in San Jose from 1995 to 2009, funded through a public-private partnership, with significant funding from the Silicon Valley Children’s Fund and other philanthropic organizations and individuals.

Increased coordination and utilization of placement resources, implementation of policies and practices that supported timely placements in the community and a downward trend in the number of children referred to the child welfare system led to a significant decline in the Santa Clara County Children’s Shelter population. During the first eight months of 2009, the daily Shelter population average was eight (8) children, and in October 2009, the Children’s Shelter closed. A Receiving Center, which is located at the site of the former Shelter, became operative upon the closing of the Shelter. All former Shelter cottages are now closed, except for McKenna Cottage, which serves as a place for children to stay for no longer than twenty-three hours, 59 minutes, while awaiting placement. Co-located at the Receiving Center are the Assessment and Intake Center, a medical clinic, and a mental health clinic. The Shelter school, operated through the County Office of Education on Shelter grounds, closed with the closing of the Shelter.

The position of Children’s Shelter Director was eliminated, and Receiving and Assessment and Intake Center (RAIC) Director was created in January 2010 to ensure the necessary placement resources and infrastructure to sustain the closure and use of a Shelter. In November 2011, the RAIC Director position was eliminated due to budget reductions. Now, under a Program Manager I, the Receiving Center, along with the Assessment and Intake Center and Placement Unit, makes up the Receiving Center Bureau. The function of the Assessment Center is to admit children and youth into care, locate placements, and assist in the initial transition from a child’s home or from a disrupted placement to the Receiving Center, or to an Emergency Satellite Foster Home. The Assessment and Intake Center staff also serves as liaisons between DFCS social workers and the Sheriff’s Department for obtaining criminal record background checks (CLETs) and Live Scan fingerprinting technicians for individuals needing fingerprinting for home assessments or investigation purposes. The Placement Unit locates placements for dependent children needing new placements after placement disruptions.

*Between December 2009 and May 2011:

- 35 children - Average monthly Intakes processed through the Assessment and Intake Center
- 26 children - Average monthly Intakes placed directly from the Assessment and Intake Center
- 44 children - Average monthly Intakes admitted to the Receiving Center from the AIC
- 2.4 children - Average daily Receiving Center population

*From the Monthly Statistical Summary Report from the Santa Clara County Receiving Center
Additional resources located at the Receiving Center include:

(1) The Medical Clinic, which is a part of the Santa Clara County Health and Hospital System's Valley Medical Center. It provides 24-hour services to screen children and provide for their immediate medical needs. In addition, children are seen by a pediatrician within the first 24 business hours after a child is admitted. The pediatrician is employed full-time and has extensive experience in working with children in foster care.

(2) The Mental Health Clinic is also co-located at the Receiving Center and is a part of Santa Clara County Health and Hospital System's Mental Health Department. The Clinic operates weekdays providing emergency mental health screenings and intervention, as well as ongoing counseling for children while in residence at the Receiving Center. Continuing post-discharge services are offered until children are connected to mental health services in the community. Children who have existing mental health issues are seen by a mental health clinician at admission or as soon as a clinician is available. Children without known mental health issues are seen within 24 to 48 hours of admittance. For children between the ages of 6 through 11, a full mental health assessment is done, and if called for, a referral to a community agency Systems of Care provider is made for on-going treatment.

In December 2010, Success Camp, a collaborative effort between the Mental Health Department, County Office of Education, and DFCS, ended. The Success Camp program provided services for children ages 6-11 years who entered child welfare services for the first time. The goal of the program was placement stabilization by addressing the participants' emotional health and behavior and by strengthening resiliency and skills towards succeeding in school. Due to budget reductions, sustainability for this program was not longer possible.

Work continues in effort to build and maintain placement resources and enhance current treatment resources to meet children's needs. Both the Medical Clinic and the Mental Health clinic can continue to be accessed by any child youth in care in an effort to ensure full medical and mental health screenings and assessments and that the necessary services are put into place for follow up.

Impact on C-CFSR Outcomes:
Before the closure of the Children's Shelter, SCC was actively working to ensure fewer placements for children in care. The number of children in care from 8 days to 12 months with two or fewer placements had been slowly increasing. (Measure C4.1) It was suspected that use of the Children's Shelter was adding to the number of placements for children entering care. At the point of the Shelter closing, that number was 85.2%, and 3 months later, by January 2010, the percentage had risen to 88.9%, meeting the national goal for this indicator. SCC will need to continue to monitor Placement Stability outcome measures (C4.2 and C4.3) carefully over time, as the other theory of concern was that use of the Shelter allowed time to better explore all placement options before placing children and that the lack of availability of the Shelter could result in a later increase in the number of placements for children.

Juvenile Probation
The Santa Clara County Juvenile Hall is a detention center which provides 24-hour,
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7 days a week supervision and has a current operational capacity of 390 beds. Juvenile Hall consists of two female and 11 male living units; one boy’s unit and one girl’s receiving area, and a County Medical Clinic. Assignment to a living unit is completed based on a classification system that balances the needs of the minor with the needs of the facility. Services are provided to assist the minors with their social reintegration back into the community while addressing their social, physical, behavioral, psychological and emotional needs.

In custody, minors complete a variety of screening and assessment instruments to determine their educational and mental health needs, and are assigned appropriate services which are based on the results. The Probation Department and its partners provide a variety of collaborative programs to enhance rehabilitation opportunities.

- The Life Skills Commitment Unit provides a program that focuses on life skills and job preparation with some specialized services. The County Office of Education provides special classes for this Unit. They also provide the necessary tools to prepare minors to pass the GED tests and assist in the preparation for the High School Exit Exam.

- The Ranch Readiness Program, where various partner agencies, Probation, the County Office of Education (COE), and Valley Medical Center (VMC), Mental Health, etc., collaborate to prepare the minor for the transition to the residential portion of the program. The youth begin work on Phase I of their Ranch program and start their group work on development of pro-social skills. It also allows the agencies to collect and forward all pertinent records and information to their corresponding agents at James Ranch and Wright Center facilities prior to the arrival of the minor.

Enhanced Ranch Programs:
The mission of Juvenile Enhanced Ranch Programs Facilities is to positively impact our communities by providing appropriate services to the youth and families we serve. The programs are a holistic model relying on inter-agency and community partnerships for development, delivery and enhancement of services for our youth and families. Probation is committed to delivering a balanced and collaborative rehabilitative program with a focus on the development of pro-social skills through systematic intervention in thought, values, actions and positive relationship building.

Muriel Wright Center
- The Muriel Wright Center is a residential program where minors are committed by the Juvenile Court. The Wright Center provides 24-hour supervision for a capacity of 48 minors (males age 15½ years old and younger and females between the ages of 12 and 18). The minors are committed for six to eight months with a 70-day Aftercare Program.

William F. James Boy’s Ranch
- The William F. James Boys’ Ranch is a residential program that provides rehabilitation services to male youth that are committed to the program by the Juvenile Court. This facility provides 24-hour supervision for a capacity of 60 male youth between the ages of 15½ and 18.
The minors are committed for six to eight months with a 70-day Aftercare program.

2. County Licensing – Child Welfare
The foster care licensing program operates under a Memorandum of Understanding with State of California Community Care Licensing. The procedures and practices of the Licensing program are consistent with the Family Foster Home Regulations (Article 22). The licensing program and child welfare program are separate units within DFCS although they work closely with each other. The foster care licensing function is managed by a Social Services Program Manager II. The Licensing Unit has one supervisor, four social workers involved in licensing families, three social workers involved in adoption home studies and a clerk. Other staff associated with the licensing program includes a state liaison and state counsel who provide consultation on policy and procedural issues, legal advice when needed, and legal representation in administrative actions that are taken by the licensing program.

Recently, the Department moved Adoptions. Post Adoptions, Recruitment, Licensing, Home Studies and the Permanency Coordinator under one Social Services Program Manager II (SSPMII) in an effort to ensure a complete continuum and consistency in the permanency process and to roll out a strategic plan to address permanency efforts.

Licensed Homes and Closure:
Santa Clara County averages approximately 400 licensed county foster homes with approximately 50-80 newly licensed homes each year. DFCS has seen a gradual increase in available homes since 2007 until 2010 and a decrease in 2011.

<table>
<thead>
<tr>
<th>Table 2049</th>
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<table>
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<tr>
<th>Fiscal Year</th>
<th>Total Licensed Homes at End of FY</th>
<th>Total Newly Licensed Home</th>
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<tbody>
<tr>
<td>2002</td>
<td>426</td>
<td>123</td>
</tr>
<tr>
<td>2003</td>
<td>432</td>
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<td>2004</td>
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<td>2006</td>
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<td>2007</td>
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<td>56</td>
</tr>
<tr>
<td>2008</td>
<td>412</td>
<td>55</td>
</tr>
<tr>
<td>2009</td>
<td>421</td>
<td>78</td>
</tr>
<tr>
<td>2010</td>
<td>437</td>
<td>81</td>
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<tr>
<td>2011</td>
<td>412</td>
<td>52</td>
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<th>Table 210</th>
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<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Total # of Closed Licensed Homes</th>
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<tr>
<td>FY 09</td>
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<tr>
<td>FY 10</td>
<td>65</td>
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<tr>
<td>FY 11</td>
<td>77</td>
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Table 224

<table>
<thead>
<tr>
<th>Reason for closures</th>
<th># of closures for FY 08-09</th>
<th># of closures for FY 09-10</th>
<th># of closures for FY 10-11</th>
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<tr>
<td>CLH201-Adoption Finalized</td>
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<td>9</td>
<td>13</td>
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<tr>
<td>CLH204-Moved</td>
<td>20</td>
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<td>CLH205-FamilyReason</td>
<td>10</td>
<td>11</td>
<td>11</td>
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<tr>
<td>CLH206-Retiring from Foster Care</td>
<td>5</td>
<td>19</td>
<td>19</td>
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<tr>
<td>CLH207-Health Reason</td>
<td>1</td>
<td>1</td>
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<td>CLH208-Not responding</td>
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<td>4</td>
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<td>CLH209-Dissatisfied with Agency</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>CLH210-Not willing to comply with regulations</td>
<td>0</td>
<td>0</td>
<td>2</td>
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<tr>
<td>CLH211-Financial Reason</td>
<td>0</td>
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<td>1</td>
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<tr>
<td>CLH212-Withdrawed</td>
<td>8</td>
<td>1</td>
<td>3</td>
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<tr>
<td>CLH 213-Revoked</td>
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<td>0</td>
<td>1</td>
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<tr>
<td><strong>Grand Total</strong></td>
<td><strong>61</strong></td>
<td><strong>65</strong></td>
<td><strong>77</strong></td>
</tr>
</tbody>
</table>

Impact on C-CFSR Outcomes:
The decease of licensed homes seems to be attributed by fewer new applications received and more homes closing. Reasons for closure seem to be fairly consistent among the last three years, except in 2011 in which more families have closed due to finalization of adoption. Most foster parents who exit fostering do so because they either move out of the area, choose to no longer foster or have family reason.

SCC is in the process of additional analysis and participation in the Quality Caregiver Initiative (QCI) in an effort to better partner with existing caregivers to create a strategic plan that links planned recruitment with excellent training and support that will ultimately lead to more permanent placements for children and youth in care. SCC remains concerned at the high numbers of children in long-term placement past 18 months and the struggles to achieve timely adoptions. Additional analysis about the stagnate number of foster homes must be further examined.

3. County Adoptions
The Department of Family and Children’s Services is licensed as a full-service adoption agency by Community Care Licensing to provide adoption services for children from 0 up to 16 years old. The program provides for the adoption of children who are placed for adoption as the result of either the parents’ voluntary relinquishing of legal rights to the Department or involuntary termination of parental rights by court. It does not provide for independent nor inter-county adoptions.

As stated above, as of October 2011, licensing, recruitment, home studies, concurrency, adoption and post adoption services have all been resourced together under one
program manager in an effort to better align strategic recruitment and licensing to concurrency and permanency for children in the child welfare system.

The Adoption Unit consists of one supervisor and 6 social workers. As a result of the DFCS Service Delivery Redesign in 2004, Adoption Finalization Unit social workers are given secondary assignment to finalize adoptions. Adoption Social Workers complete the necessary State and Federal paperwork and work in collaboration with the primary continuing social worker. The Adoption Finalization Unit also provides voluntary relinquishment counseling services for the families in the community and for DFCS families.

The Post-Adoption Service Unit consists of a supervisor and four social workers who assist adoptive families by providing ongoing information and referral services. Other services offered include assistance with authorized reunions, information exchange between birth and adoptive families, and post-adoption inquiries. The Unit also completes the re-determinations for subsidies adoptive families receive under the federal Adoption Assistance Program (AAP) and handles all inquiries, questions and issues after an adoption has finalized. The current point in time case count for children in the post adoption unit is 2,968, an average of 742 cases per worker. SCC has 9 approved AAP funded placements and three pending placements, as well as 15 allocated wrap around funded resources for AAP families.

When children are in need of a concurrent placement capable of following through on a plan of adoption, approved adoptive families are chosen to meet the needs of the child through a committee matching process conducted by a Social Work Coordinator in the Placement Support Bureau. The DFCS adoption matching process was revised in May 2010, at the same time as the establishment of the new Concurrent Agreement process. The adoption matching process is initiated once a caregiver signs the Concurrent Agreement stating they are not interested in being considered for adoption or legal guardianship.

The first step in the Matching process is the social worker completing the Child Card. The Child Card is a detailed form providing descriptions of the needs of the child and what characteristics are suggested in a potential permanent placement. The Permanency Planning Coordinator first attempts to match a child or children with county licensed foster homes. If a county foster adoptive home is not identified the children are profiled in the BASA Book (Bay Area Supervisors for Adoption). The BASA members consist of county and FFA licensed adoption agencies. Once a potential concurrent/permanent family is identified through the social worker and Permanency Coordinator, the family is invited to a Post Match meeting. The purpose of the Post Match Meeting is to meet with the prospective concurrent/permanent family and have an in depth discussion if they would be an appropriate “match” with the child or children. The children continue to be circulated in the BASA Book until a concurrent/permanent home is identified.

**Impact on C-CFSR outcomes**
The co-location noted above of foster care licensing, adoption home studies, recruitment, post adoption services and concurrency coordination contributes to the achievement of permanence by centralizing the functions in one bureau where the knowledge about non-relative caregiver families is known and shared among unit members and supervisors with oversight by one program manager. The referral of the
family for an adoptive home study and the family's follow-through with pre-service training and the application process can be problematic if not monitored closely. This is particularly true in regards to relatives. Delays in finalization can occur if the family does not have a completed and approved home study by the time the child is freed. Assignment of the Adoption Finalization social worker is delayed until the home study is completed and approved. The challenge of starting and keeping the adoptive home study progress on track is being addressed in comprehensive planning that includes renewed emphasis on concurrent planning practices and monitoring, as well as exploring Foster Family Agencies completing home studies and finalizing the adoption process. This task is completed by the Permanency Coordinator. Since coming on board, SCC has begun to slightly increase the number of timely adoptions.

After increased efforts to complete adoptions in 2009 there was a spike in finalizations. However, locally and within state, adoption numbers are dropping, likely due to ability of relatives and NREMs to do guardianship as a permanent plan. This is particularly seen in 2010-2011 numbers. Also likely impacting this is the significant reduction in dependency cases combined with increased complexity and special care needs of the population that gets in to the dependency system. As a result, DFCS anticipates continued drops in the numbers of adoptions. Because we are seeing a reduction in adoptions, we are anticipating a reduction in AAP numbers over the next few years. However, there is a possibility that there may be a smaller PAS population, since the cases are harder with higher special needs; there may be an increase in need for WRAP and residential placement needs.

SCC continues to monitor cases in which Family Reunification Services to parents are not offered. SCC has continued to decrease the number of Family Reunification Services not ordered.

Table 23

<table>
<thead>
<tr>
<th>Family Reunification Services Not Ordered by the Court</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011 (through August)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both Parents</td>
<td>11</td>
<td>7</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>One Parent</td>
<td>4</td>
<td>6</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>13</td>
<td>12</td>
<td>9</td>
</tr>
</tbody>
</table>

SCC continues to struggle with efforts to keep sibling groups together for large sibling groups of three (3) or more children or when prospective adoptive parents become ambivalent about adopting one member of the group continues to impact the course of the case and the timeline. SCC has attempted to increase the number of therapeutic foster home services, and support for relative and non-relative caregivers, as well as to ensure targeted recruitment for foster homes willing to take large sibling sets.

During this review time period, DFCS also hired three (3) social worker recruiters to begin strategic recruitment within the community, partnering with faith based organizations and other service minded organizations as well as businesses for targeted recruitment of foster homes. Of the three (3) recruiters hired, they have language skills and cultural competency with the African American/African Ancestry community, Latino/Hispanic community and the Vietnamese community. Since these changes were implemented, the Department has increased its pool of African American Foster Homes
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by 13 since June 2010. The Department has had an increase in families attending
PRIDE Training (Pre-Service Training) interested in caring for adolescents. The
Department had been waiting for the State to implement the dual licensure process as
mandated by legislation. This process has been delayed for funding reasons so the
Department is in process of creating its own internal dual licensure process. In addition,
the Department has reestablished its Foster Home-Adoptive Home web site and
reregistered on the national adoption web site. A revamp of the Departments web site is
in process as well as planning for the use of social net-working for recruitment efforts.

B. County Governance Structure and Organization of Child Welfare and
Juvenile Probation
The Department of Family and Children’s Services (DFCS) is the organization with
primary responsibility to provide child welfare services in the county. The DFCS Director
reports to the Social Services Agency Director, who in turn reports to the County
Executive. Santa Clara County Social Services Agency is also comprised the
Department of Employment and Benefit Services (CalWORKs, Eligibility and
Employment Services AFDC-FC, AAP programs); Adult Protective Services, In Home
Supportive Services, Public Guardians Office and the Administration Office (Office of
Evaluation and Planning, Office of Financial Management, Staff Development,
Information Systems).

SCC DFCS is organized by bureaus including Front End Services comprising
Emergency Response and Dependency Investigations; the Child Abuse and Neglect
Center for the hotline calls and Differential Response; two (2) Continuing Services
bureaus comprising Family Maintenance, Family Reunification, KinGap cases and some
Informal Supervision cases, a bureau in South County comprised of Emergency
Response, Continuing Services, Voluntary Services, and a Family Resource Center; a
Family Resource Center in San Jose providing voluntary services and Team Decision
Making, Administration Services, including services to transitioned aged youth, AB12
and ILP, the Receiving and Intake Center Bureau, Licensing, Adoption and Post
Adoption Services and Recruitment. Please see Attachment A-DFCS Organizational
Description Chart and Attachment B- DFCS Organization Chart.

The Santa Clara County Probation Department is the organization charged to provide
supervision and services to probation youth who reside in the community and are at
imminent risk of being placed in the foster care system. The Santa Clara County
Probation Department has extensive range of services through the efforts of over 885
employees throughout the county. There are approximately 124 Deputy Probation
Officers (DPOs) and 15 Supervising Probation Officers (SPOs) that provide supervision
and services to probation youth who reside in the community and are at imminent risk of
being placed in the foster care system. These employees supervise and provide
services to probation youth in Detention Services, e.g. Juvenile Hall, Residential
Treatment Services, e.g. the Enhanced Ranch Programs, Juvenile Field and Special
Services, e.g. Community-Based Supervision, Intensive Gang Supervision, Community
Transition and Placement Services, e.g. Group Homes and Relative/Non-Relative
Homes.
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Placement Unit:
As of June 2011, the Probation Department's Placement Unit is overseen by the Specialized Supervision Services Manager, who also manages the Gang Violence Suppression Unit, Transitions Re-entry Unit, and the North County and Northeast San Jose geographical supervision units. The Placement Unit is comprised of one SPO, eight DPO III (Senior DPOs), and one DPO I (Entry Level DPO). The Placement Unit is a specialized unit within Juvenile Field Services whose primary responsibility is to secure and monitor appropriate placements in Residential Treatment facilities, foster home, Relative/Non-Relative Extended Family Member homes, and Wraparound services.

Placement Eligibility, Suitability, and Screening:
Probation placement is driven by the minor having committed an offense and ordered into placement by the Court to correct the behavior or conduct that led them to the delinquent act. The DPO's assessment and the recommendations made to the Juvenile Court made leading up to a placement is only part of the process. The court process includes an attorney representing the minor, a District Attorney, and a Judge. In order to make Probation placement successful, all parties must have a comprehensive understanding of the placements available, a common set of eligibility and suitability criteria, and a clear screening process.

Appropriate Placements and Treatment Goals:
Youth who are ordered into suitable placement by the Juvenile Court are generally placed in four types of programs: WRAP, Pre-Ranch Alternative Placement (local placement), general Placement, or in an out-of-state placement. The eligibility for a type of placement is based on risk, and the specific program utilized is based upon the treatment needs of the minor. The youth's treatment needs as assessed through a review of identifier in a forensic psychological evaluation, delinquent history, family problems, and availability of an appropriate placement, are all critical parts of the consideration for placement.

The DPO directly supervising a youth's case, the parents/guardians, placements and the youth work collaboratively on the youth's case plan goals, so that the youth will be successful in placement, not only behaviorally, but also emotionally, socially, and legally. Prior to placement, the Placement DPO meets with the youth to review program rules, guidelines, and expectations. Also, when a child is initially placed, he or she is provided with all appropriate emergency telephone numbers and is directed to report any problems to the DPO, who are mandated reporters of abuse. All DPO are mandated child abuse and neglect reporters.

Other public agencies that report to the County Executive and Board of Supervisors include: Health and Hospital Systems, Mental Health Department, Department of Alcohol and Drug Services, and the Public Health Department.

Impacts on governance structure on outcomes
The county's capacity to achieve CFSR outcomes is strengthened by the organizational structure of the Social Service Agency, as well as by the partnerships it has established with other county agencies and departments and key organizations in the private sector. This capacity reflects processes at policy and operational levels.

At the policy level for example, the county directors meet together and with the County Executive at quarterly Executive Management Meeting to discuss countywide issues and
concerns. In addition, executive managers meet on program and issue-specific matters as necessary.

At the operational level, services are planned and delivered based on collaboration of multiple agencies.

(1) Newly formed for the cross systems prioritization of Child Welfare families, in 2009, the Board of Supervisors charged county departments the task of determining the impact of cross systems investments in families and youth involved in the child welfare system. The Cross Agency Service Team (CAST), comprised of representatives from ten different county Departments and Offices, began meeting to engage in a process that measured each of their impact on the child welfare population. Targeted outcomes defined in April of 2011 were organized around the cross systems partnerships that work together to support the intended results with consideration given to major barriers that could impede effective service integration. The work ahead includes DFCS' collaboration with the Public Health Department, Mental Health Department, and Department of Drug and Alcohol Services to expand health related resources; maximizing benefits to public resources such as cash aid and employment services; and working with school districts to improve educational outcomes for foster youth.

(2) The Continuum of Care Committee is comprised of representatives from Foster Family Agencies, group home providers, the Foster and Adoptive Parent Association, community based service providers, DFCS, and other County departments. The Committee meets monthly to identify solutions to placement barriers.

(3) The Resources for Intensive Services Committee (RISC), made up of representatives from DFCS, Mental Health and Probation, meets weekly to review placement planning for children requiring group home and other intensive treatment placements, such as Intensive Treatment Foster Care. The RISC Leadership Committee meets monthly to review resource allocation, utilization and barriers to meeting needs for children with complex needs.

(4) The Systems of Care Oversight Committee, consisting of representatives from DFCS, the Probation Department, the Mental Health Department and private mental health service providers, meets monthly to review resource allocations, resource utilization, and barriers to meeting needs for in-home mental health service for children and placement support services.

(5) The Family Wellness Court (FWC) Oversight Committee is comprised of representatives from the Superior Court, First 5 Santa Clara County, the Department of Alcohol and Drug Services, the Mental Health Department, the Office of the County Counsel, the Office of the District Attorney, the Dependency Advocacy Center, and the Social Services Agency. Several other County departments and community agencies are also involved in the project. This oversight committee reviews resources and programmatic issues concerning the Family Wellness Court for Infants and Toddlers Project. (Please see additional information contained in the CSA for FWC).

Other examples of collaboration between the agencies involved in providing services to the child welfare population include the DFCS-CalWORKs Partnership, comprised of DFCS and the Department of Employment and Benefits staff, which meet monthly to discuss and coordinate respective roles in working with common clients and maximize
resources; the Family-to-Family DFCS-Law Enforcement Committee that meets quarterly to discuss, plan and coordinate respective roles and responsibilities related to the child welfare population in regards to Joint Response; and, the Permanency Committee, comprised of judicial officers, attorney and DFCS executive and management level staff that addresses issues and concerns affecting permanency for children and to plan improvements in court and DFCS processes. Additionally, DFCS has partnerships and frequent meetings with the County Office of Education and local school districts to coordinate services and the appropriate exchange of information on behalf of children under DFCS supervision.

B. Number and Composition of Employees


1a. Staff turnover rate

Case carrying social workers – Social Workers II/III and support staff – Social Worker I’s employed in SCC:
July 2009 – 390 positions (9 half-time)
July 2010 – 362 positions (7 half-time)
July 2011 – 322 positions

Information provided by the Social Services Agency Human Resources Department and internal code control indicates that 21 social workers left case carrying positions or DFCS during FY 2009-2010 and 30 in FY 2010-2011. DFCS serves a diverse population in SCC and has a diverse staff with several different language capabilities. (Please see Attachment K and L for language capability and DFCS workforce composition.)

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
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<td>21</td>
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</table>

Impact on C-CFSR Outcomes:
Turnover of case carrying social workers is disruptive to service outcomes for children and families. This has become especially clear to SCC through forums, focus groups and interviews with youth, parents, community providers and stakeholders through the Institutional Analysis through CAPP, the LCWEP and cultural dialogue forums. Each of these distinct projects, independently, families and community providers indicated the importance of a family being heard and the need for social workers to engage with families in order to “really hear them”, provide culturally relevant services and programs
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and to ensure is potentially disruptive to all service outcomes for children and families left to reestablish relationships with new social workers. The continuity of effective social worker-client relationships can be instrumental in promoting focus and progress on case plan objectives and activities.

Staffing Characteristics/Issues for Juvenile Probation
Staffing levels have been consistent (nine case carrying DPOs) and turnover has been minimal for DPOs in the Placement Unit over the past three years and as of June 2011, all staff had been in the unit a minimum of two years.

Case carrying DPOs:
FY2009 – 9 Positions (1 split code)
FY2010 – 9 Positions (1 split code)
FY2011 – 9 Positions

An assignment in the Probation Placement Unit is a specialized assignment and requires the DPO to develop a knowledge base beyond what a typical DPO may need in a regular unit. A significant period of time in the unit is needed in order to acquire the skills needed to conduct the job correctly, and then to serve in the capacity required. The level of experience within the unit is critical in developing DPOs who are new to the assignment.

When a DPO rotates into the unit, they review the unit's internal policies and procedures and shadow the DPOs who have been in the unit for a longer period of time. This serves to mentor and develop the skill set required for the assignment and assures consistent practices and service. There has been minimal turnover for DPOs in the Placement Unit over the past three

1b. Use of private contractors for Child Welfare
Child Welfare Services are supported through the use of 54 contracts, 49 Memorandums of Understanding and 26 Inter Agency Agreements used to provide services related to DFCS programs and mandates are now in effect during the FY 2010-2011. These services are summarized below. Please refer to Attachment C for a listing of contracts and the funding allocated for each, as well as Attachment M and N for a listing of preventative services and all contracts and Memorandums of Understanding for 2012:

- Support services for relative caregivers
- Support services for county licensed foster parents
- Foster and Adoptive Parent Advocate
- Legal advocacy on educational matters on behalf of DFCS children
- Consultation and training on Special Education
- Intensive Upfront Services
- Expanded Differential Response Path I and II Services to divert families from the child welfare system
- Family Strength-Based Services to divert families from the child welfare system
- Financial benefits to meet the service needs of parents and children victimized by violence
- Drug testing for DFCS Clients
- Independent Living Program services and emancipated youth stipends for current and former foster youth
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- Capacity building funding to support the Foster Parent, Kinship and Adoptive Parent Resource Center
- Resource Specialists
- Internet people search service for relative finding
- Volunteers to assist in transportation and other assignments on DFCS cases
- Consultants/Program Evaluation for Family Wellness Court, data analysis and Gomez Review Hearings
- Coordinator for court-ordered Psychological Evaluation Coordinator
- Mandatory child abuse training in the community and internally, emphasizing children of color issues and statistics
- Specialized parenting program – Celebrating Families
- Support for parents during reunification services provided by advocates previously involved in the Child Welfare System
- Child supervision for pre-service and in-service training for relative, NREFM and licensed foster families
- Supervised visitation through one-way mirror with ongoing coaching and support via audio to parent to increase parent skills and knowledge through real time coaching
- Community-based services for families impacted by domestic violence
- Counseling for child sexual abuse victims
- Specialized parent education for special needs families and parenting without violence
- Family finding for older children exiting group home care
- Counseling services for parents with dual substance abuse/mental health diagnoses
- Case management for emancipated foster youth in Transitional Housing Programs
- Educational services for children in the Success Camp pilot project- currently ceased
- Training and consultation on the Comprehensive Assessment Tool (CAT)
- Center for Living with Dying
- California Youth Connection (local chapter and development and training)
- Resource Support Team for relative and non-relative care providers
- Child Advocates of Silicon Valley (child advocate recruitment, training and supervision)
- Children’s Interview Center (City of San Jose Police Department)
- Parent Mentor Program
- Adoption Camp
- Supportive Therapeutic Options
- Intensive Family Skill Building
- Intensive In-Home Support Services for African American Families
- Financial Resource Services for Youth
- Guardianship services
- Housing Search Services
- Emerging Scholars Program for 11th and 12th grade high school students

1c. Worker Caseload Size by Program for Child Welfare
The total number children and prevalence per 1,000 children in care, at any point-in-time, have successively decreased. In general, so has the proportion of children of different race or ethnic backgrounds, with the exception of Native American children whose caseload numbers range between 10 and 15 for the reported periods (see table below). However, in comparison to their respective SCC population more African
American, Native American, and Hispanic children are represented in the child welfare caseload. SCC continues to track this over representation of children of color and concerted efforts continue to better understand the reason for the occurrence and means of reducing this over representation.

Table 25

<table>
<thead>
<tr>
<th>Total Caseload by Year (point-in-time) and Prevalence Rates by Race/Ethnicity per 1,000 Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/01/09</td>
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<tr>
<td>Caseload</td>
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<td>In Care Rates per 1,000 children</td>
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<tr>
<td>Hispanic</td>
</tr>
<tr>
<td>Asian/PI</td>
</tr>
<tr>
<td>Nat. American</td>
</tr>
</tbody>
</table>

Data source: CSSR, UC Berkeley

Worker Caseload Size
Caseloads for Emergency Response Social Workers average 12 referrals per month. Dependency Intake Social Workers average 3 cases per month and continuing social workers average 17 children. These caseload numbers have gradually increased over the past year and are slightly higher for Spanish Speaking Social Workers due to the increased number of Spanish Speaking families. Caseloads for the juvenile probation placement unit average 17 cases per probation officer. Department, the caseloads average is 22 cases per probation officer.

2. Bargaining Unit Issues for Child Welfare
Santa Clara County employees are represented by SEIU (Local 321 for clerical, works and supervisors) and CEMA. Agreements between the County and these unions govern the practices and procedures related to employment, layoffs, disciplinary action, pay, work hours, overtime, leave, benefits, training, grievances, and maximum caseload standards for social workers. Union bargaining teams include the following representatives:

- SEIU is the exclusive bargaining representative for all classified and unclassified workers in the following bargaining units: Social Worker I, II, III; Social Work Supervisors; Social Work Coordinators I and II; Clerical, Administrative (Professional and Technical), Blue Collar, and Public Health Nursing;
- County Employees Management Association (CEMA) is the exclusive bargaining representative for all classified and unclassified managers.
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- The local bargaining unit for Probation Officers is the Probation Peace Officer Union (PPOU), Local 1587, which is affiliated with AFSCME. Probation management has monthly meetings with PPOU.

Impact on C-CFSR Outcomes:
During this time period, DFCS and respective bargaining units successfully negotiated for a managerial re-assignment and re-design that occurred in 2006, as well as a clerical staff assessment of functions and duties for a re-organization that is currently in process for 2009. The re-assignment of managers was an effort to have concentrated managerial oversight responsibility for each of the following functions: recruitment and retention, placement, including family finding efforts, and concurrent planning. The re-organization of clerical support is to ensure more concentrated support in areas providing direct client service delivery and to ensure mandatory input into CWS/CMS is accomplished. Both of these concerted efforts should help to support outcome measures in timeliness of adoption, placement stability, and no maltreatment in foster care.

Juvenile Probation
The local bargaining unit for Probation Officers is the Probation Peace Officer Union (PPOU), Local 1587, which is affiliated with AFSCME. Probation management has monthly meetings with PPOU.

3. Financial and Material Resources, including Source and Expenditures of Funds
Santa Clara County utilized funding for child welfare services through the following funding sources and expenditures for fiscal years 2009 to 2011:

Federal Title IV-E Child Welfare Services Allocation: Santa Clara County expends and over matches its entire allocation each fiscal year. Mandated child welfare activities and services are provided with this funding allocation contributing to our ability to keep children safe and in permanent homes.

State Child Welfare Allocation: Santa Clara County ensures all the necessary requirements in order to receive the State Child Welfare allocation. This also includes participation in the THPP (Transitional Housing Placement Program) and THP-Plus (Transitional Housing Program-Plus for youth who are 18-24 and have emancipated from care).

County General Funds: Santa Clara County continues to utilize county general funds to provide the flexibility to leverage the unique needs and services necessary within Santa Clara County. General fund money is utilized mainly on the following: (1) sibling supplemental for foster parents able and willing to care for sibling sets of three or more children; (2) Foster Home Recruitment liaisons located in the community increasing targeted recruitment efforts; and, (3) emergency assistance for families and children in need for specialized services and programs.

Title IV-B-PSSF (Promoting Safe and Stable Families): Title IV-B funding is aimed at the C-CFSR outcomes of reducing the Rate of First Entries into Foster Care as well as maintaining and promoting Placement Stability. Santa Clara County expends its entire allocation on the services required. PSSF funded services include community-based Differential Response Path I services for families under stress and at risk of
abuse/neglect report to DFCS, but not investigated by DFCS; and Path II services for family reported, investigated and determined to be best served by the contract service provider (Family Support and Preservation), Parent Advocates working out of DFCS Family Resource Centers (Time-Limited Family Reunification), and community-based post-adoption services, such as the annual camp for adoptive families (Adoption Promotion and Support) and an Adoption Day celebration for children and families.

Child Abuse Prevention and Intervention and Treatment (CAPIT):
The current Community-Based Child Abuse Prevention and Intervention (CAPIT) funds are used for a variety of services and programs aimed at ensuring following

- Community access to prevention activities- This is provided through case management and counseling to Spanish Speaking parents with children up to age 11.
- Child Abuse Prevention Services for special needs children- This program provides parenting classes specifically to parents and children who have a special need (any physical, intellectual, social, emotional or learning disability, or chronic or serious illness such as epilepsy diabetes, or cancer.)
- Successful Parents Program- This program provides parent workshops for Vietnamese speaking families.
- Migrant Prevention Program- the Girl Scouts of Northern California serve migrant families in the South County area. Families are of Mexican and Mexican-American decent and services are provided to help families communicate more effectively, manage conflict and anger, understand age-appropriate expectations, reduce stress level and lessen chances of child abuse.
- Friends Outside Steps Ahead Program- This program provides home visitation to caregivers and children birth through six who have been impacted by incarceration of a child’s parent for a period of six months or greater.
- Happy 5- Is a culturally appropriate, multi-faceted education campaign targeting Vietnamese parents, grandparents, and caregivers of children birth to age five (5). The program provides knowledge about child development and community resources, helps assist with access to resources in an effort to ensure positive parenting skills and reduce to risk of child abuse.
- Child Abuse Prevention Program –This program consists of primary and secondary prevention targeting high risk families in the San Jose area.
- Birth and Beyond Family Empowerment- The Birth and Beyond (BAB) Family Empowerment Program provides parenting workshops, case management, and a child enrichment program to families with children ages 0-5 years of age.
- Positive Parenting Classes- Child Abuse Prevention Education Workshops provide parenting in Spanish and English at several treatment centers, elementary schools, neighbor centers and women’s shelters.
- Healthy Families Workshops- These workshops are evidenced-based teaching positive parenting skills to families with multiple risk factors for child abuse and family violence in the South County community of Gilroy.

Community Based Child Abuse Prevention Services (CBCAP)
These community based child abuse prevention services are used to fund preventing families from entering or re-entering the foster care system. Funding was used toward Differential Response Path 1 (Family Strength Based Services) in the front end, Differential Response Services-Path 4 for families who have closed their child welfare
case and could use additional support and for specialized services for families at Emergency Response for advocacy and support for those families from the African American or African Ancestry community.

Private Grants:
Santa Clara County continues to work to participate in collaborations and partnerships with private corporations and funders in an effort to impact C-CFSR outcomes for children and families. The following is a list of major partnerships resulting in private grant funding:

- Walter S. Johnson Foundation for California Connected by 25 (CC25)
- William and Flora Hewlett Foundation for CC25 – Financial Literacy Individual
- Private community donations through annual solicitation for youth activities and support
- Kaiser Foundation for Drug Treatment Court
- Silicon Valley Children’s Fund for Emerging Scholars and additional youth scholarships
- El Camino Hospital through a partnership with Superior Juvenile Court for the allocation of orthodontics for youth in care
- First 5 for Expanded Differential Response

Santa Clara County continues to look at innovative ways to leverage existing funding sources in the most efficient manner possible, ensuring that community partners share responsibility and risk through the blending and braiding of sharing of finances. The following are examples of strategic plans in process or completed in order to impact outcomes. Santa Clara County is completing the necessary steps and procedures to drawdown Title IV-E funding for administrative costs for education for youth in care. This will enable County Office Education (COE) staff to expand their co-location hours at DFCS and to provide assistance in location of student’s grades and records, so that full accounting of credits for youth to graduate can be achieved, as well as timely transition of educational records between schools when necessary. This will entail both DFCS and COE sharing the financial cost of an additional support to address educational concerns and supports.

Another example of creative use of funding was the one-time allocation of CalWORKs funding provided to DFCS in 2006, for the use of emergency housing for youth who have emancipated from care. The shared use of this funding enabled DFCS to provide housing to multiple youth between the ages of 18-24, who were homeless and in need of immediate assistance. This funding was exhausted in June of 2009.

Santa Clara County in partnership with the Housing Authority received funding to support 100 housing vouchers through the Family Unification Program (FUP). These vouchers were all issued by the end of 2010 and priority for issuance was given to families reunifying in Family Wellness Court and former foster youth who were pregnant or parenting. Please see additional information on the FUP program in the CSA. Further, SCC partners with several community based organizations to provide Differential Response Services and wrap around services with shared dollars provided by each of the respective agencies. In addition, SCC Mental Health, DFCS and First 5 have partnered to launch a shared community response to parenting with blended financial resources to provide research based parenting- Triple P.
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Impact on C-CFSR Outcomes:
Allocation of the appropriate funding sources impacts C-CFSR outcomes by providing for or limiting the resources for services and programs aimed at the safety, permanency, and well-being of children and families. As there continue to be limitations and reductions of financial resources in Child Welfare, it becomes increasingly important for creativity in allocation of existing financial resources and leveraging of all dollars received. Shared responsibility for the resources and supports necessary and the braiding of funding to provide the most comprehensive services for SCC will be a key focus for the oversight committee for the allocation of dollars for preventative services for FY 2013.

4. Political Jurisdictions

4a. Cities
Within Santa Clara County, there are 15 cities with unique needs including: Campbell, Cupertino, Gilroy, Los Altos, Los Altos Hills, Milpitas, Monte Sereno, Morgan Hill, Mountain View, Palo Alto, San Jose, Santa Clara, Saratoga, and Sunnyvale. San Jose, with a child population of approximately 261,394 children is the largest city. Santa Clara County has 33 school districts plus the County Office of Education and numerous special districts that oversee the delivery of health, water, sanitation and other services. The jurisdictions with the highest level of involvement with the child welfare system are the school districts and law enforcement.

Eleven (11) of the 15 cities have their own police department/department of public safety. The Sheriff’s Department serves the other 4 cities, as well as the rest of Santa Clara County. Santa Clara County has partnerships with each city depending upon the needs of the geographical area. Child abuse referrals are in highest concentrations in the downtown San Jose area, Gilroy, Milpitas, and Campbell jurisdictions. Entries into foster care (removals) are also high in downtown San Jose, but also in some eastern and western areas of San Jose close to downtown. Therefore, collaborative efforts are highest in central San Jose, including partnership with the San Jose Police Department. Referrals and first entries are also high in the Southern part of Santa Clara County (Gilroy, San Martin, and unincorporated areas), where DFCS has a child welfare branch office and strong partnerships with cities, police departments, the Sheriff’s Department and the community service providers.

<table>
<thead>
<tr>
<th>Santa Clara County Cities (Law Enforcement Jurisdiction)</th>
<th>Referrals: Incidence per 1,000 Children</th>
<th>Entries to Foster Care: Incidence per 1,000 Children</th>
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<tbody>
<tr>
<td>Campbell (PD)</td>
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<tr>
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<td>44.4</td>
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<tr>
<td>Los Altos (PD) and Los Altos Hills (Sheriff)</td>
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<tr>
<td>Los Gatos (PD) and Monte Sereno (Sheriff)</td>
<td>22.0</td>
<td>0.5</td>
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<table>
<thead>
<tr>
<th>Santa Clara County Cities (Law Enforcement Jurisdiction)</th>
<th>Referrals: Incidence per 1,000 Children</th>
<th>Entries to Foster Care: Incidence per 1,000 Children</th>
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### Other ZIP Code Designations

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<tr>
<th>ZIP Code</th>
<th>City</th>
<th>Child Population</th>
<th>Children with Allegations</th>
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<td>95127</td>
<td>San Jose</td>
<td>17,406</td>
<td>643</td>
<td>36.9</td>
</tr>
<tr>
<td>95112</td>
<td>San Jose</td>
<td>14,637</td>
<td>550</td>
<td>37.6</td>
</tr>
<tr>
<td>95123</td>
<td>San Jose</td>
<td>16,036</td>
<td>496</td>
<td>30.9</td>
</tr>
<tr>
<td>95037</td>
<td>Morgan Hill</td>
<td>13,042</td>
<td>393</td>
<td>30.1</td>
</tr>
<tr>
<td>95035</td>
<td>Milpitas</td>
<td>16,935</td>
<td>342</td>
<td>20.2</td>
</tr>
<tr>
<td>95125</td>
<td>San Jose</td>
<td>11,918</td>
<td>330</td>
<td>27.7</td>
</tr>
</tbody>
</table>
Table 28

<table>
<thead>
<tr>
<th>ZIP Code</th>
<th>City</th>
<th>Child Population</th>
<th>Children with Entries</th>
<th>Incidence per 1,000 Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>95020</td>
<td>Gilroy</td>
<td>18,588</td>
<td>42</td>
<td>2.3</td>
</tr>
<tr>
<td>95112</td>
<td>San Jose</td>
<td>14,637</td>
<td>26</td>
<td>1.8</td>
</tr>
<tr>
<td>95136</td>
<td>San Jose</td>
<td>5,442</td>
<td>25</td>
<td>4.6</td>
</tr>
</tbody>
</table>

Table 29

<table>
<thead>
<tr>
<th>ZIP Code</th>
<th>City</th>
<th>Child Population</th>
<th>Children with Entries</th>
<th>Incidence per 1,000 Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>95116</td>
<td>San Jose</td>
<td>17,421</td>
<td>23</td>
<td>1.3</td>
</tr>
<tr>
<td>95122</td>
<td>San Jose</td>
<td>18,848</td>
<td>21</td>
<td>1.1</td>
</tr>
<tr>
<td>95111</td>
<td>San Jose</td>
<td>17,940</td>
<td>21</td>
<td>1.2</td>
</tr>
<tr>
<td>95118</td>
<td>San Jose</td>
<td>8,298</td>
<td>20</td>
<td>2.4</td>
</tr>
<tr>
<td>95037</td>
<td>Morgan Hill</td>
<td>13,042</td>
<td>20</td>
<td>1.5</td>
</tr>
<tr>
<td>95127</td>
<td>San Jose</td>
<td>17,406</td>
<td>18</td>
<td>1</td>
</tr>
<tr>
<td>95132</td>
<td>San Jose</td>
<td>10,097</td>
<td>18</td>
<td>1.6</td>
</tr>
</tbody>
</table>

Table 38 shows the incidence of referrals and entries into foster care by police jurisdiction for 2010. Table 39 shows the 10 zip code areas with the highest incidence of referrals in 2010, and Table 40 shows the 10 zip code areas with the highest incidence of entries into foster care in 2010. As might be expected, there is substantial overlap between the 10 highest referral areas and the 10 highest entry areas.

4c. School Districts

As stated above, Santa Clara County is comprised of 32 school districts, representing 396 schools, including 241 elementary schools, 58 middle schools, 50 high schools and one K-12 sites. There were 255,122 children/youth enrolled for the 2008-2009 academic year, as reported by the Santa Clara County Office of Education (SCCOE), dated August 18, 2008. Primary collaborations are with the Santa Clara County Office of Education (COE) Foster Youth Services (FYS) and Eastside Union High School District (ESUHSD) where the predominate number of youth in care attending high school are enrolled.

Due to the multiple numbers of school districts, Santa Clara County works in collaboration with County of Office of Education- Foster Youth Services and the two local Special Education Local Planning Agencies (SELPA) in order to best meet the educational needs of the children and youth in care.
Table 30

<table>
<thead>
<tr>
<th>Santa Clara County School Districts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>District</strong></td>
</tr>
<tr>
<td>County Office Of Education</td>
</tr>
<tr>
<td>Alum Rock Union Elementary</td>
</tr>
<tr>
<td>Berryessa Union Elementary</td>
</tr>
<tr>
<td>Cambrian Elementary</td>
</tr>
<tr>
<td>Campbell Union Elementary</td>
</tr>
<tr>
<td>Campbell Union High</td>
</tr>
<tr>
<td>Cupertino Union</td>
</tr>
<tr>
<td>East Side Union High</td>
</tr>
</tbody>
</table>

**Santa Clara County School Districts (continued)**

<table>
<thead>
<tr>
<th>District</th>
<th><strong>Total Enrollment</strong></th>
<th><strong>Number of Schools</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Evergreen Elementary</td>
<td>13,333</td>
<td>18</td>
</tr>
<tr>
<td>Franklin-McKinley Elementary</td>
<td>9,781</td>
<td>17</td>
</tr>
<tr>
<td>Fremont Union High</td>
<td>10,228</td>
<td>7</td>
</tr>
<tr>
<td>Gilroy Unified</td>
<td>10,116</td>
<td>17</td>
</tr>
<tr>
<td>Lakeside Joint School District</td>
<td>89</td>
<td>1</td>
</tr>
<tr>
<td>Loma Prieta Joint Union Elementary</td>
<td>450</td>
<td>2</td>
</tr>
<tr>
<td>Los Altos Elementary</td>
<td>4,161</td>
<td>9</td>
</tr>
<tr>
<td>Los Gatos Union Elementary</td>
<td>2,587</td>
<td>5</td>
</tr>
<tr>
<td>Los Gatos-Saratoga Joint Union</td>
<td>3,155</td>
<td>3</td>
</tr>
<tr>
<td>Luther Burbank</td>
<td>524</td>
<td>1</td>
</tr>
<tr>
<td>Milpitas Unified</td>
<td>9,682</td>
<td>15</td>
</tr>
<tr>
<td>Montebello Elementary</td>
<td>35</td>
<td>1</td>
</tr>
<tr>
<td>Moreland Elementary</td>
<td>3,873</td>
<td>6</td>
</tr>
<tr>
<td>Morgan Hill Unified</td>
<td>9,402</td>
<td>16</td>
</tr>
<tr>
<td>Mountain View Whisman</td>
<td>4,298</td>
<td>8</td>
</tr>
<tr>
<td>Mountain View-Los Altos Union</td>
<td>3,617</td>
<td>4</td>
</tr>
<tr>
<td>Mt. Pleasant Elementary</td>
<td>2,970</td>
<td>5</td>
</tr>
<tr>
<td>Oak Grove Elementary</td>
<td>11,899</td>
<td>20</td>
</tr>
<tr>
<td>Orchard Elementary</td>
<td>803</td>
<td>1</td>
</tr>
<tr>
<td>Palo Alto Unified</td>
<td>10,931</td>
<td>20</td>
</tr>
<tr>
<td>San Jose Unified</td>
<td>30,912</td>
<td>53</td>
</tr>
<tr>
<td>Santa Clara Unified</td>
<td>14,151</td>
<td>25</td>
</tr>
<tr>
<td>Saratoga Union Elementary</td>
<td>2,348</td>
<td>4</td>
</tr>
<tr>
<td>Sunnyvale</td>
<td>6,003</td>
<td>11</td>
</tr>
<tr>
<td>Union Elementary</td>
<td>4,421</td>
<td>8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>255,722</td>
<td>396</td>
</tr>
</tbody>
</table>

4c. Law Enforcement Agencies
Santa Clara County is divided into 12 law enforcement jurisdictions including the following: Campbell, Gilroy, Los Altos, Los Gatos and Monte Sereno, Milpitas, Morgan Hill, Mountain View, Palo Alto, San Jose, Santa Clara, Sunnyvale, and the Santa Clara County Sheriff’s Department. Santa Clara County established joint response efforts in
all law enforcement jurisdictions since April 2007. Emergency Response social workers continue to respond to the site of the police investigation within 30 minutes to provide independent assessment of the family circumstances and to collaborate with peace officers in the disposition of how children involved in the call will be ensured safety. SCC meets quarterly with all law enforcement jurisdictions, the District Attorney's office and Juvenile Superior Court in an effort to look at trends and any concerns for joint response in SCC.

Impact on C-CSFR outcomes:
Joint Response efforts impacts C-CSFR outcomes in timely Immediate Response Outcomes and in children being first and foremost, protected from abuse and neglect. Joint Response efforts have contributed to a direct decrease in the numbers of children being placed into protective custody. Social workers responding with law enforcement have helped to prevent children being placed into temporary custody and to secure placements other than children being placed into the Receiving Center (previously the Children's Shelter).

It should be noted that DFCS Social Workers transport children to the Receiving and Intake Center in most cases, and after admission the 23 hour and 29 minute Assessment Center, Social Workers immediately begin work to arrange suitable emergency relative, non-relative extended family member, Emergency Satellite Foster Home, FFA certified foster home placement, or in some cases, community facility placement. The following table represents the numbers of children entering the Receiving Center and the number of children diverted. On average over 30 percent of children are diverted.

| Table 31 | Children Taken to Assessment Intake Center and Children Diverted from Protective Custody |
| --- | --- | --- |
| Children | Calendar Year 2010 | Calendar Year 2011 (through Nov 2011) |
| Taken to Assessment Intake Center | 543 (63.3%) | 529 (68.4%) |
| Diverted from Assessment Intake Center | 315 (36.7%) | 244 (31.6%) |
| Total | 858 (100%) | 773 (100%) |
| Monthly Average To AIC | 45.3 | 48.1 |
| Monthly Average Diverted From AIC | 26.3 | 22.2 |

The following table presents the alternatives to temporary custody, including brief Emergency Response services to stabilize the family, referral to community-based Differential Response Path II Services, Voluntary Family Maintenance Services and Informal Supervision Services. SCC continues strong Joint Response efforts with all police jurisdictions in collaboration with contracts with community partners for Differential Response. These efforts have ensured that families with low levels of risk are appropriately referred for services and resources to protect children from abuse and
neglect. Joint Response reduces the recurrence of maltreatment and rates of reoccurrence of abuse/neglect in homes where children were not removed. SCC has noted declining numbers of children coming into care despite the numbers of referrals staying relatively stable.

Table 32

<table>
<thead>
<tr>
<th>Outcome for Families</th>
<th>2008</th>
<th>2009 (71.0%)</th>
<th>2010 (66.4%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Stabilized</td>
<td>193</td>
<td>174</td>
<td>158</td>
</tr>
<tr>
<td>Referred to Community Resources (e.g., Differential Response, Path II)</td>
<td>33</td>
<td>45 (18.4%)</td>
<td>52 (21.8%)</td>
</tr>
<tr>
<td>Voluntary Family Maintenance</td>
<td>26</td>
<td>16 (6.5%)</td>
<td>15 (6.3%)</td>
</tr>
<tr>
<td>Informal Supervision</td>
<td>10</td>
<td>10 (4.1%)</td>
<td>13 (5.5%)</td>
</tr>
<tr>
<td>Total</td>
<td>252</td>
<td>245 (100%)</td>
<td>238 (100%)</td>
</tr>
</tbody>
</table>

Table 33

<table>
<thead>
<tr>
<th>Law Enforcement Agency Responses</th>
<th>Police Jurisdiction</th>
<th>Police Jurisdiction</th>
<th>Police Jurisdiction</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Jose Police Department</td>
<td>239</td>
<td>274</td>
<td>313</td>
</tr>
<tr>
<td>Sunnyvale Dept of Public</td>
<td>20</td>
<td>20</td>
<td>22</td>
</tr>
<tr>
<td>Safety</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Santa Clara PD</td>
<td>9</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td>Campbell PD</td>
<td>19</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>Milpitas PD</td>
<td>3</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Mountain View PD</td>
<td>7</td>
<td>11</td>
<td>4</td>
</tr>
<tr>
<td>Palo Alto PD</td>
<td>3</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Sheriff's Office</td>
<td>41</td>
<td>38</td>
<td>56</td>
</tr>
<tr>
<td>Gilroy PD</td>
<td>29</td>
<td>26</td>
<td>26</td>
</tr>
<tr>
<td>Morgan Hill PD</td>
<td>14</td>
<td>11</td>
<td>13</td>
</tr>
<tr>
<td>Los Gatos PD</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Los Altos PD</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>California Highway Patrol</td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other: DEA, Co Task Force</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>480</td>
<td>417</td>
<td>395</td>
</tr>
</tbody>
</table>

The overall usage of the Joint Response Protocol by law enforcement has been county wide involving 13 jurisdictions since 2007. The Joint Response Protocol is the 24 hours and seven (7) days a week response by DFCS Social Workers to law enforcement when they encounter child abuse cases in the field that require an immediate assessment of the safety of the children in the home. The process has been largely institutionalized through training and police procedural mandates, and has a close to 100% compliance rate. The Joint Response Protocol has been incorporated into the County Police Chief's Association Child Abuse Protocol and signed off on by the individual jurisdiction's Chiefs of Police.
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A summary of the Joint Response Data from 2008, 2009, and 2010 indicates a slight drop in the number of county-wide responses from 2008 to the current year. The overall diversion of children from the Receiving Center remains consistent with an average overall rate of 59%. The San Jose Police Department and the County Sheriff's Office utilize Joint Response at the highest rate, which is consistent with the size of their jurisdiction and the population served.

Several new law enforcement entities have utilized Joint Response in the past three years. This has been primarily in the area of Special Operations teams that have pre-planned events that involved children. These groups have included the Federal Drug Enforcement Agency, the Office of Homeland Security, the Adult Probation Department, and the Federal Bureau of Investigation. These have been highly successful partnerships that have greatly minimized the trauma to children by the presence of DFCS social workers assisting with the disposition of the children at these scenes.

The Department of Family and Children's Services and county law enforcement continue to employ cross agency training successfully. This has involved the regular training of new officers to the child physical and sexual abuse units by the agency Law Enforcement Liaison and County Counsel. These trainings have included the implementation of policy around recent court decisions around child interviewing and exigency. County law enforcement has also attended DFCS specialized trainings around issues of over representation of children of color and participated in DFCS focus groups aimed at better serving such populations. In addition, Law Enforcement staff have provided training to DFCS social workers regarding police policies and procedures, and specialized knowledge regarding worker safety and intervention in homes with "organized criminal gang activity."

The Department of Family and Children's Services continues to maintain a full time law enforcement liaison position at the San Jose Police Department Family Violence Center. Executive management staff also continues to meet on a quarterly basis with the 13 law enforcement jurisdictions to further insure the collaborative efforts established with the 2004 Joint Response Protocol.

PSSF funding helps to ensure the community-based Differential Response Path I services for families under stress and at risk of abuse/neglect report to DFCS, but not investigated by DFCS; and Path II services for family reported, investigated and determined to be best served by the contract service provider (Family Support and Preservation), Parent Advocates working out of DFCS Family Resource Centers (Time-Limited Family Reunification) and community-based post-adoption services, such as the annual camp for adoptive families (Adoption Promotion and Support).

Impact on C-CSFR outcomes:  
Joint Response efforts impacts C-CFSR outcomes in timely Immediate Response Outcomes and in children being first and foremost, protected from abuse and neglect. Joint Response efforts have contributed to a direct decrease in the numbers of children being placed into protective custody. In addition, the tremendous effort towards diversion of families into DR Path I and Path II and voluntary services, including Informal Supervision efforts has helped to ensure that families with low levels of risk are appropriately referred for services and resources to support families' protection of children from abuse and neglect or its recurrence. However, as will be indicated and
references in this report, more effort is needed to further examine the impact that poverty has for these families. SCC is acutely focused on better understanding the impact of poverty and child abuse in SCC. It is important that families are not stigmatized for child neglect if the family is simply in need of resources for basic needs.

4d. Tribes
There are no tribes located in Santa Clara County.

5. Technology Level

The primary method of managing information in Santa Clara County DFCS is through full utilization of the Child Welfare Services/Case Management System (CWS/CMS). Social workers, clerical, public health nursing, shelter medical and mental health staff all have responsibility for entering data into CWS/CMS, with the assigned social worker being responsible to ensure that all mandated data is entered. CWS/CMS is also available to medical and mental health staff at the Receiving Center and at the courthouse.

Santa Clara County management utilizes a combination of tools in the form of Oracle (weekly download), SAS, Business Objects, SPSS, Safe Measures and University of California – Berkeley Child Welfare Research Center’s website to monitor compliance with targeted practice and data entry issues. Utilization of these tools provides a variety of reports and on-line views of outcome measures, caseload management including daily, weekly, monthly and quarterly statistics. Supervisors and workers utilize reports to help meet timely completion of tasks to prevent out of compliance issues. Management utilizes reports to optimize caseload assignments to more effectively serve children and parents, review long term changes in staffing needs and population in the county to more effectively utilize staff in the appropriate programs and locations throughout the county. Additionally, longer term studies related to county specific areas for example, “Disproportionality” is undertaken via the various tools.

In addition, in 2009, DFCS in partnership with Information Systems in SSA contracted services to build a Data Warehouse System to enable supervisors and managers to further analyze and look at outcome measures from CWS/CMS. The report has the ability to create “what if” scenarios allowing program managers and administration the ability to look at staffing needs and make projections with regards to compliance areas in need of additional support. In addition, individual programs and units have concentrated efforts on improving the quality of data entered into the system. For instance, concentrated efforts have been made regarding educational data contained in CWS/CMS, health and educational information, and accurate and timely contacts. As new releases for CWS/CMS are implemented, manual tracking of data associated with the release is discontinued after implementation.

In addition, SCC utilizes the Efforts to Outcome (ETO) Database system for the following data needs:

- (ETO) is utilized for data tracking for youth who have emancipated from care. ETO database was originally launched and supported through the Stuart Foundation in collaboration with the CC25 Initiative in May 2007. This data base system enables the tracking of data for youth who have emancipated from care in child welfare or juvenile probation and are now receiving services from the Independent Living Program or other transitional services. The cornerstone of
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ETO Software is the capability to capture outcomes, efforts and activities for youth participating in ILP or related services. Build outs in this system have just been completed for employment efforts by SCC's Employment and Career Development Unit for transitioned aged youth ages 15-24 and a build out to track additional educational outcomes for youth both in care and out of care will be looked at in the upcoming fiscal year.

- ETO is also utilized for SCC's Joint Decision Making Efforts. It is used to track MY TIME meetings for transitioned aged youth, Team Decision Making Meetings, Family Conferences and Family Group Decision Making Meetings.
- In addition, ETO is used to track all county licensed group homes and efforts are currently underway to use ETO for recruitment tracking.

SCC increased worker mobility through an increase in the number of laptops available for staff in 2010. In addition, Server Based Computing program and desktop virtualization has allowed workers access from any county site to CWS/CMS including hospitals, police departments, and mental health.

Utilization of CWS/CMS has enabled input required client regarding case management, provide historical information, medical and dental information, as well as information for data reporting ensuring compliance with the tracking for state and federal outcome indicators. At the same time, use of CWS/CMS has continued to represent a challenging workload issue for social workers and clerical staff. In addition, the limitations of CWS/CMS continue to pose challenges and the need for other modes of data collection in an effort to track and monitor the impact of services and programs for children and families. Excel spreadsheets, CARES data base for the DR program, ETO as indicated above, and other manual tracking uses remain in effect in an effort to ensure that the appropriate data is collected in order to better monitor services and resources for children and families.

SCC continues to explore data tracking and data sharing efforts with other organizations by establishing Memorandums of Understanding in an effort to better serve children and families. The following are examples of these efforts:

- Current efforts are underway for a joint educational data tracking system linking Child Welfare, Juvenile Probation and all 32 school districts in Santa Clara County. County Office of Education (COE) continues to lead this challenge and the new anticipated completion date is by the fall of 2012. This data sharing effort will ensure social workers and probation officers have accurate up to date educational information for all children in care.
- Additional sharing of data is occurring between DFCS and COE- Head Start programs to ensure that all children Head Start age eligible are enrolled into an appropriate program and that social worker contact information and Head Start Case Manager contact information is shared accordingly.
- DFCS, Public Health and First 5 are in the process of ensuring data sharing and tracking for all children birth to age 5, who are served collectively by all three (3) organizations.
- Family Wellness Court Partners continue to share data for all families involved in this model court initiative.
- SCC under the supervision of the Board of Supervisors is exploring means to share drug testing results for common clients involved in Child Welfare, the
Section III- Peer Quality Case Review Summary (PQCR)
In an effort to ensure continuous quality improvement for outcomes for children, youth and families in the child welfare and probation systems, Santa Clara County conducted their Peer Quality Case Review (PQCR) in June of 2011.

Juvenile Probation PQCR Summary
The Probation focus area was on timely reunification. Specially, to measure efforts toward Permanency as it relates to probation youth reunifying within 12 months of entering a foster care placement.

Santa Clara County Probation reviewed all cases meeting the criteria of the focus area and then used relevant cases as they related to reunification. From there, cases were identified that fell within the scope of the focus area and believed to produce good information for the review process. Of the nine (9) cases that were selected, three (3) were successfully reunified less than twelve months and six cases were not. The type of offenses that the youth committed prior to being committed into placement ranges from a Violation of Probation to Assault with a Deadly Weapon. The youth were placed in a range of settings from county group homes to out of county or out of state programs.

The results of the PQCR found the following strengths and promising practices and barriers and challenges:

Strengths and Promising Practices

- Programs engage families by using the phone, Skype, phone therapy and visits
- Out of state programs fly parents out for weekend visits
- Increased use of wraparound services
- Face to face with parents at monthly/home checks
- The court generally follows the recommendations of probation officers
- Probation officers informally case conference and provide support
- Just started placing in Multidimensional Treatment Foster Care Services
- Screening aimed at looking for local placements and relatives.

Barriers and Challenges in Practice

- Parents living in the same community when the children return to their care return to the same friends, gang affiliations and behaviors
- Children act out when they return home and parents call and ask for child to be placed again
- A need to evaluate a range of successful programs
- Many families are undocumented, which impacts the services available to them and visitation due to the parents being unable to fly
- Lack of accountability for youth – they can refuse to go to a program and keep getting sent to the same program (e.g., Juvenile Hall or Ranch because it is "easier")
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- Parents do not visit out of state
- Continued delinquent behavior impacts reunification
- Families are reluctant to take kids back and sometimes abandon them
- Generational gang involvement in families and communities
- Families are not ready and are unstable even though youth is no longer a risk

Training Needs

- Mandate Placement Core for all new probation officers
- Juvenile training for probation officers new to juvenile probation
- Training about wraparound services

Resource Issues

- Appropriate program to step down youth from out of state before returning them home
- Transportation
- Gas cards
- Identification for undocumented parents
- Lack of a process for getting green cards for undocumented youth

Child Welfare PQCR Summary
Child Welfare selected the topic of permanency as it related to youth in care 18 months or longer with a specific focus on youth placement type for the PQCR. This topic was selected after a review of county data indicated that over half of youth in out-of-home placement have been in care for 18 months or longer with a disproportional over-representation of African American and Hispanic/Latino children and youth. Santa Clara County sought to better understand how children, youth, families and caregivers are supported in achieving permanency and what barriers and challenges exist to undermine permanency efforts.

The cases of 32 children were randomly selected to participate in the PQCR. These 32 children were selected from a larger pool of children, all of whom were dependents at least 18 months or longer. These 32 children were equally divided into two groups and then categorized into the following age groups:

- **Non-Permanency Group** - comprised of 16 dependent children/youth in care for 18 months or longer without an identified Permanency Plan.
  - 4 of these children/youth were 10 years of age or younger
  - 12 of these children/youth were 11 years of age or older
    - Of these 12 children/youth, 8 of them were 15 years of age or older

- **Permanency Group** - comprised of 16 dependent children/youth in care for 18 months or longer with an identified Permanent Plan (Legal Guardianship or Adoption).
  - 5 of these children/youth were 10 years of age or younger
  - 11 of these children/youth were 11 years of age or older
    - Of these 11 children/youth, 7 of them were 15 years of age or older
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32 Child Welfare cases were selected for case review, and 10 focus groups were held with stakeholders, foster homes, Child Welfare supervisors and managers, social workers, parents, youth, relative/Non-Relative Extended Family Members (NREFM), Foster Family Agencies (FFA).

Outcomes from the PQCR process highlighted the importance of family and family finding efforts, securing placements with or near family, and encouraging ongoing relationships between the child and his/her family members no matter the distance reportedly contribute to successful child welfare practice.

Strengths and Promising Practices

- Wrap Around services
- TDMs and Family Group Conferencing
- Promoting ongoing relationships with family members, including those who live out of the county, state or country
- Focus on permanency and ongoing assessment of permanency planning
- Receipt of culturally appropriate and culturally sensitive services and placements –highlighting the work of the Immigration Task Force at DFCS
- Securing placements with or near relatives, NREFMs and/or siblings
- Father engagement – highlighting the recent focus on fatherhood
- Including youth's voice in permanency planning
- Social worker connection and engagement with child, family and placement
- Family finding
- Consistency of placement and/or social worker

Barriers and Challenges in Practice

- Distance of family members
- Multiple social workers and multiple placements
- Caregiver reluctance to move towards permanency
- Lack of concurrent planning from the beginning of the case
- Youth resistance to social worker and permanency plan, particularly associated with permanency plans that work towards foster parent adoption or legal guardianship
- Failure of potential kinship placements due to substance abuse issues, unhealthy family dynamics and caregivers changing their minds about legal guardianship or adoption
- Parent substance abuse and/or mental health issues
- Lack of social worker and/or family understanding of how to move towards adoption. More training on how to have the sometimes difficult discussions about adoption with family members and foster parents would be helpful as would guidelines detailing specific steps for the parents and social workers to take during the adoption process
- Supervision of a case in another state or county
- Challenges and compliance issues with parent, family members and/or caregivers. These challenges include parental lack of compliance with case plan involving visitation and sobriety; foster parent and biological parent
aggressiveness towards social worker; biological parent making promises to youth that interferes with existing permanency goals; behavioral issues and criminal activity of family members and family caregivers; and disagreements within family about case plan

- Cultural differences

Training Needs

- Social worker cultural sensitivity and cultural competency
- Trauma informed training for social workers to better support parents
- Social worker and caregiver training on how to approach permanency, concurrent planning and adoption
- Father finding and father engagement
- Foster parent/caregiver training on youth development and parenting
- Foster parent/caregiver training on trauma and its effects on youth
- Ongoing social worker training on policies and procedures, availability of resources, roles and responsibilities

Resource Issues

- Lack of family finding options
- Not enough foster care and permanent homes for youth
- Few placements for teenage youth
- Not enough ethnically diverse and culturally sensitive services and placements
- Difficult to access resources for out-of-county placements
- Lack of resources (financial, housing and transportation) for parent
- Lack of desired resources for youth (male therapists, extra-curricular activities)

Documentation

- Evidence of conversations about permanency discussions or concurrent planning not always in case file
- Documentation in CWS/CMS does not always tell the whole story
- Paperwork and CWS/CMS is time consuming and burdensome

Systemic and Policy Changes

- Family finding from the beginning of the case
- Shift in thinking that adoption or legal guardianship is the only answer
- Allow transfer of cases across counties and states
- Develop programming for engaging fathers and hard-to-reach parents
- Improve communication across departments
- Provide training and services to relatives prior to placement

In Santa Clara County's quest to better understand the data and information gleamed through the PQCR process, and to make best use of the Quality Improvement and Enhancement Team (QIET) at Social Services Agency (SSA), further qualitative data analysis was completed on the 32 identified cases from the PQCR. QIET collected aggregate extracted from completed from the Social Work Interview Tool narrative
sections to be used for further analysis. The first set of findings in this report are based on case background information collected directly from CWS/CMS, as well as, information compiled by the assigned social worker of each child’s/youth’s case. This background information was collected prior to the social worker being interviewed. Information gathered from this data included trends related to: Mental Health Services, Concurrency Agreements, Team Decision Making Meetings (TDM) or Family Conferences, Family Finding Activities, and the average number of Social Workers for each child/youth. My TIME/Emancipation Conferences were also examined for the children/youth who were 16 years or older. Significant data gained from this analysis that will be folded into additional focus on permanency for the SIP planning process included the following:

- Increased numbers of social workers for those youth not identified with a concurrent plan;
- Less mental health services and supports for those youth identified without a concurrent plan;
- Over 60% of the youth without a concurrent plan identified, had a concurrent plan at some point in time;
- Signed concurrent plans were less frequently obtained when youth resided in Foster Family Agency homes

Table 33

**Non-Permanency Group (n=16) vs. Permanency Group (n=16)**

- **Mental Health Services:** 43.75% of children in the Non-Permanency Group had Mental Health Services vs. 62.5% of children in the Permanency Group.

- **Concurrency Agreements:** There were Concurrency Agreements signed in 62.5% of the Non-Permanency Group at sometime during the course of the case history. 94% of the Permanency Group had signed Concurrency Agreements.

- **TDM or Family Conference:** Were utilized at the same rate by both Groups at 75%.

- **Family Finding:** 25% of the Non-Permanency Group utilized some type of Family Finding activity vs. 38% of the Permanency Group.

- **Number of Social Workers:** Children in Non-Permanency Group had an average of 4.2 social workers.

Children in Permanency Group had an average of 2.9 Social workers.

In addition, a subsequent topic of the impending challenges regarding youth involved in the dual status process in Santa Clara County was explored with both DFCS and JPD, involving two focus groups comprised of dual status supervisors and managers, and
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dual status social workers and probation officers to better understand these challenges. The focus groups for Dual Status youth illuminated several difficulties that Child Welfare and Probation face when working together on a dual status case. Lack of understanding of the other department and its role can contribute to communication barriers that inhibit the work. These barriers include feeling uncertain of which department should take the lead on a case and who should intervene when a youth does not comply with his/her service plan.

Section IV. Child Welfare Outcomes and C-CFSR Data Indicators and Data Analysis

The July 2011 Child Welfare Outcomes and Accountability Report provides a quarterly update on progress toward continuous child welfare improvements for the Santa Clara County Department of Family and Children’s Services (SCC DFCS).
http://www.childsworld.ca.gov/res/CtyReport/Jul11/jul11santacалиara.pdf. The report presents federal indicators from round two of the Child and Family Services Review (CFSR) as well as select State indicators. This section summarizes SCC’s performance for each of these C-CFSR indicators, identifies areas of strength and improvement, and areas of concern that may have impacted results and indicates outcomes measures for which SCC will include strategic goals for the System Improvement Plan (SIP) for July 2012. Data used in the following charts are pulled from UCB’s county specific outcome spreadsheet, which are refreshed quarterly. The most recent period of each chart is the same as the most recent CDSS Quarterly Report.

The current report and data for SCC show that SCC’s performance is mixed with both important improvements for several child outcomes and other interesting challenges that will require further analysis and understanding. In summary, SCC is currently meeting or showing improvement in 15 of the 22 indicators as compared to the same period a year ago. Of the Federal indicators, five indicators were met across the following constructs:
- No maltreatment in foster care
- Timeliness and permanency of reunification
- Timely adoption after legally freed
- Placement Stability

Two of the State indicators were met:
- Timely response to immediate referrals
- Timely social worker visits

This review shows that for re-entry into foster care and placement stability within 12 months of entry, SCC continues to exceed national goals. Additionally, children continue to experience safety in foster care placements (i.e., no maltreatment in foster care), and timely family reunifications continue to exceed the national goal. Furthermore, social workers continue to respond to timely immediate response referrals and have regular visits with children and families. More importantly, social workers visits and timely immediate response referrals are not moderated by a child’s race or ethnicity.

Challenges reflected in the current data indicate recurrence of maltreatment, continued struggles with timely adoptions, obtaining permanency for children in long-term foster care, and a slow drop in placement with relatives. SCC remains committed with community partners and stakeholders to better understand the data from both the Federal and State
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indicators as provided by UC Berkeley, but also through additional post hoc analysis that looks further at case dynamics and characteristics.

Safety Outcomes

Children are first and foremost, protected from abuse and neglect

S1 – Recurrence of Maltreatment

S1: Of all children who were victims of a substantiated or indicated maltreatment allegation during the first 6 months of a year, what percent were not victims of another substantiated or indicated maltreatment allegation within the next 6-month period?

![Figure 18: S1. No Recurrence of Maltreatment]

Table 34

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>National Standard</th>
<th>Last Year (Jan09- Jun09)</th>
<th>Current Period (Jan10- Jun10)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rate</td>
<td>Rate 92.8%</td>
<td>Goal met (✓) or not (✗) Rate 89.5%</td>
</tr>
<tr>
<td>Black</td>
<td>≥ 94.6%</td>
<td></td>
<td>×</td>
</tr>
<tr>
<td>White</td>
<td>≥ 94.6%</td>
<td>87.8%</td>
<td>×</td>
</tr>
<tr>
<td>Hispanic</td>
<td>≥ 94.6%</td>
<td>92.8%</td>
<td>×</td>
</tr>
<tr>
<td>Asian/ Pacific Islander</td>
<td>≥ 94.6%</td>
<td>100.0%</td>
<td>✓</td>
</tr>
<tr>
<td>Native American</td>
<td>≥ 94.6%</td>
<td>100.0%</td>
<td>✓</td>
</tr>
<tr>
<td>Total</td>
<td>≥ 94.6%</td>
<td>92.5%</td>
<td>×</td>
</tr>
</tbody>
</table>
Analysis: No Recurrence of Maltreatment and No Maltreatment in Foster Care

There continues to be a decline in child safety within 6 months of a substantiated allegation. The April 2011 Child Welfare Quarterly Report showed a relationship between the unemployment rate and CalWORKs on the non-recurrence of maltreatment. Further analysis is in process to better explain this continuous decline by first focusing on African Ancestry children who have experienced the most noticeable decline in child safety through the CAPP project.

The current data (July 2010 – June 2011), also shows that child maltreatment standards for children in foster care went below the national goal of 99.68 percent or greater, at 99.50 percent. Specifically, the standard was not reached for African Ancestry (98.67%) and Latino (99.56%) children. SCC has noted that one of the main reasons for this decline in child safety was due to a substantiated abuse situation that affected three African Ancestry siblings in the same placement. Because the reported rates are based on running averages, it is likely that the rate will be out of compliance for the next three reporting periods.
Process Measure 2B – Percent of Child Abuse/Neglect Referrals with a Timely Response – Immediate and 10-day Response

2B. State Outcome measure:
Percent of child abuse/neglect referrals with a timely response (Immediate Response Compliance)

Analysis: Timely Emergency Response
Social workers have continued to respond in a timely manner to immediate response referrals. Performance for this indicator has historically been strong and continues to exceed the 95 percent goal. Timeliness to 10-day response referrals has improved from 2008, from 89.1 percent to 90.5 percent. It is believed that SCC’s well-established relationship with all local law enforcement jurisdictions and full joint response efforts throughout the county support timely immediate and 10 day response efforts. In addition, SCC continues to ensure that immediate response compliance is within 2 hours and that 10 day responses are often completed within 3 days.
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Children are safely maintained in their homes whenever possible and appropriate

2C. State Outcome Measure: Percent of timely social worker visits with child

Analysis: Timely Social Worker-Child Visits
SCC’s performance on this measure has remained consistently above the State goal of 90% and has ranged from 95.7% to a high of 97.1%. More importantly, the goal is met for all children regardless of their race or ethnicity.

Permanency Outcomes

Children have permanency and stability in their living situations without increasing reentry to foster care
C1.1- Of all children discharged from foster care to reunification in the year who had been in foster care for 8 days or longer, what percent were reunified in less than 12 months from the date of the latest removal from home?

Table 36

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>National Standard</th>
<th>Last year (Jan09- Dec09)</th>
<th>Current Period (Jan10- Dec10)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rate</td>
<td>Rate</td>
<td>Goal met (✓) or not (X)</td>
</tr>
<tr>
<td>Black</td>
<td>≥ 75.2%</td>
<td>81.4%</td>
<td>✓</td>
</tr>
<tr>
<td>White</td>
<td>≥ 75.2%</td>
<td>63.3%</td>
<td>X</td>
</tr>
<tr>
<td>Hispanic</td>
<td>≥ 75.2%</td>
<td>70.1%</td>
<td>X</td>
</tr>
<tr>
<td>Asian/ Pacific Islander</td>
<td>≥ 75.2%</td>
<td>74.3%</td>
<td>X</td>
</tr>
<tr>
<td>Native American</td>
<td>≥ 75.2%</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Total</td>
<td>≥ 75.2%</td>
<td>70.5%</td>
<td>X</td>
</tr>
</tbody>
</table>

C1.2- Of all children in foster care for 8 days or longer discharged to reunification during the year, what was the median length of stay (in months) from the date of latest removal from home until the date of discharge to reunification?
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Table 37

<table>
<thead>
<tr>
<th>C1.2</th>
<th>National Standard</th>
<th>Last year (Jan09- Dec09)</th>
<th>Current Period (Jan10- Dec10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnicity</td>
<td>Month</td>
<td>Median Months</td>
<td>Goal met (✓) or not (✗)</td>
</tr>
<tr>
<td>Black</td>
<td>≤ 5.4</td>
<td>5.7</td>
<td>✗</td>
</tr>
<tr>
<td>White</td>
<td>≤ 5.4</td>
<td>8.9</td>
<td>✗</td>
</tr>
<tr>
<td>Hispanic</td>
<td>≤ 5.4</td>
<td>6.8</td>
<td>✗</td>
</tr>
<tr>
<td>Asian/ Pacific Islander</td>
<td>≤ 5.4</td>
<td>5.6</td>
<td>✗</td>
</tr>
<tr>
<td>Native American</td>
<td>≤ 5.4</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Total</td>
<td>≤ 5.4</td>
<td>6.8</td>
<td>✗</td>
</tr>
</tbody>
</table>

C1.3- Of all children entering foster care for the first time in a 6-month period, and who remained in foster care for 8 days or longer, what percent were discharged from foster care to reunification in less than 12 months from the date of latest removal from home?

![Figure 26](image)

Table 38

<table>
<thead>
<tr>
<th>C1.3</th>
<th>National Standard</th>
<th>Last year (Jul08- Dec08)</th>
<th>Current Period (Jul09- Dec09)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnicity</td>
<td>Rate</td>
<td>Rate</td>
<td>Goal met (✓) or not (✗)</td>
</tr>
<tr>
<td>Black</td>
<td>≥ 48.4%</td>
<td>48.0%</td>
<td>✗</td>
</tr>
<tr>
<td>White</td>
<td>≥ 48.4%</td>
<td>53.3%</td>
<td>✓</td>
</tr>
<tr>
<td>Hispanic</td>
<td>≥ 48.4%</td>
<td>57.8%</td>
<td>✓</td>
</tr>
<tr>
<td>Asian/ Pacific Islander</td>
<td>≥ 48.4%</td>
<td>52.9%</td>
<td>✓</td>
</tr>
<tr>
<td>Native American</td>
<td>≥ 48.4%</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Total</td>
<td>≥ 48.4%</td>
<td>56.0%</td>
<td>✓</td>
</tr>
</tbody>
</table>
C1.4 - Of all children discharged from foster care to reunification during the year, what percent reentered foster care in less than 12 months from the date of discharge?

Table 39

<table>
<thead>
<tr>
<th>C1.4 - Reentry Following Reunification (Exit Cohort)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>National Standard</strong></td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
</tr>
<tr>
<td>Black</td>
</tr>
<tr>
<td>White</td>
</tr>
<tr>
<td>Hispanic</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
</tr>
<tr>
<td>Native American</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

Analysis: Timely Reunification
Children in SCC experience timely reunifications. When following children from first entry, 63.6 percent are reunified within 12 months, markedly exceeding the national goal of 48.4 percent (see C1.3, p. 13); compliance to this goal dates from the period of Jul-Dec 2007. The median time to reunification continues to decline (from 6.8 months in Jan-Dec 2009 to 4.7 months in Jul10-Jun11) and continues to exceed the national goal of 5.4 months or less.

In addition, there appears to be permanency in these family reunification situations. For the second quarter period, re-entry into foster care continues to meet the national goal of 9.69 percent. A post hoc analysis further reveals that over the past two years, the re-entry rate for African American Ancestry has markedly declined from a high of 36.5 percent in Jan.-Dec. of 2008 to 12.9 percent in Jan.-Dec. of 2009.
Composite 2: Timeliness to Adoption

Figure 28

C2. Adoption Composite

National Goal = 106.4 or greater

86.6 85.6 83.5 86.0 89.6 91.8 89.1 90.9

Jan08- Apr08- Jul08- Oct08- Jan09- Apr09- Jul09- Oct09- Jan10-
Dec08 Mar09 Jun09 Sep09 Dec09 Mar10 Jun10 Sep10 Dec10

-California - Santa Clara County - National Goal

Figure 29

C2.1. Adoption within 24 Months (exit cohort)

National Goal = 36.6% or greater

26.1 22.7 22.3 20.4 17.1 15.6 16.6 17.2 17.7

Jan08- Apr08- Jul08- Oct08- Jan09- Apr09- Jul09- Oct09- Jan10-
Dec08 Mar09 Jun09 Sep09 Dec09 Mar10 Jun10 Sep10 Dec10

-California - Santa Clara County - National Goal

C2.1- Of all children who were discharged from foster care to a finalized adoption during a year, what percent were discharged in less than 24 months from the date of the latest removal from home?

Table 40

C2.1- Adoption within 24 Months (Exit Cohort)

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>National Standard</th>
<th>Last year (Jan09- Dec09)</th>
<th>Current Period (Jan10- Dec10)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rate</td>
<td>Rate</td>
<td>Goal met (✓) or not (✗)</td>
</tr>
<tr>
<td>Black</td>
<td>≥ 36.6%</td>
<td>35.0%</td>
<td>✗</td>
</tr>
<tr>
<td>White</td>
<td>≥ 36.6%</td>
<td>25.7%</td>
<td>✗</td>
</tr>
<tr>
<td>Hispanic</td>
<td>≥ 36.6%</td>
<td>11.0%</td>
<td>✗</td>
</tr>
<tr>
<td>Asian/ Pacific Islander</td>
<td>≥ 36.6%</td>
<td>44.4%</td>
<td>✓</td>
</tr>
<tr>
<td>Native American</td>
<td>≥ 36.6%</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Total</td>
<td>≥ 36.6%</td>
<td>17.1%</td>
<td>✗</td>
</tr>
</tbody>
</table>
C2.2 - Of all children who were discharged from foster care to a finalized adoption during the year, what was the median length of stay in foster care in months from the date of latest removal from home to the date of discharge to adoption?

Table 41

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>National Standard</th>
<th>Last year (Jan09-Dec09)</th>
<th>Current Period (Jan10-Dec10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
<td>Goal met?</td>
<td>Goal met?</td>
<td>Goal met?</td>
</tr>
<tr>
<td>Black</td>
<td>33.3</td>
<td>X</td>
<td>33.7</td>
</tr>
<tr>
<td>White</td>
<td>29.7</td>
<td>X</td>
<td>35.0</td>
</tr>
<tr>
<td>Hispanic</td>
<td>36.5</td>
<td>X</td>
<td>35.2</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>30.5</td>
<td>X</td>
<td>26.3</td>
</tr>
<tr>
<td>Native American</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Total</td>
<td>34.0</td>
<td>X</td>
<td>35.2</td>
</tr>
</tbody>
</table>
C2.3- Of all children in foster care for 17 continuous months or longer on the first day of the year, what percent were discharged to a finalized adoption by the last day of the year?

Table 42

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>National Standard</th>
<th>Last year (Jan09- Dec09)</th>
<th>Current Period (Jan10- Dec10)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rate</td>
<td>Rate</td>
<td>Goal met (✓) or not (✗)</td>
</tr>
<tr>
<td>Black</td>
<td>≥ 22.7%</td>
<td>13.0%</td>
<td>✓</td>
</tr>
<tr>
<td>White</td>
<td>≥ 22.7%</td>
<td>17.7%</td>
<td>✓</td>
</tr>
<tr>
<td>Hispanic</td>
<td>≥ 22.7%</td>
<td>24.3%</td>
<td>✓</td>
</tr>
<tr>
<td>Asian/ Pacific Islander</td>
<td>≥ 22.7%</td>
<td>13.2%</td>
<td>✓</td>
</tr>
<tr>
<td>Native American</td>
<td>≥ 22.7%</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Total</td>
<td>≥ 22.7%</td>
<td>21.1%</td>
<td>✓</td>
</tr>
</tbody>
</table>

C2.4- Of all children in foster care for 17 continuous months or longer and not legally free for adoption on the first day of the year, what percent became legally free within the next 6 months?
**Table 43**

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>National Standard</th>
<th>Last Year (Jan09- Jun09)</th>
<th>Current Period (Jan10- Jun10)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rate</td>
<td>Goal met (✓) or not (✗)</td>
<td>Rate</td>
</tr>
<tr>
<td>Black</td>
<td>≥ 10.9%</td>
<td>✓</td>
<td>3.4%</td>
</tr>
<tr>
<td>White</td>
<td>≥ 10.9%</td>
<td>✗</td>
<td>6.3%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>≥ 10.9%</td>
<td>✗</td>
<td>7.5%</td>
</tr>
<tr>
<td>Asian/ Pacific Islander</td>
<td>≥ 10.9%</td>
<td>✗</td>
<td>NA</td>
</tr>
<tr>
<td>Native American</td>
<td>≥ 10.9%</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Total</td>
<td>≥ 10.9%</td>
<td>✗</td>
<td>6.1%</td>
</tr>
</tbody>
</table>

**C2.5-** Of all children in foster care who became legally free for adoption during the year, what percent were then discharged to a finalized adoption in less than 12 months?

![Graph showing adoption rates](image)

**Table 44**

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>National Standard</th>
<th>Last Year (Jan08- Dec08)</th>
<th>Current Period (Jan09- Dec09)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rate</td>
<td>Goal met (✓) or not (✗)</td>
<td>Rate</td>
</tr>
<tr>
<td>Black</td>
<td>≥ 53.7%</td>
<td>✗</td>
<td>50.0%</td>
</tr>
<tr>
<td>White</td>
<td>≥ 53.7%</td>
<td>✗</td>
<td>73.1%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>≥ 53.7%</td>
<td>✗</td>
<td>51.3%</td>
</tr>
<tr>
<td>Asian/ Pacific Islander</td>
<td>≥ 53.7%</td>
<td>✓</td>
<td>75.0%</td>
</tr>
<tr>
<td>Native American</td>
<td>≥ 53.7%</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Total</td>
<td>≥ 53.7%</td>
<td>✗</td>
<td>55.3%</td>
</tr>
</tbody>
</table>
Santa Clara County Self Assessment
February 2012

Analysis:
Since 2007, SCC has continued to improvement outcomes toward timely adoption and for the first time, SCC exceeds the national goal of 53.7% for the finalization of adoptions within 12 months of becoming legally free for adoption, from 43.7% to 55.3% (See C2.5). A post hoc analysis on trend data indicates two paths to timely adoptions that may appear to be linked to a function of children’s race or ethnicity. Caucasian and Asian/Pacific Islander children are more likely to have their adoptions finalized within 12 months of being legally free than African Ancestry and Latino children. A closer and more detailed inspection of the data shows that when the caregiver in the last placement prior to the child exiting foster care due to adoption is a non-relative (presumably the child is placed with the adoptive parent prior to exiting foster care), freed children are either close to exceeding or exceed the national goal of 53.7 percent for finalized adoptions within 12 months (N=96, 63%). However, when the caregiver is a relative, Latino children (N=53, 40%) and African Ancestry children (N=5, 40%) that are freed for adoption are less likely to have their adoptions finalized within 12 months. Caucasian children (N=6, 83%) and API children (N=1, 100%), on the other hand, are far more likely to far exceed the national goal. Thus, one may determine that how family responds to adoptions varies across different race and ethnicity groups that may be a function of their particular norms or values. This may have implications for how social workers help families understand the many legal paths to permanency. This is an area that is being addressed by Santa Clara County’s participation in CAPP and in the work of the Cultural Dialogue Series as well as further analysis by the Department’s Permanency Coordinator. In addition, SCC has made note of the interesting discussions with PQCR participants from both Los Angeles County and Riverside County, in which Adoption workers are used to have the conversations with family about adoption to ensure consistent and accurate information.

In addition, DFCS in April of 2010 implemented robust policies and procedures that emphasize permanency and concurrent planning, as well as the practice to track children’s progress towards permanency, particularly for children in long-term care. Historically, about 50% percent of all children in SCC that experience adoption are adopted by relatives or non-relative extended family members (NREFM). However, SCC is also acutely aware of the long lengths of time for relatives to adopt.

SCC began ensuring a signed concurrency agreement for all children is in place for every child in care by 59 days from the removal date. Since this date, SCC has been tracking these signed concurrency agreements and conducting case reviews to better understand the children and youth in need of permanency in SCC. In June of 2011, a special report was provided to the Children Seniors and Families Committee of the Board of Supervisors providing additional information regarding adoption and legal guardianship and the percent of families that have signed the concurrency agreement for children in foster care.

As of May 2011, there were 993 children in foster care. Since implementation of the new permanency process, which requires caregivers to sign a concurrency agreement within 30 days of entry into care, 72 percent of children in care have signed concurrency agreements in their case files. Of the 72 percent of signed concurrency agreements, 48 percent of children in foster care have concurrency established and are residing with their concurrent caregivers. This rate is likely higher due to children who were already residing with guardians at the time this permanency policy was implemented in April.
2010. The concurrency coordinator is reviewing all older cases to assess the children's placement stability and any other needed services to support permanency.

Figure 34

Concurrence Agreements for Children in Foster Care

- Children in foster care: 82%
- Agreements received: 72%, n=235
- Concurrency established: 48%, n=479
- No agreement received: 28%
- Concurrency NOT established: 24%

Figure 35

Permanency Plan for Children with Concurrency Agreements (N=479)

- Relative adoption: 35%
- Relative guardianship: 28%
- Non-relative adoption: 15%
- Non-relative guardianship: 23%

Figure 36

Concurrence Agreements for Children in Foster Care

- Children in foster care: 82%
- Agreements received: 72%, n=235
- Concurrency established: 48%, n=479
- No agreement received: 28%
- Concurrency NOT established: 24%

Not all caregivers who sign the concurrency agreement agree to serve as the child’s concurrent caregiver (24% of all children in foster care, n=236). Reasons for their non-
commital response are varied: families do not want to lose access to services; financial factors, particularly for FFA caregivers who risk receiving a lower stipend; cultural factors such as not wanting to pit the fostering relationship against the birth parent-child relationship; caregiver may not want to become too bonded with child and then risk having to sever the relationship upon family reunification; and children over 12 years may choose not to be adopted.

Figure 37

<table>
<thead>
<tr>
<th>Percent of Children with Concurrency Plan by Child Race/Ethnicity (N=479)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Native American</td>
</tr>
<tr>
<td>Caucasian</td>
</tr>
<tr>
<td>Latino</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
</tr>
<tr>
<td>African Ancestry</td>
</tr>
</tbody>
</table>

Permanency Plan
Of children for whom concurrency has been established, 63% have concurrency with relative caregivers Departmental efforts to maintain children's permanent connections to family and NREFM show success.

Concurrency by Child's Age
Caregivers of young children (0-11 years) are more likely to commit to concurrency. However, a marked drop in concurrency is observed for children 12-15 years and 16-18+ years (see chart). Participation in CAPP and PQCR, efforts that focus on children in long-term foster care, is expected to bring a better understanding on how to implement best practice interventions aimed at addressing the needs of these children and their families and caregivers. It is expected that implementation of select intervention will increase permanency for these children and all children entering foster care.

Concurrency by Child's Race/Ethnicity
Concurrency is established for 48% of children in foster care. Caucasian and Latino children show concurrency rates similar to the overall rate. Native American children, albeit a small caseload (n=18), are markedly more likely to be in concurrent homes. However, African Ancestry and Asian/Pacific Islander children experience lower rates of concurrency than other children. Santa Clara's participation in CAPP targets African Ancestry children in the intervention's aim to reduce the length of stay in foster care and to increase exits to permanency. The PQCR also included an oversampling of African Ancestry children to learn from their cases, the youth, and their caregivers. Additional breakdown information regarding Adoption with 12 months by ethnicity In addition, adoption outcomes for African Ancestry children have markedly improved in the three most recent study periods.
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Table 45

<table>
<thead>
<tr>
<th></th>
<th>JAN09-DEC09</th>
<th>APR09-MAR10</th>
<th>JUL09-JUN10</th>
<th>OCT09-SEP10</th>
</tr>
</thead>
<tbody>
<tr>
<td>African Ancestry</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Latino</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The second adoption indicator looks at the rate of adoption for children that have been freed. Across the four most recent study periods, Santa Clara shows marked improvement in finalizing adoptions after children have been legally freed, from 38.5% in Jan08-Dec08 to 49.4% in Oct08-Sep09. There are several factors that can delay adoptions. For example, some adoptive families take long to complete or lose paperwork, adoption home studies may need updating due to household changes, family emergencies, issues with special care rates that are either set too low or initially set too high and then need to be adjusted according to supporting documentation, and out-of-county placements require more time and staff resources. Additionally, the transition to adoption while positive is nonetheless stressful and it is not uncommon for placement disruptions to occur. Therefore, there are times when children and youth require a different adoptive home, more time for prospective adoptive parents to understand and become better prepared to handle their child’s emotional needs or behavior. DFCS will need to look closer at this and better understand any barriers that may be impeding this process.

Interestingly, for the comparison counties, strong performance on this measure is not contingent on strong performance on exits to adoption after being in care for 17 months or longer (C2.3). While Riverside performs well on both measures, San Diego is the lowest performing county for C2.5. Moreover, while Los Angeles and Fresno counties were not found to be strong performers on measure C2.3, they have a strong track record or exceed the goal for adoption within 12 months of being legally freed. These counties appear to a tight timeline to adoption and good communication. This will be an area for further exploration in the SIP planning process and an area for exploration on the role of the continuing social worker and the adoption social worker. In comparison, Riverside County ensures a tight timeline. Once FR services are terminated, the case is transferred to an adoption social worker. A child may be adopted in approximately 8 months from transfer. See figure below.
Figure 38

**Termination of Parental Rights**
- Birth certificate already in file

**Approximately 6 months**
- Permanency Adoption & Adoption Workers
  - Paperwork, and legal forms completed
  - Allows for child to be in concurrent home for at least 6 months
  - Allows adoptive caregiver and child bonding time
  - Allows time to address potential placement disruptions or issues
  - Allows for appeal process

**Approx 3 weeks**
- Adoptive Placement Signing & Court Documents on Same Day
  - Typing staff take about 3 weeks
  - Adoptive family not required to hire attorney
  - Agency completes all paperwork

**Approx 2 weeks**
- File for Court Date
  - It takes a couple of weeks to get on Court's calendar
  - Three courts available to accommodate families' location

**Approx 2 weeks**
- Court Finalization
  - National Goal = 121.7 or greater

---

**Composite 3: Permanency for Children in Long-term Care**

**Figure 39**

**C3. Permanency Composite**

<table>
<thead>
<tr>
<th>Points</th>
<th>Jan08-Apr08</th>
<th>Jul08-Oct08</th>
<th>Jan09-Apr09</th>
<th>Jul09-Oct09</th>
<th>Jan10-Dec08</th>
<th>Mar09-Jun09</th>
<th>Sep09-Dec09</th>
<th>Mar10-Jun10</th>
<th>Sep10-Dec10</th>
</tr>
</thead>
<tbody>
<tr>
<td>100.5</td>
<td>35.5</td>
<td>100.3</td>
<td>104.7</td>
<td>108.1</td>
<td>114.0</td>
<td>110.6</td>
<td>104.6</td>
<td>103.9</td>
<td></td>
</tr>
</tbody>
</table>

- California
- Santa Clara County
- National Goal
C3.1- Of all children in foster care for 24 months or longer on the first day of the year, what percent were discharged to a permanent home by the end of the year and prior to turning 18?

![Figure 40: C3.1. Exits to Permanency (24 months in care)]

Table 46

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>National Standard</th>
<th>Last Year (Jan09-Dec09)</th>
<th>Current Period (Jan10-Dec10)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rate</td>
<td>Rate</td>
<td>Goal met (✓) or not (✗) Rate</td>
</tr>
<tr>
<td>Black</td>
<td>≥ 29.1%</td>
<td>18.0%</td>
<td>X</td>
</tr>
<tr>
<td>White</td>
<td>≥ 29.1%</td>
<td>21.1%</td>
<td>X</td>
</tr>
<tr>
<td>Hispanic</td>
<td>≥ 29.1%</td>
<td>28.0%</td>
<td>X</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>≥ 29.1%</td>
<td>17.6%</td>
<td>X</td>
</tr>
<tr>
<td>Native American</td>
<td>≥ 29.1%</td>
<td>0.0%</td>
<td>X</td>
</tr>
<tr>
<td>Total</td>
<td>≥ 29.1%</td>
<td>24.9%</td>
<td>X</td>
</tr>
</tbody>
</table>

C3.2- Of all children discharged from foster care during the year that were legally free for adoption, what percent were discharged to a permanent home prior to turning 18?

![Figure 41: C3.2. Exits to Permanency (legally free for adoption at exit)]
Table 47

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>National Standard</th>
<th>Last year (Jan09-Dec09)</th>
<th>Current Period (Jan10-Dec10)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rate</td>
<td>Rate</td>
<td>Goal met (✓) or not (✗)</td>
</tr>
<tr>
<td>Black</td>
<td>≥ 98.0%</td>
<td>91.3%</td>
<td>✗</td>
</tr>
<tr>
<td>White</td>
<td>≥ 98.0%</td>
<td>94.7%</td>
<td>✗</td>
</tr>
<tr>
<td>Hispanic</td>
<td>≥ 98.0%</td>
<td>95.5%</td>
<td>✗</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>≥ 98.0%</td>
<td>100.0%</td>
<td>✓</td>
</tr>
<tr>
<td>Native American</td>
<td>≥ 98.0%</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Total</td>
<td>≥ 98.0%</td>
<td>95.1%</td>
<td>✗</td>
</tr>
</tbody>
</table>

Figure 42

C3.3. In Care 3 Years or Longer (at emancipation or age 18)

Table 48

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>National Standard</th>
<th>Last year (Jan09-Dec09)</th>
<th>Current Period (Jan10-Dec10)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rate</td>
<td>Rate</td>
<td>Goal met (✓) or not (✗)</td>
</tr>
<tr>
<td>Black</td>
<td>≤ 37.5%</td>
<td>57.1%</td>
<td>✗</td>
</tr>
<tr>
<td>White</td>
<td>≤ 37.5%</td>
<td>60.0%</td>
<td>✗</td>
</tr>
<tr>
<td>Hispanic</td>
<td>≤ 37.5%</td>
<td>56.3%</td>
<td>✗</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>≤ 37.5%</td>
<td>37.5%</td>
<td>✓</td>
</tr>
<tr>
<td>Native American</td>
<td>≤ 37.5%</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Total</td>
<td>≤ 37.5%</td>
<td>56.4%</td>
<td>✗</td>
</tr>
</tbody>
</table>
Analysis: Long Term Care
Children continue to remain in foster care for lengthy periods of time and unfortunately the rates for permanency is on a downward trend (See C3), after having improved slightly. This effect is most profound for the children in care for 24 months or longer (C3.1) and those youth that are exiting to emancipation who were in care for 3 years or longer. The rates of children in care for 3 years or longer have increased during the past 2 years from 56.4% to 61.6% with the National Goal at 37.5% or less. Please refer to the additional analysis and findings from SCC POCR noted earlier in this report which focused on better understanding those children and youth who remain in care longer than 18 months. This is especially concerning as over 60 percent of the total number of children in care for SCC have been in care for 18 months or longer.

Composite 4: Placement Stability

Figure 43

C4. Placement Stability Composite

<table>
<thead>
<tr>
<th>Points</th>
<th>Jan08-Apr08-</th>
<th>Jul08-</th>
<th>Oct08-Jan09-</th>
<th>Apr09-</th>
<th>Jul09-</th>
<th>Oct09-Jan10-</th>
<th>Dec08 Mar09 Jun09 Sep09 Dec09 Mar10 Jun10 Sep10 Dec10</th>
</tr>
</thead>
<tbody>
<tr>
<td>79.0</td>
<td></td>
<td>80.7</td>
<td></td>
<td>84.2</td>
<td>86.7</td>
<td>88.6</td>
<td>88.4</td>
</tr>
<tr>
<td>90.9</td>
<td>91.5</td>
<td>93.7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

← California ← Santa Clara County ← National Goal

C4.1- Of all children served in foster care during a year that were in foster care for at least 8 days but less than 12 months, what percent had two or fewer placement settings?

Figure 44

C4.1. Children with two or fewer placements
(8 days to 12 months in care)

<table>
<thead>
<tr>
<th>Percent</th>
<th>Jan08-Apr08-</th>
<th>Jul08-</th>
<th>Oct08-Jan09-</th>
<th>Apr09-</th>
<th>Jul09-</th>
<th>Oct09-Jan10-</th>
<th>Dec08 Mar09 Jun09 Sep09 Dec09 Mar10 Jun10 Sep10 Dec10</th>
</tr>
</thead>
<tbody>
<tr>
<td>78.5</td>
<td></td>
<td>79.7</td>
<td></td>
<td>81.6</td>
<td>84.1</td>
<td>84.8</td>
<td>83.6</td>
</tr>
<tr>
<td>85.2</td>
<td>86.1</td>
<td>88.9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

← California ← Santa Clara County ← National Goal
Table 49

<table>
<thead>
<tr>
<th>C4.1</th>
<th>National Standard</th>
<th>Last year (Jan09- Dec09)</th>
<th>Current Period (Jan10- Dec10)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rate</td>
<td>Rate</td>
<td>Goal met (✓) or not (✗)</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>≥ 86.0%</td>
<td>81.1%</td>
<td>✗</td>
</tr>
<tr>
<td>White</td>
<td>≥ 86.0%</td>
<td>82.8%</td>
<td>✗</td>
</tr>
<tr>
<td>Hispanic</td>
<td>≥ 86.0%</td>
<td>85.6%</td>
<td>✗</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>≥ 86.0%</td>
<td>86.3%</td>
<td>✓</td>
</tr>
<tr>
<td>Native American</td>
<td>≥ 86.0%</td>
<td>100.0%</td>
<td>✓</td>
</tr>
<tr>
<td>Total</td>
<td>≥ 86.0%</td>
<td>84.8%</td>
<td>✗</td>
</tr>
</tbody>
</table>

Figure 45

C4.2- Of all children served in foster care during a year that were in foster care for at least 12 months but less than 24 months, what percent had two or fewer placement settings?

Table 50

<table>
<thead>
<tr>
<th>C4.2</th>
<th>National Standard</th>
<th>Last year (Jan09- Dec09)</th>
<th>Current Period (Jan10- Dec10)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rate</td>
<td>Rate</td>
<td>Goal met (✓) or not (✗)</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>≥ 65.4%</td>
<td>50.9%</td>
<td>✗</td>
</tr>
<tr>
<td>White</td>
<td>≥ 65.4%</td>
<td>56.3%</td>
<td>✗</td>
</tr>
<tr>
<td>Hispanic</td>
<td>≥ 65.4%</td>
<td>53.7%</td>
<td>✗</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>≥ 65.4%</td>
<td>58.3%</td>
<td>✗</td>
</tr>
<tr>
<td>Native American</td>
<td>≥ 65.4%</td>
<td>0.0%</td>
<td>✗</td>
</tr>
<tr>
<td>Total</td>
<td>≥ 65.4%</td>
<td>54.0%</td>
<td>✗</td>
</tr>
</tbody>
</table>
C4.3 - Of all children served in foster care during a year that were in foster care for at least 24 months, what percent had two or fewer placement settings?

![Chart showing percentage of children with two or fewer placements (at least 24 months in care)](chart)

### Table 51

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>National Standard (≥ 41.8%)</th>
<th>Last year (Jan09- Dec09)</th>
<th>Current Period (Jan10- Dec10)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rate</td>
<td>Rate</td>
<td>Goal met (✓) or not (✗)</td>
</tr>
<tr>
<td>Black</td>
<td>≥ 41.8%</td>
<td>18.6%</td>
<td>✓</td>
</tr>
<tr>
<td>White</td>
<td>≥ 41.8%</td>
<td>28.9%</td>
<td>✓</td>
</tr>
<tr>
<td>Hispanic</td>
<td>≥ 41.8%</td>
<td>24.7%</td>
<td>✓</td>
</tr>
<tr>
<td>Asian/ Pacific Islander</td>
<td>≥ 41.8%</td>
<td>26.7%</td>
<td>✓</td>
</tr>
<tr>
<td>Native American</td>
<td>≥ 41.8%</td>
<td>20.0%</td>
<td>✓</td>
</tr>
<tr>
<td>Total</td>
<td>≥ 41.8%</td>
<td>24.8%</td>
<td>✓</td>
</tr>
</tbody>
</table>

**Analysis: Placement Stability**

In addition, SCC has seen even greater improvement for the second quarter period of 2011; SCC meets the goal for placement stability (C4.1) of 86 percent. Of children entering foster care for 8 days through 12 months, 89.2 percent experience no more than two placements. This significant upward trend in placement stability in the first year of foster care appears to be having a positive effect on placement stability during the second year in care. In addition, for the first time, placement stability between 12 months and 24 months meets the national goal of 65.4 percent at 66.8 percent. As mentioned in previous reports, the impact of closing the Children’s Shelter and the subsequent opening of the Receiving, Assessment and Intake Center (RAIC, October 1, 2009), appears to have had a positive impact on children’s stability in foster care, but it is recognized that there is a need to address those children who remain in care for longer periods of time and the stability of their placements.
The family relationships and connections of children served by the Child Welfare System (CWS) will be preserved, as appropriate.

Table 52

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>All Siblings</th>
<th>Some or All Siblings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>69.4%</td>
<td>72.6%</td>
</tr>
<tr>
<td>White</td>
<td>47.5%</td>
<td>61.3%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>59.5%</td>
<td>76.1%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>15.4%</td>
<td>53.8%</td>
</tr>
<tr>
<td>Native American</td>
<td>50.0%</td>
<td>50.0%</td>
</tr>
<tr>
<td>Total</td>
<td>57.7%</td>
<td>72.7%</td>
</tr>
</tbody>
</table>
Table 53
4B. Initial Placement of Children in Care, Jan10- Dec10

<table>
<thead>
<tr>
<th>Placement Type</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kin</td>
<td>13.7%</td>
</tr>
<tr>
<td>Foster</td>
<td>39.8%</td>
</tr>
<tr>
<td>FFA</td>
<td>19.7%</td>
</tr>
<tr>
<td>Group</td>
<td>26.3%</td>
</tr>
<tr>
<td>Guardian</td>
<td>0.5%</td>
</tr>
</tbody>
</table>

Figure 49
4B. Initial Placement of Children in Care by Race/Ethnicity, Jan10- Dec10

Figure 50
4B. Point-in-time Placement of Children in Care
Table 54

4B. Point-in-time Placement of Children in Care, Jan 1, 2011

<table>
<thead>
<tr>
<th>Placement Type</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kin</td>
<td>37.8%</td>
</tr>
<tr>
<td>Foster</td>
<td>17.5%</td>
</tr>
<tr>
<td>FFA</td>
<td>21.7%</td>
</tr>
<tr>
<td>Group</td>
<td>13.3%</td>
</tr>
<tr>
<td>Guardian</td>
<td>3.1%</td>
</tr>
<tr>
<td>Others</td>
<td>6.6%</td>
</tr>
</tbody>
</table>

Table 55

4B. Point-in-time Placement of Children in Care, Dec 1, 2011

<table>
<thead>
<tr>
<th>Placement Type</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kin</td>
<td>41.2%</td>
</tr>
<tr>
<td>Foster</td>
<td>21.5%</td>
</tr>
<tr>
<td>FFA</td>
<td>20.3%</td>
</tr>
<tr>
<td>Group</td>
<td>12.0%</td>
</tr>
<tr>
<td>Guardian</td>
<td>4.4%</td>
</tr>
<tr>
<td>Others</td>
<td>0.6%</td>
</tr>
</tbody>
</table>

Figure 51

4B. Point-in-time Placement of Children by Race/Ethnicity
January 1, 2011

- Black
- White
- Hispanic
- API
- Nat Amer

- Kin
- Foster
- FFA
- Group
- Guardian
- Others
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Analysis: Least Restrictive Placement

SCC has begun to note that there are fewer children are placed with relatives or non-related extended family members and this is particularly true for African Ancestry (35%) and Asian/ Pacific Islander (21%) children. In the April 2011 Child Welfare Quarterly Report, it was shown that these children, in particular, are experiencing declines in placement with relatives or non-related extended family members. SCC’s participation in CAPP, the Institutional Analysis, and this year’s Peer Quality Case Review have allowed for opportunities to further address and understand this trend and concern. Please note slight differences in placement with relatives from point in time in January of 2011 at 37.8 percent to point in time in December 2011 of 41.2 percent. Perhaps, SCC may be again on an upward trend. However, it will be important to continue to monitor the long term rates.

On a positive note, most children in SCC are placed with some or all of their siblings 72.7 percent, preserving what are typically very strong family connections. Fifty-eight percent of children with siblings are placed with all of their siblings. This effect is strongest from African Ancestry and Latino sibling sets, and has shown recent improvement for Caucasian sibling sets. Further, a post hoc analysis on sibling placements shows a declining trend in the percent of Asian/Pacific Islander siblings sets that experience placement with all of their siblings. In July 2009, 69.2 percent of API children experienced placements with all their siblings (n=26 sibling sets). By January 2011, only 15.4 percent of children with siblings were placed together (n=13 sibling sets). Moreover, API children are also less likely to experience placement with either some or all of their siblings (46%), followed by Caucasian children (39%).

Outcome Indicator 4E – Rate of ICWA Placement Preferences

The percentage of children in out of home care in Santa Clara County who claim American Indian/Alaskan Native heritage has remained relatively stable over the past four years, with those children comprising approximately 1.7% (30 children) of all children with an open case in September, 2011 and 2.17% (21 children) of the foster care population in September, 2011, up from 1.82% (26 children) in 2008. It should be noted that while the percentage of American Indian/Alaskan Native children has increased slightly, the number of children has decreased. Census statistics from 2010 indicate that individuals of American Indian or Alaskan Native ancestry comprise .6% of the population in Santa Clara County as compared to the 1.7% of American Indian/Native Alaskan children having an open case in SCC.

A guiding principle of the Department is to maintain and further the cultural integrity of the families it serves. With the introduction of new Judicial Council forms in 2008, designed to better meet the requirements of the Indian Child Welfare Act (ICWA), the Department has developed procedures directing the clerical support team to enter ICWA information into CWS/CMS and to complete the mailing of the required court hearing notices. Annual training by County Counsel is utilized to ensure accurate updates on legislation and training is provided to all new hires and interns about ICWA to ensure full compliance. In addition, attorneys through the Office of the County Counsel work closely with social workers in reviewing court reports to assure that all necessary ICWA notice documentation is submitted to the court, assuring that qualified families are connected with tribal advocacy and services. Further, Santa Clara County SSA supports the Native American Employee Group that can be utilized as a resource and support to case
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carrying social workers to ensure that cultural consideration and sensitivity is provided in all interactions with Native American children and families.

4. Child Well Being
Review in the area of Well-Being Outcomes provides the following information regarding Santa Clara County’s performance in the area of youth being prepared to transition to adulthood, as well as education, medical and dental information in the HEP, and mental health services.

The following information for Measure 5B for physical examinations was reported for the 2nd Quarter for 2010-2011 through Safe Measures. SCC continues to work diligently to ensure that every child receives timely dental and physical services. Santa Clara County conducts annual data clean up to ensure the accuracy of the education information. The Department, in partnership with CHDP nurses, is developing sustainable tracking mechanisms for medical and dental information and troubleshooting other service related challenges, such as securing providers and getting children and youths timely appointments. DFCS is utilizing public health nurses co-located with social workers to support caregivers and parents in understanding each child’s medical concerns. DFCS has dedicated clerical support to work with the public health nurses to ensure the timely input of all medical information into the child’s CWS/CMS Health and Education Passport (HEP) and to ensure that hard copies of the initial HEP and updated HEPs are sent out to caregivers timely. In addition, DFCS has hired a pediatrician who works at the Assessment Center’s Medical Clinic. This pediatrician provides direct services to children, as well as liaisons with other physicians to advocate for the necessary medical services a child might need. Figure 37 shows that SCC has consistently remained above the state average for the past three years, ranging from 94% to 97%.

Figure 58

DFCS continues to place emphasis on maintaining up to date educational information for youth. The Department has put into place policies and procedures that ensure that the DFCS Educational Services Unit (EdSU) notifies schools every time a child comes into care or has a placement change. In addition, better collaboration with the Courts has been established to ensure that removal of educational rights and assignment of an
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Educational Representative is documented into CWS/CMS. The EdSU continues to support social workers and caregivers to ensure that every child in care receives appropriate educational services, as well as to advocate within the school system when necessary.

DFCS has built a strong partnership with Mental Health Department and continues to try to look at ways to collaborate more effectively on behalf of children. The Mental Health Department has provided the necessary oversight and assistance when there are concerns about a child not receiving the appropriate mental health services, or if there are delays in a child receiving those services.

With regards to youth transitioning from care, as described in the Section III regarding services, DFCS has built multiple partnerships and developed a great deal of public-private collaboration with regard to youth transitioning from foster care through the California Connected by 25 Initiative (CC25I). This remains a concentrated effort for Santa Clara County. CC25I programs and services are continually being fine tuned to ensure that they meet the needs of the youth being served and to expand programs to serve greater numbers of youth.


The following provides SCC Child Safety, Permanency and Stability Standards view from the new dashboard that was created with the same methodology at Berkeley. It is used to provide additional views of the Federal and State indicators. (Figure 48)

Child Safety, Permanency and Stability Indicators with Standards

<table>
<thead>
<tr>
<th>Abbreviations</th>
<th>EG = Equal or Greater than</th>
<th>EL = Equal or Less than</th>
<th>LT = Less than</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level achieved</td>
<td>Goal Achieved</td>
<td>Goal achieved EG 90%</td>
<td>Goal achieved LT 90%</td>
</tr>
<tr>
<td>Jul09-Dec09</td>
<td>91.4</td>
<td>90.9</td>
<td>89.5</td>
</tr>
<tr>
<td>Jul10-Jun10</td>
<td>90.9</td>
<td>90.4</td>
<td>90.4</td>
</tr>
<tr>
<td>Jul10-Dec10</td>
<td>89.5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Child Safety

S1. Absence of recurrence of maltreatment
Goal EG 94.6 / Performance
Relative performance to goal

S2. Absence of abuse in foster care
Goal EG 99.7 / Performance
Relative performance to goal
### Santa Clara County Self Assessment
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#### 2B. Timely response to immediate response referrals
Goal EG 95.0 / Performance Relative performance to goal

<table>
<thead>
<tr>
<th>Apr10-Jun10</th>
<th>Jul10-Sep10</th>
<th>Oct10-Dec10</th>
<th>Jan11-Mar11</th>
<th>Apr11-Jun11</th>
</tr>
</thead>
<tbody>
<tr>
<td>96.8</td>
<td>97.4</td>
<td>98.2</td>
<td>95.5</td>
<td>97.4</td>
</tr>
<tr>
<td>1.02</td>
<td>1.03</td>
<td>1.03</td>
<td>1.01</td>
<td>1.03</td>
</tr>
</tbody>
</table>

#### 2B. Timely response to 10-day referrals
Goal EG 95.0 / Performance Relative performance to goal

<table>
<thead>
<tr>
<th>Apr10-Jun10</th>
<th>Jul10-Sep10</th>
<th>Oct10-Dec10</th>
<th>Jan11-Mar11</th>
<th>Apr11-Jun11</th>
</tr>
</thead>
<tbody>
<tr>
<td>89.5</td>
<td>92.4</td>
<td>90.7</td>
<td>89.5</td>
<td>90.6</td>
</tr>
<tr>
<td>0.94</td>
<td>0.97</td>
<td>0.95</td>
<td>0.94</td>
<td>0.95</td>
</tr>
</tbody>
</table>

#### 2C. Timely social worker visits
Goal EG 90.0 / Performance Relative performance to goal

<table>
<thead>
<tr>
<th>Apr10-Jun10</th>
<th>Jul10-Sep10</th>
<th>Oct10-Dec10</th>
<th>Jan11-Mar11</th>
<th>Apr11-Jun11</th>
</tr>
</thead>
<tbody>
<tr>
<td>96.3</td>
<td>96.6</td>
<td>96.1</td>
<td>95.5</td>
<td>94.4</td>
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<tr>
<td>1.07</td>
<td>1.07</td>
<td>1.07</td>
<td>1.06</td>
<td>1.05</td>
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</table>

### Timeliness of Family Reunification and Permanency of Reunification

#### C1.1. Reunification within 12 months for children exiting care
Goal EG 75.2 / Performance Relative performance to goal

<table>
<thead>
<tr>
<th>Jul09-Jun10</th>
<th>Oct09-Sep10</th>
<th>Jan10-Dec10</th>
<th>Apr10-Mar11</th>
<th>Jul10-Jun11</th>
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</thead>
<tbody>
<tr>
<td>69.7</td>
<td>71.3</td>
<td>71.0</td>
<td>71.2</td>
<td>72.1</td>
</tr>
<tr>
<td>0.93</td>
<td>0.95</td>
<td>0.94</td>
<td>0.95</td>
<td>0.96</td>
</tr>
</tbody>
</table>

#### C1.2. Median time to reunification
Goal EL 5.4 months/ Performance Relative performance to goal

<table>
<thead>
<tr>
<th>Jul09-Jun10</th>
<th>Oct09-Sep10</th>
<th>Jan10-Dec10</th>
<th>Apr10-Mar11</th>
<th>Jul10-Jun11</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.7</td>
<td>5.4</td>
<td>4.9</td>
<td>4.7</td>
<td>4.7</td>
</tr>
<tr>
<td>0.81</td>
<td>1.00</td>
<td>1.10</td>
<td>1.15</td>
<td>1.15</td>
</tr>
</tbody>
</table>

#### C1.3. Reunification within 12 months for a cohort of children entering care
Goal EG 48.4 / Performance Relative performance to goal

<table>
<thead>
<tr>
<th>Jan09-Jun09</th>
<th>Apr09-Sep09</th>
<th>Jul09-Dec09</th>
<th>Oct09-Mar10</th>
<th>Jan10-Jun10</th>
</tr>
</thead>
<tbody>
<tr>
<td>60.5</td>
<td>52.6</td>
<td>52.0</td>
<td>63.1</td>
<td>63.6</td>
</tr>
<tr>
<td>1.25</td>
<td>1.09</td>
<td>1.07</td>
<td>1.30</td>
<td>1.31</td>
</tr>
</tbody>
</table>

#### C1.4. Re-entry into foster care within 12 months from reunification
Goal EL 9.9 / Performance Relative performance to goal

<table>
<thead>
<tr>
<th>Jul08-Jun09</th>
<th>Oct08-Sep09</th>
<th>Jan09-Dec09</th>
<th>Apr09-Mar10</th>
<th>Jul09-Jun10</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.0</td>
<td>9.6</td>
<td>10.0</td>
<td>10.9</td>
<td>12.4</td>
</tr>
<tr>
<td>0.83</td>
<td>1.03</td>
<td>0.99</td>
<td>0.91</td>
<td>0.80</td>
</tr>
</tbody>
</table>
### Timeliness to Adoption

**C2.1. Adoption within 24 months for children exiting to adoption**
- Goal EG 36.6 / Performance
- Relative performance to goal

<table>
<thead>
<tr>
<th></th>
<th>Jul09-Jun10</th>
<th>Oct09-Sep10</th>
<th>Jan10-Dec10</th>
<th>Apr10-Mar11</th>
<th>Jul10-Jun11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value</td>
<td>16.6</td>
<td>17.2</td>
<td>17.7</td>
<td>20.4</td>
<td>18.2</td>
</tr>
<tr>
<td>%</td>
<td>0.45</td>
<td>0.47</td>
<td>0.48</td>
<td>0.56</td>
<td>0.50</td>
</tr>
</tbody>
</table>

**C2.2. Median time to adoption**
- Goal EL 27.3 months / Performance
- Relative performance to goal

<table>
<thead>
<tr>
<th></th>
<th>Jul09-Jun10</th>
<th>Oct09-Sep10</th>
<th>Jan10-Dec10</th>
<th>Apr10-Mar11</th>
<th>Jul10-Jun11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value</td>
<td>34.7</td>
<td>33.9</td>
<td>35.2</td>
<td>36.1</td>
<td>37.3</td>
</tr>
<tr>
<td>%</td>
<td>0.79</td>
<td>0.81</td>
<td>0.78</td>
<td>0.76</td>
<td>0.73</td>
</tr>
</tbody>
</table>

**C2.3. Adoption within 12 months for children in care 17 months or longer**
- Goal EG 22.7 / Performance
- Relative performance to goal

<table>
<thead>
<tr>
<th></th>
<th>Jul09-Jun10</th>
<th>Oct09-Sep10</th>
<th>Jan10-Dec10</th>
<th>Apr10-Mar11</th>
<th>Jul10-Jun11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value</td>
<td>22.1</td>
<td>20.7</td>
<td>20.7</td>
<td>22.6</td>
<td>22.1</td>
</tr>
<tr>
<td>%</td>
<td>0.97</td>
<td>0.91</td>
<td>0.91</td>
<td>1.00</td>
<td>0.97</td>
</tr>
</tbody>
</table>

**C2.4. Legally free within 6 months for children in care 17 months or longer**
- Goal EG 10.9 / Performance
- Relative performance to goal

<table>
<thead>
<tr>
<th></th>
<th>Jul09-Dec09</th>
<th>Oct09-Mar10</th>
<th>Jan10-Jun10</th>
<th>Apr10-Sep10</th>
<th>Jul10-Dec10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value</td>
<td>9.4</td>
<td>7.2</td>
<td>6.4</td>
<td>5.6</td>
<td>3.7</td>
</tr>
<tr>
<td>%</td>
<td>0.86</td>
<td>0.66</td>
<td>0.59</td>
<td>0.51</td>
<td>0.34</td>
</tr>
</tbody>
</table>

**C2.5. Adoption within 12 months after being legally freed**
- Goal EG 53.7 / Performance
- Relative performance to goal

<table>
<thead>
<tr>
<th></th>
<th>Jul08-Jun09</th>
<th>Oct08-Sep09</th>
<th>Jan09-Dec09</th>
<th>Apr09-Mar10</th>
<th>Jul09-Jun10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value</td>
<td>48.8</td>
<td>49.4</td>
<td>55.3</td>
<td>57.0</td>
<td>59.3</td>
</tr>
<tr>
<td>%</td>
<td>0.91</td>
<td>0.92</td>
<td>1.03</td>
<td>1.06</td>
<td>1.10</td>
</tr>
</tbody>
</table>

### Permanency for Children in Long-term Care

**C3.1. Exits to permanency for children in care 24 months or longer**
- Goal EG 29.1 / Performance
- Relative performance to goal

<table>
<thead>
<tr>
<th></th>
<th>Jul09-Jun10</th>
<th>Oct09-Sep10</th>
<th>Jan10-Dec10</th>
<th>Apr10-Mar11</th>
<th>Jul10-Jun11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value</td>
<td>27.7</td>
<td>26.2</td>
<td>25.8</td>
<td>26.6</td>
<td>27.4</td>
</tr>
<tr>
<td>%</td>
<td>0.95</td>
<td>0.90</td>
<td>0.89</td>
<td>0.91</td>
<td>0.94</td>
</tr>
</tbody>
</table>

**C3.2. Exits to permanency for children exiting foster care and who were legally free for adoption**
- Goal EG 98.0 / Performance

<table>
<thead>
<tr>
<th></th>
<th>Jul09-Jun10</th>
<th>Oct09-Sep10</th>
<th>Jan10-Dec10</th>
<th>Apr10-Mar11</th>
<th>Jul10-Jun11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value</td>
<td>93.8</td>
<td>95.1</td>
<td>93.3</td>
<td>95.2</td>
<td>95.4</td>
</tr>
</tbody>
</table>
Santa Clara County Self Assessment
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<table>
<thead>
<tr>
<th>Relative performance to goal</th>
<th>0.96</th>
<th>0.97</th>
<th>0.95</th>
<th>0.97</th>
<th>0.97</th>
</tr>
</thead>
<tbody>
<tr>
<td>C3.3. Exits due to...</td>
<td>Jul09-Jul10</td>
<td>Oct09-Sep10</td>
<td>Jan10-Dec10</td>
<td>Apr10-Mar11</td>
<td>Jul10-Jun11</td>
</tr>
<tr>
<td>emancipation or age of...</td>
<td>55.9</td>
<td>62.3</td>
<td>61.9</td>
<td>63.6</td>
<td>61.1</td>
</tr>
<tr>
<td>majority and in care 3...</td>
<td>0.67</td>
<td>0.60</td>
<td>0.61</td>
<td>0.59</td>
<td>0.61</td>
</tr>
<tr>
<td>or longer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goal EL 37.5 / Performance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relative performance to...</td>
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</tr>
<tr>
<td>goal</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</table>

Placement Stability

<table>
<thead>
<tr>
<th>Relative performance to goal</th>
<th>0.96</th>
<th>0.97</th>
<th>0.95</th>
<th>0.97</th>
<th>0.97</th>
</tr>
</thead>
<tbody>
<tr>
<td>C4.1. Children with two or...</td>
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<td>Oct09-Sep10</td>
<td>Jan10-Dec10</td>
<td>Apr10-Mar11</td>
<td>Jul10-Jun11</td>
</tr>
<tr>
<td>fewer placements, in care...</td>
<td>85.2</td>
<td>86.1</td>
<td>89.0</td>
<td>89.2</td>
<td>89.2</td>
</tr>
<tr>
<td>between 8 days and 12...</td>
<td>0.99</td>
<td>1.00</td>
<td>1.03</td>
<td>1.04</td>
<td>1.04</td>
</tr>
<tr>
<td>months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goal EG 86.0 / Performance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relative performance to...</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>goal</td>
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<table>
<thead>
<tr>
<th>Relative performance to goal</th>
<th>0.96</th>
<th>0.97</th>
<th>0.95</th>
<th>0.97</th>
<th>0.97</th>
</tr>
</thead>
<tbody>
<tr>
<td>C4.2. Children with two or...</td>
<td>Jul09-Jun10</td>
<td>Oct09-Sep10</td>
<td>Jan10-Dec10</td>
<td>Apr10-Mar11</td>
<td>Jul10-Jun11</td>
</tr>
<tr>
<td>fewer placements in the life...</td>
<td>56.1</td>
<td>56.2</td>
<td>56.4</td>
<td>61.6</td>
<td>66.8</td>
</tr>
<tr>
<td>of their case, in care...</td>
<td>0.86</td>
<td>0.86</td>
<td>0.86</td>
<td>0.94</td>
<td>1.02</td>
</tr>
<tr>
<td>between 12 months and 24...</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>months</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Goal EG 65.4 / Performance</td>
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<tr>
<td>Relative performance to...</td>
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</tr>
<tr>
<td>goal</td>
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Juvenile Probation Outcomes

C-CFCR Analysis: Timely Reunification

C1.1 is an exit cohort that identifies out of all youth who exited care through reunification in a 12-month period. Santa Clara County Probation is below the state standard in the area of Family Reunification. Analyzing the data, it is noteworthy that Santa Clara County has a lower rate of reunification than the state of California. Reunification with the child’s family of origin is the most common permanency outcome, with 49% of children placed in foster care ultimately reunifying (U.S. Department of Health and Human Services (HHS), 2008). In 2010, 21% of Santa Clara probation youth reunified within 12 months of entering placement. This is lower than the state’s rate of reunification (34%). The median time to reunification was 27.2 months (CSSR 09/10). This is much greater than the California median time of 9.1 months (CSSR 09/10).
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There are two situations where a youth would reunify in more than twelve months. One is where the reunification process continued past the twelve months for legitimate or avoidable reasons and the reunification happened sometime after the twelve-month goal. The second situation is where reunification efforts had been terminated due to the youth being incarcerated in Juvenile Hall or Ranch facility, with the parents reunifying after the youth’s completion of the commitment, in spite of the discontinuation of reunification services.

However, probation youth who were placed in local placement were more likely to reunify within 12 months of their placement than youth placed out of county/state. All of Santa Clara County probation youth reunified within 12 months were in local placement. Additionally, all probation youth reunified within 12 months were Hispanic. A further analysis found that Hispanic and African American probation youth continue to be over-represented at almost every step of the Santa Clara County Probation process: referrals, removals, and foster care placements. Additionally, Probation youth continue to experience multiple foster care placements. Also of equal concern, children mainly experience an upward cycle of placement changes towards more restrictive placements.

V. Systemic Factors

Overview
Santa Clara County continues to be heavily involved in systemic reform in an effort to achieve better outcomes and to improve practice. DFCS continues to be in the process of a clerical staff reorganization to ensure greater support for documentation of case managing activities. In addition, the following systemic reform efforts were achieved or are still underway during the reporting period of 2009-2011. The goal for the upcoming System Improvement Process (SIP) planning will be to fully integrate these system reforms and the lessons learned in the process into one plan ensuring concentration on the goals that the Department with stakeholders and the community agree are the priority.

Family to Family (Anne E. Casey Foundation Grant)
Santa Clara County continues to actively work the Family to Family philosophy throughout services and programs provided in partnership with the community. Team Decision Making efforts and Family Finding efforts are key strategies toward this effort.

California Partners to Permanence
DFCS is into its second year of the California Partners to Permanency (CAPP) grant which focuses on increasing permanency for foster youth and reducing long-term foster care. As one of four grant sites in California, Santa Clara County’s focus is primarily on African-American youth in the child welfare system in an effort to understand and address the organizational and structural contributors to poor outcomes for children and families involved with the child welfare system and its community partners. After having finished an Institutional Analysis (discussed below) during the first year, the second element of the project is underway: development of a child welfare practice model that will inform how cases are managed and staffed. The planned intervention is a Child and Family Practice Model that includes culturally-sensitive engagement; empowerment of family, Tribal, and community networks; and the use of culturally-based and trauma-informed healing practices. Please see Attachment E for the CAPP Framework detailing the CAPP model framework upon which this work is based.
Institutional Analysis (IA)
The Institutional Analysis (IA) that the Department underwent as part of the CAPP project, sought to better understand and address organizational and structural contributors to poor outcomes for children and families involved with the child welfare system. Though a series of stakeholder meetings with the community, individual interviews with families, social workers and key stakeholders, and case reviews, a collaborative effort was made to identify and examine problematic institutional assumptions, policies, protocols, and decision making processes that organize or drive child welfare practice. SCC learned from the IA that the way DFCS in SCC is organized does not adequately support social workers in understanding African American and African Ancestry families’ strength, challenges, parenting and norms, in order to fully engage and partner with these families. The findings of the Institutional Analysis provided a clear trail of emergent themes and opportunities for change, including the importance of engagement and relationship building with and meaningful inclusion of the African American community in the action planning process.

Specific findings included:
(1) A focus on “rules, mandates, and timelines” and not on engaging with families;
(2) Needs identified by parents are not included in the case plans;
(3) Emotions expressed by families are mislabeled or misunderstood as a family being “uncooperative”;
(4) A view seems to exist that there is a “right” way for parents to act that may not reflect an understanding of the value of alternative cultural perspectives;
(5) Cultural competency is trained and encouraged to staff, but when it does not translate into changed practice or behavior there is no accountability.

These findings were translated into themes of areas of change and included the following:

Theme 1: The child welfare system and its partners do not fully understand the strengths, needs and challenges faced by families due to poor engagement with children, parents, caregivers and family networks.

Theme 2: Interventions do not account for family systems- how they are organize; what are their strengths and tensions- so that some interventions undermine broader family systems.

Theme 3: Intervening systems need to attend to the trauma, particularly grief and loss, experienced by children and families.

Theme 4: Intervening systems need clear definition of and approach to permanency for African American children.

Theme 5: “Good” parenting standard set by the child welfare system seems to reflect norms of the dominant culture and lacks understanding or acknowledgement of African American family strengths, culture and norms.
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SCC in partnerships with staff, local community based agencies, stakeholders, parents and youth developed an Action Plan aimed at addressing the organizational and structural areas of improvement needed for Santa Clara County. Please see Attachment F—Systems Change Preliminary Action Plan for Santa Clara County detailing the information gained through the IA and CAPP process thus far. SCC has purposely incorporated not only the feedback and findings from the IA, but also feedback from the Latino Child Welfare Equity Project (LCWEP), PQCR, and Cultural Dialogues, noted below in an effort to use this Action Plan as a guide in development for SCC’s System Improvement Plan. All of the efforts toward ensuring honest feedback about challenges with the child welfare system in Santa Clara County have yielded common themes and common areas in need of improvement. In addition, SCC acknowledges the multiple projects and initiatives and needs to ensure clear goals and priorities in order to be effective and to follow through with accomplishing the identified goals. It is also important that everyone is on the ‘same page’. Everyone should agree with where the county is struggling and how everyone will collectively work together with shared responsibility by the child welfare agency, the community at large, community based organizations and stakeholders, parents, relatives and youth. It is important that all of these initiatives and efforts to better understand parents, youth community members and stakeholders set the stage for goal setting. To this end, please see the CSA descriptive graphic in Attachment G as the start of trying to visualize how all of the pieces of the puzzle fold together.

The current goals identified through the CAPP and IA process will be the start of the SIP planning process and SIP goals. The current preliminary action plan includes the following:

Goal #1: Clear and Regular Communication with Internal and External Stakeholders
This will include:
(1) The development and clarification of a new DFCS mission statement the includes a collective process and ensures the voice of parents, children and youth and has clear core values for the Department
(2) Regular updates of projects and data and clear directions of DFCS initiatives, projects and processes

Goal #2: Shared Responsibility for Decisions
This will include:
(1) Shared decision making between Directors, managers, supervisors and line staff, sharing knowledge and responsibility
(2) Showing and ensuring fidelity to the DFCS mission through work, ensuring that family participation and voice in the process

Goal #3: Family and Community Focused Interactions
This will include:
(1) Increased stakeholder engagement and involvement that is authentic and meaningful
(2) Ensuring a focus on the impact of trauma

Goal #4: Equity in Outcomes
This will include:
(1) Improved access to services and quality of services for families
(2) Better tracking and evaluation of outcomes to inform decision making
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Latino Child Welfare Equity Project (LCWEP)
Recognizing the disproportional representation of Latino children in the child welfare population in Santa Clara County (approximately 60% of children in out-of-home care are Latino), the Department embarked upon a County supported initiative, the Latino Child Welfare Equity Project (LCWEP). The LCWEP was a six-month study that paralleled the efforts of the CAPP project. Its focus was specifically on investigating the potential unidentified causes of Latino children’s overrepresentation in the child welfare system. The LCWEP sought to build off work of other stakeholders who have examined this issue extensively, including Social Services committees and workgroups, such as El Comité and Unified Child of Color Task Force, the community’s La Raza Roundtable, Department of Family & Children’s Service’s (DFCS) Immigration Committee, etc. The LCWEP utilized the existing body of knowledge to further examine this issue and to gain a broader understanding of the Latino children and families’ life experience in the child welfare system. The LCWEP took a systems view similar to the Institutional Analysis, in an effort to better understand the impact of policy and practice, to ensure equity, and to improve the broad service delivery system.

In December 2011, recommendations were submitted to the Social Services Agency leadership to impact policy and practice in an effort to ensure equity and an improved service delivery system for this population. A summary of some of these findings and recommendations included the following and included some of the same these that were prevalent in the Institutional Analysis completed in May 2011. These themes included: impact of trauma on children and families, the importance of staff that are culturally proficient and able to meet the needs of families, the need for families to have access to resources and using extended family as a resource, ensuring the family’s voice and ensuring skilled staff.

Importance of extended family:
• Explore ways to allow front-end workers to have more time to spend with families including flexible use of funding and better collaborations and relationships with the community and faith based community.
• Include more extended family in case and safety planning, which may involve looking at the internal policy to allow social workers more time, especially at the front-end, to spend engaging extended family.
• Increase and improve engagement with fathers and their families, ensuring all policies emphasize the important of the role of the fathers.

Resources:
• Ensuring supports at the front-end to help identify community resources for families in need and a review of internal policies that could hinder front-end staff from engagement with families.
• Identify “Cultural Brokers” such as churches, community organizations, parent advocates or mentors that could assist child welfare social workers in bridging cultural gap with families.
• Find ways to support families from a socio-economic view including strengthening the DFCS’s use of CalWORKS linkages program and increasing
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services available to families to include program that address socio-economic issues.

- Expand Differential Responses and look at the services available from the Family Resources Center.

Staff Skills and Cultural Proficiency:

- Improve cultural proficiency and engagement skills among CWS staff, including increasing Bilingual/Bicultural staff within DFCS and amongst community partners, utilize CAPP’s Practice Model to improve engagement.

- Continue to build relationships with the Latino Community.

Cultural Dialogues Series
In October 2010, DFCS, in partnership with the Santa Clara County Superior Court, initiated a system wide change initiative that sought to deepen the dialogue among stakeholders in support of the Department’s efforts to reduce the over representation of children of color in the local child welfare system. This decision was based on the perception that the agency had made important strides in reducing targeted areas of apparent disparity in practice and the belief that partners needed to look critically at the intrinsic systemic factors that may be contributing to the outcomes.

The Leadership Group created to provide input into the implementation of the Dialogue Series has representation from the Mental Health Department, the Public Health Department, the Unified Children of Color Committee, the District Attorney’s Office, Superior Court, SSA, DFCS, NAACP, La Raza Roundtable, the Black Leadership Kitchen Cabinet, Asian Americans for Community Involvement, Youth Advisory Board, the Harvard Consensus Building facilitator, and the consultant facilitating the Dialogue Series.

Ongoing series of discussions, focus groups and trainings aimed at better understanding how structural racism can work in tandem with poverty and other factors to create and perpetuate racial and ethnic disproportionality in child welfare, and further refining and sustaining a common framework for the development of policies, programs, and practices that will help safely reduce the rates of entry, lengths of stay and failed transitions from foster care for children and families of color. The trainings and focus groups were advertised to, attended by and received substantial input from a wide range of stakeholder groups in Santa Clara County, and further trainings, discussions and focus groups will continue. This initiative will be leading changes to the DFCS Mission Statement to more accurately reflect our goals in plain language, and set the “tone” for 2012 with a “State of the Department” address by the DFCS Director.

Family Wellness Court (FWC)
SCC is in the fifth and final year of the Family Wellness Court for Infants and Toddlers (FWC) is a unique regional collaboration and partnership between the Santa Clara County Social Services Agency and DFCS, Superior Court, the Department of Alcohol and Drug Services, the Mental Health Department, the District Attorney’s Office, and First 5 Santa Clara County. The target population is pregnant women and mothers with
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A child, ages 0 to 3, who’s abuse of methamphetamine and other substances have placed their children in or at risk of out-of-home placement. FWC began in March 2008 to enhance and expand the existing Dependency Drug Treatment Court (DDTC).

The FWC primary goals for the target population of mothers and children are
- Early identification of and intervention for pregnant women and mothers;
- Rapid engagement and successful retention in treatment and care;
- Reduction in subsequent births to mothers who are abusing methamphetamine;
- Early identification of an intervention for developmental delays, disabilities, and concerns for children 0-3 whose parents come before the Dependency Drug Treatment Court (DDTC);

The collaboration is an effort to establish common knowledge base and core competencies with all team members and to allow blended funding and shared staff resources for common goals and systemic changes. FWC is led by the drug court team, a group of professionals and volunteers who work together with the Judge to devise case plans for clients and monitor the clients while the FWC case is open. The Team also makes administrative decisions concerning FWC operations. The members of The Team include:
- A Judge of the Juvenile Dependency Court
- A Superior Court Resource Coordinator
- A Substance Abuse Assessor from DADS (Drug and Alcohol Dependency Services)
- One Drug Treatment Counselors from DADS
- The DFCS Social Worker assigned to the case
- Two to four attorneys from the law offices that represent parents
- One or more paralegals from the law offices that represent parents
- One or more attorneys from the law office that represents children
- One attorney from the Office of County Counsel, the law office that represents social workers
- The Mentor Moms Coordinator
- A Domestic Violence Specialist
- A Community Resource Specialist (Shared with Dependency Drug Treatment Court - DDTC)
- A FIRST 5 Santa Clara County Program Specialist
- One or more representatives from the Court Appointed Child Advocate (CASA) program
- A Courtroom Clerk
- An Early Childhood Mental Health Specialist
- A Mental Health Therapist for Parents
- A Social Worker Court Liaison
- An Eligibility Worker

The Family Wellness Court is an expansion of Santa Clara County’s Superior Courts’ Drug Dependency Treatment Court, which has achieved tremendous success in assisting women to reunify with their children, as well as maintain sobriety, become better parents and to overcome other personal barriers in their lives.

Family Wellness Court continues to serve over 100 families per year and accepts eight to ten new families on a monthly basis. DFCS Dependency Intake Social Workers or the Juvenile Court identify and refer families to FWC that meet the criteria. Families are provided comprehensive services by FWC including the following:
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- Legal representation
- Early drug and alcohol assessment and treatment
- Mentor Parent support from successful graduates of the Dependency Drug Treatment Court.
- Domestic violence advocacy and services
- Transportation assistance
- Limited funding to assist with barriers to case plan completion
- Linkages to employment and benefits services
- Therapeutic services
- Pregnancy prevention education
- Comprehensive developmental and behavioral screening, assessment and interventions for all children
- Child appointed special advocates (CASA's) for many children
- Linkage to health coverage and primary care physicians
- Access to a wide array of parenting workshops
- Home visitation
- Early care and education services
- Oral health care for children and some limited dental services for adults
- A wide range of age appropriate community activities

Major accomplishments and outcomes to date include the following:

- **Participants** - FWC has served 311 children and 276 adults (172 mothers and 104 fathers), representing 189 families during the first three (3) years. Almost half (48%) of the children were younger than 12 months at entry, 29% were ages 1–3, 8% were ages 4–5, and 15% were 6 or older.

- **Outcomes - In review of the Ninety-five** (95) families with closed cases, 78% of them engaged sufficiently in FWC services to meet treatment criteria, as defined as participation in at least 1 month of at least three FWC recommended services. The most common reason for families not engaging in FWC (affecting 17% of the families) was that their whereabouts were unknown. The average length of time served by the FWC program was 515 days (17 months). Most (86%) of FWC adult clients (in closed cases that met treatment criteria) fully or partially completed the four key FWC components (FWC hearings, substance assessment, substance treatment, and mentor parent services).

- **Satisfaction with FWC services and personnel for closed cases that met criteria.** FWC clients who met treatment criteria were highly satisfied with FWC especially with regards to their own case planning, the helpfulness of the staff from all the agencies, the ease with obtaining and usefulness of substance abuse.

In addition, a comparative study was completed in an effort to look at the outcomes from FWC. Data was collected from March 14, 2008, through March 31, 2011. Outcome data revealed better outcomes for the treatment group involved in FWC compared to the comparison group. These improved outcomes included the following:

- Parents experienced significantly fewer days from program entry to substance abuse assessment
- Parents experienced significantly fewer days from substance abuse assessment to treatment
- More parents completed residential treatment programs
- More children remained at home/never entered foster care
- Children had shorter stays in foster care
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- More children reunified with their parents in less than 12 months
- More children had at least one parent retain custody at case closure

Analytic Summary:
DFCS believes that the intensive support of the multiple providers working together has helped to lead to improvements in timely Family Reunification for SCC. Both FWC and DDTC (Dependency Drug Treatment Court) encourage high parent involvement and have led to fewer children being removed and increased timelines for reunification. Careful review and monitoring will be needed to ensure no future maltreatments for these children.

Agency Collaborations for Transitioned Aged Youth
Santa Clara County’s Department of Family and Children’s Services (DFCS) was one of eight child welfare services agencies that partially or fully implemented California Connected by 25 Initiative for services and programs aimed at youth ages 15-24. SCC’s key focus areas included: K-12 Education; Employment/Training/Post-secondary Education; Housing; Independent Living Skills; Financial Competency and Asset Development; Personal/Social Asset Development; and Permanency. Santa Clara County continues to partner with the community to leverage resources and ensure resources for transitioned aged youth. For the past several months, a great deal of energy from both DFCS, JPD and community partners has been focused on the necessary preparation and planning for AB12 and the expansion of foster care for youth, ages 18 through 21 to choose to continue receiving support and resources as Non-Minor Dependents (NMD). Please see additional detailed information regarding services for transitioned aged youth in the services section of this report.

Juvenile Education Needs Committee (JCEP)
The Juvenile Education Needs Committee (JCEP) was originally established as an oversight committee for the Santa Clara County Office of Education (SCCOE) for the creation of the Foster Youth Services Information System (FYSIS) database with data from DFCS, Juvenile Probation and three local school districts, as well as a Standing Court order for data sharing. This committee has been expanded to provide oversight responsibility for all educational resources, supports and services for youth in the Child Welfare and Juvenile Probation System.

City-County Compendium
SCC makes a concerted effort to ensure that all county and city plans and initiatives are aligned and not working in cross purposes and that funding is leveraged. The City-County Compendium helps to inform regarding current initiatives and projects. All reports to the Board of Supervisors must include a Child Impact Statement, Senior Impact Statement, and Sustainability Implications Statement. County Supervisors have called for the creation of a Council on Health, strengthening anti-smoking laws, expanding access to healthy food options, and adding back funds to public health and drug and alcohol prevention programs.

Unified Children of Color Task Force
Children of color are overrepresented in all phases of child welfare services, beginning with initial reports of child abuse and neglect from the community and, for children who needed to be removed from their homes, ending with long placement episodes prior to exiting the child welfare system. Reducing overrepresentation continues to be a main priority for SCC. It is a critical challenge and concern for both DFCS and the broader
community. To this effect, the Agency began in 2000, collaborating with the Child Welfare Research Team of San Jose State University's College of Social Work to study the disproportionate representation of children of color in Santa Clara County. As a result of this study and community concern, in 2005 the Agency consolidated internal and external efforts to study and address this complex subject by forming the Unified Children of Color Task Force. This Task Force is comprised of representatives from the Child Abuse Council, the Social Services Advisory Commission, community stakeholders and Social Services Agency staff. The Children of Color (COC) continues as a strong unified advisory group dedicated to supporting changes within child welfare services to help address disproportionality.

The first work plan from the COC was in 2007, which laid out a comprehensive set of strategies across program activities, staff training, management oversight, and advocacy in order to better engage families of color in assessment, case planning, and referrals for service. Implementation of this plan began in 2008. In addition, specific focused efforts from this committee helped to shape policies and practices designed to reduce the number of non-abuse siblings removed unnecessarily from families when abused children must be removed, and expand and strengthen culturally sensitive and appropriate services, including contracting with a community-based provider for early engagement and intervention services for African-American families. In addition, this committee has chosen to utilize both an evaluation of data and specific case examples in an effort to better understand concerns and recommend changes or alternatives. For instance, a review of data in this committee revealed high numbers of emotional abuse allegations, specifically for African American or African Ancestry families. This resulted in all allegations of emotional abuse being administratively reviewed to minimize subjective factors in social workers' assessments. The result was dramatically fewer emotional abuse allegations. The Department added a review of physical abuse allegations for African American and Hispanic families and both of these administrative reviews continue today. This committee has also been directly supportive of the training for staff and system partners to emphasize culturally knowledgeable and sensitive services.

Current goals for the 2010-2011 work plans for the COC include the following:

1. Monitor the implementation of a yearly evaluation of the mandated reporter training;
2. Develop ways to increase community awareness on child abuse prevention;
3. Monitor implementation and timeline of Differential Response efforts with special focus to African American families;
4. Monitor the effectiveness of Differential Response efforts related to Latino families;
5. Monitor the implementation and effectiveness of Family Team Meetings facilitation related to African American families;
6. Implementation of Front End Team Decision Making (TDM) Meetings will reduces the number of removals of African American and Latino children and include a match for the family with the facilitator's culture and includes flexibility of location and inclusion of parents;
7. Continue review of physical abuse only allegations for African American and Latino families;
8. Initiate a survey of general neglect referrals;
9. Continue improving staff training including enhancing supervisor and social services program manager's practice related to cultural/racial issues;
increasing the Agency’s overall cultural fluency, and the government and stakeholder’s cultural fluency;
(10) Track and monitor court and non-court cases by ethnicity;
(11) Track outcomes by family and ethnicity at exit by guardianship.

The general neglect study was completed and the final report was just made available at the end of 2011. This study was at the request of the Children of Color Task Force to provide a qualitative understanding of families coming into contact with child welfare services due to general neglect allegations, and whether there were any variations by race or ethnicity. A driving motivation for this investigation was the belief that lack of resources, even when coupled with substance abuse, might be a leading reason for families’ contact with child welfare services when the allegation was solely for general neglect. Finally, reviewers’ assessments of social workers’ investigation dispositions were also explored.

In summary, a random sample, stratified by race and ethnicity, of substantiated general neglect referrals was selected from FY 2009. In order to reduce the possible influence of other types of maltreatment, only referrals solely substantiated for general neglect were included. Out of 159 referrals substantiated for general neglect only (226 unique children; 1.4 children per referral), 52 referrals (i.e., Investigation Narratives) were studied. In general, 15 referrals were reviewed for each ethnic group, divided equally for each of the following three dispositions: referral closed, voluntary case opened, and court case opened. However, for African American and Asian/Pacific Islander families fewer referrals were reviewed due to insufficient referral dispositions to meet the three conditions in the period studied.

Findings from this study highlighted the following:
- Substance abuse by one or both parents was found to be the most prominent factor that brings families with general neglect into contact with child welfare services, and this is true regardless of race or ethnicity.
- A second factor is the incarceration of one or both parents at the time of the referral, again, regardless of race or ethnicity.
- Lack of resources captured by the need for both housing and employment was observed in 15% of the sample. Thus, the belief that lack of resources may be a principal reason for substantiated general neglect was not strongly substantiated by the data. However, the following qualifications need to be considered: First, the low rate observed does not mean that families coming into contact for general neglect do not face scarce resources, but just that it was not the focus of the investigation. The risk of substance abuse as it affects child safety may have played a more central role in the substantiation of the allegation over other potential co-occurring issues, such as poverty factors. Second, the analysis only measured lack of resources when a family faced both housing and employment needs. Each factor was not considered independently.
Finally, almost three quarters of families had a history of prior referrals and a third had prior substantiated referrals. These families, then, are undoubtedly known to the many mandated reporters that come into contact with their children.

Variations by race/ethnicity were also observed in the table noted below. The following synthesizes variations by race/ethnicity as well as presents noteworthy findings for father involvement.

- While substance abuse and incarceration were the two main challenges across all families, its proportion varied by race and ethnicity, African American and Caucasian families were more likely to experience substance abuse (average 68%) and incarceration (average 41%), compared to Latino and Asian/Pacific Islander families (averages: substance abuse 46%, incarceration 24%). However, only African American (24%) families were markedly less likely to have two parents involved in parenting compared to the group average (42%). Finally, African American families were more likely to have a history of previous substantiated referrals (55%) than the group average (33%).

- African Ancestry Specific Findings- It was speculated that the high rates of substance abuse, incarceration, single parenting, substantiated referral history, and higher reporting from mandated reporters may explain why African American children (64%) were more likely to be taken into protective custody than the group average (44%). It may also explain why African American families were less likely to have their substantiated general neglect referrals closed (18%) and why they were more likely to enter into court services (45%), compared to the group average (closed referrals 33%, court services 36%). Finally, both African American mothers (62%) and fathers (38%) were less likely to be interviewed by the investigation social worker than the group average (mothers 80%, fathers 53%). One may explain that a reason why African American parents were less likely to be interviewed may be due to incarceration, and that the reason why African American fathers were less likely to be interviewed may be due to their lack of involvement in parenting (assuming that African American parents' lower rate for two-parent involvement is due to absent fathers). However, the following drill-down questions warrant further exploration and will be carried forward in the work for the COC:

1. *What strategies can be used when African American parents are incarcerated to prevent bringing children into protective custody,* as
appropriate? How can relatives and other important adults be accessed to secure diversion from child protective custody?

2. How actively do social workers tap into African American parents’ social support network during the investigation? What are the protocols to effectuate engagement of the extended support system? Would engagement of parents’ support system help to divert entry into court services?

3. What are the barriers to interviewing African American mothers during the referral investigation phase? Is it incarceration or something else?

4. What are the barriers to interviewing African American fathers during the referral investigation phase? When children come from female-single-headed households and fathers with limited involvement, what strategies can be applied to bring fathers into the decision making?

- Latino Specific Findings- Analysis of the variables reviewed show that Latino families show a pattern similar and sometimes more favorable than Caucasian families. However, Latino families are more likely to experience Court cases similarly to African American families. Latino families were less likely to have referral histories (including substantiated referrals), were more likely to have two parents involved in care giving, and had a lower incidence of substance abuse, incarceration, and less likely to have both housing and employment needs. While the observation of substance abuse, incarceration, and both housing and employment need showed up for Latino families as important factors in the referral investigation, its proportion was markedly lower than that found for Caucasian and African Ancestry families. Analysis of the sample finds that the referral disposition was the same for both Latino and Caucasian children. However, the full data extract shows a higher rate for Court case openings for Latino (37%) compared to Caucasian (31%) children. This difference is a bit surprising considering that Latino families looked quite similar to Caucasian children in terms of referral history (pre and post the study period), mandated reporter referrals, and looked a little better in terms of case openings by mandated reporter type and family challenges. It is not clear whether the wider net casting of mandated reporters from the medical and school professions should account for the increase in Court case openings observed for Latino children. However, the difference between the two groups diminished when collapsing voluntary and Court case openings (Latino = 58%, Caucasian = 56%). This effect, then, may simply be a function of the reasons behind offering voluntary services to some families and not others. An in depth exploration of the needs of families and perceptions about a family’s ability to access needed resources may shed more light. Finally, while reviewers showed the lowest agreement in terms of whether the evidence supported the finding of general neglect for Latino families, they showed the highest agreement for all referral dispositions: referral closure, offering voluntary services, and opening a Court case. The following drill-down questions might offer further understanding of Latino families with allegations of general neglect and will be followed up through the COC Task Force:

1. The finding that only 9 percent of Latino families experienced both housing and employment needs does not match educated practice
knowledge of the Latino experience for families in Santa Clara County in addition to the present economic downturn. Further exploration of each condition in isolation or an additive variable that includes several key resource factors might paint a more complete picture.

2. Review and expand mandated reporter training to medical staff.

Finally, the following programmatic recommendations were offered as a result of the General Neglect study:

- Expanded Differential Response, Path 1, to mitigate risk of cumulative referrals for families with children older than five years. Currently, only families with 0-5 children are offered Path 1 services. In this manner more community-based services will be available to all families when a DFCS investigation is not warranted.

- Expanded Differential Response, Path 2 to ensure improve on how DFCS partners with the community by means of a “warm hand-off,” enlisting assistance from community brokers, as appropriate, and offer services to all families with closed referrals after a social worker investigation.
  1. This may include use of multi-disciplinary team meetings to ensure that families are linked to the appropriate services according to their needs and cultural qualities.
  2. DFCS should consider increasing front end, multi-disciplinary, public-private agency approaches to assess, evaluate, and assist families experiencing neglect and abuse.

- Expand and increase resources to strengthen families and parent leadership
  1. Differential case planning and resource utilization by community agencies’ Differential Response programs
  2. Expanded services for children 0-5 years
  3. Increase parents’ involvement in planning for child abuse prevention programs, DFCS services, and decision-making.

- Continue to develop social workers’ skills and knowledge to ensure thorough, culturally informed assessments and evaluations, in order that families receive the least invasive and restrictive referral disposition.
  1. For example, general neglect referral dispositions should take into account factors such as: What is the harm or risk of harm to the child? Was the act of omission resulting in neglect intentional or unintentional? Was there a lack of resources to provide the necessities of life a factor?

- Families whose cases are coming to a close and that have prior child welfare histories may be at higher risk of recidivism and should be offered Path 4 services that is supported by a “warm hand-off.”

Table 56

<table>
<thead>
<tr>
<th>Table Referral Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Number of referrals reviewed</td>
</tr>
</tbody>
</table>
## Santa Clara County Self Assessment
### February 2012

<table>
<thead>
<tr>
<th>Category</th>
<th>Average Count</th>
<th>African American</th>
<th>Latino</th>
<th>Caucasian</th>
<th>API</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of reviewer responses&lt;sup&gt;1&lt;/sup&gt;</td>
<td>260</td>
<td>55</td>
<td>75</td>
<td>75</td>
<td>55</td>
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</tbody>
</table>

**Referral trend: previous and subsequent**

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
<th>African American</th>
<th>Latino</th>
<th>Caucasian</th>
<th>API</th>
</tr>
</thead>
<tbody>
<tr>
<td>Families with previous referral(s)&lt;sup&gt;2&lt;/sup&gt;</td>
<td>74%</td>
<td>82%</td>
<td>60%</td>
<td>80%</td>
<td>73%</td>
</tr>
<tr>
<td>Families with previous substantiated referral(s)&lt;sup&gt;3&lt;/sup&gt;</td>
<td>33%</td>
<td>55%</td>
<td>27%</td>
<td>33%</td>
<td>18%</td>
</tr>
</tbody>
</table>

**Re-referral rates (18-24 months later)**

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
<th>African American</th>
<th>Latino</th>
<th>Caucasian</th>
<th>API</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base referral disposition Unfounded (N=4,339)</td>
<td>25%</td>
<td>27%</td>
<td>26%</td>
<td>27%</td>
<td>15%</td>
</tr>
<tr>
<td>Any re-referral outcome&lt;sup&gt;2&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Base referral disposition Unfounded (N=4,339)</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
<td>2%</td>
</tr>
<tr>
<td>Only substantiated re-referrals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Base referral disposition Substantiated (N=1,323)</td>
<td>40%</td>
<td>44%</td>
<td>40%</td>
<td>42%</td>
<td>28%</td>
</tr>
<tr>
<td>Any re-referral outcome&lt;sup&gt;4&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Base referral disposition Substantiated (N=1,323)</td>
<td>12%</td>
<td>15%</td>
<td>12%</td>
<td>12%</td>
<td>8%</td>
</tr>
<tr>
<td>Only substantiated re-referrals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Demographics**

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
<th>African American</th>
<th>Latino</th>
<th>Caucasian</th>
<th>API</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two parents involved with parenting child</td>
<td>42%</td>
<td>24%</td>
<td>47%</td>
<td>44%</td>
<td>49%</td>
</tr>
<tr>
<td>Referrals with child under the age of 1 year</td>
<td>32%</td>
<td>53%</td>
<td>19%</td>
<td>39%</td>
<td>18%</td>
</tr>
</tbody>
</table>

**Reporting Patterns<sup>5</sup>**

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
<th>African American</th>
<th>Latino</th>
<th>Caucasian</th>
<th>API</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total referrals (total referral count)</td>
<td>157</td>
<td>15</td>
<td>90</td>
<td>36</td>
<td>16</td>
</tr>
<tr>
<td>Law Enforcement</td>
<td>52</td>
<td>6</td>
<td>28</td>
<td>11</td>
<td>7</td>
</tr>
<tr>
<td>Percent of total referrals</td>
<td>33%</td>
<td>40%</td>
<td>31%</td>
<td>31%</td>
<td>44%</td>
</tr>
<tr>
<td>Medical staff</td>
<td>23</td>
<td>1</td>
<td>15</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Percent of total referrals</td>
<td>15%</td>
<td>7%</td>
<td>17%</td>
<td>14%</td>
<td>13%</td>
</tr>
<tr>
<td>Child Welfare staff</td>
<td>16</td>
<td>4</td>
<td>7</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Percent of total referrals</td>
<td>10%</td>
<td>27%</td>
<td>8%</td>
<td>8%</td>
<td>13%</td>
</tr>
<tr>
<td>School staff</td>
<td>12</td>
<td>0</td>
<td>11%</td>
<td>6%</td>
<td>13%</td>
</tr>
<tr>
<td>Percent of total referrals</td>
<td>8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other professional</td>
<td>20</td>
<td>3</td>
<td>12</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Percent of total referrals</td>
<td>13%</td>
<td>20%</td>
<td>13%</td>
<td>11%</td>
<td>6%</td>
</tr>
<tr>
<td>Other (relative, friend, anonymous)</td>
<td>25</td>
<td>1</td>
<td>15</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>Percent of total referrals</td>
<td>15%</td>
<td>7%</td>
<td>17%</td>
<td>22%</td>
<td>6%</td>
</tr>
</tbody>
</table>

---

<sup>1</sup> Five reviewers examined each referral.

<sup>2</sup> Refer to Table 14 for complete details on race/ethnicity by referral disposition for prior referrals.

<sup>3</sup> Refer to Table 16 for complete details on race/ethnicity by referral disposition for prior substantiated referrals.

<sup>4</sup> Child Welfare Dynamic Report System, see Recurrence of Allegations. Center for Social Sciences Research, UCB.

<sup>5</sup> Any re-referral outcome includes: substantiated, inconclusive, unfounded, or assessment only.

<sup>6</sup> Data for Reporting Patterns comes from the General Neglect complete data extract for FY 2009.
<table>
<thead>
<tr>
<th>Referrals that opened to a case  (voluntary/court)</th>
<th>Average/Count</th>
<th>African American</th>
<th>Latino</th>
<th>Caucasian</th>
<th>API</th>
</tr>
</thead>
<tbody>
<tr>
<td>Law Enforcement</td>
<td>26</td>
<td>4</td>
<td>14</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Percent of total referrals by mandated reporter</td>
<td></td>
<td>67%</td>
<td>50%</td>
<td>55%</td>
<td>29%</td>
</tr>
<tr>
<td>Medical staff</td>
<td>18</td>
<td>1</td>
<td>11</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Percent of total referrals by mandated reporter</td>
<td></td>
<td>100%</td>
<td>73%</td>
<td>100%</td>
<td>50%</td>
</tr>
<tr>
<td>Child Welfare staff</td>
<td>13</td>
<td>4</td>
<td>6</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Percent of total referrals by mandated reporter</td>
<td></td>
<td>100%</td>
<td>86%</td>
<td>100%</td>
<td>50%</td>
</tr>
<tr>
<td>School staff</td>
<td>4</td>
<td>NA</td>
<td>4</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Percent of total referrals by mandated reporter</td>
<td></td>
<td></td>
<td>40%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other professional</td>
<td>15</td>
<td>3</td>
<td>7</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Percent of total referrals by mandated reporter</td>
<td></td>
<td>100%</td>
<td>58%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Other (relative, friend, anonymous)</td>
<td>8</td>
<td>1</td>
<td>6</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Percent of total referrals by mandated reporter</td>
<td></td>
<td>100%</td>
<td>40%</td>
<td>13%</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Family Challenges**

| Substante abuse by one or both parents | 57% | 65% | 45% | 71% | 47% |
| One or both parents incarcerated       | 32% | 45% | 21% | 37% | 27% |
| Both housing and employment need       | 15% | 11% | 9%  | 19% | 22% |
| Domestic violence present (or history?)| 12% | 0%  | 11% | 15% | 22% |

**Investigative Strategies and Decisions**

| Mother interviewed                     | 80% | 62% | 87% | 85% | 84% |
| Father interviewed                     | 53% | 38% | 53% | 55% | 65% |
| Any child taken into protective custody| 44% | 64% | 40% | 48% | 24% |

---Continued on next page---

| Referral Disposition: Data Extract | 157 | 15 | 90 | 36 | 16 |
| Referral closed (n=66 referrals)   | 42% | 13% | 42% | 44% | 63% |
| Voluntary case opened (n=36 referrals) | 23% | 27% | 21% | 25% | 25% |
| Court case opened (n=55 referrals)  | 35% | 60% | 37% | 31% | 13% |

**Referral Disposition: Data Sample**

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Analytic Summary:
The COC has played and continues to play a vital role for SCC in the mission toward addressing disproportionality for children and families involved in child welfare services. For 2011, COC will help to provide the necessary oversight and leadership in helping the Department braid all the key initiatives and projects together for common goals and unified vision for SCC DFCS. This includes the Department’s participation in CAPP, the IA, the LCWEP, the Cultural Dialogues series and will set the stage for the work for SCC’s System Improvement Plan. The General Neglect study displayed common themes found in the LCWEP demonstrating the need to better understand the impact of economic stressors for families involved in Child Welfare and a need to ensure clear distinctions between safety and risk.

Best Practice Committee
The Social Services Agency began the Best Practices Committee in 2003, as a response to feedback that Agency needed to work more openly and collaboratively with community. The Best Practices Committee was established to identify issues and trends that emerge through an analysis of inquiries and complaints from the various child welfare system participants and stakeholders, and to make recommendations to increase accountability and improve services to children and families. The committee provides a broad representation from the community and internal stakeholders. Through this committee, the Department of Family and Children’s Services developed a Complaint Resolution Process that was implemented in 2004 and remains in effect. Specific changes to this process were implemented in 2011 in an effort to concentrate on trends and information that could lead to necessary system change efforts. Internal complaints are compared to those complaints that are provided through the Office of the Ombudsperson in an effort to ensure that the Department is providing good and fair services to all children and families.
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Highlight of trends and discussion items from FY09 – FY11 as taken from BPC and CFSC reports for same period include the following from the Office of the Ombuds person:

1. Concerns regarding a biological mother’s needs not being taken seriously by social worker;
2. Visitation not consistent since deletion of several social worker codes;
3. The relative complexity (often involving multiple referrals) of cases concurrently involved in both juvenile dependency and family court;
4. Social worker communication not adequate with respect to conveying “bad news” to their clients regarding recommendations to terminate services (non-reunification) or to maintain child in protective placement (kin, guardianship, FFH, or group home);
5. Parent’s legal counsel not adequately keeping the client informed and up to date regarding the case, and inadequate time is spent in consultation between client and counsel prior to hearing or trial;
6. Social worker, supervisor and manager follow up with clients making formal complaints is inadequate; recommend revision to DFCS Complaint Policy and Procedures (Agency Memorandum 04-10) and creation of a system to “tag” (high profile) cases to ensure that the social worker follows through with the agreements;
7. The report written by the social worker contains factual inaccuracies, or unfairly mischaracterizes interactions as excessively negative;
8. TDM agreements not adhered to by social worker;
9. Social worker bias in report writing (both factual inaccuracies and biased, non-neutral language);
10. Social Workers with highest complaint count (as tracked by ombuds complaints) continue to amass the highest levels of complaints in future reporting periods; assumption of low correction or discipline rates.

Table 57

<table>
<thead>
<tr>
<th>Period</th>
<th>Cases</th>
<th>Repeat Visitors</th>
<th>Resolved</th>
<th>Phone Inquiries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jul - Sept 2009</td>
<td>36</td>
<td>12</td>
<td>34</td>
<td>26</td>
</tr>
<tr>
<td>Oct - Dec 2009</td>
<td>32</td>
<td>10</td>
<td>25</td>
<td>33</td>
</tr>
<tr>
<td>Jan - Mar 2010</td>
<td>28</td>
<td>10</td>
<td>24</td>
<td>39</td>
</tr>
<tr>
<td>Apr - Jun 2010</td>
<td>26</td>
<td>6</td>
<td>21</td>
<td>33</td>
</tr>
<tr>
<td>Jul - Sept 2010</td>
<td>25</td>
<td>9</td>
<td>25</td>
<td>28</td>
</tr>
<tr>
<td>Oct - Dec 2010</td>
<td>31</td>
<td>5</td>
<td>21</td>
<td>35</td>
</tr>
<tr>
<td>Jan - Mar 2011</td>
<td>38</td>
<td>12</td>
<td>36</td>
<td>24</td>
</tr>
<tr>
<td>Apr - Jun 2011</td>
<td>30</td>
<td>5</td>
<td>20</td>
<td>18</td>
</tr>
</tbody>
</table>

Engaging Father’s Initiative Workgroup
DFCS continues to have a workgroup specifically to address “father’s involvement” in child welfare and how DFCS is addressing this. Continued efforts have been made toward trainings and discussions aimed at understanding barriers impacting positive involvement of fathers with their children; identifying the role of fathers, what they do and how they do it from a cultural context, as well as specific issues affecting African
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American fathers involved in the Child Welfare system, and understanding how engaging fathers in the lives of their children will impact development in a positive way. The Fatherhood Initiative Workgroup to continue to foster substantive engagement with fathers as well as paternal relatives of children that are touched by the child welfare system, and to address issues relating to inequity in services and engagement with fathers. Accomplishments during this review period included the following:

- Work Group to address the Father’s Initiative in place since March 4, 2010;
- Training of all staff about the Father’s Initiatives presented by Dr. Mike Connor;
- Quarterly Fatherhood Newsletter;
- In process, pictures of fathers engaging with children to be displayed in the lobbies of SSA.

The challenges of this work for DFCS continue specifically with regards to the following:
- Better education for staff about the importance of engaging fathers;
- Ensuring consistent search efforts for father and the paternal side of the family;
- Policies and practice issues to how we engage father;
- Funding issues for services for fathers;
- Media Depictions and stereotypes of fathers;
- Legal System and Court tending to place children with the mother;
- Looking at work place guidelines and any implicit bias toward fathers.

El Comite’ Strategic Plan
In January of 1993, El Comite’ developed a strategic plan aimed at reducing the number of “Chicano/Latina” children in out of home care. This document included a survey of staff training needs, hiring of a well qualified trainer to provide this essential training, and ensuring appropriate case consultation for these children and families, DFCS is in the process of review of this document and consideration of the information contained and rolling this information into all the current work in CAPP, LCWEP, and the Cultural Dialogue, so that a well rounded approach that incorporates all the information and hard work of this Agency and Community and the feedback from youth and families is considered in future goals and the direction of the Department. This document can be found on the DFCS home page. (http://intranet.ssa.co.santa-clara.ca.us/department/dfcs_home/pages/dfcs_index.html)

Cultural Excellence Committees
The Social Services Agency (SSA) continues to be committed to the utilization and support of various employee groups in the county. Representatives meet monthly and continue to champion the support of employee’s diverse cultural talents, as well as supporting the cultural needs of the children, adults and families served by SSA. Specific accomplishments from 2009 through 2011 by employee groups include the following:

African Ancestry Employees’ Committee (AAEC):
- Sponsor of the Sankofa Scholarship which provides financial assistance to qualified applicants studying human services in an accredited school, college or university ($1500);
- Presentation regarding the struggles and structural inequities in class, politics and the environment as experienced by communities of color and poor people.
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- Development of several key Diversity Trainings and participation in the annual SSA Diversity Day;
- Development of A Resource Guide for Families of African Ancestry in Santa Clara County listing organizations and resources that are either headed by an individual(s) who are of African Ancestry or specially focuses their services/products toward the African Ancestry community;
- Consulted with and supported an AAEC member’s graduate student project, titled “CPS Social Workers’ Assessment of an African-Centered Training Module Designed to Enhance Engagement with Families of African Ancestry: An Exploratory Study”;
- Ongoing collaboration with community partners such as the Black Leadership Kitchen Cabinet and the African American Community Services Agency

DFCS Immigration Services Committee (ISC):
The Immigration Services Committee has remained committed to the outreach throughout DFCS to ensure accurate information and support for immigrant families in SCC. In 2009, four children were transported to Mexico to be placed with relatives or visit with siblings. Five children are currently awaiting adoption that was living with relatives in Mexico. In 2009, one adoption was finalized for two children. In 2010, there were four children awaiting adoption. A reception was held in the Nuestra Casa Family Resource Center celebrating the finalization of the first adoption with relatives in Mexico. The Mexican Consulate was there to emphasize the collaborative efforts between the Department and the Mexican Consulate. The numbers for PRUCOL applications were provided for 2008 was 45 and 40 for 2009.

Accomplishments from 2009 to current for the Immigration Services Committee include:
- Identification of training needs and training held regarding the specific needs of dependent immigrant children for both DFCS staff and system partners
- Regular consultation and resources provided from key DFCS experts in immigration issues
- Ongoing consultation with the Mexican Consulate’s offices and key personnel
- Presentation and training for San Jose State University graduate class in the MSW graduate program. In June of 2010, the ISC hosted the Mexican Consulate Liaison to DFCS in a question and answer format open to DFCS social workers, supervisors who worked with Mexican Nationals and dual citizenship child and families.
- Provided clarification and updating of policies and procedures regarding funding alternatives, a new protocol for adoptions in Mexico and specialized travel arrangements for immigrant children and families. In addition, The ISC developed a healthcare packet for children being placed abroad to ensure that all of their medical and dental needs were addressed prior to travel including health contact forms in Spanish. The public health nurse was identified as a resource for DFCS staff placing children abroad.
- Appropriate resources for the Independent Living Program and Team Decision Making Unit have been established in order to meet the language and resources need of immigrant youth.
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The Asian and Pacific Islander Committee:

- Development of a Memorandum of Understanding (MOU) in process between the US State Department and the Government of Vietnam to begin receiving Vietnamese Nationals living in the US who face deportation due to convictions constituted as “crimes of moral turpitude” and Vietnamese Families in the child welfare system. No protocols were developing as there were no test cases or instances where a parent of Dependent Vietnamese Children was faced with deportation. This work began in 2009 and will result in a protocol similar to Procul for Latino children;
- Training provided regarding specific resources and supports for Asian and Pacific Islander families and children;
- Collaboration with key community stakeholders serving as a liaison with the Department and participation in community work advocating for effective services consistent with the priorities to prevent child abuse.

El Comite Committee:

- In July 2011, entered into collaboration with the La Raza Roundtable to address the overrepresentation of Latinos and commenced Consensus Building training. Twenty participants completed one (1) day training on the Julian Campus in September 2011, and additional training is being planned. Training is set expected to aid in a new means to handle problems and solutions with the goal of lowering the over representation of Latino children and families in the child welfare system.
- Continues to advocate for clients to have their cases appropriately assigned, when there is a language need. And advocates for the need to greater numbers of Spanish Speaking Social Workers
- In November of 2011 EC committed in participating in the Task Force on the Over Representation of Latino Children, stemming out of Assembly Member, Jim Beall Jr’s office. The present chair from EC will co-chair this Task Force.

A. Relevant Management Information Systems

1. Case Management Database for Child Welfare
Santa Clara County, as well as all other counties in the state, uses CWS/CMS as the primary repository for child specific case information, including health and education information, eligibility, placement and court documentation. This database contains information regarding suspected child abuse and neglect, Juvenile Court activity, client demographics, health and education, eligibility, adoptions, and out of home care as well as social worker contacts with parents, children, caregivers, and collaterals.

Case managing social workers are provided access to each of their individual cases assigned in order to complete contact notes for activities and services provided on a case; prepare Court Reports; input health and education information; generate the Health and Education Passport (HEP); acquire child welfare history for a family or acquire child welfare information from another jurisdiction in California; document placement for a child; share information with supervisors and other social services staff needing pertinent information, such as an adoption social worker; and to share
information and documents with social workers in other counties. Clerical and other support staff are utilized to help ensure all required documentation is completed.

While CWS/CMS has a primary function of warehousing a variety of case specific information that can be reviewed and input by case managing social workers and their supervisors, it is also used by administration staff for quality assurance purposes, as well as assessing training needs and monitoring county policies and practices. With the assistance of SSA’s Information Systems staff, data is extracted directly from CWS/CMS to generate a variety of different reports. Santa Clara County utilizes these reports to track and monitor particular areas to ensure compliance, as well as to make administrative decisions about services and programs.

- **The Data Warehouse DFCS Case** report is a weekly dashboard report that is used by program managers, supervisors, and their social workers to monitor Case Plans, Social Worker contacts, Court Hearing dates, Relative/NREFM re-assessments, TILP due dates, and medical and dental due dates. The report has the ability to create “what if” scenarios allowing program managers and administration the ability to look at staffing needs and make projections with regards to compliance areas in need of additional support.

- **The Data Warehouse DFCS Referral** report is a weekly dashboard report used by program managers, supervisors, and their social workers to monitor the status of emergency response referrals. The report includes due dates for initial investigations based upon the referral response type, 1st, 2nd, and 3rd visit due dates, the EA application due date, and the need for notification to DOJ. Just as in the Case report, the Referral report has the ability to create “what if” scenarios. Both the Referral report and the Case report now provide the Department with single reports that capture information that was previously found in a variety of other reports. Many of these other reports continue to be used at this time since they have some additional information unique to said report.

- **The Well Child Exams Report** is a weekly report used by program managers, supervisors, and their social workers, as well as CHDP nursing staff to monitor timeliness of medical and dental exams as well as upcoming due dates.

- **The Relative/NREFM Reassessment** report is a biweekly report used by administration to track timeliness of re-assessments.

- **The Pending Referrals** report is a weekly report that tracks referrals open in excess of 30 days and is used by Emergency Response managers, supervisors, and staff.

- **The Emergency List** report is a weekly report used by managers, supervisors, and their staff to monitor children in placement with specific medical conditions.

In addition to these reports, the County has numerous other reports that are produced on a weekly, bi-weekly, tri-weekly, monthly, quarterly or annual basis utilizing CWS/CMS data. These reports include:

**Reports relating to protection from abuse and neglect:**

- Can Center Case Load
- Referrals and Active Cases – 13 Months Report
- Referral Client Demographics – Monthly FAQ’S
- (Emergency Response) ER Unit Caseload
- Child Abuse and Neglect Referrals
- Child Abuse & Neglect Statistics Report
Reports relating to placement and stability:
- Assessment Intake Center
- All Placements
- Emergency Satellite Placement (ESH) Placement
- SCP-Name-Address
- Group Home Placement
- Children Placement Summary Report
- All Placements
- Licensing - Pending Homes- ACTLICH5
- Licensing - Close Home and Close Home in FY
- Licensing - Homes Licensed in Month and FY
- Vacancy – Active and Hold Homes
- Placement Change Reason
- Placement by Facility Type and Age – 13 Months Chart
- ESH Placement by Age
- Foster Home Placement by Age
- Kids in Relative Placements
- All Hearings Report

Reports relating to permanency:
- Detention Hearing for Children under Age 2
- Parental Right Terminated
- 366.26 And 366.21 Hearing
- Adoptions AFCARS Report
- Adoptions Legally Free Children in Placement
- Potential By Pass Cases
- Legally freed Children for more than 35 Months in Placements

Reports relating to child well being and emancipation:
- Independent Living Skills (ILP) TILP Master
- Health and Education Passport -HEP Alert
- Child Health and Development Program (CHDP) All
- Education by Bureau
- Education Enrollment
- Education-All Open Placements
- Education-OHP(5-18)-Summary
- Education Provider Resource
- Active Cases / Sibling Groups
- JV223 Psychotropic Meds

Reports relating to overall agency demographics and practices:
- Case Weight Summary – addresses contractual caseload standards for staff
- Child Welfare Caseloads – addresses contractual caseload standards for staff
- Case Client Demographics – Monthly FAQ’s
- Monthly Vital Signs and PBB

The Department utilizes a number of databases and reporting tools to maintain and report out on the various areas of interest mentioned above.
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- CWS/CMS is the electronic case of record for the child. Data from CWS/CMS is used in several other databases to monitor specific areas.
  - The CARES database is used to track families receiving differential response services.
  - Efforts to Outcome (ETO) database tracks services for older youth and include ILP services, housing services, and employment services.
  - The Comprehensive Assessment Tool (CAT) database tracks the decision making process at key points in the life of a child’s case; at the front end referral stage, at initial case plan and each subsequent case plan, at placement changes, and at the point of case closure.
  - Special Projects pages in CWS/CMS are used to track areas such as WRAP services, FUP, CalWorks, Differential Response, Family Wellness Court, Concurrency, TILP, and ITFC placements

- Business Objects, Excel, and Access are the primary reporting tools used to create the various reports. The DFCS Case and Referral reports were contracted out to a private entity to be built and are maintained by the County’s Information Systems and Information Technology group. Both of these reports are based on Sequel software.

Case Management Database for Juvenile Probation
For the Probation Department, the Child Welfare System/Case Management System (CWS/CMS) was implemented in May 2011. This case management system is used to track foster care youth on probation, which includes juvenile probation information, health and education information, eligibility, placement, client demographics. However, it should be noted the Probation Department does not have the benefit of direct access to CWS/CMS. In fact, Probation uses the Citrix Tokens to connect to CWS/CMS. This is a limited and cumbersome process. DPOs share these tokens (three tokens with the maximum of five DPOs per token) to log on to the network. Further, access to the systems is only available on their desk tops at this time. DPOs cannot access the system while working in the field to use their time more efficiently. In order to have more consistent delivery of services, it is critical for the Probation Department to have improved access to specific dependency information, available only through CWS/CMS.

Other systems used to access information include:
- Juvenile Record System 2 (JRS2) - This is the Superior Court System that provides legal court case information, file information and prior arrest history.
- Juvenile Automation System II (JASII) is the main case management system for all probation youth including foster care youth on probation.
- Juvenile Assessments & Intervention System (JAIS) is a vendor system where the Juvenile DPO completes the Risk & Needs assessment for probation youth.

In addition to the above systems, many DPOs are equipped with laptops and wireless connections so that they can work in the field and use their time more efficiently. They are also provided with Virtual Private Network (VPN) that gives them the ability to connect from remote locations to all the above confidential systems.
2. Data Quality Issues
The above reports are used by program administrative staff, quality assurance staff, program managers, supervisors, and social workers to monitor areas of strength and weakness, guide program and policy decisions, and maintain best practices. Due to the vast number of reports being produced it has sometimes been difficult for staff to effectively access and utilizes all the available information. Santa Clara County has recently consolidated many of these reports into two dashboards, the DFCS Case Report and the DFCS Referral Report. These dashboard reports provide information in a readily and easily accessible single location which in turn improves the effective usage by SSPMs, supervisors, and workers. Supervisors can use these consolidated reports during monthly supervision meetings with workers in their units. Managers can use them to track progress of individual units within their bureau. Administration can use them to follow progress and address deficits on an agency level thus helping to ensure best practices.

In addition to the reports that Santa Clara County generates using CWS/CMS there are other sources of data that are used on a regular basis. The Comprehensive Assessment Tools (CAT) are used by social work staff to help provide standardized practices and maintain best practices at key decision points in the life of a case. The data is collected by the Sphere Institute and reports are generated by them incorporating both CWS/CMS and CAT data. Santa Clara County has contracted with Sphere to provide a report to address issues of disproportionality. This report was built by Sphere and is now being run by Santa Clara County on a monthly basis. In addition to this report Sphere provides a monthly report providing information on utilization of the five CAT tools. Another database which is used to provide reports is ETO (Efforts to Outcome). This database is managed by Social Solutions and tracks information on youth ages 16-24, who are eligible for ILP services. UC Berkeley and Safe Measures are also used by the County. Supervisors, managers, and administration staff can access the data on Safe Measures to better ensure best practices. In addition, as noted above for early intervention services in Differential Response (DR), SCC is utilizing a database called CARE (Community Approach towards Relating and Engaging). This database launched in October of 2008, collecting data on families served in DR.

SCC will be looking at all of the data gathering systems utilized and specifically how services for OCAP funded programs and services and activities are gathered, stored, and disseminated. Because there is not a specific agency or specific service being provided there are a variety of data gathering resources utilized. SCC is exploring the data First 5 gathers for those youth, ages 0-5 and will develop a more systematic way of tracking all services and programs. Currently, information from the CARES systems for Differential Response and ETO for Independent Living Skills Program is shared at monthly or quarterly system partner and community meetings in order to provide information about the children, youth and families being served.

B. Case Review System

1a. Court Structure/Relationship for Child Welfare
DFCS and Court Partnership
Participants in the Dependency Court include: (a) 3 Dependency Court Judges, as of January 2012; (b) DFCS Child Welfare Social Worker may be present (mandatory for
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contested proceedings); (c) individual attorneys who represent the child, his or her parent(s) and DFCS; and (d) Court Appointed Special Advocates for the child; Parents/guardians are appointed counsel at the first court hearing at which they appear.

Dependency Advocacy Center has a contract with the Administrative Office of the Courts to represent parents, legal guardians and de facto parents. The Dependency Advocacy Center (DAC) consists of 2 law firms, Family Legal Advocates and the Office of Dependency Counsel. With 2 firms under the Center organizational umbrella, each parent can be represented, or if only one parent is represented, a law firm is available to be appointed to represent another party in the case, including the child if there is a conflict in regards to the child’s representation. Legal Advocates for Children and Youth have a contract with the Administrative Office of the Courts to provide representation for children in our dependency court.

The activities of the Dependency Court include: Initial Hearings; Jurisdiction and Disposition Hearings; Dependency Drug Court Case Reviews, Family Wellness Court Case Reviews, Status Review Hearings; Interim Review Hearings; Welfare and Institution Code (WIC) section 366.26 Selection and Implementation Hearings (for termination of Parental Rights or establishment of a Guardianship); and, Adoption Finalization Hearings. In January 2012 the Dependency Court will also include hearings for non-minor dependents. Those hearings will include status review hearings, termination of jurisdiction hearings, and section 388 hearings for re-entry. There is a waiting room for parents and a subsequent “child friendly” waiting room for children not with their parents. In addition, Juvenile Superior Court provides and actively utilizes two court mediators in an effort to avoid trials and ensure dispute resolution whenever possible.

Efforts to support or improve working relationship between DFCS and Court
For over 20 years, DFCS, the judicial officers and attorneys have established effective working relationships to enhance safety, permanency and well being for children. These participants meet regularly to review issues related to the court system and permanency for children. Additionally, DFCS has a designated liaison with the Probation Department to facilitate judicial process concerning dual status youth.

At the staff level, the County Counsel carefully reviews all warrant applications, and dependency petitions before they are filed with the court. They also review court reports prior to hearings and provide feedback to social workers and supervisors as necessary. Social workers are not required to be present at Status Review Hearings or Interim Review Hearings unless the matter is contested, the child wishes to participate in the hearing or the court request the social worker’s presence—County Counsel prepares a “Memorandum after the Hearing” to provide the social worker and supervisor with an immediate account of the court’s orders, pending receipt of minute orders. County Counsel also communicates the court’s orders to DFCS legal clerks for their entry of hearing results into the child’s CWS/CMS case.

Dependency Drug Treatment Court (DDTC) is a special collaborative program established in the late 1990’s to address the needs of substance-abusing parents. Parents participating in DDTC are afforded preferential consideration for substance abuse treatment and other services, such as transitional housing. Some DDTC cases are assigned to the DDTC unit, Other DDTC cases are carried by continuing service bureau social workers. The court conducts weekly DDTC review hearings and requires
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regular reports on the parent’s progress from the social worker. The social worker usually attends these special review hearings. Parents who graduate from Dependency Drug Court are recognized in a ceremony.

As discussed earlier, the Family Wellness Court for Infants and Toddlers project (FWC) was implemented in March 2008 to more effectively serve families with addiction problems and very young children. FWC differs from DDTC in that the focus of the court’s attention is the whole family rather than the parent. This client-centered approach helps families with children ages 0-3 whose parents use methamphetamine or other substances. Parents are provided early assessments and access to substance abuse treatment, and close monitoring and encouragement by the court to achieve and maintain sobriety, overcome personal obstacles, become better parents and reunify with their children. Children receive in-depth developmental and behavioral assessments, along with other services to improve their well-being. Project goals include prevention of subsequent births of substance exposed newborns, creation of an expanded and unified system of care for the children and parents; and, expansion of the program to offer FWC to more families involved with the juvenile dependency court system. This project is a collaborative effort involving the Superior Court, First 5 Santa Clara County, the Department of Alcohol and Drug Services, the Mental Health Department, the Office of the County Counsel, Legal Services for Children and Youth, the Dependency Advocacy Center and the Social Services Agency. Several other County departments and community agencies are also involved in the project. It is funded by a multiyear, $3,700,000 federal grant from the Administration for Children, Youth and Families and additional support from First 5 Santa Clara County.

Continuances
Continuances are typically requested by the parents’ attorneys and DFCS social workers and are usually approved based upon good cause. Delays in the court process also result when matters are incorrectly noticed or contested. Continuances and contests can increase the duration of the court proceedings and are a concern because planning and delivery of services are delayed. A significant percentage of Jurisdictional and Dispositional Hearings, termination of services hearings and WIC 366.26 permanent plan hearings are contested.

Termination of parental rights
Termination of parental rights is described below in Section III.B.4.

Legislative and Court Changes
The following legislative and court changes have impacted DFCS during this review period of 2009-2011:
(1) An additional 4th courtroom and 4th Judge for over a year is now being reduced to 3 courtrooms and 3 Judges at the end of January 2012. This has created multiple scheduling changes for both families and social workers.

(2) Creation of two additional model courts: Teen Court- a specialized court session for "high risk" youth on the run or engaging in high risk behaviors aimed at providing a more informal setting for youth and Middle School Education Court, as described later in this report.
Probation and Juvenile Delinquency Court Composition and Relationship

The Santa Clara County Juvenile Delinquency Court is comprised of four full time Judges, one of whom is the presiding Judge of the Delinquency Court. The Probation Department and the Judiciary work together to ensure the Court and Probation are operating together smoothly and in compliance with Delinquency Laws and Rules of Court. This relationship also includes other Court partners including the District Attorney, Public Defender, and Legal Advocates for Children and Youth, other attorneys who represent delinquent minors, Department of Mental Health, and the Department of Alcohol and Drug Services. The current presiding Judge was previously assigned to the Dependency Court and Family Court, and has brought extensive knowledge from that system to Probation, and has applied this knowledge base to matters regarding Probation Placement.

The Court hosts a monthly meeting of all of the Court partners in order to report on common issues and problems and to formulate plans to address these. The Court partners have also sponsored regular committees and trainings on various topics that need a common practice or knowledge base for all groups to follow. There are two committees working on common practices related to placement issues regarding the Indian Child Welfare Act and the administration of Psychotropic Medication to minors in placements. Throughout the year Probation provided several presentations and trainings on placement for the Court system partners.

Child Welfare and Juvenile Partnership for Dual Status

Santa Clara County DFCS and the Department of Probation have been working collaboratively over the past several years in development of a dual status protocol that has been approved by both agencies, the Presiding Judge of the Juvenile Courts and all court partners. This protocol outlines how to handle cases when a minor has contacts with both the child welfare and probation system. Whenever a child is a dependent of the court or possibly could be a dependent of the court and by his or her actions comes to the attention of the Juvenile Justice Court, a report is requested from DFCS and Probation pursuant to WIC 241.1.

There are three possible scenarios when a 241.1 report will be requested. The first situation involves a minor who is already a dependent of the court and commits a crime. In those situations, depending of the severity of the crime, the age of the minor, prior contacts with Probation and other factors, that child can remain a dependent of the court, become a ward of the court pursuant to section 602 or become a dual status ward. Currently in SCC, our protocol uses the "on-hold" model under Section 241.1. In the event a dependent commits a crime and becomes a ward of the court, his or her dependency status can be put on-hold while he or she complete their rehabilitation with probation. Or, if the severity of the crime warrants, the minor's dependency status can be dismissed and then the child will be made a 602 ward. There are also situations when there is no current dependency action but the probation officer or court believes the child under their custody is the victim of abuse or neglect, or would be if returned home and a 241.1 report and assessment can be requested. If it is determined that the minor has completed his or her rehabilitative process but cannot return home safely, DFCS can file a Section 300 petition and the child can be brought into the dependency system. Or, without filing a dependency petition, DFCS can provide the family with Informal Services and work with the family for 6 months without court intervention.

Santa Clara County DFCS and Probation Departments are currently looking at possibly including Dual Status Lead Agency model to the protocol to provide more options to
keep youth out of the Juvenile Justice System and to keep their behavior from escalating.

Court Structure/Relationship for Juvenile Probation

Case Review System
The Santa Clara County Juvenile Justice Court is comprised of four full time Judges, one of whom is the presiding Judge of the Juvenile Justice Court. The Probation Department and the Judiciary work together to ensure the Court and Probation are operating together smoothly and in compliance with Juvenile Justice Laws and Rules of Court. This relationship also includes the Juvenile Justice attorney’s organizations, the Department of Alcohol and Drugs, the Santa Clara County Mental Health Department, and our many community partners. The current presiding Judge was previously assigned to the Family Court, and has brought extensive knowledge from that system to Probation, and has applied this knowledge base to matters regarding Probation Placement.

Probation completes a written case plan and submits it as evidence into the record initially and update at all six-month reviews or as service and/or permanency needs indicate. Compliance with court requirements ensures the timeliness and thoroughness of the case plan. Case plans are developed with juvenile probation staff and the youth, including youth who will not be reunifying. Whenever possible, parents of the youth are part of this process. The Placement SPO reviews and approves completed case plans within 30 days of the child’s removal and monitor timely completion of the initial plan and subsequent updates.

The DPO assigned to a case must meet with the youth monthly to check on the youth’s well being, as well as to monitor the youth’s compliance with Court orders and progress in treatment. In addition to the monthly visits with the youth, the DPO completes a full facility site inspection every six months. Placements are required to send in all incident reports involving a youth to Probation to the youth’s DPO within the week of the incident. All incidents where abuse is suspected are sent to Community Care Licensing for an investigation and are reported to DFCS. DFCS and Probation have a Memorandum of Understanding regarding investigation of allegation of abuse or neglect involving ward of the court that occur in out-of-home placement Probation youths are removed from placement determined to be unsafe.

AOC Summary of Findings
The last site visit by the Administrative Office of the Courts (AOC) was in May 2010. This Santa Clara County Title IV-E includes the review of 13 delinquency court files for hearings held in those matters between December 2009 and May 2010. The review included information about the title IV-E findings and orders, the required reports, case plans, and timelines as well as several findings and orders required under California’s Welfare and Institutions Code and Rules of Court.

Documentation of Findings and Orders
In Santa Clara County, every post-dispositional review hearing was referred to as a “permanency hearing,” suggesting that a distinction in not being made between hearings which occur during the reunification phase and those which occur after the expiration of legal reunification timelines. Additionally, the AOC observed that the court makes most of the required findings for all of the hearing types at every hearing.
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The review team recommended using new Templates for Findings and Orders Forms for Pre-permanency, Permanency, and Post-permanency Hearings to develop findings and orders recommendations for inclusion in the probation officer’s report and to revise minute order forms used for those hearings. Separate recommendation templates and minute order forms for each hearing type would help eliminate confusion and inconsistency. These recommendations were adopted and implemented in December 2010.

Dispositional Report and Case Plan
The Dispositional reports prepared by the Santa Clara County Probation Department did include an assessment of the available parent’s strengths and weaknesses; however, additional information regarding the services in which each parent must participate in order to reunify with his or her child was not included in the case plan. It was also unclear from the reports whether the child and parents were given the opportunity to participate in the development of case plans.

2. Process for Timely Notification of Hearings

Notifying caregivers
Dependency Review Hearings are scheduled approximately every 5 months to ensure that they are held within the six month timeframe required by law. The noticing process begins with the Memorandum after the Hearing from County Counsel, which contains the next Status Review Hearing date and the Receipt of Hearing date that is set a few day before the next Review to ensure that the social worker’s report has been distributed to court participants. These dates are confirmed by the social worker by referencing the hearing minute orders when they are subsequently received. Approximately 2 months before the Status Review hearing, legal clerks in the DFCS Court Intervention Unit send social workers a worksheet to complete with current contact information about the court participants in the case and indicate the department’s recommendation for the hearing. The worksheet is then sent to the Office of the County Counsel 60-45 days prior to the hearing for review and processing. After being reviewed, the County Counsel file clerk prepares and sends out the written notice.

Notices for other hearings are handled as follows. Parents are notified of Detention Hearings in person or by phone by the social worker. Documentation that the notice has been provided or why the notice could not be provided (e.g., individual’s whereabouts is unknown) is included in the Detention Report. After the child is detained, all notices must be provided in written form and, depending on statutory requirements, either mailed via first class mail or personally delivered. The Notice of Jurisdiction and Disposition Hearing is prepared by DFCS legal clerks and included with the petition and Detention Report for service by the courtroom clerk. The request for notice of WIC section 366.26 Hearing is the responsibility of the social worker, and follows the procedure utilizing a worksheet described above for Status Review hearing, except that the process starts much earlier depending on the recommendation. If the recommendation is for termination of parental rights, the social worker is responsible for searching for parents whose whereabouts are unknown in order to accomplish notice. If the parent’s whereabouts do not become known, then the social worker must work with County Counsel to provide notice by publication. If the parent was not present in court when the 366.26 hearing was set and the recommendation is for termination of parental rights, then the social worker must work with County Counsel to prepare and serve
notice by personal service by a process server of or person who is not a party to the matter. In cases where the legal timeframes are not met, the court grants a continuance to permit proper notification in such cases. If the social worker, with the assistance of County Counsel, can accurately calculate the projected extra time needed for noticing (e.g., publishing or personal service), a court date can be requested past the one originally set for the WIC section 366.26 Hearing so the matter can be continued past the date originally scheduled hearing.

Soliciting Caregiver Input
Consistent with statewide practice, all caregivers are permitted to attend Court hearings unless the parents or child’s attorney objects. Furthermore, each caregiver (foster parents, pre-adoptive parents, relative caregivers, non-related extended family members), whether or not he/she has been granted de facto parent status, is given the opportunity to provide input to the Court. Foster parents may provide written comments directly to the court or to the social worker who will attach their comments to the court report. Per WIC section 366.21, along with a notice of the hearing, the child's foster parents, relative caregivers, or foster parents who are approved for adoption receive a copy of the Judicial Council Caregiver Information Form (JV-290) with the summary of recommendations and information on how to file the form with the court. This notice is sent to the caregiver by County Counsel.

Involvement of caregivers in the case impacts both stability and family relations/connections outcomes. When caregivers view themselves as part of the child’s team, they appear more willing to work with a child who may be experiencing difficulties around visitation or who is continuing to struggle with feelings of loss with respect to the birth family. The participation of caregivers in court gives them a better understanding of the various issues involved in the case (e.g., the child, the struggles of the parents, and the role of the court in making decisions). As this happens, the caregivers come to understand more fully the importance of the child maintaining sibling and other family relationships, and the complexity of the issues in dependency cases. Additionally, the caregiver’s role and input are further strengthened by their involvement in the Team Decision Making (TDM) meetings, to ensure placement stability and/or placement change transition.

Impact of C-CFSR and Areas in Need of Improvement:
Due to changes in policies and procedures initiated in 2009, timely notification for parents is no longer at issue impacting DFCS. Identified SIP goals regarding engagement and inclusion of parents in case planning was held in 2009 and 2010 to increase parents’ involvement in the case planning process and to ensure parent’s individual “voice” regarding their identified needs and services. Specific focus has been given to differences in cultural customs and practices and how this may impact a parent’s participation and input. DFCS is hopeful that this training and updated policies and procedures regarding engagement and case planning will yield improvements in timely reunification and families’ overall view of the Department.
Timeliness
Timeliness data was compiled for four detention hearings, four pre-permanency hearings, three permanency hearings and five post-permanency hearings. All hearings were held on a timely basis for an overall timeliness compliance figure of 100 percent.

3. Process for Parent-Child/Youth Participation in Case Planning

Promoting participation in case planning
At the Emergency Response stage, a social worker meets with the child’s parent(s) during the initial assessment process to identify the presenting problems involved in the case and to make suggestions to parents regarding services. An initial visitation plan is also established for out-of-home cases by the Dependency Intake (DI) Social Worker who assumes responsibility for referral disposition the case plan and pre-dispositional court activities. A Continuing Service Bureau social worker is secondarily assigned after Detention to primarily establish a relationship with the case participants and to support the clients’ participation in the case plan activities, as well as to begin to ensure placement and visitation support for the children. When the Dispositional Hearing is held the case is then officially transferred to the Continuing Services Bureau social worker who was already assigned. The primary responsibility of the DI social worker is to continue assessing the family’s strengths and needs by interviewing family members and other parties. During this process, the DI worker attempts to engage the parents in developing the case plan. The case plan is completed by the social worker after discussions with the parents/legal guardians and children age 12 years or older, and prepared in the child’s CWS/CMS case. After supervisory approval, the parents/legal guardians and children age 12 years or older are given an opportunity to review, sign and receive a copy of the Child Welfare Services Case Plan (or Case Plan Update).

In practice, the “negotiation” between parents and social worker regarding case plan activities is limited, i.e., some treatment objectives, such as sustained recovery for a parent with substance abuse problem that contributed to the child’s maltreatment cannot be negotiated. However, there may be objectives and activities that are supportive of the principle reasons for the court’s jurisdiction that will facilitate and support accomplishing the central objectives requiring the parent’s attention. When families have the opportunity to participate in case planning they are more likely to be invested in the completing the Case Plan. With the expansion of the TDM process, parents and children gain a better understanding of DCFS concerns and participate in safety planning, which leads to greater involvement in the case planning process. In addition, since 2004, parents/legal guardians have been encouraged attend “Parent Orientation” meeting pre-Disposition, and are ordered to do so at Disposition. Relatives are also welcome to attend this Orientation. From materials and presentations provided by DFCS social work staff, the DFCS Juvenile Welfare Ombudsman, attorneys for the parents and child, and other child welfare system professional, parent are hopefully better able to understand the court and social services systems operations and requirements and empowered to make best use of opportunities to succeed with their case plans.

With the passage of AB 3051 in 2008, children age 10 years and older have a right to receive proper notice of hearings, attend court hearings and to address the court at the hearing. AB 3051 modified WIC section 349 to require the court to determine whether
the child was properly notified of the hearing and his or her right to attend the hearing, and to inquire whether the child was given an opportunity to be present.

Youths who participate in the Independent Living Program also have a greater opportunity for actively participating in the development of their case plans through the process of emancipation conferencing, named MY TIME meetings in SCC. With help from his or her social worker and ILP case manager, the process allows a youth to focus on identifying post-emancipation goals and building a support system that will help in the transition to independent living. In addition, DFCS holds internal staffing for youth at age fifteen (15) with all key community partners, social worker and ILP case manager in an effort to ensure identification of all key resources and information to be included in the MY TIME meeting, so that these meetings can be productive and support the young person. For instance, if a youth is receiving special education services, it would be important to make sure someone on the team knows these resources or if a young person does not have enough credits to graduate, resources regarding obtaining extra credits, adult education and vocational programs should be explored.

DFCS has also now developed the necessary policies and procedures for full implementation for AB12 to ensure the case management and case planning for Non-Minor Dependents (NMD) who opt to stay involved or opt back into the Juvenile Dependency System as NMD and to receive the necessary supports to make a successful transition to adulthood. A specific unit of social workers with experience with transitioned aged youth is in the process of being established. In addition, MY TIME meetings will be used to ensure a youth voice for all case planning decision making. Training for staff was rolled out in November and December 2011, for staff and outreach to eligible youth and their caregivers.

4. General Case Planning and Review for Child Welfare

Case plan development and review process
Every child who enters the dependency system is initially assessed by an Emergency Response worker. A part of that assessment includes identifying the immediate needs of the child and family. Except for a voluntary case (in which case the Emergency Response worker drafts a Voluntary Family Maintenance Agreement that outlines the anticipated major elements of the Case Plan to be completed by an ongoing worker), the Dependency Intake (DI) social worker to whom the case is subsequently transferred continues the assessment process. The DI social worker uses the information from the ongoing assessment to develop a case plan for the family within a required 30 days following the initial face-to-face contact or initial removal, or by the date of the dispositional hearing, which ever comes first. Every Case Plan identifies the family strengths, problems to be addressed and the services required which are designed to ameliorate the conditions necessitating the dependency. Final case plans are reviewed by the participants and they are asked to sign. If the Case Plan is for Reunification Services, the concurrent plan for the child is identified and parents are provided information about concurrent planning and the consequences of failing to successfully participate in the Case Plan requirements, as well as the option of voluntarily relinquishing the child. As of 2010, DFCS provided additional training to staff regarding engagement and case planning with both parents and youth. As of this date, staff has been expected to create case plans in collaboration with both parents.
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Regarding the concurrent plan, parents are made aware that one of the permanency options may be adoption of the child which would also require that parental rights are terminated. The exception is for cases in which the court bypasses services and the case goes immediately into permanency planning. Those Case Plans focus on the child and the child’s caretaker. This is rare as indicated earlier in SCC.

The court is required to review each dependency case at least once every 6 months. At that time, the Case Plan is updated by the assigned ongoing worker. Family Maintenance services can be offered for up to 12 months and Reunification services can be offered for a maximum of 18 months from the time of initial detention. As with the initial Case Plan, parents should have been actively involved in the case plan process and should sign the document that they helped to create. It should reflect some of the goals that parent’s have identified. Parents may refuse to sign a Case Plan and if that occurs, it is documented in CWS/CMS. As a case goes through the dependency process, the case plan deadlines and court deadlines frequently fall out of sync as a result of court continuances and contested hearings. Because the Case Plan is inclusive within the court report and ultimately ordered by the court, it does not technically go into effect until the hearing is concluded. It is also important to note that by the time a contested hearing or trial is concluded, the next Case Plan update may occur beyond the regulatory six-month timeframe.

Concurrent planning and permanency hearing requirement
Whenever a child is placed in out-of-home care with Reunification services, the social worker must immediately develop a concurrent plan and evaluate caregivers in regard to their capacity and ability to provide the alternate permanency plan should reunification efforts be unsuccessful. The options for the concurrent plan are the same as the options for a permanent plan – Adoption, Guardianship or Long Term Foster or Relative Care. The concurrent plan should be taken into account when selecting a placement for the child. However, temporary, emergency placements with assessed relatives and non-relative extended family member can take place before concurrent planning is thoroughly discussed with these initial caregivers. In Santa Clara County, the concurrent plan must be identified for the court’s consideration at the Dispositional Hearing. SCC continues to have a strong preference for relative and NREFM families and utilizes the Team Decision Making process for placement decisions.

As indicated earlier, in 2010, as part of the 2009 SIP plan, DFCS rolled out training and revised protocol and procedures regarding concurrent case planning in an effort to ensure that clearly defined policies and procedures on concurrency could lead to a better understanding of concurrency and increased numbers of children placed into concurrent homes. There is now a signed concurrency agreement that must be completed within 30 days or by the Dispositional Hearing, whichever occurs first. In addition, every child in family reunification regardless of their identified placement must have an identified transition plan within 59 days and be placed into the concurrent home within 90 days. Tracking and monitoring of this signed concurrent plans is completed monthly and quarterly analysis is completed to better understand any trends or areas that the Department can address to ensure signed concurrent agreements for all children leading to guardianship or adoption.

Whenever the court extends Family Reunification Services during the possible 18 month period, it must make a finding that there is a reasonable probability that the child can be
reunified within the next 6 month period. This gives the social worker a guide as to when Reunification has failed. At that point in time, the worker will recommend that those services be terminated and a permanent plan made. At the 18 month mark, there is no option to continue Reunification Services. Prior to the hearing at which the termination of services is recommended, the DFCS Permanency Planning Coordinator conducts an adoptability review to determine if the child is adoptable. This is required because, by statute, the preferred plan for any child that cannot be reunified is adoption. In exploring the viability of adoption, the worker considers: (a) the child’s attachment to birth parents and siblings; (b) whether or not siblings need to be placed together and the need for continued contact with siblings; (c) the age of the child and whether or not the child objects to the adoption plan; (d) the child’s special needs if any; and (e) whether or not the current caretaker wants to adopt or has expressed interest in another plan. If adoption is not the recommended plan, that determination is documented in the staffing recommendation form to which may be attached supporting reports such as psychological evaluations, interviews with child, and evaluations of adult-child interactions.

In order for the permanent plan to be anything but adoption, the child must be found to be not adoptable it must be determined that adoption is not in the child’s best interest, per the findings are spelled out in WIC 366.26(c)(1)(A and B). The WIC 366.26 Selection and Implementation hearing requires extraordinary notice requirements due to the potentially severe consequences to the parents. DFCS has provided training on adoption of older children and participation in the June 2011 PQCR and the IA have illuminated the fact that SCC appears to hold a belief that older youth cannot be adopted. This is an area that will need to be addressed in the 2012 SIP planning process.

If the child is not adoptable or adoption is not in the best interests of the child, and the caretaker is willing and able to accept a guardianship, then guardianship becomes the plan. If the child is not adoptable or it is determined that adoption is not in the best interests of the child, and there is no one willing and able to become the child’s legal guardians, the court can order the child into long term foster or relative care, with provision that this permanent plan be reviewed at least annually, where stronger permanency plans are considered, including whether the parent could reunify with the child. For children in Long Term care, the ongoing worker must continually reassess the child for a more secure permanent plan.

If the child is freed for adoption at the WIC 366.26 Hearing, and the prospective adoptive family has been studied and approved for adoption, an Adoption Finalization Unit social worker is assigned as a secondary social worker. The Adoption Finalization social worker may also be involved at any point in the case when a parent wishes to voluntarily relinquish parental rights if the plan is adoption and it is determined that the parental rights of the other parent or alleged parent will be or have been terminated by the court or voluntary relinquishment.

When parental rights are terminated or voluntarily relinquished, the Permanency Planning Coordinator secures an acknowledgement from the State of California recognizing that the child has been legally freed. The services provided by the Adoption Finalization social worker include: (a) locating a home that may be suitable as an adoption placement if the child is not all ready in a home committed to adoption; (b) conducting a full adoption assessment of the child; (c) ensuring that the adoptive family
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has all relevant information concerning the child (disclosure); (d) completing the adoption placement (obtaining the adoptive placement agreement and supervising the adoptive home placement); (e) requesting an Adoption Finalization Hearing; writing the adoption report; and attending the Adoption Finalization Hearing with the child, family and Continuing Service Bureau social worker who remains the primary assigned social worker.

SCC revised the current Adoption Matching in May of 2010, during the same time process as the changes to the Concurrency Agreement process. If the caretakers sign the Concurrent Agreement form stating they are not interested in being considered for adoption or legal guardianship, the Matching process is initiated. The assumption is that if the caretakers sign the Concurrent Agreement stating their intent to pursue adoption of guardianship, if the birth parents fail to reunify we do not need to identify a concurrent/permanent family for that child or children. The first step in the Matching process is the social worker completing the Child Card. The Child Card is a three page form that discusses the needs of the child and what characteristics we need to look for in a potential concurrent/permanent placement. The Child Card is submitted to the Permanency Planning Coordinator who circulates the form to the agency Adoption Home study social workers. When trying to identify a concurrent family, The Department assesses county licensed foster adopt homes first. If a county foster adopt home is not identified the children are profiled in the BASA Book (Bay Area Supervisors for Adoption). The BASA members consist of county and FFA licensed adoption agencies. The BASA members meet the first Thursday of every month and the BASA Books are exchanged. Home studies of interested in being concurrent/permanent placements are submitted to the Permanency Planning Coordinator. The Permanency Coordinator will meet with the child’s social worker and assess which family would be the best match for that particular child or children. Once a potential concurrent/permanent family is identified, they are invited to a Post Match meeting. The purpose of the Post Match Meeting is to meet with the prospective concurrent/permanent family and have an in depth discussion if they would be an appropriate "match" with the child or children. The children continue to be circulated in the BASA Book until a concurrent/permanent home is identified.

Analytic Summary:
DFCS is hopeful that the efforts completed in 2010 regarding policies and procedures regarding signed concurrent plans and evaluation of those children and youth for whom permanency has not been achieved will help to highlight the necessary services and supports that must be developed so that permanency can be achieved for all children and youth. DFCS has improved on timely reunification but continues to struggle to achieve permanency for those children and youth that have remained in care for long periods of time greater than 18 months. As indicated earlier, the fact that over 60% of the children in care at this time have been in care for 18 months or longer is concerning to DFCS. However, participation in the CAPP and the internal LCWEP, as well as the work through the COC to better understand the "why" behind the lack of permanency will be folded into the 2012 SIP planning process to ensure clear goals that work toward permanency efforts.
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C. Relative/NREFM (Non-Relative Extended Family Member) and Foster/Adoptive Parent Licensing, Recruitment and Retention

1. General Approval, Licensing, Recruitment and Retention

Relative/NREFM (Non-Relative Extended Family Member) Approval Process
Santa Clara County policies and procedures require the Case Managing Social Worker to complete the Relative/NREFM approval process and be signed off by the Social Work Supervisor. DFCS has instituted detailed procedures regarding completion of the Relative/NREFM approval process. Criminal Child Abuse Central Index (CACI) clearances are carefully logged and monitored by designated clerical support. All completed Relative/NREFM approvals are entered into CWS/CMS by the Placement Tracking Clerical Team comprised of five (5) staff whose primary responsibility is to input placement information within 24 hours into CWS/CMS. All incomplete approvals are returned to the Supervisor for immediate correction. DFCS monitors compliance with this process through the Administrative Support Bureau by providing a detailed report to all supervisors and managers of Relative/NREFM approvals that are coming due and that are over due. This report is utilized to ensure completion of necessary approvals, as well as to target social workers or units that need extra help, support or training to complete this essential requirement.

Foster/Adoptive Parent Licensing, Recruitment and Retention

County Licensing
The foster care licensing program operates under a Memorandum of Understanding with State of California Community Care Licensing. The procedures and practices of the Licensing program are consistent with the Family Foster Home Regulations (Article 22). The licensing program and child welfare program are separate units within DFCS although they work closely with each other. The foster care licensing function is managed by a Social Services Program Manager II. The Licensing Unit has one supervisor, four social workers involved in licensing families, three social workers involved in adoption home studies and a clerk. Other staff associated with the licensing program, include a state liaison and state counsel who provide consultation on policy and procedural issues, legal advice when needed, and legal representation in administrative actions that are taken by the licensing program.

Licensed Homes and Closure:

Santa Clara County averages approximately 400 licensed county foster homes with approximately 50-80 newly licensed homes each year. DFCS has seen a gradual increase in available homes since 2007 until 2010 and a decrease in 2011.

Table 58

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Total Licensed Homes at End of FY</th>
<th>Total Newly Licensed Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>426</td>
<td>123</td>
</tr>
<tr>
<td>2003</td>
<td>432</td>
<td>124</td>
</tr>
<tr>
<td>2004</td>
<td>435</td>
<td>98</td>
</tr>
<tr>
<td>2005</td>
<td>443</td>
<td>79</td>
</tr>
</tbody>
</table>
The decease of licensed homes seems to be attributed by fewer new applications received and more homes closing. For the most part the reasons for closure seem to be fairly consistent among the last three years, except in 2011, more families have closed due to finalization of adoption. Most foster parents who exit fostering do so because they either move out of the area, choose to no longer foster or have family reason.

The following agency and economy factors are important to take into consideration to understand the closure trends. 1) the number of children in out-of-home placement during the last 3 years in Santa Clara County has steadily declined; 2) more children are being placed with relatives, diversion services, concurrent planning (the idea that ESH homes are no longer needed); 3) The economy (recession) and cost of living of this region may a factor in why families are unwilling/unable to provide foster care.

Table 60

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Total # of Closed Licensed Homes</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 09</td>
<td>61</td>
</tr>
<tr>
<td>FY 10</td>
<td>65</td>
</tr>
<tr>
<td>FY 11</td>
<td>77</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reason for closures</th>
<th># of closures for FY 08-09</th>
<th># of closures for FY 09-10</th>
<th># of closures for FY 10-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLH201-Adoption Finalized</td>
<td>7</td>
<td>9</td>
<td>13</td>
</tr>
<tr>
<td>CLH204-Moved</td>
<td>20</td>
<td>17</td>
<td>16</td>
</tr>
<tr>
<td>CLH205-FamilyReason</td>
<td>10</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>CLH206-Retiring from Foster Care</td>
<td>5</td>
<td>19</td>
<td>19</td>
</tr>
<tr>
<td>CLH207-Health Reason</td>
<td>1</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>CLH208-Not responding</td>
<td>5</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>CLH209-Dissatisfied with Agency</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>CLH210-Not willing to comply with regulations</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>CLH211-Financial Reason</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>CLH212-Withdrew</td>
<td>8</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>CLH 213-Revoked</td>
<td>2</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>61</td>
<td>65</td>
<td>77</td>
</tr>
</tbody>
</table>
Recruitment:
Santa Clara County currently employs three fulltime Social Worker III to continue the work of recruitment after the previous dependent contractors were terminated in December 31, 2009. At the time of this writing, the third position has been vacant since July, 2011. In addition, SCC continues to have a Foster Family Support Team comprised of previous foster parents who are independent contractors through Unity Care supporting county licensed foster families with monthly one-on-one knowledge and support.

The following factors are found to have impact on the decreasing numbers of new applications received in FY 2010 and 2011: 1) the delay in hiring recruiters and the time to understand the need and to develop recruitment strategies, planning and implementing these strategies; 2) With the new focus to recruit concurrent foster homes for adolescents and special needs foster children, it’s increasingly difficult to recruit brand new foster homes with no previous experiences of the child welfare system who would be willing to take on these challenges; 3) due to budgetary restrictions for the local community college, there has been a gradual decline of PRIDE classes being offered in the last few years.

With the support of the new social services manager, the recruiters plan to implement these recruitment strategies and recruit more quality foster homes in the near future: 1) set up and carry out a Youth Panel Presentation during PRIDE training; 2) publish "Kids Who Wait" newspaper articles; 3) Obtain permission to utilize social media tools such as: Face book and Linked-In to tap into high tech population in Silicon Valley; 4) Utilize local news media to spread the word of the needs for foster homes for teens, sibling groups as well as specially needs foster children; and 5) ensure targeted recruitment for teenagers, youth who are parenting, children with special needs and siblings.

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Total # of New Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 09</td>
<td>113</td>
</tr>
<tr>
<td>FY 10</td>
<td>83</td>
</tr>
<tr>
<td>FY 11</td>
<td>56</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number</th>
<th>FY 08-09</th>
<th>FY09-10</th>
<th>FY10-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRIDE Classes offered</td>
<td>29</td>
<td>27</td>
<td>26</td>
</tr>
<tr>
<td>People Signed up</td>
<td>366</td>
<td>296</td>
<td>278</td>
</tr>
<tr>
<td>People Completed</td>
<td>322</td>
<td>244</td>
<td>200</td>
</tr>
</tbody>
</table>

Licensing Investigation:
There has been steady decline in all three areas of licensing complaint investigation: 1) complaint referrals received; 2) substantiated finding; and 3) complaint allegations. The changes in trend evidently have to do with the number of licensing complaint referrals that have decreased over the years so have the violations. A majority of the substantiated allegations involve personal rights, neglect/lack of supervision, and
reporting requirements. The "other" category involves either reporting requirements or conduct inimical issues, but also includes other categories that may not fit in one of the other 16 complaint codes. Since there are contracted services in place to support foster parents, there are fewer incidents of the foster parents either failing to report incidents.

<table>
<thead>
<tr>
<th>Licensing Complaint Investigation</th>
<th>FY08-09</th>
<th>FY09-10</th>
<th>FY10-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referrals (control #)</td>
<td>68</td>
<td>46</td>
<td>38</td>
</tr>
<tr>
<td>Substantiated Findings</td>
<td>25</td>
<td>23</td>
<td>17</td>
</tr>
<tr>
<td>Total of Allegations (complaint codes)</td>
<td>118</td>
<td>93</td>
<td>72</td>
</tr>
</tbody>
</table>

Table 62

<table>
<thead>
<tr>
<th>Complaint Codes</th>
<th>FY08-09</th>
<th>FY09-10</th>
<th>FY10-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Physical Abuse/ Corporal Punishment</td>
<td>10</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>2. Sexual Abuse</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3. Personal Rights</td>
<td>52</td>
<td>34</td>
<td>27</td>
</tr>
<tr>
<td>4. Unlicensed Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Fire Clearance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Crimes</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Physical Plant</td>
<td>8</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>8. Record Keeping</td>
<td>9</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>9. License</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Neglect/lack of Supervision</td>
<td>31</td>
<td>31</td>
<td>14</td>
</tr>
<tr>
<td>11. Food Services</td>
<td>2</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>12. False Statements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Medication</td>
<td>2</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>14. Financial Abuse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Level of Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Qualifications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Financial Issues</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Questionable Death</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Other</td>
<td>1</td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td>Total of Allegations (complaint codes)</td>
<td>118</td>
<td>93</td>
<td>72</td>
</tr>
</tbody>
</table>

2. Placement Resources
As noted earlier in this report, children in SCC are placed in a variety of placement options, aimed at ensuring meeting the child's needs. DFCS utilizes county licensed foster homes, Foster Family Agency placements, local and near-by group home placements, ranging from level 10 to level 14, out of state placements for intensive behaviors- such as prostitution and highly sexualized behaviors, relatives, NREFM, and collaborations with regional centers to locate non-profit and for profit groups homes to meet the needs to regional center children and youth. Precise information is not
available regarding the exact number and types of placements needed for children and youth. However, data analysis regarding the signed concurrency agreements and the numbers of youth still in need of placement, highlight the following placement resources needed for SCC:

- Caregivers for adolescent girls and boys;
- Caregivers willing to provide care for latency age children and youth with behavior and emotional struggles, including sexualized behaviors;
- Caregivers able to care for sibling sets of 3 or more children;
- Caregivers willing to care for teen mothers who are pregnant or have young children;
- Caregivers willing to provide placement for non-dependent minors, ages 18-20, choosing to stay in care

As noted earlier in this report a large proportion of children in the DFCS caseload are placed in family homes and primarily with relatives. DFCS continues to provide training and information for both foster parents and relative caregivers. SCC is grateful that the Foster Parent Association expanded membership and resources to be inclusive of foster parents, relative and NREFM caregivers, KinGAP care providers and adoptive parents. In addition, DFCS worked with several Foster Family Agencies to establish additional Intensive Treatment Foster Care homes.

D. Quality Assurance System for Child Welfare

The above mentioned reports noted in the Relevant Management Information Systems Section are used by program administrative staff, quality assurance staff, program managers, supervisors, and social workers to monitor areas of strength and weakness, guide program and policy decisions, and maintain best practices. Due to the vast number of reports being produced it has sometimes been difficult for staff to effectively access and utilizes all the available information. Santa Clara County has recently consolidated many of these reports into two dashboards, the DFCS Case Report and the DFCS Referral Report. These dashboard reports provide information in a readily and easily accessible single location which in turn improves the effective usage by SSPMs, supervisors, and workers. Supervisors can use these consolidated reports during monthly supervision meetings with workers in their units. Managers can use them to track progress of individual units within their bureau. Administration can use them to follow progress and address deficits on an agency level thus helping to ensure best practices.

In addition to the reports that Santa Clara County generates using CWS/CMS there are other sources of data that are used on a regular basis. The Comprehensive Assessment Tools (CAT) are used by social work staff to help provide standardized practices and maintain best practices at key decision points in the life of a case. The data is collected by the Sphere Institute and reports are generated by them incorporating both CWS/CMS and CAT data. Santa Clara County has contracted with Sphere to provide a report to address issues of disproportionality. This report was built by Sphere and is now being run by Santa Clara County on a monthly basis. In addition to this report Sphere provides a monthly report providing information on utilization of the five CAT tools. Another database which is used to provide reports is ETO (Efforts to Outcome). This database is managed by Social Solutions and tracks information on
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youth ages 16-24 that are eligible for ILP services. UC Berkeley and Safe Measures are
also used by the County. Supervisors, managers, and administration staff can access
the data on Safe Measures to better ensure best practices. For early intervention
services in Differential Response (DR), SCC is utilizing a database called CARE
(Community Approach towards Relating and Engaging). This database launched in
October of 2008, collecting data on families served in DR. Both ETO and CAREs reports
are presented to collaborations and committees looking at how effectively DFCS is
serving children and families. For instance, the ETO data is shared at the quarterly
Connected by 25 Advisory Meetings and the CAREs data is shared at the Child Abuse
Council and Social Services Advisory Committee Meetings. DFCS is currently in
discussions with these committees to find ways to provide more meaningful data that
better demonstrates if Differential Response is working. Additional databases are being
evaluated for use, and better use of the current data base amongst all DR providers is
also being explored at this time.

In addition, to these data base, client satisfaction surveys are used for many of the
transitioned aged youth services and for the preventative services provided through
CAPIT funding. Consistent use to surveys and tracking will be identified goals for the
next SIP cycle.

Through the SIP planning process for 2012, SCC will create a specific OCAP Advisory
Committee that will work in collaboration with the Social Services Advisory Commission
and Child Abuse Council and have key representatives from these two advisory groups,
along with other key members of the community. This group will include the CBCAP
Liaison, PSSF Liaison, CAPIT Liaison, community organizations providing services to at-
risk populations in SCC, those organizations providing preventative services, members of
the community from the African American, Latino and Asian communities, social
workers, supervisors, child advocates, Mental Health, Drug and Alcohol services,
Juvenile Probation, Public Health, Juvenile Court representatives, Early Childhood
education representative, County Office of Education, Regional Center, Native American
representatives, foundation members, law enforcement and any other community
members or agencies wanting to participate. This quarterly OCAP Advisory and
Oversight Committee will help to provide the necessary oversight for the allocation of
and leveraging of funding in the community for prevention. This group will also be used
to provide the necessary fiscal and program accountability for dollars allocated for
CAPIT, CBCAP, and PSSF and ensuring a continuum of services that are family-
centered and provide holistic care and that address gaps of services for SCC.

Subcommittees with key persons responsible from DFCS, the QIET team, contracts
division and financial management division will meet monthly to ensure that
methodology to assess client satisfaction and each vendor’s service delivery, as well as
reports that provide outcome data and the quality of services are included. This process
will ensure consistent accountability across providers. Currently, contracts are monitored
through DFCS program staff in collaboration with someone from the contracts division.
There are annual contract renewals completed ensuring each provider meets their scope
of services, is fiscally accountable and ensures the necessary outcomes. Corrective
action is implemented when necessary. This new oversight plan will better ensure
knowledge for the county for the continuum of prevention services provided and will
provide a better ability to look at the different modalities that vendors are using to reach
their clients.
1. Previous and Existing Quality Assurance Systems

Quality assurance is addressed in child welfare in Santa Clara County through the direction and support of the Administration Services Bureau, as well as a Quality Improvement and Enhancement Team (QIET). Quality Assurance is provided through data review, reports, and multi-disciplinary team meetings to discuss trends and issues of concerns. Multi-Disciplinary teams can include internal staff from different divisions of child welfare, as well as staff from other areas within social services, community agencies and other stakeholders. Monthly data reviewed includes process data from CWS/CMS, as well as reports from UC Berkeley and Safe Measures.

The Quality Improvement and Enhancement Team (QIET) was created in 2008 as part of Santa Clara County’s System’s Improvement Plan (SIP) and designed as a quality assurance process to assist the Department of Family and Children’s Services (DFCS) with meeting their performance goals. Santa Clara County is one of only a few counties in the state with a quality assurance program such as QIET. Through the creation and development of qualitative data tools, QIET helps to support and measure “Best Practice” methods and services utilized by DFCS. Examples of the qualitative data tools and reports created by QIET include: Investigation Narratives Tool and Reports (Monthly/Quarterly/Annual), Child Abuse and Neglect Center’s Non-entered CWS Consultation and Information Call Tracking Tool and Reports (Quarterly), CWS Monthly Mandatory Contacts Tool and Reports, and Santa Clara County 2011 Peer Quality Case Review Tool and Report. The current goals and objectives for QIET are to support Santa Clara County DFCS with its five year involvement in the California Partners for Permanency (CAPP) Project. QIET will become the Santa Clara County Implementation Team to support the CAPP Project’s Child and Family Practice Model with the goal of “improving permanency outcomes for African-American and American Indian children in or entering foster care or remaining in long-term foster care.”

A summary of data analysis completed by the QIET team during this review period includes the following:

- Investigation Narrative –Qualitative Data Tool, Analysis and Report of Investigation Narratives entered in CWS/CMS. This report is on-going and is done on a monthly, quarterly and annual basis.
- Child Abuse and Neglect Center’s Non-entered CWS Consultation and Information Call Tracking Tool, Analysis and Reports (Quarterly) - which looked at consistent documentation of information for all Investigative Narratives and Emergency Response call information received
- Placement Disruptions Tool, Analysis and Report (February 2010)
- CWS Monthly Mandatory Contacts Tool, Analysis and Reports
- Santa Clara County 2011 Peer Quality Case Review Tool, Analysis and Report

In addition, DFCS Administration ensures the development and constant upkeep of an On-line Policy and Procedures Handbook (OPP) containing all current DFCS policies and procedures, including Standing Court Orders, memorandums regarding Agency
changes and current legislative changes. This enables social workers and supervisors to have access to accurate up to date information at all times.

Santa Clara County utilizes a variety of reports to address these outcomes and monitor progress. These reports are used by the program administrative staff, quality assurance staff, program managers, supervisors, and social workers to monitor areas of strength and weakness, guide program and policy decisions, and maintain best practices. The consolidation of these reports into a dashboard as described earlier ensures that information is more readily available. This has enabled supervisors to use these consolidated reports during monthly supervision meetings with workers in their units. Managers can utilize them to track progress of individual units within their bureau, and administration can use them to follow progress and address deficits on an agency level thus helping to ensure best practices.

In addition, DFCS responds to and monitors complaints in two ways. Internally, DFCS has designated a social work supervisor to facilitate resolution of complaints that are made directly with the Department of Agency. DFCS also contracts with the Office of the Ombudsman to handle community and client complaints related to child welfare services. This office handles reviews of individual case complaints, monitors trends in client concerns and complaints. Both the DFCS Complaint Resolution Supervisor and the Office of the Ombudsman provide Quarterly Reports for the Social Services Agency’s Best Practices Committee as described earlier. The Best Practice Committee provides a vehicle for effective discussion of service issues and process improvements which can be implemented to increase accountability and to provide more effective and efficient service to DFCS clients.

Impact on C-CFSR Outcomes:
DFCS is pleased with improvements in several state and federal indicator outcomes and is committed to better identify and understand factors at play, as well as barriers to our improvement in these outcomes. However, Santa Clara County also needs to make note of our “pockets of success” within these measures, and must better understand the strategies for success in these areas. It is only through a concerted effort in Quality Assurance that Santa Clara County will be able to complete this analysis and then work to ensure a systemic agency change to impact outcomes. It is for this reason that DFCS understands the energy and resources that must be diverted to accomplish this task. In addition, DFCS has worked hard to partner with QIET and Staff Development to ensure that training and planning are all aligned with the Department’s goals.

Quality Assurance for Juvenile Probation
In Probation quality assurance is achieved utilizing a variety of systems and practices to evaluate and ensure quality services to probation youth and their families. The Placement Unit SPO reads documentation, court reports and staff cases with DPOs in the unit to ensure that quality services are being provided. The Probation Manager, SPO and DPOS monitor cases through probation’s JAS2 system to ensure timely response and contacts. Further, the SPO and DPOs receive Juvenile Placement training through the UC Davis Extension Center for Human Services, to ensure they have the practice, skill and knowledge that support quality program management and services.

The CWS/CMS and JAS2 systems provide reports and reminders for each case and are utilized by the supervisor and case carrying DPOs to manage case activity. Additionally,
the CWS/CMS system offers a navigation tool to help staff ensure completion of required data fields. Further, the Probation Manager, SPO and DPOs have all received CWS/CMS training through the UC Davis Extension Center for Human Services this year.

The RISC and Community Wrap Team monitors all Wraparound activity and authorizes participation and budgetary requests. There is an evaluation tool that addresses client satisfaction with services that are used to assess program effectiveness for future planning purposes. RISC accesses the reports in Santa Clara County to determine placement for ethnic populations.

E. Service Array

1. Availability of Services
The strengths in services and programs for Santa Clara County reside in the strong partnerships and collaborations that have been established, as well as the willingness of all partners to leverage resources for the best utilization of funds for services and programs. SCC has wonderful pockets of very innovative programs that capitalize on families’ strengths and unique needs. However, DFCS is fully aware that these innovative programs are not to scale throughout the Agency and that this can prove to impact outcomes on cases. In addition, SCC has become aware of the need to continue to support community based relationships and to ensure that the services and programs that are established really do meet the needs for the families in which they have been established.

The following highlights some of the diverse services and programs available in Santa Clara County:

Front End Services - Differential Response
As noted earlier, DFCS receives First 5 funding in an effort to provide front end services to families with the necessary resources and supports to avoid these families and children being involved with child welfare. Santa Clara County offers both Path 1 and Path 2 Services.

Voluntary Services - Informal Supervision (IS)
Informal Supervision (IS) is a voluntary program under which the Department of Family and Children’s Services offers the provision of non-court, time limited protective services to families whose children are in potential danger of abuse, neglect or exploitation, when the child can safely remain in the home and the family is willing to accept services and engage in corrective action. The agreement for Informal Supervision services may be initiated by a social worker or by the Court. IS services may be offered if a child comes within or may soon come within the purview of the Welfare and Institutions Code (WIC) § 300. IS services are considered more intensive than DR and Voluntary Family Maintenance Services (VFM).

Voluntary Services - Voluntary Family Maintenance (VFM)
Voluntary Family Maintenance Services (VFM) provides time-limited services to children and families. VFM services are appropriate when the social worker assesses that it is unclear as to whether the allegations of abuse or neglect are true or not, that there is no basis for filing a dependency petition on behalf of the child and that the family could
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benefit from and is willing to accept services. Emergency Response, Early Intervention and Dependent Intake social workers may offer VFM services as a conclusion to a referral investigation. Department of Family and Children's Services' (DFCS) supervision of voluntary services benefits the family by providing case management services. Additionally, under DFCS supervision, the family is able to access funds for some services or necessities through the DFCS Family Preservation Program. These services are provided by case managing social workers located at the two Family Resource Centers: Gilroy Family Resource Center (FRC), and the San Jose Family Resource Center – combining the services of Ujirani, Nuesta Casa, and the Asian Pacific FRC. VFM services can be considered when the social worker determines that all of the following conditions exist and these issues can be addressed within a time limited three month of services:

- The child does not fall under the definitions for filing a petition under the Welfare and Institutions Code (WIC) § 300 (a) through (j).
- The social worker has completed the CAT Emergency Response Assessment Tool, and the children are not considered to be at high risk.
- A CLETS criminal record check of the parents and all other adults in the household has been completed and the results indicate that none of the subjects have any convictions that are serious enough in nature to compromise the child's safety;
- The family has not been provided with voluntary or court-ordered family maintenance services in the past five years for the same or similar allegations.
- There have not been three or more previous referrals involving the family in which at least three of the allegations have been concluded as inconclusive or substantiated:
- The allegations do not involve sexual abuse.
- The family could benefit from case management services.
- The family is willing to accept and cooperate in developing and signing a VFM Services Agreement and subsequent case plan.
- The presenting problems are amenable to resolution within three months.

Voluntary Services - Voluntary Family Reunification Services (VFR)
When a social worker determines that a family's circumstances are such that a child cannot be safely maintained in the family home and the family is willing to accept voluntary placement for the child and signs a voluntary placement agreement, the child may be placed in out-of-home care for a period not to exceed 180 days under the program of Voluntary Family Reunification (VFR). [WIC § 11400 (n) (o) (1) (2)]

Voluntary Family Reunification is a time limited service that enables a child and his or her family to utilize out-of-home care services without the involvement of the juvenile court. The VFR program encourages family decision-making by allowing the family to determine the need for out-of-home care and participate in the development of a case plan, including the appropriate time for the child's return home, if that is the ultimate goal. There is reason to believe the case plan goals can be achieved within five months of the date of placement. Criteria for VFR cases are the same as the criteria cited above for VFM cases including that the problem for which the child is being placed is not one for which the child or the child's siblings were previously made dependents of the court.

Analysis:
DFCS continues a strong commitment to both prevention services of DR, as well as voluntary services in an effort to avoid families entering the child welfare system and the court process. The Department is aware that there may not always be clear delineations between those families referred to Differential Response- Path 2 and those families
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referred to voluntary services and Informal Supervision. In addition, the Department wants to make sure these services lead to no further maltreatment for children. This will be an important area to continue to focus during the next year and for consideration in the SIP planning process.

DFCS-Wide Services

Joint Decision Making (JDM)
The function of the JDM unit is to provide children and their families with an opportunity to have their voices heard and participate in decision making regarding safety and stability of children with the support of their natural support system, community partners, service providers and child welfare staff. Santa Clara County offers four types of group decision making meetings:

- Family Conferences (FC)
- Emancipation Conferences (EC) – Renamed MY TIME meetings through participation in the ILP Breakthrough Series
- Team Decision Making (TDM)
- Family Team Meeting (FTM)

Family Conference (FC)
FC is a strength based, family centered model that allows family members, the child if appropriate, and service providers to come together safely, discuss issues that brought them to the attention of the child welfare system, brainstorm resources, and develop their own family plan of how to resolve those issues. It is an opportunity for families to have their voice heard and empowers them to find solutions for issues, such as safely maintaining children in the home, reunifying with children who are in out of home placements, developing visitation plan, addressing children’s educational, emotional and other needs, prevent future re-entry into the child welfare system. The family plan developed at a FC is considered by the Social Worker and shared with the Judge. In the last three years, Santa Clara County has facilitated 163 Family Conferences as follows:

- 54 in 2009
- 69 in 2010
- 40 in 2011 (Nov-Dec not included)

Emancipation Conferences (EC) - MY TIME Meetings
As a result of a collaborative workgroup effort with community partners, caregivers, youth, and social workers through the Connected by 25 Initiative in 2007, and participation in the ILP Breakthrough Series in 2008 and 2009, a new EC format was developed and successfully implemented. The new conferences are referred to as MY TIME (Moving Youth Towards Independence and Meaningful Emancipation) meetings and have been tailored to youth between the ages of 16 and 18 years of age, who will be leaving the child welfare system. The new format is more interactive and youth friendly. The focus is on identifying and addressing the youth’s strengths, needs and aspirations. The purpose is to bring together the youth and their identified circle of support including service providers that can help them develop a plan for their future. The life domains or topics covered in these meetings include but are not limited to: education, housing, employment, transportation, health and well-being, circle of support, documents, immigration, personal interest and permanency. Department policies and procedures were developed and implemented to support MY TIME meetings starting for youth at age 16, who was not in a permanent plan of adoption or guardianship. MY TIME
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meetings are scheduled when the youth reaches the age of 16 and annually thereafter, with a final meeting to occur within 90 days prior to dismissal of dependency. This new protocol allows youth who will be emancipating and the adults supporting them to ensure a well prepared plan with resources is developed to better prepare the youth for their transition out of foster care and into their future. The JDM unit continues to collaborate with DFCS-Connected by 25 staff, Independent Living program staff and other key identified community partners to ensure that there is a multi-disciplinary team at these meetings. During the last three years, Santa Clara County has facilitated 1,054 MY TIME meetings as follows:

- 358 in 2009
- 430 in 2010
- 508 in 2011 (Nov-Dec not included)

Team Decision Making (TDM)
TDM meetings are based on the Family to family strategy to conduct group decision making meetings for removals, placement changes and transitions to ensure more relative placements and keeping siblings together whenever possible. The majority of TDMs are for placement changes for a child in care or at the time of removal. DFCS continues to work towards shifting the focus for TDMs to provide greater use of “front end” TDMs and to have joint decision making meeting for every removal. In 2011, all front-end supervisors were trained as TDM facilitators to support this shift. For the past three years, Santa Clara County has facilitated 1,955 TDMs as follows:

- 749 in 2009
- 698 in 2010
- 508 in 2011 (Nov-Dec not included)

Family Team Meeting (FTM)
FTM were implemented in Santa Clara County in January 2009, in collaboration with the Family Wellness Court. The purpose of FTMs is to have a forum to include parents and key service providers in the initial case planning process during the time between the Jurisdiction and the Disposition Hearings. FTMs provide an opportunity to “customize” case plans and “stagger” services to ensure successful reunification between families and children. FTMs are held for families involved in Family Wellness Court. They are held every Thursday. For the past three years, Santa Clara County has facilitated 154 FTMs as follows:

- 57 in 2009
- 47 in 2010
- 50 in 2011 (Nov-Dec not included)

Family Finding
In 2007, DFCS re-allocated resources specifically to ensure family finding efforts with a unit of coordinators whose function was specifically to complete family finding efforts on behalf of children and families for both connectivity and placement. Due to budget reductions over the last several years, this unit was eliminated in June of 2010. The Department’s decision was to continue Family Finding through the two units responsible for placements. Planning meetings were held, management and labor agreed on the workload impact to staff, training on the Lexus Nexus/Accurant data base have been completed and the policy and procedures for Family Finding are in the approval stage.
The current social workers in the placement units will no longer be able to do the intensive searches previously completed and the outreach to family members originally provided. Family Finding efforts are now a combined effort between the placement staff completing the Lexus Nexus Accurant search, attempt to find out which individuals appearing on the search results are related to the child and absent parent locates and then providing this information on to the Social Worker for further evaluation and consideration.

**Analysis:**
Due to delays in the formal meet and confer process with labor organizations, staff were recently trained for use of the family finding software and the completion of the Family Finding Online Policy and Procedures will be completed in January 2012 with full implementation by January 31, 2012. Key areas that the Department will need to evaluate during the SIP planning process include the following:

1. Evaluation of the necessary time devoted to family finding activity and the possible impact to placement with relatives.
2. Ensuring engagement with family members after family finding efforts have been completed to help families determine the “value” they have to contribute, even if the family can never offer placement for a child.
3. The Department will need to balance efforts of family finding for connections versus placements and not to “push” families too quickly in order to make placements successful and ensure the necessary supports.
4. Ensuring family finding efforts for permanency occur at the onset of a case and are fully supported. This is an area of particular concern, as highlighted in the IA, the LCWEP and the PQCR that extended family to do feel included in the process and do not feel utilized.
5. Establish “warm hand offs” between the placement staff completing the family finding searches and social workers to continue work with family members who have been located.
6. Ensure consistent input of information regarding collateral contacts into CWS/CMS.

**Kinship Guardianship Assistance Payment Program**
Significant changes to the Kinship Guardianship Assistance Payment Program (KinGAP) were enacted effective January 1, 2011. The program provides kin caregivers with cash benefit supported option for exiting the child welfare system via legal guardianship. Department policies and procedures reflecting the changes to KinGAP have been implemented, and social workers were trained on the new criteria for relative guardian families to qualify for and opt for state or federal KinGAP funding.

In Santa Clara County, 183 cases were converted from state to federal funding, and these cases were assigned to social workers who made initial assessments in 2011 and will continue to reassess the families every two years for changes in the family situation, which may qualify the families for supplemental funding or renegotiation of current supplemental funding. New relative guardianship cases in which the guardian applies for KinGAP are assigned to social workers for ongoing reassessments every two years. Standards were negotiated with the employees’ Union for integration of the KinGAP cases into social workers’ existing caseloads.
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Special Care Increment Rates
In January 2011, the Department submitted a data report to the State for final approval of modifications made to DFCS' Special Care Rates program in 2008. The report showed that the modified program produced no increases in General Fund expenditures, and the State approved DFCS' current SCI rates program.

Impact of C-CFSR:
SCC understands the value of family finding efforts and the impact for placement stability, as well as timely reunification efforts. DFCS is concerned about the reallocation of resources for this work and will need to ensure a concentrated effort in the next two years to make sure that "the work" is still completed in a different way. Fine tuning will be necessary to ensure changes to the existing policies and procedures and to make sure that these efforts are consistent throughout the Department and support children being placed with and connected with family members.

Supports and Services for Parents

Parent Orientation
The Parent Orientation program (PO) started in 1998 in South County and was fully established throughout the Agency by 2003. Juvenile Dependency Court has made participation in Parent Orientation a court order for all families at the detention hearings. Classes are currently offered in English, Spanish and Vietnamese. Translators are used for all other languages. DFCS continues to offer these classes for parents, although due to budgetary reductions, class times have been reduced from three classes totaling 6 hours to two (2) classes totaling five (5) hours.

The goal of the Parent Orientation program is to better engage parents by increasing their knowledge about their responsibilities and those of the professionals serving them and to inform them of the legal and regulatory requirements of the Child Welfare System. DFCS anticipated that if clients better understood what to expect and how to navigate through the system, they may engage more readily and earlier in service activities that would facilitate more successful completion of case plan requirements. Over the course of this interactive orientation, participants will receive an overview of the child welfare system, become familiar with the different roles within that system (i.e. court system, foster care providers, ombudsman, parent advocates, and child advocates), gain an understanding about the court process and complaint procedures in order to minimize misunderstanding and confusion, and learn strategies to better navigate through the dependency system.

From July 2009-June 2011, DFCS has had approximately 1,122 participants, and 924 (82%) of those participants completed the entire Parent Orientation series. (Please see the table below.) DFCS actively encourages all parents involved in Santa Clara County's Child Welfare System to participate in Parent Orientation in an effort to ensure that they fully understand the system and their rights as parents.

The following factors appear to be indicators of why clients do not attend a Parenting Series:
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1. Client has relocated, social worker and Parent Ed. Program unable to contact client prior to his/her start date of class.
2. Social Worker submits referral due to reasonable efforts/client has not been complying with his/her case plan.
3. Client overwhelmed with case plan requirements.
4. Client resistant to services.
5. Conflict in client schedule (client attending another program on same day as parenting class)
6. Client incarcerated

Table 63

<table>
<thead>
<tr>
<th>Total number of Parent Orientation series offered</th>
<th>Total number of students enrolled in Parent Orientation classes</th>
<th>Total number of students attending 1 or more classes</th>
<th>Total number of adult students that graduated</th>
</tr>
</thead>
<tbody>
<tr>
<td>88</td>
<td>1,411</td>
<td>564 Adults</td>
<td>451</td>
</tr>
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Table 64

(July 1, 2010 through June 30, 2011)

<table>
<thead>
<tr>
<th>Total number of Parent Orientation series offered</th>
<th>Total number of students enrolled in Parent Orientation classes</th>
<th>Total number of students attending 1 or more classes</th>
<th>Total number of adult students that graduated</th>
</tr>
</thead>
<tbody>
<tr>
<td>87</td>
<td>1,360</td>
<td>558 Adults</td>
<td>473</td>
</tr>
</tbody>
</table>

(July 1, 2009 through June 30, 2010)

Linkages

The Linkages project was launched in partnership with the California Department of Social Services (CDSS) with the goal to increase knowledge about the implementation of practice to coordinate child welfare and public assistance programs in California. Child and Family Institute of California (CFPIC) has requested the Santa Clara County Social Services Agency to participate from June 19, 2007 through September 30, 2012. The linkages project has developed specific strategies to coordinate Cal Works (CWES) and Child Welfare Services through better coordinated case planning. Ultimately, it is believed that this enhanced coordination and family focused support will have an impact on reducing poverty, strengthening families, preventing maltreatment and building community.

The implementation of the Linkages project continues to move slowly; early planning targeted the Linkages project as a pilot in the South County boundary areas. Part of the planning involved co-locating Social Workers and Eligibility Workers in one office in South County. The co-location occurred in June 2008. Although coordination efforts began prior to the co-location of staff, the pilot has experienced some barriers to making
more substantial progress. Challenges continue to be the lack of consistency in practice and clarity between systems in the roles of the Eligibility Worker and Social Worker. The data collection has also been a challenge due to the lack of tools to track systemically how many families benefited from this partnership. All Linkages cases have been assigned a special project code and tracking has occurred over the last year and a half.

The goals of the Linkages project are to ensure CalWORKs families receive all needed support to meet both DFCS and CWES program requirements; to foster better communication between all departments; and to develop a tool to better identify and assess all qualified families who can participate in the partnership. During this review period, DFCS has completed the following:

- Hired a Social Work Coordinator II, who coordinates CalWORKs activities through DFCS;
- DFCS Manager participation in the CalWORKs Implementation Team (CWIT) monthly meetings and DEBS Management participation in DFCS Manager meetings;
- The Partnership continues to meet and coordinating services continues to be a focus. Leadership for the Partnership met to develop a work plan for 2011-2012. The overall goal for the Partnership is to enhance service coordination between CalWORKs and Child Welfare to help families achieve self-sufficiency and ensure child safety and well being. The objectives for the coming year include the following:
  - Review procedures across departments as needed to meet current needs for common cases. Expand and integrate data systems
  - Track CalWORKs activities, services including coordinated case planning by creating indicators in Cal WIN;
  - Improve common case client identification;
  - Improve DFCS input of CalWORKs Family Engagement indicators in CWS/CMS;
  - Track client outcomes and closure reasons;
  - Establish Comprehensive Staff training across departments with a focus on common cases

The Child and Family Policy Institute of California’s federal grant was to end on September 30, 2011. However, there were funds left in the grant and CFPIC was allowed to roll-over the funds to the following fiscal year. Counties involved in the statewide project have been invited to continue. Santa Clara County’s leadership has elected to continue the connection to the CFPIC and is in the process of completing the documentation required. Even without the connection to CFPIC, DFCS is committed to continuing the Partnership with DEBS to better serve Common Case families. Currently DFCS has a proposal to redesign the Emergency Response and Court Services operations. The connection for families to CalWORKs will be incorporated into the changes at the front end. It will be imperative the DFCS and Department of Employment and Benefits continue to find ways to ensure the accuracy of data and ensuring a systematic way to ensure that all families are screened for possible benefits and that all common families are identified.

Family Resource Centers (FRC)
Due to budget reductions in 2009, DFCS combined the three (3) distinct Family Resource Centers located in San Jose and created the San Jose Family Resource Center (SJFRC). The SJFRC combined Ujirani- serving African American and African
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Ancestry community; Nuestra Casa- serving the diverse Latino families and the Asian Pacific Family Islander FRC serving the Asian and Pacific Islander communities. The Gilroy Family Resource Center continued to serve parents and families involved in the child welfare system and the community in the south county comprised of Morgan Hill, Gilroy and San Martin.

The Gilroy FRC and SJFRC offered culturally and linguistically appropriate services focused on both DFCS clients and the diverse community of Santa Clara County focused on promoting family empowerment and building off each family’s cultural and family strengths and providing Voluntary Family Maintenance services. During the past year the following services were moved out to the FRC: Joint Decision Making services, Family Unification Services, Parent Education, and Child Visitation. In addition, various classes are offered such as mother’s empowerment group, domestic violence victim’s groups, nurturing fathers, parenting without violence, Al-Alon, gamblers anonymous, mental health support group, kinship training, narcotics anonymous, young adult support group, Black Infant Health, and Parent Orientation

Drug Testing
The Department of Family and Children’s Services drug-testing program has modified drug-testing procedures to reduce the overall cost. The main goal of the program is to keep children in the community safe when their parents are struggling to overcome addiction. The program will implement evidence based best practice procedures and a step-down model to continue reducing costs and achieve program goals. The drug-testing program has a contract with Norchem and they provide six facilities in Santa Clara County for site-testing. The Social Worker Coordinator continues to actively participate and share information with the Santa Clara County drug-testing taskforce facilitated by the Budget and Public Policy Analyst for the County Executive. Santa Clara County will determine if one vendor has the ability to meet the needs of each department and the community. The task force was created to determine best practice for all areas of Santa Clara County that conduct drug-testing in an effort to reduce overall costs and keep the community safe. As indicated earlier in this report, this collaborative effort between departments as championed by the BOS will help best utilization of resources and shared information.

DFCS was the first to develop a step-down model for drug-testing in Santa Clara County and it is consistent with the recommendations of the drug-testing task force. The following is a list of best practice procedures identified by the task force:

1. All Alcohol and drug-testing should be random.
2. Case workers need to have the ability to alcohol and drug-test on demand.
3. Drug-testing should be individualized for the specific needs of the client. There is no need to test clients for drugs that they do not use.
4. Results should be available in real time.
5. Departments should be able to implement a step-down model.
6. Drug panels should be based on drug trends.
7. Each department should determine when drug-testing confirmation is required.
8. Drug-testing facilities should be available county wide and on weekends.
DFCS has policies and procedures in place to utilize a Step Down Model for drug testing for clients and social worker court recommendations should be consistent with the step-down model. This includes:

- Weekly drug testing for the first ninety days based on the results of a drug assessment.
- Drug testing should be limited to once a month following the ninety day time period if the client continues to test negative.
- Drug testing following the eighteenth month period should be terminated.

<table>
<thead>
<tr>
<th>Court time frame</th>
<th>Test frequency</th>
<th>Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 months</td>
<td>Once a week for the first 90 days followed by twice a month</td>
<td>FR/FM</td>
</tr>
<tr>
<td></td>
<td></td>
<td>VFM/VFR</td>
</tr>
<tr>
<td>12 months</td>
<td>Not to exceed once a month</td>
<td>FR/FM</td>
</tr>
<tr>
<td>18 months</td>
<td>Not to exceed once a month</td>
<td>FR/FM</td>
</tr>
<tr>
<td>24 months</td>
<td>No drug testing</td>
<td></td>
</tr>
</tbody>
</table>

If the client relapses, the social worker will order once a week drug testing for sixty days and decrease the amount to twice a month. On-demand testing is available at any time, although, DFCS has dramatically decreased this use.

There has been a reduction in the overall expenditures for drug-testing for Santa Clara County since 2009. The successful implementation of the step-down model in December 2011 will result in an additional reduction in the overall drug-testing program expenses. Emergency assistance funding continues to be available for DFCS clients and the drug-testing program anticipates a savings for 2011 of $98,172. The annual cost for drug testing for DFCS was $461,753 for 2009, $278,315.75 for 2010 and $262,539 for 2011 to date.
Step Down Visitation
Step-Down Visitation, or visitation best practices, is the Department of Family and Children’s Services (DFCS) policy to ensure that visitations between parents and children who are under DFCS supervision are visiting at the least restrictive visitation levels possible consistent with balancing the safety of the child and maintaining and strengthening the parent-child relationship. This policy evolved from the recognition that visitation is a critical part of a family reunification plan or, when a child is in long term foster care, a critical part of maintaining a child’s relationships with the significant adults in the child’s life. The policy recognizes the need for visitations to more in “steps” or increments from more restrictive and structured visitation arrangements to less restrictive, more normalized visitation and contact between children and parents as the parents make progress in their ability to ensure the safety of the child and to address the issues that led to the child being in out of home care, when this is appropriate. The policy recognizes five critical components within visitation – frequency, duration, and level of supervision, venue/location, and the supervisor of the visitation.

The DFCS continues to encourage the step down visitation to the most least restrictive setting for families and children. In 2010, DFCS closed the visitation center referred to as Clover House due to budget reductions. Visitation services were officially moved out to the Gilroy Family Resource Center and the San Jose Family Resource Center. This has forced DFCS staff to become creative and resourceful to implement these types of visits.
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Services for Transitioned Aged Youth

California Connected by 25 (CC25)
Santa Clara County has developed in partnership with the community a variety of services and programs aimed at supporting youth ages 16-25 emancipating from the Juvenile Dependency or Juvenile Delinquency System. SCC is now in the fifth and final year of participation in the California Connected by 25 Initiative (CC25I). The initiative will officially terminate at the end of calendar year 2011 and Santa Clara County will request a no-cost extension to utilize the remaining dollars over the next two years to further the goals identified. SCC is committed to ensuring the necessary supports and services to youth who transition from care to adulthood. Over the past four years, CC25I and community partners have developed many innovative and successful programs that have positively impacted many young people. In the fifth and final year of the grant, it will be important to focus on sustainability of existing programs and continue to find ways to expand services. In addition, DFCS is focused on Assembly Bill (AB) 12 and the support for youth opting to continue to receive services. The following are highlights of some of the CC25 programs:

EDUCATIONAL SERVICES
Educational services continue to be developed and coordinated by the DFCS Educational Services Unit (EdSU). EdSU continues to work very closely with a number of community partners, including Santa Clara County Office of Education-Foster Youth Services (COE-FYS), Silicon Valley Children's Fund (SVCF), San Jose State University's Guardian Scholars Program, former Connect/Motivate/Educate (CME) Society, and Child Advocates of Silicon Valley (CASA).

Educational Rights Project
The Educational Rights Project (ERP) was created over ten years ago at the direction of the Santa Clara County Board of Supervisors, and is the only known program of its kind in the nation. The ERP is collaboration between the DFCS, Juvenile Probation Department, County Counsel, Legal Advocates for Children and Youth (LACY), and Morrissey/Compton Educational Center, Inc. The mission of ERP is to ensure that dependents of the Court are in an appropriate education placement and receiving appropriate educational supports to maximize their academic potential. The focus of ERP continues to be primarily on special education identification and advocacy, compliance of Assembly Bills 490 (2004) and 167 (2010), educational rights, discipline (suspension, expulsion), and ongoing training on each of these topics to social workers, parents/caregivers, school personnel, and other community stakeholders. ERP provided direct services to over 400 children/youth in 2010. Children and youth throughout the county are served. Relationships with key districts where the majority of children and youth attend have proved vital. In addition, the Educational Services Unit advocates for children placed out of the county.

Educational Data Improvement
The EdSU launched the Education Data Improvement Project in October 2008. Policies and procedures were implemented to ensure the accuracy of educational information contained in the statewide CWS/CMS database for foster youth placed in out-of-home care. This information includes school information, grade, special education status, if
applicable, and the name of the person holding educational rights. Data improvement in CVIS/CMS has several benefits, which include: 1) accuracy of educational information in the Health and Education Passport; 2) accuracy of the Foster Youth Student Information System (FYSIS) database; and 3) assists with recruitment of youth for programs and services. The accuracy of this data also enables the DFCS to track the number of school placements, youth retention, and graduation rates. The DFCS has continued to have annual data clean-up projects at the beginning of each school year.

As part of the Education Data Improvement Project, EdSU continues to assume the responsibility for timely transfer of education information when a foster youth changes school placement. These responsibilities include: 1) checking youth out of their previous school; 2) ensuring that the previous school transfers education information (e.g., check-out grades, transcripts, and IEPs, if applicable) to the new school; 3) ensure applicability for AB 167 (2010), and 4) notifying the new school of the name and contact information of the youth’s social worker, education rights holder, care provider, attorney, and child advocate, if applicable. This process occurs within 48 hours of a change in residential and/or school placement.

Juvenile Court Educational Partnership
As noted earlier, the Juvenile Court Educational Partnership (JCEP) is a collaborative between the SVCF, Juvenile Court, Juvenile Probation Department, COE, local school districts, and the DFCS. The mission of JCEP was to create an online database, Foster Youth Student Information System (FYSIS), which will hold foster youths’ health and education information. Users of the database will have varying levels of access to information depending on their relation to the youth.

Middle School Education Court (MSEC)
Established in August 2007, the Middle School Literacy Project was a collaborative among the SVCF and DFCS. The Literacy Project’s mission was to create educational plans for all foster children in Santa Clara County middle schools, including a compilation of youths’ attendance records, grades, transcripts, standardized test scores, previous school placements and school and community resources to meet the youths’ educational needs. Forty (40) plans were developed and they were utilized to identify additional supports and resources, including tutoring and programs supporting post secondary education, as well securing funding to access these resources.

The Literacy Project shifted its focus to the creation of educational plans in conjunction with a specialized courtroom known as Middle School Education Court. Key partners have expanded to include Santa Clara County Juvenile Dependency Court, County Counsel, CASA, LACY, Dependency Advocacy Center, COE-FYS and San Jose State University’s Research Institute. MSEC was eventually launched in October 2010. The MSEC is currently a pilot program that is scheduled to last to July 2012, and will involve approximately 30 to 40 youth who are living in or near Santa Clara County and receiving Family Reunification or Permanent Placement Services. As part of MSEC, each youth will receive a comprehensive educational needs evaluation and assessment that provides an overview of the youth’s academic history, current level of academic functioning, and recommendations to ensure students are in an appropriate educational placement and receiving appropriate educational supports to maximize their academic potential. Information provided in the MSEC Reports exceeds recommendations from the Judicial Education Checklist, Blue Ribbon Commission and 2008 and 2011 New
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Rules of Court. Additionally, each MSEC youth are assigned an Advocate through Child Advocates of Silicon Valley who has specialized training in education to provide additional academic support, advocacy, and oversight. The EdSU Coordinator is responsible for the overall coordination of the MSEC for DFCS, and Morrissey/Compton is responsible for completing the MSEC Reports.

All students are provided with a full review of all academic history and any educational recommendations. There is a staffing with school personnel, youth, social workers, caregivers, the Judge and the multi-disciplinary team to discuss recommendations and then an informal hearing where the youth is allowed active participation in the process and receives an educational advocate through CASA if requested. Participation in MSEC has resulted in location of lost cum files for students, improvements in special education services, enrollment into gifted and talented programs, tutoring or changes in school placement. Although, a small representative sampling for students involved in the Child Welfare System, the MSEC process does appear to be having an impact “one student at a time.”

De Anza College Summer Bridge Program
The De Anza College Summer Bridge Program is collaboration between the Silicon Valley Children’s Fund (SVCF), Santa Clara County Office of Education-Foster Youth Services (SCCOE-FYS), Eastside Union High School District (ESUHSD), De Anza College, and DFCS. The six-week program provides foster youth opportunities to experience college life, learn about resources available to assist them to identify and achieve their higher education goals, improve reading and writing skills, and work with a group of motivated peers who are interested in investing in their own educational future. De Anza College and the other partnering agencies pay for all expenses, which includes tuition, books, transportation, and lunch. Students also take tours of local colleges and universities. In 2010, college tours included San José State University, Stanford University, University of California at Santa Cruz and Berkeley, and San Francisco State University. Upon completion of the course, students earn 20 high school elective units, 10 college credits, a $250 scholarship, and have a personal statement that they can use for college applications and additional scholarships. Twenty-two students successfully completed the program in 2010.

Emerging Scholars Program
The DFCS originally partnered with the ESUHSD and Child Advocates of Silicon Valley in the establishment of the ESUHSD pilot project in 2007. The goal of the project was to improve educational outcomes of 9th and 10th grade foster youth within the ESUHSD. Based on the success of the pilot and SVCF’s High School Roadmap to Independence Initiatives, and the successful collaboration with the ESUHSD, the program has evolved into the Emerging Scholars Program. The Emerging Scholars Program is a collaborative between the SVCF, SCCOE-FYS, ESUHSD, and DFCS.

Emerging Scholars provides comprehensive one-on-one support to foster youth primarily in the ESUHSD. Master’s or Bachelor’s level social work interns are matched with foster youth attending schools within ESUHSD to act as an academic mentor by ensuring foster youth are receiving the appropriate educational and psychosocial supports. Youth create an academic plan for high school, explore career options, connect with other resources in the community, and utilize Naviance, an online academic and career planning guide. For FY 10-11, San Jose State University School of Social Work placed
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six interns into the program, and served 42 youth. This program is primarily funded through the $145,000 Outside of School Time (OST) grant awarded to SVCF through a collaborative effort of the Sand Hill Foundation, SV2, and The David & Lucille Packard Foundation and CC25 grant dollars. For the 2011-12 academic year, the program has expanded to include 11 interns and will serve approximately 60 youth.

Higher Education Summit
The Higher Education Summit occurs annually and is open to all foster youth in grades six through 12 who are interested in higher (post-secondary) education. Topics include high school graduation requirements, vocational opportunities and scholarship and grant information. The Higher Education Summit was held in August 2010 and combined the Freshman Orientation and Higher Education Luncheon. CME Society spearheaded this event in collaboration with the COE-FYS, DFCS, CASA, and SVCF. There were a total of 51 youth and 30 caregivers in attendance. For FY 11-12, the event was held on September 17, 2011 and had over 60 youth in attendance.

COE-FYS Co-location
The DFCS partnered with SCCOE-FYS to co-locate staff within the DFCS using draw down of Title IV-E dollars within Year 5 starting in October 2010. The goal of the partnership is to improve communication between the agencies, fill in identified gaps in services, and improve educational outcomes and stability for youth. The co-located staff assists with adherence to AB 490, such as partial credits, identification of youth eligible to receive their diploma under AB 167, and transportation to/from school of origin under McKinney-Vento Act.

Youth Education Scholars (YES™) Program
The SVCF continues to offer the Youth Education Scholarship (YES™), which provides former foster youth with financial assistance to achieve the dream of a college education or vocational training. YES™ scholarship funding supplements other available financial aid or scholarship funding, and may be used for tuition, books, school supplies, housing, transportation, clothing, food and other education-related expenses. The goal of YES™ is to improve educational, vocational, and life outcomes for all former and current foster youth who have demonstrated a personal commitment to education and the ability to achieve educational success. The EdSU assists SVCF with program development, consultation, coordination, and recruitment of current and former foster youth, application review, and the YES™ interview and selection process. This year SVCF increased the number of scholarships available, expanded their eligibility criteria to coincide with Federal Financial Aid requirements, and included scholarships for vocational training. There are currently over 90 former foster youth receiving the YES scholarship, an increase of three-fold since 2007. Anecdotally, this increase in scholarships can be linked to improved recruitment, community awareness, and increased collaboration between the DFCS and the SVCF.

Tutor Referrals
The EdSU continues to process all requests for tutoring services. These requests are reviewed by Morrissey/Compton and then referred to appropriate tutoring services based specifically on the student's needs. Tutoring is paid for through DFCS and COE-FYS.
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Advancement via Individual Determination (AVID)
The DFCS has teamed with AVID Region V to recruit foster youth in the 6th through 9th grades who have demonstrated potential to enter post-secondary education. AVID—a nationwide program—has shown success with significantly increasing the college going rates of some of the most marginalized, underserved populations. This includes foster youth. EdSU anticipates over 15 foster youth to be enrolled into AVID or other like college preparatory programs in the 2011-12 academic years due to the efforts of this collaboration.

EMPLOYMENT AND TRAINING SERVICES
The Career Development Unit (CDU) continues to assist with the development and provision of employment services to increase the employability of foster youth in Santa Clara County, and to create employment opportunities for current and former foster youth. The Year 5 benchmarks included activities related to relationship building with local employers, increasing employment and employability for youth in care, and creating a variety of employment opportunities, including internships, paid employment and volunteer positions. In addition to program development and coordination involved in some of these benchmarks, CDU staff continued to increase direct services in Year 5 through workshops and employer recruitments. There are a variety of ways to get connected to the CDU, including self-referral through a phone call or visiting drop-in hours, participation in a workshop, or a referral through a case manager or provider. Since June 2011, CDU has received 98 referrals from social workers and ILP case managers, but continues to receive the majority of referrals through workshop and drop-in participation. The referrals are screened and youth are identified for the programs/services best suited for their needs.

Short-Term Experience Program (STEP)
The CDU developed the Short-Term Experience Program (STEP) in spring 2010. The purpose of the STEP internship program is to provide former foster youth the opportunity to acquire hands-on experience in an environment aligned with their career aspirations. To date, there has been one cohort of STEP interns, which started in September 2010. There were 31 initial applicants and nine that were hired for paid internships. Interns were placed at Santa Clara County Parks and Recreation, Facilities, Animal Shelter, Office of Women’s Policy, and Weights and Measures. Of the nine hired, five completed all 12 weeks of the internship. STEP interns were placed in county departments for a period of 12 weeks, for up to 16 hours per week, and received a $160 stipend weekly. STEP interns have an on-site supervisor to direct their daily tasks. In addition, a CDU employment counselor checks in with them a minimum of once a month to address any challenges and ensure their internship is a positive learning experience.

In May 2011, the Board of Supervisors approved the creation of extra help positions specific to the STEP intern program. Santa Clara County has budgeted for 20 interns and anticipates the application process for a second cohort of interns to begin in 2012. Thus far, emancipated youth have been targeted for STEP and there are currently no plans to expand to dependent youth.

FLYE RITE
The CDU has continued to develop and expand the Fundamental Learning Yielding Employment Ready Individuals through Education (FLYE RITE) program. FLYE RITE began in October 2009 as a drop-in program offered two times per month in San Jose.
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and one time per month in Gilroy. Youth can “drop-in” and receive assistance on a variety of needs, including employment skill development, career planning, and application assistance. Due to the initial success of FLYE RITE in San Jose, drop in hours were expanded to occur every week and available services were increased to include completion of STEP-TILPs, food stamp applications, THP-Plus referrals and waitlist information, and access to resources including reproductive health and LGBTQ support. This year, FLYE RITE has served over 700 participants. Due to low demand in Gilroy, services are now offered by appointment and ten youth have participated.

Workshops
The CDU has a calendar of monthly workshops offered to meet different employment needs. CDU offers the 3 day workshop which is designed for job seekers who want to maximize their employment readiness training and receive one-on-one networking assistance, the 101 workshop for the first time job seeker without formal work experience, and the advanced workshop which is designed for those who already have at least one year of employment history and are looking for ways to maintain their job, promote, or find alternative employment. Resume workshops are also offered regularly, however, most youth come to drop in hours to prepare their resumes.

The Get That Job! 3-Day workshop is the most popular and is offered once per month during the school year and twice per month during the summer months. Over 230 youth registered for this workshop, 107 participated, and 86 completed. Following the 3-day workshop, structured job search/networking is offered. Led by an employment counselor, the participants are taken out into their communities to look for work. Counselors are able to model for and guide the job seekers.

In partnership with Family and Children Services, the CDU has increased the employment services offered through ILP. In addition to FLYE RITE, CDU provides workshops at Sobrato House and in the community during months when employment is the identified topic. In September 2010, six workshops were held on “Secrets to Job Application Success”; 22 youth participated.

Employer Recruitments
Safeway
CDU staff has partnered with Safeway recruiter Erin White to hold recruitment events targeting SCC foster youth. The relationship between Ms. White and our CDU staff is very strong, and as a result of the quality of the candidates she has agreed to provide monthly recruitment events for current and former foster youth. The CDU has organized 11 Safeway recruitment events this fiscal year, and all youth in attendance are guaranteed a job interview. Of the 93 youth that participated in the recruitments, 35 have been hired by Safeway. Since the inception of this partnership in January 2010, local Safeway stores have hired over 80 current and former foster.

California’s Great America
CDU developed a new partnership with California’s Great America for hiring during this season. Great America staff and CDU hosted one hiring recruitment specific to current and former foster youth. Over 30 youth participated in the informational session and interviews. Due to Great America’s Human Resources policy and practices, we are unable to confirm the number of youth who received employment offers.
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Family and Children Services (FCS)
Once awarded the County’s ILP contract, FCS has maintained their commitment to hire former foster youth into their Case Aide positions. CDU helps recruit eligible young adults for these positions. CDU staff recruits and refers youth to FCS for hiring. FCS has had two case aide vacancies during this fiscal year, and seven youth were referred and two were hired.

Emancipated Foster Youth (EFY) Program
The EFY County Employment Program has been impacted by the county-wide hiring freeze during this fiscal year. As a result of the hiring freeze, the CDU and the Employee Services Agency have not recruited for the EFY program since January 2010. However, as entry level positions have become available existing EFY candidates have been referred. Ten EFY candidates were interviewed for positions and four received offers of employment. Since its inception, 22 EFY have been hired into unclassified positions.

Career Closet
A Professional Clothing Closet stock was made possible due to the efforts of two Masters of Social Work interns who helped CDU develop it as part of their 298 community service project. They organized a clothing drive to get the project going; the TOP class later conducted another major clothing drive that provided us with 8 vans and SUVs full of items (about 30 boxes and 50 bags).

Universal Pass for Life Improvement and Transportation (UPLIFT)
Effective October 1, 2009, CC25I partnered with the Office of Affordable Housing to provide the UPLIFT program to homeless, emancipated foster youth. CC25I was initially allocated 90 quarterly bus passes to be distributed to qualifying clients, which has since been reduced to 60. To qualify, participants must be at least 18 years of age and meet the Housing and Urban Development’s definition of “homeless.” Young adults who are “couch surfing”, residing in shelters, unstable housing or transitional housing are considered homeless.

Participation in UPLIFT has filled a large gap for CC25I, as access to bus passes for emancipated youth have historically been a challenge. These bus passes have been targeted to emancipated foster youth needing to secure employment, and those on the housing waitlists. This year, 188 quarterly transit passes and renewal stickers were issued to youth who meet the Housing and Urban Development (HUD) definition of homeless and are working, looking for work, or going to school at least part-time.

HOUSING
The DFCS is pleased to offer a variety of housing options for current and former foster youth, including Transitional Housing Placement Program (THPP), Transitional Housing Placement Plus (THP-Plus), and Family Unification Program (FUP). In addition, with the passage of AB 12 in 2010, two new housing options will be implemented in 2012 for Non-Minor Dependents, Transitional Housing Program-Plus-Foster Care (THP-Plus-FC) and Supervised Independent Living Placement (SILP). With the implementation of AB12 in January 2012, there will be an anticipated decrease to the availability of existing THP-Plus slots for emancipated youth due to requirements to split the THP-Plus allocation between THP-Plus and THP-Plus-FC. As a result of AB12, the Welfare and Institutions Code establishes that, for budgeting purposes, 70 percent of the General Fund allocated to counties will be budgeted for THP-Plus-FC and 30 percent will be budgeted for THP-
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Plus. Santa Clara County has proposed a plan to the California Department of Social Services that will allow three years to get to the 70/30 split to maximize housing resources for our emancipated foster youth.

Transitional Housing Placement Program (THPP)
The DFCS continues to provide a Transitional Housing Placement Program (THPP), which is licensed by Community Care Licensing and authorized by the California Department of Social Services. THPP is a placement option for youth in foster care, age 16 to 18, which will be emancipating from the child welfare system. The goal of THPP is to prepare youth for successful emancipation by providing a safe environment for youth to practice the skills learned in the Independent Living Program (ILP). Participants live with roommates in apartments and single-family dwellings with regular support and supervision provided by THPP providers and county social workers. Services include regular visits to participants' residences; educational guidance, employment counseling, financial education workshops and assistance reaching emancipation goals outlined in participants' Transitional Independent Living Plans (TILP).

The county’s approved THPP providers are: St. Andrew’s Residential (STAR) Program, Unity Care Group, Inc., and Bill Wilson Center. In Fiscal Year 2010-11, 44 youth and six infants (parenting youth) were served by this program. The allocation of slots is as follows:

- Bill Wilson Center - 10 slots
- Unity Care - 9 slots
- STAR House - 7 slots

THPP primarily receives funding from the Aid to Families of Dependent Children - Foster Care (AFDC-FC) program. Despite funding cuts, Santa Clara County resumed accepting referrals for the program in April 2011 and plans to maintain the 26 allocated THPP slots.

Transitional Housing Program-Plus (THP-Plus)
Santa Clara County began providing THP-Plus services in February 2007. The purpose of THP-Plus is to assist emancipated youth as they move from dependency to self-sufficiency by providing housing and supportive services. To be eligible for THP-Plus, the young adult must 1) be between the ages of 18 and 24, 2) have emancipated from foster care or probation, and 3) been in foster care the day before their 18\textsuperscript{th} birthday. They may participate for a maximum of 24 months.

THP-Plus is currently funded by the state with a budget of $35.4 million, which was reduced by $461,000 in Fiscal Year 2010-11. In Years 3 and 4, Santa Clara County applied for and was denied 70 additional THP-Plus slots. Despite Year 4 state budget cuts to THP-Plus, Santa Clara County has maintained 97 slots for THP-Plus participants. In order to continue to serve 97 THP-Plus participants with the allocation of funding from the state for 80 slots. Although Santa Clara County contracts out the provision of THP-Plus services, the waitlist continues to be maintained internally. The number of youth combined on all the housing waitlists is approximately 260 youth. The average wait for a slot for each model is approximately over three (3) years.

Through THP-Plus, there are three housing options available: Host Family, Scattered Site Apartment, and San Jose State University (SJSU) Residence Hall. Santa Clara County currently offers 67 Scattered Site slots, 24 Host Family, and 6 San Jose State University Residence Hall slots. The Host Family Model allows the youth to reside with a
Support person or "lifelong" connection. Most of the youth in Host Family continue to live with a foster family, relative caregiver, or guardian. The Scattered Site model includes apartments or single family dwellings and in partnership with SJSU, the DFCS offers THP-Plus in the residence hall for full-time students. The current THP-Plus providers are Bill Wilson Center, EHC Lifebuilders, and Unity Care Group, Inc.

All housing models have the following characteristics in common:
- Allows seamless transitions to a housing setting where educational and/or employment goals are achieved.
- Provides experience and education in the rights and responsibilities of a tenant.
- Allows youth to remain housed in following completion of the program by gradual increasing the (rent) amount youth pays for their housing.
- Assists in the development of assets, savings accounts, and household belongings following completion of THP-Plus program.
- Accessibility to transportation and located near educational, vocational, and employment opportunities.
- All youth have a minimum $50.00 per month deposited into a savings account.

Family Unification Program (FUP)
As noted earlier in this report, SCC in partnership with Housing & Urban Development offered Family Unification Program (FUP) Housing vouchers to several emancipated foster youth as young adults parenting. Currently, nine continue to receive FUP case management, five have open child welfare cases, and nine have successfully completed the program and are maintaining stable, permanent housing. In addition, DFCS works with several key community based organizations providing housing options for transitioned aged youth.

REPRODUCTIVE HEALTH
Starting in 2010, Santa Clara County began to focus on reproductive health and healthy relationships. Local data showed a high incidence of pregnancy among emancipating and emancipated youth. The DFCS is committed to training social workers, caregivers, and youth starting at age 12 on reproductive health and healthy relationships. As initial steps, Santa Clara County staff participated in a community taskforce to look at these issues as they relate to dependents and wards of the court. DFCS developed policies and procedures around roles and responsibilities of the social worker, information sharing, and youths’ access to information, products, and services. The DFCS partnered with Planned Parenthood to train social workers in January 2011 around reproductive health needs, communication, and access to services. Planned Parenthood has also recently been awarded a grant to provide reproductive health education to 100 foster youth per year for five years. The DFCS is in the process of developing a Memorandum of Understanding with Planned Parenthood Mar Monte to move forward with the reproductive health education for foster youth.

LGBTQ
In February 2011, The DFCS LGBTQ Social Worker position was re-assigned to the County ILP Unit. The DFCS LGBTQ Social Worker Specialist is available to provide information and training, as needed, on sexual orientation and gender identity issues to all social work staff; work with the supervising social worker to provide LGBTQ clients
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with crisis intervention and/or assessment, referrals and placements; advocate and support social workers in meetings with school personnel regarding LGBTQ foster youth; and attend Team Decision Making (TDM) meetings and MY TIME meetings, when requested. This unique position was developed in 2001 after the passage of AB 537, The Student Safety Violence Prevention Act, which added sexual orientation and gender identity to the existing prohibitions against discrimination and harassment in public schools. Santa Clara County is the only county social services in California that has this unique position. Through the partnership with ILP, the LGBTQ Social Worker Specialist has better access to LGBTQ youth due to weekly participation in FLYE RITE, 90-day transition plan meetings, and ILP events scheduled throughout the year.

Santa Clara County was also given an incredible opportunity to participate with three other counties (Fresno, San Francisco, and Orange) in a 3-year project to improve the care and outcomes for LGBT children, youth and families involved in foster care in California. The project is called “Putting Pride into Practice” or P4. The project is focused on:

1. Developing policies, implementing best practices, and promoting training and organizational culture change at the county level;
2. Building long-term capacity and support for this effort at the state level;
3. Developing best practices for the collection of data on LGBT youth in out of home care; and
4. Development of new, and dissemination of existing, resources to support LGBT youth in out of home care.

SCC is in the second year of participation and has completed an agency self assessment and survey of foster family agencies in an effort to gain a more complete picture of areas of strength and possible benefit from the resources available through Putting Pride into Practice. Putting Pride into Practice also funded a booth at San Jose Gay Pride to recruit potential foster families. In addition, two powerful presentations and training have been offered to staff and well attended in an effort to ensure culturally competent staff. Focus on additional training and updating DFCS policies regarding GLBTQQ youth as well as obtaining additional resources in planned for the third year of participation.

FINANCIAL LITERACY/ASSET DEVELOPMENT

Individual Development Accounts
The goal of the Individual Development Account (IDA) program is to assist former foster youth to learn to manage their finances and save money to build assets for financial stability. In the initial IDA program, which ended on March 31, 2011 with the closing of the final 28 accounts, Santa Clara County matched up to $1000 per year for up to three years. Participants were allowed to use their funds to purchase an allowable asset after six months of participation. Accounts were managed by the Opportunity Fund and served a total of 83 foster youth in five cohorts to attend financial education classes, set savings goals, and open a savings account. Please see the attached Final Narrative Report prepared by Opportunity Fund for further details.

As a result of some lessons learned through the partnership in the Foster Youth IDA program, Opportunity Fund has developed Start2Save, an innovative new IDA program
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that will enable low-income individuals to create their first emergency savings account. Santa Clara County is happy to once again partner with Opportunity Fund on this new initiative. Participants will receive a two-to-one match, up to $1000 to match their saved $500. The participant can choose to save $500 over 12-24 months. Santa Clara County and Opportunity Fund plan to serve up to 42 former foster youth in three cohorts. Currently, there are 19 former foster youth enrolled in the Start2Save program and 23 more anticipated to begin in 2012.

Financial Literacy
The DFCS has continued to develop a strong partnership with Meriwest Credit Union to offer advanced financial literacy training for existing IDA participants, ILP participants, and THPP youth. Trainings have focused on various financial topics relevant to foster youth and will continue to be offered. The following advanced trainings have been held:

- “Dollars and Sense of Buying a Car” (21 youth participants)
- “Credit Basics and Myths” (13 youth participants)
- “Paying for College” (12 youth participants)

In addition to the advanced trainings, subject matter experts also offer workshops in collaboration with ILP during the year and at events, such as Independent City.

DATA COLLECTION AND EVALUATION

Efforts to Outcome (ETO) database
Santa Clara County continues to utilize the Efforts to Outcomes (ETO) database for data entry and tracking outcomes for all youth receiving services through the Independent Living Program and for those youth involved in Transitional Housing Program-Plus. ETO is used to capture demographic information and document services youth receive. Baseline data established in 2009 allows for the tracking of outcomes. DFCS continues to refine ETO to track performance outcomes relating to ILP services, monitor THP-Plus services, and begin to capture employment related data. Santa Clara County has continued to receive technical assistance as needed to troubleshoot challenges, build queries, and refine the capturing of data. Santa Clara County continues to effectively utilize ETO to provide outcome data related to the ILP, THP-Plus, and Assessment C outcomes, which are completed when youth emancipate. Quarterly data is provided to the John Burton Foundation. Data is regularly entered into ETO by Santa Clara County ILP staff, FCS ILP and THP-Plus contract agencies. Santa Clara County continues to provide training to contract providers as needed, and is committed to provide ongoing quarterly training to ensure utilization of ETO.

2. Assessment of Needs and Provision of Services to Children, Parents, and Foster Parents
Tremendous effort and training has occurred over the last two (2) years to ensure a concentrated effort for managers, supervisors, staff and community partners regarding engagement and individualized case plans. DFCS is committed to individualized case plans that fully assessment a child and parent’s unique needs and the services necessary. Despite budget reductions and reduced staffing, DFCS has ensured continued access to comprehensive services and programs for children and parents. However, as noted in the IA and LCWEP, as well as the Peer Quality Case Review, the feedback from parents, youth and caregivers, the perception from parents, youth and
family is that the “family’s voice” is not considered or that ultimately it is the social worker that will make the decisions regarding the services for the children or family. In addition, themes of concern in the areas of trauma, cultural proficiency and access to resources continue to be prevalent.

In addition, in 2010, the San Jose State University School of Social Work conducted a study evaluating family reunification among Mexican and Vietnamese immigrant children in the child welfare system toward an understanding of promising practices to improve service availability and effectiveness. The study was aimed toward understanding that characteristics of Mexican and Vietnamese immigrant children and families involved in family reunification and Mexican and Vietnamese non-immigrant children and families, as well as the differences or similarities in the provision of services and those services that may have improved the likelihood of reunification among Mexican and Vietnamese immigrant families.

The results of this study revealed the following: Mexican immigrant children were more likely than non-immigrant children to have experienced physical abuse, sexual abuse or emotional abuse, which is consistent with previous research that found relatively high rates of sexual abuse among Mexican immigrant children involved in the child welfare system and that Mexican immigrant children were more likely to be placed in non-relative care. The findings may suggest that Mexican immigrant families do not have available relatives or that if relatives are available they are not deemed appropriate as caregivers.

The Vietnamese immigrant sample was small but suggested that Asian/Pacific Islander families tend to receive Informal Supervision services at a greater rate than family reunification services suggesting that Vietnamese children may be reported to the child welfare system for suspected child maltreatment, but are commonly referred for diversion services. The most common type of maltreatment leading into care was caretaker absence or incapacity, which may be related to parental substance abuse.

Both Vietnamese and Mexican immigrant children reunified at a higher rate than non-immigrant families, as well as mothers who identified Spanish as their primary language. Although, this seems counterintuitive it may suggest that Mexican immigrant mothers who identified English as their primary language may have been paired with English speaking social workers and received English based services and perhaps outcomes would have been different if they had Spanish speaking services. Qualitative findings suggested that bilingual and bi-cultural social workers were essential in forming a relationship and serving immigrant children and families. Strategies to deal with citizenship status and maintain employment while completing case plans for child welfare proved essential.

The policy implications for follow up by DFCS included the following:

- Ensuring cultural competency of social workers and the need to increased bilingual and bicultural workers;
- Ensuring Spanish and Vietnamese language services available;
- Improve access to services for Mexican and Vietnamese immigrant parents with unauthorized citizenship status and ensure that services are appropriately matched to the families' needs;
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- More outreach for prevention and community education with the Mexican and Vietnamese immigrant community is necessary

3. Services to Indian Children

DFCS has a comprehensive policy regarding compliance with ICWA requirements and conducts staff training related to these requirements. ICWA-related services include identification of children who are eligible for ICWA services, casework related to ICWA placements, parental rights, tribal notification and involvement. DFCS, the Juvenile Dependency Court Judges and County Counsel’s office are conscientious in pursuing matters related to ICWA. In addition, SCC utilizes the Indian Health Center to secure any specific services and programs necessary to support families with Native American heritage in an effort to provide culturally appropriate services.

F. Staff and Provider Training

1. Staff Training for Child Welfare

The Social Services Agency’s Staff Development & Training Department has specific staff, which provides, coordinate and manage all training for DFCS Staff. From 2009 through 2011, Staff Development specifically highlighted more than 150 training opportunities for DFCS staff. In July 2008, ACL 08-23 Child Welfare Training Regulations mandated that all new hire social workers and supervisors complete a standardized core training program within the first twelve (12) months of employment, assignment or promotion. It also mandated social workers and supervisors attend forty (40) hours of continued training every two (2) years. Staff Development facilitates and coordinates state mandated new and ongoing training so staff can meet this requirement.

Learning Management System
In August 2009, Santa Clara Social Services Agency (SSA) implemented SSA Learn as the Agency’s online Learning Management System (LMS). The system facilitates online registration of courses targeted to improve staff’s understanding, knowledge and skills in their area of practice. The system tracks registration and completion of staff training for the entire agency. It allows managers and supervisors to view the training records for the staff they manage or supervise. The goal of the implementation of SSA Learn was to promote and support a well-trained staff. It also provides an opportunity to credit staff for the effort they put into continuing education. The system features include the ability to offer self-paced, on-demand Web based courses and the ability for each staff person to plan and track learning goals and accomplishments. Since its implementation SSA Learn has been instrumental in tracking and reporting Child Welfare training hours for DFCS.

Social Worker Induction Training
DFCS acknowledges the importance of educating new social workers on policies and procedures, but also creating an interactive learning environment that provides a hands-on learning, as much as possible. Newly employed social workers receive mandated Core training which is coordinated by the Staff Development & Training and utilizes trainers from the Office of County Counsel, Bay Area Academy, and Staff Development.
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Over the course of eight weeks new social workers receive orientation to the Social Service Agency and Child Welfare-specific trainings to provide Core mandated classes, basic knowledge of policies, procedures, essential job functions and internal and community resources. As the training progresses, they are assigned a case that is used in training related to assessment, case planning, court processes and other key areas of social worker’s responsibility. During the period from January 2009 through 2011, there were three (3) social work II/III induction series of core training with thirty-five (35) participants and one social worker I core training with thirteen (13) participants.

Staff Development provides employees with ongoing education and training to improve their effectiveness as caseworkers as well as to prepare them to deliver services in accordance with state law and regulations. Initial and ongoing training for staff is highly complex given that it requires policy and program level knowledge of social problems, assessment skills, case management and much more.

All Staff Training
All DFCS staff must attend mandatory All-Staff training that occurs approximately every other month. The focus of these mandatory trainings are to train staff on the areas/issues identified in the System Improvements Plan, new regulations that need training and immersing issues identified by the DFCS executive team that need training. The goal of these trainings are to familiarize all DFCS staff with SIP goals, policies, procedures, and place emphasis on cultural and trauma factors relating to child protection and well-being. Between January 2009 and 2011 there were many trainings on clinical aspects of Child Welfare. The All Staff Trainings were primarily planned and presented by contracted trainers from their field of expertise, Social Work training specialist from Staff Development and subject experts within DFCS.

Transfer of Learning (TOL)
DFCS Social work staff engages in transfer of learning (TOL) activities during Core and ongoing training. The goal is to engage social workers in a discussion around the training concepts and application to their work. The purpose of TOL activities are to assess the effectiveness of training, understand the degree to which knowledge and skills acquired during training are transferred to the field and practice. Starting in March 2010 supervisors were given 2-3 TOL activities involving the prior month’s mandatory all staff training topic to facilitate a one hour discussion in their unit meetings around practice and application of what was learned. During this process social work supervisors assumed a greater responsibility for reviewing policy and procedures with their staff.

DFCS Supervisory Institute and Supervisor Core
The DFCS Supervisory Institute is a key element of the Social Service Agency, DFCS Service Enhancement Plan. The Institute was launched in October 2008 with the objective of strengthening the role of the social worker supervisor in a learning organization based building knowledge sharing systems. Beyond increasing social work supervisor competencies, strategic objectives include addressing disparities in child welfare associated with client race and culture. A series of monthly training sessions for manager and supervisors were offered through October 2010. Additionally, all newly hired, promoted social work supervisor completes a 10 day standardized core training courses which provides staff with the core skills required to lead and supervise staff. All DFCS supervisors have attended the Bay Area Academy’s Foundations of Supervision training.
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Below is a chart that summarizes different topics provided from 2009-2011. This table does not include social worker or supervisor Core classes. There are also duplicate counts for some components of training that were applicable to more than one subject area. Attachment E lists the components of training by subject area by month and calendar year.

Table 66

<table>
<thead>
<tr>
<th>Topic Area</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster care services</td>
<td>33</td>
<td>53</td>
<td>71</td>
</tr>
<tr>
<td>Adoption services</td>
<td>18</td>
<td>43</td>
<td>50</td>
</tr>
<tr>
<td>ILP services</td>
<td>17</td>
<td>34</td>
<td>62</td>
</tr>
<tr>
<td>Disproportionality</td>
<td>20</td>
<td>33</td>
<td>45</td>
</tr>
<tr>
<td>Trauma Informed Systems</td>
<td>43</td>
<td>53</td>
<td>69</td>
</tr>
<tr>
<td>Concurrency Planning and Permanency</td>
<td>17</td>
<td>49</td>
<td>60</td>
</tr>
<tr>
<td>Assessment and Case Planning</td>
<td>46</td>
<td>74</td>
<td>94</td>
</tr>
<tr>
<td>Cultural Trainings</td>
<td>30</td>
<td>45</td>
<td>62</td>
</tr>
<tr>
<td>Fatherhood Initiative</td>
<td>8</td>
<td>32</td>
<td>39</td>
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<tr>
<td>Substance Abuse</td>
<td>12</td>
<td>24</td>
<td>29</td>
</tr>
<tr>
<td>Mental Health Topics</td>
<td>41</td>
<td>63</td>
<td>84</td>
</tr>
<tr>
<td>Family / Individual Engagement</td>
<td>50</td>
<td>82</td>
<td>100</td>
</tr>
<tr>
<td>Legislative Information</td>
<td>5</td>
<td>14</td>
<td>17</td>
</tr>
<tr>
<td><strong>Totals Per Year</strong></td>
<td><strong>342</strong></td>
<td><strong>599</strong></td>
<td><strong>782</strong></td>
</tr>
</tbody>
</table>

CWS/CMS Training
The Social Service Agency’s Information Systems Department 2 full-time CWS/CMS trainers provide all CWS/CMS training. These Specialists train new workers, provide ongoing training clinics and provide focused training on important areas where staff are experiencing compliance difficulties. For example, unit-by-unit training on case plans and contacts from February through July 2008 was instrumental in a significant improvement Santa Clara County’s performance in regards to timely social worker-child visits.

Annual and Other Reoccurring Trainings and Conferences
DFCS staff also may attend conferences and other regularly occurring training opportunities in coordination with our Title IV-E collaborative related to cultural, forensic, foster youth and other subject areas of interest to child welfare professionals. Other DFCS sponsored events include conferences such as Beyond the Bench, Child Abuse Symposium, and the Domestic Violence Conference.

Other Training Opportunities
All DFCS staff participate in a very broad range of training opportunities offered by universities and other educational institutions, as well as the aforementioned Conferences, to improve their skill and knowledge at no cost through the Tuition Reimbursement and Professional Development Programs, as well as a rich assortment of trainings arranged or conducted by the county Department of Employee Development and the Title IV-E Collaborative.
Intern Program & Training
Since approximately 1986, DFCS has provided BSW and MSW field placement instruction primarily for students at San Jose State University, but also several other MSW programs at other colleges within California through the DFCS Social Work Intern Program. Most interns are working towards the MSW degree. The DFCS Social Work Intern Program has 2 units for MSW interns lead by DFCS Social Work Supervisors. In addition to supervising interns in their units, these supervisors also serve as liaisons to the participating universities and assist in coordinating other interns' field placements with individual DFCS social workers, social work coordinators and supervisors. Most of the MSW interns are recipients of Title IV-E scholarships.
Permanent Social Service Agency employees can also apply for the Work/Study MSW program, which is a part of the DFCS Intern Program in partnership with primarily San Jose State University, but also California State University East Bay and the University of California, Berkeley. The Work/Study program allows participants the opportunity to earn a Master of Social Work degree over the course of 3 years, while continuing to work for DFCS at full pay with a reduced work schedule to allow for field placement activities. Field placements are assigned primarily within the Department, but also are made within other Social Service Agency departments. The participant’s field placement assignment is different than the participant’s usual area of employment. The DFCS Intern Program remains an invaluable asset to the department’s efforts to recruit new child welfare social workers.

Training and Focus Groups on Ongoing Initiatives
Staff Development & Training has been working in collaboration with a variety of internal and external (to SSA) stakeholder groups to promote, sustain and deliver training related to several systemic transformations of child welfare, including the following:

Professional Development Programs
Staff Development is also involved in promoting the Forensic Human Services Certificate Program, which is a partnership with San Jose State University and the Office of County Counsel that trains social work staff on legal requirements and processes related to Child Welfare practice. This program consists of 6 courses that staff can attend on their own time after hours.

Another program is the Clinical Supervision Program is DFCS' effort to provide professional development and to accommodate LCSW associates (ACSW's) who, as a condition of licensure, required supervised hours and who are interested in enhancing their social work skills. The program consists of two components: Individual and Group Supervision, whereas ACSW's are placed into group supervision for a duration of 40 weeks and upon completion of group hours, ACSW's are matched up with a Clinical Supervisor for 64 weeks of Individual Supervision. DFCS continues to be in support of this program and values staff’s interest in advancing their clinical skills.

Engaging Fathers: Trainings and discussions aimed at understanding barriers impacting positive involvement of fathers with their children; identifying the role of fathers, what they do and how they do it from a cultural context, as well as specific issues affecting African American fathers involved in the Child Welfare system, and understanding how engaging fathers in the lives of their children will impact development in a positive way. DFCS is also continuing to work with the Fatherhood Initiative workgroup to continue to foster substantive engagement with fathers as well as paternal relatives of children that
are touched by the child welfare system, and to address issues relating to inequity in services and engagement with fathers.

**Emergency Response/Dependency Intake (ER/DI) Re-organization:**
Several trainings related to this area were offered to Social Work Staff and Supervisors to ensure consistency and quality of service to families and children, as well as providing uniform workload standards across units. Among these trainings were trainings on engaging and empowering first response staff – Child Abuse Neglect Center (CANC)/Emergency Response (ER) Social Work staff. This training allowed staff to reflect on the values and reasons for entering and continuing in Child Welfare work. During training, staff was engaged in discussion of roles and responsibilities, brainstorming and identifying ways to improve collaboration between the critical functions of CANC and ER; ultimately keeping in mind the primary goal of providing excellent service to families and children. Guidelines for Investigation Narrative trainings were offered to Staff and Supervisors. This particular training aimed to established standards for both documentation and interviewing for Emergency Response (ER) Investigations. The training served as a vehicle to create consistency in writing Investigation Narratives that was forensic based and ensuring comprehensive assessments. DFCS has also been coordinating efforts to properly support the redistribution of case-carrying Social Workers to allow for more effective early engagement of families when Child Welfare concerns are present. Informal Supervision (IS) Refresher trainings allowed all Child Welfare Social Workers and Supervisors to receive information regarding IS Services, such as understanding policies and procedures, best practice, legal mandates, etc. in order to be available to receive IS case assignments and effectively provide IS Services.

In addition, to staff training, SCC has made considerable effort during this past year through the efforts with CAPP, the LCWEP and the Cultural Dialogues to include youth, parents, and community partners in training, especially with regards to the disproportionality that exists for Latino and African American families. This has included invitations for participation in discussion, decision making and training for multiple community based organizations providing mandated services and supports and preventative services and activities as well. This will continue to be an identified area for the SIP planning process to ensure that there is a concerted effort to have parent and youth consumers involved in all decisions and training, as well as those community based organizations providing services and serving the community.

SCC has an established Youth Advisory Board and has created a Parent Advisory Board in February 2012. In addition, through the SIP planning process for 2012, SCC will create a specific OCAP Advisory Committee that will work in collaboration with the Social Services Advisory Commission and Child Abuse Council and have key representatives from these two advisory groups, along with other key members of the community. This group will include the CBCAP Liaison, PSSF Liaison, CAPIT Liaison, community organizations providing services to at-risk populations in SCC, those organizations providing preventative services, members of the community from the African American, Latino and Asian communities, social workers, supervisors, child advocates, Mental Health, Drug and Alcohol services, Juvenile Probation, Public Health, Juvenile Court representatives; Early Childhood education representative, County Office of Education, Regional Center, Native American representatives, foundation members, law enforcement and any other community members or agencies wanting to participate. This quarterly OCAP Advisory and Oversight Committee will help to provide the
necessary oversight for the allocation of and leveraging of funding in the community for prevention. This committee will also help to ensure that services are really targeted to toward the unmet needs in the community.

Juvenile Probation Staff and Provider Training
The Probation Placement SPO and DPOs participate in forty (40) hours per year of state mandated training for Probation Officers as governed by Standards and Training for Corrections (STC). Some hours of training are State and Department mandated, and other hours can be elective courses. In the past courses related to child welfare and placement were elective courses. This year Probation mandated all Placement Unit DPOs complete the Juvenile Probation Placement Core training. Further, specific trainings in Title IV-E, Family Finding, Wraparound Services, Motivational Interviewing, and Disproportionate Minority Confinement, have all been attended and/or are planned for this fiscal year. As identified by the PQCR, ongoing training needs were identified by probation staff.

2. Provider Training
Santa Clara County Child Welfare offers a select number of training through the Bay Area Academy that provides training for both providers and agency staff.

Caregiver Training
In addition, DFCS contracts with West Valley College to provide training to Foster Parents and Foster Adoptive Parents, and through a sub-contract with Evergreen Valley College for Relative and Non-Relative Extended Family Member (NREFM) training. All training is open to both relatives and foster parents with selective recruitment to attend dependent upon the topic and type of training offered. Funding is provided through General Fund (Proposition 98 Local Assistance) and Federal Title IV-E.

All prospective foster and adoptive parents are required to complete 27 hours pre-service "Parent Resources for Information, Development, and Education" (PRIDE) training that is provided by West Valley Community College (for prospective foster parents and non-relative adoptive parents) and Mission Community Colleges (for prospective relative adoptive parents). PRIDE training is a 27 hour course offered on 5 consecutive Saturdays or 9 weeknights.

After being licensed, foster parents are required to receive a minimum of 8 hours of in-service training each year to maintain their license as a foster care provider. In addition, the President of the Santa Clara County Kinship, Foster and Adoptive Parent, and the Director of the Kinship, Foster and Adoptive Resource Center are informed of other training opportunities advertised via all DFCS emails, and can relay this information to the Association's membership.

Pride Pre-Service trainings are the priority for hours of training offered. All assessments of training needs are made through the following: Kinship, Foster and Kinship Care Advisory Committee; the PRIDE Coordinators Committee; Foster, Kinship, Adoptive Participant Surveys; Participant Evaluations; the Community College Collaboration; Guidelines from the California Community College; Chancellor's Office; and the Foster and Kinship Care Education Program.

- 2010-2011 Social Workers and Foster Parents Working Together for Children Cultural Competency
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Promoting Successful Outcomes for Children and Families Through
Concurrence
Raising Boys
How to Raise Emotionally Healthy Children
Healthy Eating Habits –Nutritional

These classes and trainings are in addition to the following, which are provided annually:
- Effects of child abuse and neglect on child development
- Positive discipline and the importance of self-esteem
- Accessing education and health services for foster children
- Emancipation, Rights of children in care, pregnancy prevention, cultural identity

Summary of services provided for 2009-2011:
2008-2009
Total Hours = 1,108.5
Pre-Service = 750
In-Services =358.5

2009-2010
Total Hours = 1,037
Pre-Service = 768
In-Service = 269

The numbers above reflect all caregivers in attendance. On average 8-10% of the total population served are relative or non-relative extended caregivers. DFCS continues to highly encourage relative and NREFM caregivers to participate in training but has not mandated their attendance. Budgets for training have continued to be reduced at the State level at about 7-10%; however, reductions in classes have only been at about 3-5%. In 2011, a new training passport was introduced for caregivers to document all their required hours to maintain their license. Signatures and stickers for attendance at training are included in the training passport to be provided to the licensing worker at the annual visits.

Additional Training
Intern Program & Training
Since approximately 1986, DFCS has provided Bachelors in Social Work (BSW) and Masters in Social Work (MSW) field placement instruction for students, primarily, from San Jose State University, but also for additional MSW students from other social work programs at other California universities through the DFCS Student Internship Program. The majority of the interns are working towards the MSW degree.

The DFCS Student Internship Program has one unit for MSW Work/Study Program interns lead by a DFCS Social Work Supervisor. Permanent Social Service Agency employees are eligible to apply for the Work/Study Program. The Work/Study Program, which is part of the DFCS Student Internship Program, is in partnership with San Jose State University’s School of Social Work. The Work/Study Program provides employees with the opportunity to earn a Master of Social Work degree over the course of 3 years. The employee continues to work for the Social Services Agency at full salary with a
reduced work schedule which allows for field placement activities. Field placements are assigned primarily within the Department. The participant's field placement assignment is different than the participant's usual area of employment.

In addition to supervising interns in this unit, this supervisor also serves as a liaison to the participating universities and coordinates other interns' field placements with individual DFCS social workers, social work coordinators and supervisors. The majority of our interns are placed with an individual field instructor. Most of these MSW interns are recipients of Title IV-E stipend which is administered by the California Social Work Education Center (CalSWEC). These students are required to work in public child welfare upon graduation.

The DFCS Student Internship Program remains an invaluable asset to the department's efforts to professionally develop existing employees and to recruit new child welfare social workers.

Impact of Training on C-CFSR Outcomes
DFCS continues to offer a variety of training topics. The change to training being in smaller group settings and more interactive and only mandating selective training that pertains to SIP goals or department priorities have been seen as strengths for DFCS. As a result staff are more interactive and engaged in training. Even more critical is the transfer of learning after each mandatory training that allows social workers and supervisors to actively apply the information gained from the training and to have additional discussion in unit and bureau meeting settings. In regard to caregiver training, DFCS continues to encourage relative and non-relative caregivers to attend training and better links to ensure that the knowledge and skills addressed in staff and provider training is implemented in work with clients will be areas to further explore in the SIP planning process.

G. Agency Collaboration

Santa Clara County has a history of utilizing multiple collaborations and partnerships in an effort to ensure a true public-private partnership with the county, partner agencies, and the community. These partnerships include internal partnerships and committees within the structure of county business, as well as the development of on-going partnerships to ensure the necessary supports in services and program for children and families. The following is a list of some of the most critical partnerships and collaborations supporting the work within Santa Clara County Department of Family and Children's Services:

Cross Agency Service Team (CAST)
In May of 2009, the Board of Supervisors adopted a resolution to name the child welfare court population a "priority population" for Santa Clara County. Along with this resolution came a request for an inventory of county departments and community based organizations who serve the child welfare system (CWS) population and an outline of the current and planned collaborative efforts to serve that same population. It was requested that relevant county departments engage in a process by which each determines performance measures that reflect the impact of contributions to the
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CWS population, this became known the formation of the Cross Agency Service Team (CAST). CAST includes the Director of the Social Services Agency (SSA), the Director of the Mental Health Department (MHD), the Director of the Department of Drug and Alcohol Services (DADS), the Acting Director of the Department of Family and Children Services (DFCS), the Public Health Director (PHD), the lead Judge Dependency Court (Superior Court), and representatives from Probation, Social Services Agency Office, Public Health, Family and Children Services, Office of Affordable Housing, and the County Executive’s Office of Budget Analysis. All agencies are committed to building a continuum of services for families from prevention through those families truly deemed at risk. (See the CAST Logic Model, Attachment J)

The goals of CAST since the inception of this committee include the following:
- Improve educational outcomes for foster youth.
- Integrate mental/behavioral health service expertise within the early response system of CWS.
- Expand the health related resources for CWS children in collaboration of with Health and Hospital Services/Valley Medical Center.
- Increase coordination of behavioral health services for dually diagnosed individuals.
- Maximize access to public benefit resources including cash aid, employment services and housing.
- Ensure continuity of medical treatment for families in CWS.
- Reduce multiple trips by CWS families to fulfill county requirements.

It is anticipated that the goals for CAST for 2012 will help to ensure that the county departments are aligned with the SIP goals and priorities for child welfare in a meaningful way that will help to ensure that goals are met.

Santa Clara County and San Mateo Court Appointed Special Advocates (CASA)
SCC continues to have a strong working relationship with the Santa Clara County chapter of the Child Advocates Agency. SCC CASA serves on multiple committees including services for education and youth transitioning from care. In addition, CASA has developed a specialized division for volunteer child advocates who are willing to either hold educational rights for a child in care in which no one else is deemed appropriate, and for those volunteer advocates willing to be trained as educational coaches and mentors for high school students struggling in school with low Grade Point Averages (GPA) and low test scores.

Santa Clara County Collaboration with San Andreas Regional Center (SARC)
SCC has worked diligently over the last several years meeting regularly with the San Andreas Regional Center in an effort to create a Memorandum of Understanding (MOU) with the local regional center to ensure timely services to children who qualify for regional center services. This MOU was completed at the end of 2008 and established policies and procedures and clarified roles and responsibilities of both agencies. DFCS, Juvenile Probation and SARC continue to meet on a quarterly basis in order to troubleshoot systemic issues and to discuss specific cases that require better coordination of efforts.
Kinship Care Center through Catholic Charities

In partnership with Santa Clara County's Social Services Dept. Catholic Charities of Santa Clara County provides the Kinship Support Services Program (KSSP). Services provided include case management, support groups, recreational activities and seminars. Additionally, adoption assistance and support with guardianship is also been provided. Services are available to families in Spanish and English. Over the last three years staff have noticed an increase in support services requested by clients. Housing assistance, childcare, clothing, school supplies, shoes and therapeutic services are among the types of services more families need. Therapeutic services were provided at the Kinship Resource Center from FY 2009-2010 through a small grant from the Brookdale Foundation. Although referrals continue to be made to community partners, additional therapeutic services for both youth and caregivers are needed.

Based on input from the caregivers, seminars were provided over the past three year on the following topic: cyber-bullying, gang awareness, surviving the holidays, literacy and how to address challenging behaviors. Additionally, a car seat seminar was provided at which time caregivers were provided new car seats and taught how to install car seats correctly in their vehicles. As Catholic Charities receives FIRST 5 funding to operate four Family Resource Centers in the County, Kinship Support Services staff continue to refer caregivers with children under age 6 to FIRST 5 events and workshops. Since early 2011, families have also been registered for Cal-fresh to receive EBT cards and received assistance with their taxes from Catholic Charities Taxes Program.

Catholic Charities continues to be housed in an apartment complex (216 units, all low-income, mostly families), in the center of a larger impoverished surrounding community, and has concentrated efforts to work more with parents as partners in an effort to build a web of formal and informal supports to sustain families through good and bad times.

Quarterly Law Enforcement Meetings

DFCS began meeting regularly with law enforcement in an effort to roll out Joint Response efforts throughout the entire county. These meeting were part of SCC Family to Family in an effort to ensure best practice for the children and families being served. DFCS has continued to meet quarterly with all law enforcement jurisdictions to share data regarding joint response efforts, to discuss systemic issues and concerns, and to provide a forum in which to provide joint training opportunities. DFCS is pleased with the commitment of all law enforcement jurisdictions to continue to partner and fine tune efforts with regards to Joint Response.

Impact of C-CFSR:

Strong collaborations with community based agencies both public and provide have allowed for the leveraging or resources and supports to best support families. However, DFCS and partners continue to challenge one another to ensure lack of duplication of resources and continued communication. Key community forum meetings and CAST are means to which the county is ensuring this communication and use of resources.
Continuum of Care Meetings
DFCS continues to collaborate with multiple community placement providers to ensure fewer children were placed in congregate care and more children placed in home settings. The Continuum of Care meetings are comprised of multiple placement providers including: group home providers, Foster Family Agency providers, Santa Clara County Foster and Adoptive Family Association members, private adoption agencies, Juvenile Probation, County Office of Education, local community colleges, and DFCS representatives. The Continuum of Care collaboration continues to meet monthly to address systemic placement issues and to share information and ideas and to jointly collaborate on decision-making. This community forum is a demonstration of true community and cross-system partnership with shared responsibility for placements. It is now an important meeting that is utilized to address agency and community concerns regarding children and youth in care. The Continuum of Care structure also allows for sub-groups within these placement resources to meet with designated DFCS representatives regarding their unique needs. These groups include FACT (Foster Family Agencies Coming Together) for foster family agencies; AACT (Adoption Agencies Coming Together) for Adoption Agencies and REACT (Residential Agencies Coming Together) for Residential Group Home Placement providers.

In addition, DFCS partners with the Foster, Kinship and Adoptive Parent Association (KFAPA), who supports county licensed foster, relative kinship care providers and adoptive parents. DFCS provides office space for the FAPA Resource Center, as well as participates in quarterly Foster and Adoptive Parent Association Collaboration Meetings.

High Risk Youth Committee
DFCS staff and community partners meet monthly for the High Risk Youth Committee. This committee monitors and tracks youth engaged in high risk behaviors such as runaway behaviors, gang involvement, substance abuse, prostitution and suicidal behavior ensuring identification of resources.

Commercially Sexually Exploited Children (CSEC) Meeting
The Commercially Sexually Exploited Children (CSEC) Meeting involves a multi-disciplinary team meeting monthly to identify and address the needs of the youth engaged in highly sexualized high risk behaviors such as prostitution. This includes development of policies and procedures for engaging and stabilizing this population. This group is also responsible for advocacy and recommendations for resources for these children in the larger population of all of Santa Clara County and participates in the South Bay Human Trafficking Task Force Meeting.

Multi-Disciplinary Team (MDT) Meetings
DFCS staff continues to participate in the Multi-Disciplinary Team (MDT), a multi-agency committee aimed at addressing community concerns regarding families with multi-systems issues. Along with DFCS, the committee has representatives from the Department of Mental Health, the Department of Alcohol and Drug Services, Valley Medical Center Pediatrics, and the District Attorney’s Office. Community members, usually medical and school personnel, with concerns about a family can request that this family come before this committee for discussion. All the agencies then conduct record checks in order to have information and history for this discussion. The group then brainstorms on services available in the community and options to address the family’s issues through a team approach.
Impact on C-CSFR:
The MDT increases the safety of children in our community and allows for early intervention with family issues. It also provides an opportunity to educate community members on the various government agencies and resources available to families.

Death Reviews Committee:
Santa Clara County conducts two Death Review Committees, Child Death Review and Domestic Violence Death Review. DFCS has representatives on both committees, along with representatives from law enforcement, medical professionals, prosecutors, community agencies, other county departments, and community members. Under an agreement of confidentiality, these committees review all child deaths and deaths related to domestic violence in order to identify any gaps in services, as well as any improvements that can be made in the systematic response to the issues of domestic violence and child abuse/neglect. These activities are aimed at enhancing interagency collaboration for the safety and protection of children. During this review period, there has been an increase in sleeping deaths and the community is working with Public Health regarding community education.

The team recommends efforts to increase the use of safe sleep environments are made by increasing the public's awareness of the dangers of placing a child to sleep on any surface other than a crib or bassinet. The mission of the Santa Clara County Child Death Review Team (CDRT) is to review the causes and circumstances of the deaths of children that occur within Santa Clara Count. An important function of the CDRT is to assist the Coroner or Medical Examiner in determining whether child abuse or neglect was a factor in the death of a child. The objective of this inquiry is not to assess fault by any particular agency or child care professional, but rather to suggest ways in which caretakers, medical professionals and all organizations and agencies serving children, work together to prevent serious childhood injuries and death. Activities of the CDRT are intended to enhance interagency collaboration.

Table 67
Child Deaths Reviewed by the Child Death Review Team Compared to All Santa Clara County Child Deaths, 2005-2009

<table>
<thead>
<tr>
<th>Year</th>
<th>Child Deaths Reviewed</th>
<th>Santa Clara County Child Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>56</td>
<td>175</td>
</tr>
<tr>
<td>2006</td>
<td>44</td>
<td>203</td>
</tr>
<tr>
<td>2007</td>
<td>45</td>
<td>157</td>
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<tr>
<td>2008</td>
<td>40</td>
<td>149</td>
</tr>
<tr>
<td>2009</td>
<td>39</td>
<td>Not available</td>
</tr>
<tr>
<td>Total</td>
<td>224</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Source: Santa Clara County Child Death Review, 2005-2009; Santa Clara County Mortality Records

Impact on C-CSFR:
These committees, and DFCS participation on them, are aimed at positively impacting the safety of children and families in our community. By having all the system partners at the table in a non-blaming manner, issues and improvements can be discussed in an honest and open way so that improvements can be made. Current focus during this review period has been on increasing public awareness of the dangers of placing a child
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to sleep on any surface other than a crib or bassinette due to the increase in deaths from co-sleeping as well as unsafe sleeping conditions.

Santa Clara County Housing Authority - Family Unification Program (FUP)
SCC Social Services Agency, Department of Family and Children's Services collaborated with the Santa Clara County Housing Authority for the federal Family Unification Program (FUP) to promote family unification. 100 vouchers were provided to families in SCC, aimed at (1) families for whom the lack of adequate housing is a primary factor in the separation, or imminent separation, of children from their families; and, (2) youth who are at least 18 years old and have not reached their 22nd birthday, who left foster care at age 16 or older, and lack adequate housing. SCC further prioritized these vouchers for families involved in Family Wellness Court, Dependency Drug Treatment Court and for emancipated former foster youth who were parenting children or pregnant.

As of November 2011, 99 of the 100 vouchers were issued and one voucher is being re-issued. Of the 99 vouchers issued The ninety nine (99) FUP heads of household came from the following priority categories: 19 were emancipated foster youth, 15 were from the Drug Dependency Treatment Court, 30 were from the family Wellness Court, 25 were in HA's waiting list and receiving FM or FR and the remaining 10 fall under two or more priority categories. Majority, 61% of FUP families are Hispanic, 24% are Caucasians, 5 % are Asians, 7% are African American, and 2% are of mixed ethnicities. The total number of children of all FUP beneficiaries was 204. Out of the ninety nine (99), 82 families had their dependency cases dismissed. Seventeen (17) remain active in Dependency Court.

Per the requirements of the FUP vouchers, case management services have been provided to the families from 6 months to 1 year in an effort to ensure the necessary provision of referrals for services and resources, provide advocacy and to conduct ongoing assessments. In addition to the FUP voucher most families were provided with financial assistance to help with move in costs and first month's rent and deposits. SCC collaborated with additional community based organization and utilized ARRA funds. From September 2010 to October 2011, twenty (26) workshops were organized and provided to FUP families.

Workshop topics included the following:
1. Tenants Rights and Responsibilities (4 workshops)
2. Financial Management and Budgeting (2 workshops)
3. Credit Repair (2 workshops)
4. Workers' rights (2 workshops)
5. Personal Goal Setting (2 workshops)
6. Managing Energy Bill (2 workshops)
7. Resources Workshop (4 workshops) - Agencies that participated: 4 C's, Inn Vision, Head start, DFCS’s Educational Rights, Help One Child, CAL WORKs, Housing Authority, A Home Within, Family and Children's Services
8. Job search, preparation and placement and Changes in Cal WORKs and Benefits (2 workshops)
9. Building Communication Skills (2 workshops)
10. Healthy Relationships (DV) (2 Workshops)
11. Parenting- Discipline (2 workshops)
The following committees and programs are some of the examples of the specific actions Santa Clara County has participated in an effort to improve transition outcomes of the youth being served. These examples illustrate a concentration of education, employment and permanency at the core of the transition of youth. Many of these examples demonstrate shifts in practice, and changes in policy, as well as training and education for staff and community partners and valuable partnerships throughout the community.

**Agency- Private Partnerships for both Child Welfare and Juvenile Probation**

DFCS and Juvenile Probation have built and maintained strong collaborative efforts in the following areas:

**Mental Health Department**
The Department of Alcohol & Drug Services exists within the overall Santa Clara Valley Health & Hospital System. The Santa Clara County Mental Health Department (MHD) is organized under two divisions: 1) Family and Children Services Division Administration and 2) Adult and Older Adult Services Division Administration. All referrals or requests for services are received through the 24-hour MHD Call Center, which screens call, makes referrals for services, authorizes payment for services, and provides initial crisis counseling. Services for children and families include outpatient assessment and treatment, school-based counseling and consultations, school-based and residential day treatment, emergency evaluation, psychiatric hospitalization and case management. Services for adults and older adults are offered through a variety of mental health programs, including Service Teams, Rep Payee Program, and Mobile Mental Health Team. Both DFCS and JPD meet regularly with representatives from the mental health system to jointly serve the children, youth and families of Santa Clara County.

**Department of Alcohol and Drug Services**
The Department of Alcohol & Drug Services (DADS) exists within the overall Santa Clara Valley Health & Hospital System. DADS has united select individual providers of alcohol and other drug treatment in Santa Clara County into a single managed care plan to assure the most appropriate use of services. It offers assessment, detoxification, outpatient, residential, transitional housing, and ancillary and prevention services to adults (anyone at least age 18) at sites conveniently located throughout Santa Clara County. There is a centralized, single entry point to services which are offered fewer than two divisions: 1) Adult Treatment and 2) Children, Adolescents, and Family Services. Adult treatment services include screening, assessing for level of care needs, referrals to providers, and authorization for treatment. Children, Adolescent, and Family Services focuses on preventative services as well as outpatient services for adolescents. DADS' sites include schools, clinics, and juvenile court.

**Resources and Intensive Services Committee (RISC)**
The Resources and Intensive Services Committee (RISC) is an interagency decision-making committee with representatives from the Department of Family and Children's Services (DFCS) Juvenile Probation Department (JPD), Mental Health Department (MHD), the County Office of Education (COE) and providers from level 13/14 programs.
within Santa Clara County. RISC was developed in 1999 to streamline the process of referring children and families to intensive residential and in-home treatment programs. These referrals typically involve children who have DSM-IV diagnoses and/or multiple placement failures and meets weekly to review and authorize referrals for services. Wrap around slots are shared with Probation, DFCS, and Mental Health. Each respective agency provides a leadership role in the Community Teams and for cross training.

Wrap Services
DFCS and JPD in collaboration with community partners participates in a series of supportive meetings aimed at ensuring the success of wrap around services. Meetings include:

- Quarterly oversight meetings involving DFCS, Mental Health, Juvenile Probation and community partners providing wrap around services;
- Monthly provider meetings with case managing social worker, supervisors, probation officers and community partners to look at trends in cases and to collectively come up with strategies for success.
- Probation recently assigned all Probation WRAP cases to one Probation Officer in the Placement Unit to provide specific and direct service to these clients.

Impact on C-CFSR outcomes:
The Santa Clara County Wraparound model has been developed through a collaborative partnership between the Social Services Agency (SSA), Department of Family and Children Services (DFCS), Juvenile Probation and Mental Health (MH). This partnership, through regular meetings and solicitation of community and family input, maintains high standards, measures the achievement of outcomes and ensures voice, choice and access for all stakeholders. Enrollment in Wraparound is completed through the County’s Resource and Intensive Services Committee (RISC) and then ordered by the Court. Wraparound services are provided on a no eject, no reject basis. As the needs of the child and family change, the Wraparound Plan of Care is changed to meet these needs and to achieve identified outcomes.

Although DCFS remains the largest source for Wraparound services, Probation referrals have increased. In December 2010, there were 10 probation youth receiving in-home Wraparound services. As of September 2011 there were 55 probation youth receiving in-home Wraparound services. Wraparound has reduced the use of restrictive placements and reduced costs. There has also been improved collaboration between child welfare, juvenile justice, mental health, and community based partners. Ultimately, the program’s goal is to improve community safety by reducing re-offense rates for youth. The RISC and Community Wrap Team monitors all Wraparound activity and authorizes participation and budgetary requests. There is an evaluation tool that addresses client satisfaction with services that are used to assess program effectiveness for future planning purposes. RISC accesses the reports in Santa Clara County to determine placement for ethnic populations.

Santa Clara County is in the process of releasing a joint Request for Proposal (RFP) for Wraparound services with our system partners: Social Services Agency (SSA), Department of Family and Children Services (DFCS), and Mental Health (MH). We expect the RFP to be released in mid November. All current wrap providers will need to apply in order to bid for our county wrap slots.
Dual Status Protocol and Court Calendar
Santa Clara County DFCS and the Department of Probation have a dual status protocol that has been approved by both agencies, the Presiding Judge of the Juvenile Courts and all court partners. This protocol outlines how to handle cases when a minor has contacts with both the child welfare and probation system. Whenever a child is a dependent of the court or possibly could be a dependent of the court and by his or her actions comes to the attention of the Juvenile Justice Court, a report is requested from DFCS and Probation pursuant to WIC 241.1.

There are three possible scenarios when a 241.1 report can be requested. The first situation involves a minor who is already a dependent of the court and commits a crime. In those situations, depending of the severity of the crime, the age of the minor, prior contacts with Probation and other factors, that child can remain a dependent of the court, become a ward of the court pursuant to section 602 or become a dual status ward. Currently in SCC, our protocol uses the “on-hold” model under Section 241.1. In the event a dependent commits a crime and becomes a ward of the court, his or her dependency status can be put on-hold while he or she complete their rehabilitation with probation. Or, if the severity of the crime warrants, the minor’s dependency status can be dismissed and then the child will be made a 602 ward. There are also situations when there is no current dependency action but the probation officer or court believes the child under their custody is the victim of abuse or neglect, or would be if returned home and a 241.1 report and assessment can be requested. If it is determined that the minor has completed his or her rehabilitative process but cannot return home safely, DFCS can file a Section 300 petition and the child can be brought into the dependency system. Or, without filing a dependency petition, DFCS can provide the family with Informal Services and work with the family for 6 months without court intervention. Santa Clara County DFCS and Probation Departments are currently looking at possibly including Dual Status Lead Agency model to the protocol to provide more options to keep youth out of the Juvenile Justice System and to keep their behavior from escalating.

Impact on C-CFSR Outcomes:
Considerable effort and coordination has been focused on the Dual Status Protocol and the working relationship between DFCS and JPD during this review period. Protocol and procedures developed are on the best interests of the youth being served. It is anticipated that new procedures will be launched within the coming months and then careful analysis and monitoring of outcomes for impact on placement stability and efforts toward permanency will need to occur.

Independent Living Skills Program- Breakthrough Series (ILP-BSC)
During this review time period, Probation and DFCS worked in collaboration on the ILP Breakthrough Series. California was one of six states chosen to participate in a National Governor’s Association (NGA) Policy Academy on Youth Transitioning out of Foster Care in an effort to improve outcomes for youth transitioning from foster care to adulthood through the Independent Living Skills Program. The new vision for services and programs for youth was a focus on:
• Ensuring youth are partners in the planning and decision-making processes;
• Engaging caregivers and service providers as key partners;
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- Emphasizes Permanency, Education, and Employment preparation that is integrated into every aspect of a youth's daily life, rather than offered as simply an individual workshop or activity;
- Ensure that transition services are community based and that resources are leveraged to provide an integration of services across a range of public and private systems.

The mission for the ILP-BSC is to ensure every foster youth achieves:
- Permanency – every youth has lifelong connections with family and supportive adults;
- Education – every youth receives a quality education, high school diploma, and support in pursuing postsecondary opportunities; and
- Employment – every youth has work experience and training opportunities that prepare them for and place them in living wage employment and careers.

The Santa Clara County ILP-BSC team accomplished the following goals in the ILP-BSC:
- Redevelopment of the emancipation conferences to MY TIME meetings- ensuring a more youth friendly and supportive process toward the transition from care to early adulthood.
- Incorporation of TILP staffing- as described earlier in this report, ensuring the necessary resources and support and information prepared ahead of time for the MY TIME meetings and working to ensure the number of credits and educational supports for 10th, 11th and 12th grade students to support an increase in graduation rates
- The pilot of a resource binder for ILP youth and caregivers to be used to hold transcripts and other important documents.
- Collaboration and discussion about ways to support and change teen court to continue to best support this model court alternative

2. Interaction with Local Tribes

There are no Indian reservations in Santa Clara County and there are not regularly scheduled meetings with local tribes, However, DFCS utilizes the expertise and support of such organizations as the Indian Health Center in an effort to serve and secure the appropriate resources and services for children and families of Native American heritage. In addition, Santa Clara County tries to ensure representation from the Native American community for all forums and meetings regarding systemic change and evaluation. Community members have been willing to be involved and to challenge Santa Clara County Social Services in meeting the needs of children and families with Native American heritage. Santa Clara County is fortunate to have a Native American employee group that helps to facilitate the necessary inclusion of information and resources.

H. County-Wide Prevention Activities and Strategies and Prevention Efforts

1. Services for Children and Families at Risk of Entering the Child Welfare System
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Santa Clara County continues to ensure resources and services aimed helping to support children and families entering the Child Welfare System. SCC continues to provide numerous programs aimed at the prevention of child abuse and neglect. Santa Clara County Social Services partners in these services through participation on advisory groups; providing financial resources; assisting with identification of needs and services and program planning; linking families and children to agencies providing prevention services through private funding and through DFCS direct service delivery. It has become clear through the CSA process that SCC will need to work more collaboratively with partners regarding preventative services. As indicated through the General Neglect study in the Children of Color Task Force, there needs to be a distinction between poverty and need and child abuse and SCC needs to work collaboratively with community partners and parents to ensure a continuum of service from prevention through permanency. Development of a better collaboration and system of evaluation will be an identified area for SIP planning, so that SCC can be guaranteed the availability of the necessary prevention-focused programs and services that are family centered and truly serve the needs of children and families.

2. Preventative Services Available to the General Public

The following provides information regarding Santa Clara County’s Child Abuse Prevention Services, Intervention and Treatment, Community Base Child Abuse Prevention, and Promoting Safe and Stable Families current services.

CBCAP: (FY 2010-2011)
- Family Gardner Family Care- Family Strength Based Services $67,359.84 – Differential Response Services to Path 2 families.
- Legal Aid Society-Creative Solutions $14,598.91 – Services and supports to families in Path 4, who have exited the Child Welfare System to make sure the supports continue and that they do not reenter.
- Unity Care Group-NIA project $18,281.95 – Advocacy and resource information for Emergency Response Social Workers to ensure that the necessary community connections are available for African American and African Ancestry families, as well as cultural consultation for social workers in Emergency Response.

PSSF: (FY 2011-2012) $1,036,469
- Time-Limited Family Reunification $259,117
  - Unity – Parent Advocate Program – Parent Advocates for parents who are in the process of Court Family Reunification and could use the support of another parent, who can directly identify with that parent and help them navigate the child welfare system.
- Adoption $207,294
  - Adoption Support Funding for a once a year camp and adoption day celebration for those families who have adopted a child from SCC.
    - Camp
    - Adoption Day
- Family Support $310,941
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- Gardner DR
- Family Preservation Services $259,117
  - Gardner DR

CAPIT: (See chart below) (FY 2011-2012) $521,360
- Alum Rock Counseling $65,956
- Catholic Charities –Successful Parents Program $50,000
- Catholic Charities –Steps Ahead Program $84,492
- Community Health Awareness Council $0
- Family and Children’s Services $53,145
- Girl Scouts of Northern California $53,545
- International Children’s Assistance $81,000
- Kathleen McLaughlin $17,873
- Parents Helping Parents $44,695
- Pathway Society Inc. $0
- Rebekah Children’s Services $0
- San Jose Grail Family Services $0

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<th>County Children’s Trust Fund</th>
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<tr>
<td>Community Access to Prevention Activities</td>
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<td>Birth and Beyond Family Empowerment Program</td>
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<td>Supervised Visitation</td>
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Child Abuse Prevention Collaborative
In Santa Clara County, the Social Services Agency, Department of Family and Children’s Services, Child Abuse Council (CAC) and Child Abuse Prevention Community Collaborative (CAPCC) worked together to plan, integrate and coordinate child abuse prevention efforts. The Council is an independent body, with members appointed by the Board of Supervisors. The Board has approval authority over the Council’s allocations to community-based service providers. The CAC is responsible for allocation of funds from the Child Abuse Prevention, Intervention and Treatment (CAPIT) program the Children’s Trust Fund (AB 2994).

Contracts for CAC authorized service are selected based on the CAC’s annual fiscal year funding priorities, which is a combination of current and past goals set by the CAC consistent with State requirements. The funding priorities encompass the needs identified in the county’s needs assessment, by the CAPCC, as well as unmet needs identified in the county.

Educational programs are the primary prevention services authorized by the CAC and are designed to enrich the lives of families, provide information and skills to improve family functioning, and prevent stress and problems that may lead to child abuse or neglect. Examples of primary prevention services include:

- Parent education programs and support groups which focus on child development, age-appropriate expectations, and the roles and responsibilities of parenting;
- Family support and family strengthening programs which enhance the ability of families to access existing services, resources, and support interactions among family members; and
- Public awareness campaigns, which provide information on how and where to report suspected child abuse and neglect. Media campaigns (print, video/audio tapes, films and television) are not funded due to State requirements.

Secondary prevention services are also funded and are designed to identify and assist high-risk families to prevent abuse or neglect. High risk families are those families exhibiting the symptoms of potentially abusive or neglectful behavior or under the types of stress associated with abuse or neglect. Examples of secondary prevention services include:

- Parent education programs located in high schools which focus on teen parents, substance abuse treatment programs for mothers and families with young children, ages 0-5;
- Parent support groups which help parents deal with their every day stresses and the challenges and responsibilities of parenting;
- Home visiting programs which provide support and assistance to expecting and new mothers;
- Respite care for families with special needs; and,
- Family resource centers that offer information and referral services to families living in low-income neighborhoods

The purpose of the Child Abuse Prevention Community Collaborative is to advise, assist in planning, and exchange information in a collaborative and multidisciplinary setting that supports a community response to children and families at risk for child abuse and neglect. The CAPCC is the planning body responsible for planning and ongoing review of the county’s Three-Year CAPIT/Promoting Safe and Stable Families
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(PSSF)/Community-Based Child Abuse Prevention (CBCAP) Plan and related funded services. The CAPCC includes members from the Child Abuse Council; Native Americans service organizations; state and local government agencies and officials; practitioners; foundations; and, representatives from local schools, parent consumers and the faith-based community. The county’s next Three-Year Plan (due in 2012) and will be integrated with the county’s SIP at that time. The CAPCC also serves to review the county’s Self Assessment and provide input into System Improvement Plan.

PSSF funded services include community-based Differential Response Path I services for families under stress and at risk of abuse/neglect report to DFCS, but not investigated by DFCS; and Path II services for family reported, investigated and determined to be best served by the contract service provider (Family Support and Preservation), Parent Advocates working out of DFCS Family Resource Centers (Time-Limited Family Reunification) and community-based post-adoption services, such as the annual camp for adoptive families (Adoption Promotion and Support). First 5 Santa Clara is also a partner in funding Path I services.

Mandated Reporter Training and Disproportionality Consideration
DFCS began targeted mandated reporter training starting in 2007, in an effort to target community partners who need mandated reporter training, as well as to ensure that there is a consistent training being provided. This consistent training has helped partners to better understand the process, department responsibilities and emphasize collaboration and cooperation. This new procedure has proved important in relationship to Santa Clara County’s efforts to address the disproportionality rate of African American and Hispanic children and youth that have referrals for child abuse and neglect and those that come into protective custody. DFCS is able to share data and statistics with mandated reporter groups in an effort to show the disproportionality and to challenge mandated reporters to consider this information. A current focus highlighted in the general neglect study through the Children of Color is the need for a concentrated effort in discussions with law enforcement, the medical professional and school personnel regarding the large numbers of referrals for children of color and the results of the concentrated effort to better understand referrals into the child welfare system specifically for general neglect. This will be another possible area to highlight in the SIP planning process.

Status Offender Services Network
The Status Offender Services Network funding from the County General Fund dollars through Santa Clara County Social Services Agency. This service is provided through for community-based service providers that offer emergency, 24/7 crisis counseling and shelter for youth throughout the county. The services are designed to help youth and their families through difficult times by teaching the skills necessary to overcome crises and improve their situations. Short-term shelter provides a safe environment for troubled youth that need time away from home to work through problems. This committee governing these services is comprised representatives from schools, police, District Attorney, Public Defender, Mental Health, the Department of Family and Children's Services, County Executive’s Office, advocacy organizations, parents and community based organizations. The council meets quarterly to review the outcomes of this program, monitor needs, and identify solutions to meet the needs of status offender
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youth. Although funding has been reduced, continued dollars and the leveraging of additional resources are in process.

Santa Clara County Head Start Program Collaboration
Santa Clara County DFCS began efforts in 2007 to partner with Santa Clara County Office of Education (COE) for increased participation in preschool, COE Head Start for children ages 3-4 involved with the child welfare system. In 2008, a strategic recruitment and referral plan for all children ages 3 and 4 eligible for Head Start services was implemented. Training for Head Start staff regarding working with social services and fine tuning the referral process are the next steps in this collaboration, as well as tracking those children who are enrolled into Head Start programs and ensuring their continued participation after returning home to their parents. At this time, Santa Clara County DFCS is in the process of a formal MOU with County Head Start, but due to collaborative efforts, over 66% of children who are preschool eligible are in Head Start or a comparable pre-school program.

Impact on C-CFSR Outcomes:
The collaboration between Santa Clara County DFCS and COE with regards to children ages 3-4 is expected to help support preschool attendance for those families at risk and those families with a lower household income level and those families with Hispanic and African American backgrounds.

B. Prevention Partnerships

DFCS is working with the following agencies in partnerships aimed at prevention of child abuse in the community:

Differential Response
Santa Clara County is pleased to be committed to and providing in collaboration with community partners, a Differential Response Program for Path 1, 2, and 4. Differential Response (DR) was implemented in Santa Clara in September 2006 and continues to be an essential resource. Even in times of budgetary reductions, DFCS has continued the focus and resources on DR through PSSF and CBCAP funding, as well as blending of funding with First 5. This is an example where the county leverages funds with a community based agency. In addition, Public Health provides additional dollars that are braided into these services to provide in home visiting public health nurses for children 0 to 5 years of age.

There are four different types of responses, also known as Paths, in Santa Clara County.
- Path 1: Community Response (no risk to low risk)
- Path 2: DFCS and Community Partner Response (low to moderate risk);
- Path 3: DFCS (Traditional Response/High-Risk Response);
- Path 4: Access to Community Supports for Closed Cases (Aftercare services; *this path is unique to Santa Clara County)

Path 1 services are paid for through PSSF funds and include the following providers:
- Gardner Family Care Corp for families with a child under the age of six (6)
- Unity Care for families of African American (AA) descent and no age restriction
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In October 2009, the contract with Unity Care began and families of African American descent were offered Path 1, 2 and Path 4 services with culturally sensitive staff from Unity Care’s NIA project. In addition, in December 2010, a program called SafeCare was implemented by Gardner’s Home Visitors and funded by FIRST 5. Path 1 families are able to benefit if they are Medical eligible and meet qualifications. SafeCare® is an evidence-based, parenting-training curriculum for parents who are at risk of or have been reported for child maltreatment.

- SafeCare® is delivered in the home for 18-22 weeks
- SafeCare® is intended for families with children age newborn to 5 years
- SafeCare® includes 3 Modules:
  - Parent-Child Interaction/ Parent-Infant Interaction Modules- Teaches positive child parent interaction through structured activities or daily routines. It will depend on the on the age of the identified child as to which of these modules will be taught.
  - Health Module- Teaches parents to identify and respond appropriately to illness and prevent medical neglect
  - Safety- Teaches parents to identify and remove hazards to prevent accidents or injury within the family home.

Families who are engaged DR services has remained about 40%. This is lower than when services first began in 2006 which was around 80%. However, since this date, the term of “engagement” has been defined and more careful and distinct measurement is applied. In the beginning, engagement was reaching the family, now engagement means that the family is accepting “formal” DR services meaning that they will likely work with a family partner for up to 6 months. DFCS is current dedicating resources to look at the DR data to have a better understanding of why families decline DR services. We look to see if the families are already receiving services and if so, what services are they already receiving. For instance, if a family declined DR services, do they still need some resources and can we provide them with referrals to services without formally providing DR. This is an important distinction to understand the families that accept and are provided DR services and become engaged and those families that may not “engage” in services, but have been “touched” or “served” by providing some additional supports and resources.

DFCS is committed to the continued expansion of DR Path 1 services. There is interest from therapists and family members who have heard about DR or received DR who would like to refer others to this program. This is a positive outcome because there is talk about DR services being useful and supportive so much so that people want to refer people to the program. There are quarterly meeting with the staff from both agencies whose primary task is engaging the families and strategizing on ways to improve our engagement rates as well as find gaps in the community services. DFCS and community partners have developed a logic model to evaluate DR services in order to ensure common language and documentation and in an effort to ensure that Path 1 services offered by both Gardner and Unity Care are similar, as well as the forms being used are also similar. Please see Attachment H for the Logic Model.

Path 2 services are currently being provided by eight different community based organizations (CBOs) including the following: (Services are not restricted by geographical location and serve all of Santa Clara County. Many of the service providers target Latino and African American families over-represented in the SCC child welfare system.)
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- Gardner’s Expanded Differential Response – Gardner mainly serves the large population of Latino families, but can serve all ethnicities providing case management services and resources up to 6 months. Families are served across the entire county.
- Gardner’s Family Strength Based Services (FSBS) – Gardner’s FSBS mainly serves Latino families, but can serve all ethnicities with family counseling and case management services for up to 6 months. Families are served across the county.
- Unity Care – Unity Care is contracted to serve those families of African American descent, providing case management up to 6 months.
- Creative Solutions – Creative Solutions services primarily families of African American descent but can serve any population as long as they speak English. Provides coaching. Parenting and case management up to 6 months.
- Starlight Full Service Partnership Program – FSP serves the whole county as part of County Mental Health. They serve families that have a child with mental health issues and those children with Medi-Cal. Length of service vary per case.
- Community Solutions - Community Solutions is located in South County and ensures services to this area, but also provides services to the rest of the county. Community Solutions is also a FSP serving those families with a child with mental health (MH) needs. Provides mental health services including case management. Length of time served varies by case.
- Sacred Heart- The target population served are Immigrant Latino families located in zip code 95110. Services are targeted in this zip code and surrounding zip codes due to the large numbers of immigrant families in this area. Services are provided in the community center located in this area. These services include case management and referrals to intra-agency programs, as well as outside agencies, as needed.
- East field Ming Quong Families First (EMQFF)'s Parent, Relative, Foster Family Support Program- EMQFF serves any population in any geographical location, as well as bordering neighborhood counties. Provides 60 days of case management services.

Case management services include but are not limited to the following:
- Regular home visits
- Child safety checks
- An assessment of the family’s needs and functioning
- Development of a case plan
- Identification of resources needed and linkage to those resources

Common resources or services needed by families in SCC include:
- Applying for health insurance, food stamps, general assistance or Medi-Cal
- Child Care services
- Domestic Violence Awareness or referrals
- Mental Health counseling or referrals
- Psychiatric referrals
- Emergency services or basic needs
- Job assistance
- Housing
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- Immigration services
- Parent education
- Legal assistance
- Substance Abuse referrals
- Transportation
- Medical and dental referrals
- Children’s education/special education
- Adult education

The trend over the last six months is a significant increase in referrals to the Path 2 program. In 2010 for the months of July through October, there were a total of 178 Path 2 referrals made. In 2011 for the months of July through October, there were a total of 258 Path 2 referrals and a wait list has now been created in an effort to serve all families. However, it should be noted that families who have to wait for services for more than two to three weeks become less motivated to participate in services and more often decline the CBO’s assistance. DFCS will need to assess. In addition, with the goal of diverting families from the child welfare system, it also seems to be a trend that the families who are being referred for Path 2 services have significantly more intense crisis occurring and a larger array of critical needs. This has made it more challenging for the CBO’s to meet the family’s needs in the six month time period allotted for most of the service program.

In addition, Unity Care offers a culturally sensitive consultation service through their NIA Project. This project allowed Emergency Response Social Workers to have access to consultation during an ER referral from a person from the African American/African Ancestry community in Santa Clara County. DFCS is currently looking at the low usage of this program in order to make thoughtful suggestions. A recent memo was sent to the Emergency Response Bureau Supervisors reminding them of this resource available to their workers. Hopefully this will reinstitute the use of this very valuable service.

Also, another change that has occurred over the past year is the effort to increase the uniformity among the DR Community Based Agencies (CBOs) providing services, and in terms of how information is interpreted and reported. For instance, meetings have been held to ensure that all CBOs are using the same definition of terms such as first contact, intake and engagement. Therefore, when CBOs report dates for data purposes, there is fidelity in the information being collected and the statistics being gathered.

**Impact on C-CFSR Outcomes:**
Differential Response provides a sense of shared community responsibility for the safety, protection and healthy development of all children. It ensures that families who otherwise may not have received services are able to receive prevention/early intervention services, helping more families to remain intact. A major focus of DR is reducing the overrepresentation of children of color in the child welfare system, as well as reducing recidivism rates. Services provided under Paths 1, 2 and 4 are voluntary and provided by community partner agencies, Gardner Family Care Corp., Full Service Partnership, and Sacred Heart Community Services. Better tracking and consistent documentation has been a vital in this past year to ensuring the necessary tracking to evaluate these services.
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Path 4, aftercare services are currently provided by five Community Based Organizations (CBOs).
They are as follows:
Unity Care
Creative Solutions
Community Solutions
Starlight
EMQFF’s Parent, Relative, Foster Family Support Program

Path 4 is utilized by continuing court case carrying social workers to implement aftercare services for families once their Dependency court case is dismissed. This program currently appears to be under-utilized and a goal for 2012 is to better understand this under-utilization and to ensure that continuing social workers are fully aware of the program and those families who would benefit from these services are offered these services following the close of their court case. SCC will be looking to continue these partnerships and shared use of funding with community based organizations. In addition, discussions are in process with the Public Health Department and First 5 to further share funding allocation to ensure home visits for all children 0 to 5 in voluntary or court services by a Public Health Nurse. In addition, SCC will need to look at how to best utilize the Family Resource Centers established by First 5 in collaboration with the DFCS San Jose Family Resource Center.

Safely Surrendered Baby Partnership
In 2004, Santa Clara County created a Safe Haven Task Force which developed recommendations for the promotion of California’s Safely Surrendered Baby Law. Sites to include local fire stations. Since the Safely Surrendered Baby Law became permanent on January 1, 2006, Santa Clara County’s Social Services Agency, along with other county department and community agencies, has provided educational and outreach materials to the community regarding this law.

During the calendar years 2005 through 2008, there were ten (10) safely surrendered babies. There have been no deceased abandoned babies in the county during this time period, and only one known abandoned baby, who was left at a church and found unharmed. Anecdotally, there were about 2-3 safely surrendered and 3-6 voluntary relinquishments per year from 2009 through 2011.

Impact on C-CF SR Outcomes:
Santa Clara County’s Safely Surrendered Baby protocol is linked directly to C-CF SR outcomes by establishing county procedures that increase the safety of infants who would otherwise likely be abandoned and harmed. The immediate assignment of an adoptions worker is designed so that the infant only has one placement and moves towards permanency as quickly as possible leading to greater placement stability and timeliness to adoption.

Child Abuse Council of Santa Clara County
The Child Abuse Council of Santa Clara County was appointed in 1980 by the County’s Board of Supervisors. Members include public and private agencies including the Department of Family and Children’s Services and community members. The mission of the Child Abuse Council of Santa Clara County is to promote the prevention of child abuse and neglect through public education and outreach and local grant making by
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providing funding recommendations to the Board of Supervisors for allocation of the CAPIT and Children’s Trust Fund dollars. DFCS has requested the expanded support of the Child Abuse Council (CAC) to help oversee and support all preventative resources offered through SCC, including PSSF funds and CBCAP allocations. In addition, DFCS is proposing to utilize the CAC and the Social Services Advisory Commission noted below more robustly in order to support the oversight, collaboration and expenditures of the preventative funds. And to support the link of the link of the goals and outcomes for the use of the preventative funds with those goals and outcomes for child welfare mandated outcomes to make sure there is alignment in the overall plan for DFCS and the community to work in partnership toward the safety, permanency and well-being for the children and families in Santa Clara county.

Social Services Advisory Commission (SSAC)  
The Commission was established on October 24, 1978. The purpose of the Social Services Advisory Commission is to assess community social service needs; to provide policy guidance to the Board of Supervisors and the three Departments of the Social Services Agency, which includes the Department of Family and Children’s Services (DFCS); and to establish working relationships with the various community organizations concerned with the Social Services Agency. The commission consists of fifteen members, appointed by the Board of Supervisors, with a three year term. The SSAC is also used as a full advisory board for the direction of the Department and included in the SIP planning. DFCS has re-established this commitment and important use of this committee. As with the CAC, DFCS will include all goals and planning through the full spectrum of preventative efforts through permanency.

Impact on C-CFSR Outcomes

SCC is committed to better utilization of both the CAC and the SSAC as true advisory boards with all preventative efforts and funding in an effort to provide a complete view of all the preventative services that are being provided and how these preventative services link with the services provided for the child welfare mandates. These advisory groups, along with the Children of Color Task Force and our youth and parent advisory groups will help shape the next steps for SCC. This will impact C-CFSR outcomes ensuring that comprehensive prevention services are available to help support families from entering the child welfare system. It is important the SCC build a system to ensure that there is a continuum of family centered services and that the committees serving as an advisory are able to truly identify gaps in services and programs and that funding is aimed at ensuring holistic care that fills these gaps.

School-Linked Services Strategic Plan

The School-Linked Services Strategic Plan was launched at the end of 2011 and is being launched through a collaboration between the Board of Supervisors representatives, Juvenile Probation, local school districts, Public Health Department, Department of Mental Health, Santa Clara County Office of Education, Department of Alcohol and Drugs Services, San Jose Police Department, DFCS, and several community based organizations. This collaboration and initiative is aimed at ensuring that children in Santa Clara County thrive at home, in school and in their communities and that there is support available from the schools and the necessary services and supports for both children and families to provide school-based, school-related on-site collaborative services that address risks for children and families from birth through 12th grade. The goal is to provide a coordinated delivery of health and social services support on school campuses and in the community to ensure that families are stable and children are successful in school.
Project Cornerstone
Project Cornerstone is a collaborative aimed at engaging the entire community to understand the value of connecting youth and adults and helping to build “developmental assets” in youth, which are values and experiences essential to a young person’s well-being. There continue to be over 200 community partners in support of this project including DFCS, Mental Health, multiple school districts, business, youth organizations and various other community based organizations and supporters. Individuals and organizations who have done an outstanding job of ensuring the value of youth in the community continue to be acknowledged.

KIDS in Common
Kids in Common is a non-profit organization that advocates for systemic change in policies, partnerships and investments that are aimed at improving the lives of children residing in Santa Clara County. This agency challenges leaders and organizations to make sure decisions are in the “best interest” of children. The three main goals for this organization include: (1) Children are physically, socially, and emotionally healthy; (2) Children are prepared for and successful in school; and (3) Children are supported in safe and stable families and communities. KIDS in Common has law makers and community representatives on the Board and is very active in policies and procedure development in DFCS aimed at supporting children. This past year they successfully advocated to gain the support of the Board of Supervisors to ensure that SCC makes children a priority in this county. 2010 was designated as the year of the child.

Section VI. Summary Assessment
System Strengths and Areas Needing Improvement

An evaluation of Santa Clara County’s performance with regard to federal and State indicators indicates mixed results. Santa Clara County continues to make strides in the areas of:

- Timely immediate response referral;
- Timely social worker visits to children;
- Most children experience timely reunifications. Improvement is also observed for the rate of re-entry into foster care. Moreover, children placed with relatives or NREFMs experience a stronger effect for successful reunification that other placement types.
- Improvement is observed for the finalization of adoptions within 12 months. The effect is strongest for children placed in foster homes. While the adoption rate for children placed with relatives/NREFMs is not strong, it is nonetheless considered an optimal situation for children;
- Most children in foster care are in family placements, such as with relatives or foster homes;
- Strong well-being outcomes in the area of education

Key systemic strengths include:

- Inter-agency and private partnerships support families from front-end services through early intervention. For instance, Differential Response and internal informal services;
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- Greater collaboration established with Mental Health, Public Health and DADS through creative uses of funding and resources as established through the CAST meetings or through the direction of the Board of Supervisors.
- Focus on reducing disproportional representation of children of color by bringing focus into ER and DI by offering more culturally specific resources to staff, targeting DR services, using family group meetings (e.g., TDM), and using the CAT throughout the life of a case to ensure that all families are assessed comprehensively.
- A net of comprehensive services to support transition age youths, from basic living skills, to strengthening educational supports, to continued supports post emancipation and creative project such as TILP staffing, Teen Court and Middle School Education Court, Emerging Scholars, My TIME meetings, establishment of the HUB.

In the last SIP cycle, SCC focused on are the many “pockets of success” within our county and the need to further evaluate and learn exactly what is working and how to expand these efforts and strategies. Detailed review of cases from the PQCR, from the C-CFSR process, from internal review and from community and stakeholder feedback highlighted the need to continue to partner with the community for innovative services and programs that demonstrate best practice and to ensure evaluation and expansion of those services and programs if they were best practice. Santa Clara County has organized a comprehensive SIP to address structural and procedural changes aimed at improvement in meeting federal outcome indicators throughout the Agency and throughout the “life of a case” to move SCC in the direction of improved federal outcomes and best practice for children and families.

The past couple of years have proved challenging for SCC with the budget and program and staff reductions. In addition, contract negotiations with the different bargaining units resulted in intense discussions for several months. On a positive note, 2011 was declared as the “Year of the Child” and SCC made progress on many of the child welfare outcomes, making improvements in 15 of the 22 State and Federal Performance indicators. Most notably, even with the closure of the Children’s Shelter, Placement Stability measures show steady improvement and now meets the Federal Standard. Disproportionality continues and highlights areas of strife amongst staff, community partners and with trust with the youth and families we try to serve. Efforts in CAPP, the IA, the LCWEP, the PQCR and communication with the community and key agencies serving Latino and African American families, highlight the fact that services and programs and not fully meeting families needs and that we need to ensure that we partner more and curtail the services and programs to better support families. Social Workers are well intentioned and want to do good work with families, but there are system barriers that we must address. We must have a common vision and mission to our work and it must be reflected in all decisions and in all the work that we do.

DFCS organization efforts to decrease the number of social workers in the Front End of services through the same worker serving a family from Emergency Response through Dependency Intake have not moved forward. Discussions with labor organizations are still in process. It will be important to understand why we have not moved forward in this area and to build in the necessary supports and communication in an effort to move this work forward.
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Continued discussions and a renewed and refocused effort on building trust and engaging with families is in the forefront of the work in Santa Clara County and will need to be a primary focus in the SIP planning process. In addition, it is vital that the SIP process weaves the work and lessons learned from the California Partners for Permanency work and the Institutional Analysis, as well as the Latino Child Welfare Equity Project, Cultural Dialogue forums information and additional studies and information gleamed from the tremendous insight that has been provided by parents, youth, staff, community partners and stakeholders. Everyone is talking and seems to agree on areas of focus. It will be important that the SIP process helps to organize this work and link to improvements in our outcomes.

In addition, SCC is pleased with the strong voice of youth in development of programs and services through the establishment of the HUB, a youth lead center and the commitment of several young adults and youth, who are committed to helping shape the services for other youth in SCC. To this same end, SCC has just begun the establishment of a parent advisory committee to ensure that we have the same strong voice for the parents involved in the child welfare system. There is additional work and planning to ensure that SCC has the necessary voices at the table in decision making and to effectively track and monitor all of the preventative and mandated services being provided. This will be considered in the SIP planning and goal setting.

Juvenile Probation Focus
Santa Clara Probation Department is making a concerted effort to maintain youth safely in their homes whenever possible and appropriate. The increase use of Wraparound services is strength identified by the PQQR and it has improved Probation’s ability to serve youth and families in their home and reduce the number of youth in foster care placement. In addition, Probation and a local community based organization have collaborated to develop new Multidimensional Treatment Foster Care (MTFC) homes expanding the continuum of services for intervention and placement options for probation youth.

In the areas of Permanency Santa Clara County Probation Department is challenged. Reunification needs to be more frequent and occur in a more timely fashion. For the Probation Department, foster care youth are often more difficult to serve because the youth and families have very complex issues. Nonetheless, efforts and structure must support the timely reunification of the youth and the families who have the capacity to reunify. Youth are in foster care placement too long which decreases their opportunity to reunify, which means youth are at risk of being failed and placed in secured detention. In Reunification there will be a strengthening of participatory case planning with youth and families. Also, the family engagement process will be implanted much earlier in the process. The efforts of Wraparound and MTFC have shown some signs of early success and benefit for continuing and expanded efforts in these areas.

The Santa Clara County Probation Department has been addressing the disproportionate representation of minorities in the juvenile justice system since 2004. While there have been a number of tools implemented to ensure that decisions are made objectively and data tracking has improved significantly to understand the current trends, there is much work that remains to be done. During the past year, the Probation Department has been actively engaged in interest-based, consensus building with participating stakeholder group leaders, effecting the Department’s interests in the resolution of this decades long community conflict and the promotion of equitable and
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fair delivery of services to the Latino community. This engagement occurred as a result of the Harvard Study Consensus Process convened by La Raza Roundtable de California. This facilitated process rooted in the field of conflict resolution and interest-based negotiation, undertaken with a broad range of stakeholder group leaders to create transformative multisystem change aimed at eliminating the disproportionate representation of Latinos in local juvenile justice, juvenile dependency, and criminal justice systems.

Now in the third year of the facilitated process, Harvard Study Consensus Process participants have included stakeholder leaders from Santa Clara County and City of San Jose governing bodies and service agencies with local and state legislative, faith, law enforcement, judicial/justice, social service and education stakeholder group leaders.

The Department also partnered with the National Association for the Advancement of Colored People (NAACP) to convene community groups to provide input and guidance about the formal juvenile justice system and to seek suggestions to reduce the disproportionate representation of youth color in the system.

The Department continues to chair, monthly disproportionate minority contact meetings with all key stakeholders to develop solutions to not only reduce the number of youth of color involved in the justice system, but also to ensure all youth have the opportunity to be served using wrap around services when appropriate.

Child Welfare Focus
Disproportionality Efforts
DFCS will continue a concentrated effort in collaboration with community partners, parents, caregivers and youth to address disproportionality, ensuring a concentrated effort on the disproportionate numbers of Hispanic and African American families and children involved in the child welfare system. The efforts and information gleaned through the process of the IA of CAPP, the LCWEP and the focus groups through the Cultural Dialogues series, as well as the work of the employee groups will set the stage for the foundation of the next steps for the Department and weaved throughout the goals of the SIP planning process. The Children and Color Task Force will continue serve as an advisory group to ensure that this information from all these initiatives flows together in a meaningful way that organizes the information in a way that clearly defines the priorities for DFCS and the community collectively. In addition, it is anticipated that more information regarding training in consensus building may aid in this effort.

In the past year, Santa Clara County has contracted with a community based organization linked to and supporting the African American community that can serve as a consultant for cases at the initial assessment, the NIA project. Currently, labor negotiations are underway in an effort to move forward with contracted services with a community based organization for front end Team Decisions Making meetings serving primarily African American children and families.

C-CFSR Analysis:
Due to the continued numbers of disproportionality of both Latino and African American children and families in Santa Clara County, it is imperative the DFCS continue to make reducing disproportionality a concentrated focus for the SIP for 2012.
Strengthen Partnerships in an Effort to Increase Permanency for Children and Youth
Santa Clara County needs to continue to work collaboratively with parents, caregivers, youth, foster family agencies, and group home providers to increase placement options and to provide greater support to the placement options that currently exist. All information gleaned from the initiatives and projects and PQCR, indicates a need to give parents, families, youth and the community more of a voice to help DFCS move in the direction of greater permanency for children. In addition, greater effort in targeted recruitment and partnership with the community to identify and train foster homes for African American, Latino, teenagers and children with special needs is critical.

Impact on C-CFSR Outcomes:
The above mentioned strategies for increased efforts in necessary placements and supports will be essential in helping to move toward better outcomes in Placement Stability and Increased Permanency and Stability. DFCS needs to reduce the number of placements children in care in Santa Clara County experience, as well as to ensure children and parents or caregivers have the needed supports to stabilize and move toward family reunification with their parents.

Increased collaborative efforts with youth, caregivers, community partners and stakeholders to increase recruitment and retention of foster homes and foster adoptive home placements, as well as to ensure the necessary support to these homes. The numbers of relative and NREFM placements is slowly declining. It is important to better understand the support and resources all caregivers and youth need in order to achieve concurrency and permanency. Changes in the wrap process and services that are provided in Santa Clara County are expected to help support this process.

Impact on C-CFSR Outcomes:
Concentrated efforts on foster parent recruitment and retention, as well as support for relative/NREFM caregivers is anticipated to help support outcomes toward Child Safety for no maltreatment in foster care, as well as to help ensure increase exits to permanency and placement stability indicators. In addition, specialized services to address AB12 and NMD will be essential to ensure that those youth who did not achieve permanency before age 18 will still receive the supports to continue to work on permanency and a successful transition to adulthood.

Increase involvement in community efforts that could better support transition aged youth, especially with regarding housing and homelessness concerns
Given the high numbers of youth who emancipate from care and become homeless before the age of 25, DFCS needs to continue to outreach and become involved in larger community collaborations with organizations dedicated to housing and support. In addition, efforts in partnership with mental health, and public health in support of the youth-led community center- the HUB will help to ensure that the youth and young adults of Santa Clara County are voicing their need for what services and programs will best support them.

Increase the Partnership with Local Community Colleges, Universities, County Office of Education and Potential Funders for Services for Transitioned Aged Youth
Santa Clara County sees tremendous value in the services, programs, and partnerships that have been established to support transitioned age youth successfully from either
foster care or Juvenile Probation into adulthood and has poured lots of resources into a structure to support those youth who chose to stay in care as NMD. It is essential that child welfare and Juvenile Probation continue to partner and leverage resources to support this growing population with complex needs. SCC needs to continue to partner with County Mental Health and Regional Center to ensure the necessary supports for those youth who do not qualify for the necessary mental health services or ensure a successful transition from child welfare to regional center. And there is the need to continue to find creative ways to provide additional housing options for youth leaving care. The numbers of youth, who leave care and who are homeless continues to increase, and there is not enough availability in the housing options that currently exist. It is critical that DFCS and Juvenile Probation partner with community organizations and business to find options that serve the homeless youth in Santa Clara County, including those leaving care. AB12 will help in this process, but will also take some of the housing resources from those that will not qualify for AB12.

Impact on C-CFSR Outcomes:
DFCS concentrated efforts regarding housing and mental health issues should help to improve C-CFSR outcomes for youth transitioning to a self-sufficient adulthood.

Engagement with parents, with a primary focus on fatherhood engagement and ensuring a strong parent voice in the establishment of all services and programs for Santa Clara County

B. Areas for Further Exploration through the Peer Quality Case Review

Child Welfare
Santa Clara County Child Welfare System continues to work to improve all areas of Federal and State outcomes. However, in consideration of all of Santa Clara County’s initiatives and efforts and the current progress of State and Federal Outcome measures, the following two areas are high on the priority list for further evaluation through Peer Quality Case Review:

The first area of consideration for the next PQCR is C-CFSR outcome C2.1 – C2.5 regarding Timeliness to Adoption. This is an area that Santa Clara County had planned to explore further in the 2011 PQCR. However, due to other County participation and efforts, SCC chose to concentrate efforts on children and youth remaining in care. SCC is acutely aware that the County internal structure and processes, as well as current Court procedures and permanency efforts may impede outcome results in obtaining timely adoptions. DFCS is developing strategies of both structural change as well as the development of a new foster and adoptive parent recruitment and retention plan. A PQCR in this area after some of the changes have begun will enable Santa Clara County to fine tune policies and procedures in order to impact outcome measures and ensure timely adoptions for children in care, as well as to help our Court partners understand their impact on outcomes.

Although these are viable options for Santa Clara County’s PQCR in the next five year cycle, DFCS remains open to additional ideas and will track and monitor C-CFSR outcome progress to ensure that our PQCR selection will be aimed at providing the
necessary input and ideas for strategic change and in full alignment with other initiatives and strategies for the county.

**Juvenile Probation**

Upon this local analysis of local resources, there were number of critical barriers that impact family reunification. However, the main factor negatively correlated with family reunification was the increase of youth being placed in out-of-county or out-of-state placement programs. Proximity between children and parents is a significant factor in timely reunification. When parents/caregivers can maintain consistent and frequent visits and when services are directed at enhancing and/or improving the parent child relationship, reunification is more probable. This is important as many times youth are sent out-of-county or out-of-state, which presents transportation challenges that may impact timely reunification. Thus, the following promising practices will be considered or enhanced:

- Improve and increase parent participation in the decision-making and the case planning process.
- Obtain staff training for family engagement practices.
- Assist with recruitment efforts for local foster parents for MTFC to reduce out of home group home placements.
- Encourage more families to participate in SB 163 Wraparound Services.
- Seek and utilize more services that can assist in transitioning youth to their parents' home during the reunification process.

In addition, DFCS will continue to work collaboratively with Juvenile Probation regarding a PQCR focus that could fit for both partners, or collectively decide to have different areas of focus for the next PQCR.
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