MCDSES MONTEREY COUNTY
DEPARTMENT OF SOCIAL
& EMPLOYMENT SERVICES

WORKING TOGETHER FOR OUR COMMUNITY

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Family and Children's Services
Robert Taniguchi, Branch Director

March 26, 2010

Mr. Dave McDowell
California Department of Social Services
Children & Family Services Division
Outcomes & Accountability Bureau
744 P Street, MS 8-12-91
Sacramento CA 95814

Reference: **PEER QUALITY CASE REVIEW FINAL REPORT**

Dear Mr. McDowell:

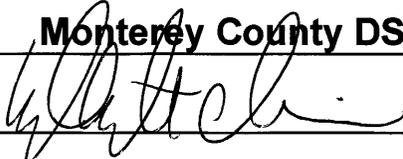In accordance with the above reference, please find enclosed our final PQCR report.

Should you have any questions, please contact Margaret Huffman, Program Manager, at (831) 755-8427 or via email at huffmanm@co.monterey.ca.us . In her absence you may also contact Christabelle Oropeza, Management Analyst, at (831) 755-8596 or via email at oropezacz@co.monterey.ca.us.

Respectfully,

Robert Taniguchi
Deputy Director
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California Outcomes and Accountability System
Peer Quality Case Review

County:	Monterey
Responsible County Departments:	DSES Family and Children's Services Branch Department of Juvenile Probation Services
PQCR Review Week:	1/25-1/29/10
PQCR Final Debriefing:	1/29/10
Date Submitted:	

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Submitted By The Agency for the Children Under Its Care

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Title:	Monterey County DSES Director
Signature:	

Submitted By The Agency for the Children Under Its Care

Name:	Manuel Real
Title	Monterey County Probation Chief Probation Officer
Signature:	

MONTEREY COUNTY

CALIFORNIA OUTCOMES AND ACCOUNTABILITY SYSTEM

PEER QUALITY CASE REVIEW

FINAL REPORT

Submitted to the
California Department of Social Services
Family and Children's Services Branch

MARCH 29, 2010

Acknowledgements

The Monterey County Department of Social and Employment Services (MCDSES) and Monterey County Probation Department (MCPD) wish to thank all of the people listed below for their hard work, commitment and important contributions to this effort. We would also like to thank the members of Monterey County's internal PQCR team as well as focus group participants. This process would not have been possible or successful without their expertise, commitment and dedication.

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Table of Contents

Introduction

The C-CFSR prescribes **four integrated processes** to guide system improvement in a county over the course of a three-year review cycle. The first of these processes are quarterly data reports issued by CDSS which include key safety, permanency and well-being outcomes for each county. These quarterly reports provide summary level federal and state program measures that serve as the basis for the C-CFSR and are used to track state and county performance over time. Data is used to inform and guide both the assessment and planning processes, and is used to analyze policies and procedures. Information obtained can be used by program managers to make decisions about future program goals, strategies, and options.

The second process is a "practice-specific" Peer Quality Case Review (PQCR), which is a partnership between the County Probation Department and the County Child Protection Department. The purpose of the PQCR is to learn, through intensive examination of county practice, how to improve child welfare and probation services in a specific focus area. To do so, the PQCR focuses on one specific outcome, analyzes specific practice areas and identifies key patterns of agency strengths and concerns. The process uses peers from other counties to promote the exchange of best practice ideas between the host county and peer reviewers. Peer county involvement and the exchange of promising practices also help to illuminate specific practice changes that may advance performance.

The third process is the County Self-Assessment (CSA) which is a focused analysis of child welfare data. This process also incorporates input from various child welfare constituents and reviews the full scope of child welfare and probation services provided within the county. The CSA is developed every three years by the lead agencies in coordination with their local community and prevention partners. Along with the qualitative information gleaned from the PQCR and the quantitative information contained in the quarterly data reports, the CSA provides the foundation and context for the development of the county three year SIP.

The fourth component in the C-CFSR, is the System Improvement Plan (SIP). The SIP is a culmination of the other processes and serves as the operational agreement between the county and the state. It outlines how the county will remodel its system to improve outcomes for children, youth and families. The SIP is developed every three years by the lead agencies in collaboration with their local community and prevention partners. The SIP includes specific measurable improvements in performance outcomes that the county will achieve within a defined timeframe including prevention strategies. Counties, in partnership with the state, utilize the aforementioned quarterly

data reports to track progress.

Together, these processes comprise a continuous cycle of quality improvement that facilitates counties' attempts to systematically improve outcomes.

Child Welfare Focus Area

Placement Stability Measure C4.3: Of all children served in foster care during a year who were in foster care for at least 24 months what percent had two or fewer placement settings

Monterey County Family and Children Services recognizes the importance that placement stability plays in developing a sense of secure attachment for children. Over the past ten years, Monterey County has struggled with placement stability for children in care over 24 months. Hence, Monterey County FCS, in collaboration with their CDSS state consultant, selected Measure C4.3, Placement Stability, as their PQCR Focus Area.

Probation Focus Area

The Probation Department, in collaboration with CDSS, chose concurrent planning as its focus. This focus area was selected after representatives from Monterey County Probation attended a family finding training last calendar year and were inspired to seek feedback from peer counties regarding strategies to strengthen their concurrent planning efforts. It should be noted that Monterey County Probation was one of two probation departments to have chosen this focus area for its PQCR in the tri-county PQCR. Doing so however, renders baseline comparisons impossible as no specific data is currently collected in this area statewide.

__Methodology__

Child Welfare

Measure C4.3 Of all children served in foster care during a year who were in foster care for at least 24 months what percent had two or fewer placement settings

This measure computes the percentage of children with two or fewer placements who have been in foster care for 24 months or more. Time in care is based on the latest date of removal from the home. The denominator is the total number of children who have been in care for 24 months or more; the numerator is the count of these children with two or fewer placements. This measure contributes to the fourth permanency composite. County performance is reflected in the following chart:

C4.3--Placement Stability (At Least 24 Months In Care)

	03/31/00	03/31/01	03/31/02	03/31/03	06/30/03	03/31/04	03/31/05	03/31/06	03/31/07	03/31/08	09/30/08	03/31/09
Percent with two or fewer placements	59.3	52.8	46.7	43.6	42.1	35.0	41.2	30.1	33.6	35.6	34.5	28.6
National Goal	41.8	41.8	41.8	41.8	41.8	41.8	41.8	41.8	41.8	41.8	41.8	41.8
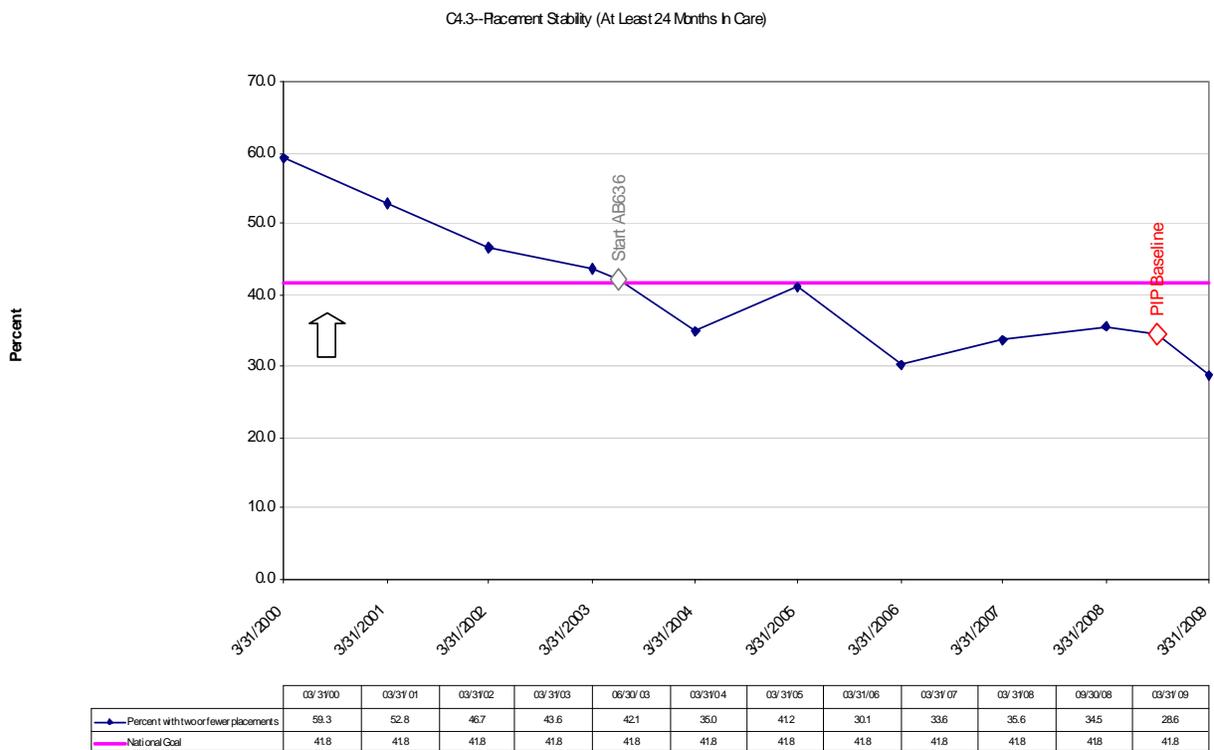
In order to compare the relationship between University of California Berkeley data to department perception, MCDSES applied Event History Analytics to look at the relationship of time in care and those factors that contribute to placements that exceed 24 months. Proportional Hazard Analysis was applied to look at the probability of discharge. Covariates were introduced to isolate particular variables such as age, exit

type, predominant placement, gender, race, and placement groupings. Simply stated they looked at "time until an event happened" to see who stayed.

Through this analysis they were able to identify disparities which narrowed the case selection to cases with children between the ages of one and twelve with more than five placements. From this list, the process was further refined to identify cases that reflected positive and negative outcomes.

Probation

The first criteria applied in selecting the cases for Probation were that the youth needed to be in out-of- home placement for longer than six months. Furthermore, it was decided that youth participating in the Wraparound Program, under a general placement order, would be excluded from this selection process because Probation does not have any wraparound cases placed with foster parents or other caregivers. The final case selection was made by each of the officers who participated in the PQCR process, with an emphasis on choosing one case which they felt was successful and one case where they experienced obstacles.

Planning

Monterey County Family and Children's Services and Juvenile Probation participated in a tri-county PQCR process along with the Child Welfare and Juvenile Probation departments from San Benito and Santa Cruz counties during the week of January 25-29, 2010. The Planning Committee included county representatives from each county's child welfare and probation departments as well as three representatives from the California Department of Social Services, consultants from Clinical Consulting Services and staff from the Bay Area Training Academy (see Acknowledgement section above). This committee was responsible for development of the structure of the PQCR process, logistical coordination, oversight, technical assistance and support. The planning committee began meeting monthly about eight months before the event and then met twice monthly in the two months before the event.

Each department also had an internal planning group that met one to four times per month depending on what was needed to adhere to the timelines outlined in the planning matrix. This planning group worked closely with Mary Sheppard of CDSS to develop their focus areas and case selection criteria. The planning group also worked closely with CDSS and Clinical Consulting to develop their interview tools.

The PQCR process included three distinct avenues for qualitative data collection: 1) Case Review Interviews, 2) Focus Groups, and 3) Surveys (child welfare only). The

development and implementation of each is described below.

Interview Teams

Interview teams were composed of four individuals generally consisting of two child welfare/ juvenile probation representatives from non tri-county counties and two tri-county peers. Team composition did, however, vary according to the day. Team members from the county whose interviews were being conducted that day rotated out such that when conducting the actual interviews, teams were represented by three members. This process assured that a team member did not interview their own county staff person. This structure was designed to accommodate the counties' need to reduce costs by reducing the number of out-of-county interviewers.

Interviewer Training

All members of the interview teams participated in a full-day training/orientation session on Monday January 25, 2010 to prepare for the PQCR process. Interviews were conducted on Tuesday, January 26th, Wednesday, January, 27th and Thursday, January 28th and focused on one county at a time (Santa Cruz - Tuesday; San Benito - Wednesday a.m.; Monterey - Wednesday p.m. and Thursday).

The training/orientation session conducted by Clinical Consulting on the first day of the PQCR process included members of the interview teams, members of the tri-county PQCR planning committee, interviewees, the County Managers and Directors and other participants in the PQCR process.

This training addressed the following objectives:

1. develop a common understanding among participants of the purpose and desired outcomes of the PQCR process
2. develop well functioning interview teams by providing opportunities for team building and for team practice of needed skills
3. familiarize interviewers with the interview tools
4. review strategies for creating an interview environment that promotes information sharing

To help meet these training objectives, each team conducted a mock interview with opportunities for observations and feedback from consultants. In addition, the consultants facilitated a practice debrief session following the mock interview in order to familiarize team members with the debrief process.

Interview Process

Child Welfare

The number of interviews for child welfare cases varied per county (Santa Cruz 9/ San Benito 6/ Monterey 12). Depending on the county, each team completed between two to four interviews per day. For Monterey county FCS, each of three teams conducted four interviews over a day and a half for a total of 12 interviews.

Probation

Similar to the structure of the child welfare interview process, the number of interviews for juvenile probation cases also varied per county (Santa Cruz 4/ San Benito 4/ Monterey 6). Depending on the county, each team completed either two or three interviews per day. For Monterey County Probation, both teams conducted three interviews over a day and a half for a total of 6 interviews.

Overall

All five teams conducted structured sixty-minute interviews utilizing each county's interview tool to gather information related to each department's particular focus area. Fifteen minutes prior to each interview, team members reviewed a case summary form completed by case-carrying social workers/ probation officers as well as supporting case documents provided by each county. At the conclusion of each interview, the review team completed and reviewed notes from the interview.

Once a county's interviews were completed, teams met individually to discuss emerging themes and trends among their cases and completed the CDSS-provided debrief outline. Afterwards, all three teams participated together in a 1 to 1-1/2 hour large group debrief session in order to identify overarching themes and patterns of practice gleaned from the day's interviews.

Themes emerging from this process were grouped using categories outlined in CDSS' *Peer Quality Case Review Process Guide Version 2.0*. These include: Promising Practices, Barriers and Challenges, Training Needs, Systemic and Policy Changes, Resource Issues, Documentation Trends, CWS/CMS, Areas Needing State Technical Assistance, and Recommendations.

It is important to note that one goal of the interview process is to capture the views and perceptions of the workers and/or focus group participants as they were presented. These views and perceptions are to be noted without judgment of either the accuracy of

either the interviewees' statements (e.g., whether certain services were or were not available) or their description of the extent to which a practice strength or need for change exists. To achieve this goal, the teams were advised to record the input of the interviewees without interpretation or amplification and to identify themes based on the input of the interviewees.

Focus Groups

In the three weeks leading up to the PQCR, a combined eight focus groups, facilitated by Clinical Consulting and recorded by staff of the Bay Area Academy, were held with the following groups: social workers (CWS), supervisors (CWS), substitute care providers (including foster parents, relative care providers and foster family agencies) (CWS), youth (CWS), community partners (CWS), and contract providers (CWS and Probation), parents (Probation) and Youth (Probation). The feedback provided by the focus groups has been incorporated into this report in the *Summary of Practice* and *Recommendations* section.

Survey

In order to capture a broad range of feedback, the county work group developed a four question survey sent to support staff via Survey Monkey, two weeks prior to the PQCR. Eight staff members returned a survey (see Appendix).

Tool Development

Child Welfare Interview Tools

The interview tool was designed to gather information about case management practices associated with placement stability for children in care for over 24 months. The same tool was utilized for all of Monterey County's interviews.

The internal PQCR workgroup developed the interview tool (see Appendix), using samples of other county tools which also focused on placement stability and with input from Mary Sheppard of CDSS. To determine if the tool was comprehensible and elicited the kind of information desired by the county, the tool was tested more than a month prior to the PQCR week via a mock interview. Based on the feedback gathered from the mock interview, a number of changes and refinements were made. FCS staff was then provided with the finalized version of the tool two weeks in advance of the PQCR to allow sufficient time to prepare for their PQCR case reviews.

Probation Interview Tool

The Monterey Probation Department's internal PQCR team, in conjunction with Santa Cruz Probation Department and Mary Sheppard of CDSS, developed, tested and revised the interview tool.

Focus Groups and Social Worker Surveys

Focus group tools and the support staff survey were developed by each department's PQCR planning group utilizing sample tools from other counties.

Unique County Issues

Monterey is one of California's largest counties when ranked by square mileage (17th largest) and has a population of 408,238. Forty-seven (47) percent of the county's population speaks a language other than English at home and twelve (12) percent of the population lives below the poverty line according to U.S. census data. As compared to the rest of the state, it has a high median home value ($265,800).

Some additional information about the profile of children in foster care:

FY 08-09 total number of Foster Care Placements: 503
- 56% Hispanic
- 26% White
- 8% African American 49% between 1 and 10 years of age
- 42% in relative care
- 24% in foster care
- 18% in FFA care
- 13% in group home care
- Gender split 50/50 among boys and girls
- FY 08-09 had 116 first entries; 08-09 had 124 exits
- As of January 15, 2010 there are 347 open placements

Child Welfare Department Personnel

Emergency Response/Intake and Screening functions has 22 total line staff positions which include 3 screeners. There are 3.5 supervisors assigned to these 22 social workers. The Placement Section includes Court Intake, Family Reunification, Family Maintenance, Permanency Planning and Adoptions. There are 5 supervisors, 35 case carrying social workers, a non-case carrying court officer and Independent Living Coordinator. The Resource and Support Unit is under the direction of the Operations and Community Support Program Manager. This unit has 4 social workers assigned

plus the Foster Care Licensing social worker.

There is a high need for Spanish speaking staff in Monterey County, as many of the child welfare families speak Spanish. Twenty-nine percent of Monterey County Child Welfare Services personnel speak Spanish. Monterey County believes in and invests in the professional development of its social workers: 62% of social workers hold a Master's degree and all Social Worker Supervisors have Master's Degrees. Additional support is provided to social workers through a Social Work Supervisor who acts as a full time trainer to social work staff. Staff is also given the opportunity to pursue clinical licensure through an additional program offered by the County.

Probation Department Personnel

The Monterey County Probation Department Juvenile Division is comprised of six major work units: Court Services, Field Services and Special Services, Juvenile Alternative Programs, Juvenile Hall, and the Youth Center (ranch or camp). Juvenile Special Services has one Probation Services Manager, one Deputy Probation Officer III or unit lead officer and four juvenile placement officers. Additional staff include: the Juvenile Mental Health Court (CALA) consisting of one Deputy Probation Officer II and one Probation Aide, the Juvenile Drug Court unit consisting of one DPO II, the Placement Intervention Program consisting of one DPO II, one Registered Nurse or Public Health Nurse (for placement Health and Education Passports), and two Office Assistants. Youth placed in and outside of Monterey County are assigned to individual DPOs based upon the geographic region in which the placement facility is located. In December 2009, the placement unit caseload consisted of 50 youth in placement, 2 in Wraparound, 18 active bench warrants, and 10 in custody pending placement or Court proceedings.

Summary of Practice: Child Welfare

This section is the heart of the PQCR report that considers both promising practices and practice challenges as discovered throughout the PQCR process. The items listed below are the perceptions of those interviewed.

For the interview teams, in order to ensure that themes (rather than isolated information) were captured, items were only noted if they were cited by at least two of the three teams or in the case of Probation, both teams. By contrast, with the focus groups, all comments made were captured and categorized as strengths, challenges and recommendations, although they were not necessarily specifically described as such by focus group participants. Data is presented for (1) peer interview teams, (2) focus groups and (3) survey (child welfare only).

Case Documentation

Based on the interviews with social workers and review of provided case documents, the interview teams made the following observations:

1. There was a lack of consistent documentation. For example, when a social worker was asked how caregivers were prepared for placement with a particular child and the social worker being interviewed wasn't the placing worker, sometimes the social worker couldn't answer the question because there was no documentation in the case file about this

2. The decisions and outcomes made during a Team Decision Making meeting (TDM) were not consistently documented

3. Some staff lack full understanding of the drop-down menu options in CWS/CMS and may be inaccurately coding things as a result. (Specific examples: improper utilization of "at agency request" for placement moves and confusion on which option to chose when a 7 day notice is received)

4. Staff feel burdened by the county procedure requiring they keep a log of every cell phone call they make in order to have use of a county phone

Strengths and Promising Practices

Interviewers were impressed by the number of strengths and promising practices that they heard. The interviewers feel that Monterey County social workers should be

commended for all the good work that they are doing. The themes that emerged in this arena were organized by sub-headings as listed below.

Support for Kinship Care Providers

1. A wide range of opportunities for kinship support exist (e.g. support groups, parenting classes for caregivers, therapy for kin, training, mentor moms, Kinship SW)
2. Relative care providers are now mandated to take ROOTS *(*Relatives Offering Ongoing Ties and Support) training

Availability of Resources

3. Workers embrace a spirit of collaboration with community partners like MCSTART, Behavioral Health and TBS, and within FCS agency itself. It helps that several of these programs are housed in the same building (if can't reach by phone, workers are able to walk to their office)
4. MH services are started early on and some children are able to maintain same therapist throughout life of case (couple of years)
5. Social workers consider "outside-the-box" options when approaching cases (use every resource available)

Commitments to Permanence

6. Social workers recognize and value the need for lifelong connections and concurrent planning is held as a core value from the start of a case
7. Social workers exhibit persistence in pursuing relatives; don't give up on them even if initially they couldn't take kids or had a failed placement with the kids early on; they will still consider that placement again later in the case
8. Social workers value keeping siblings together even if it makes finding placement more difficult
9. Social workers are making decisions about whether to keep siblings together or not based on case by case assessment of each child's needs, rather than a cookie cutter approach
10. A new form has been developed for parents to sign when they go from being a foster home to fost-adopt home which formalizes the family's commitment

Internal Practice Innovations

11. Many mechanisms are in place (both pre-detention and pre-jurisdiction/disposition) to ensure better overall outcomes, case plan

development and identification of needs and services (TDM's, Concurrent Plan, Review Assessment Plan (CP-RAP), Collaborative Plan Review (CPR))

12. Implementation of TDM and Differential Response has helped reduce caseloads
13. Adoption workers being assigned as secondary and are actually working the case from early on in FR (the secondary worker can get information from biological parents, do relative placements, explore resources)
14. New permanent planning conferences for pre-teens looks at permanency in a formalized process

Indications of Best Practices by Social Work Staff

15. Recognition that establishing a good rapport with families pays off in significant dividends throughout the life of a case
16. Worked hard at communicating with child about where case was and what was happening; this helps with stability
17. Trying to visit kids outside of school or foster home (see them in the community)
18. Kids get pre-placement visits, and in general the county facilitates slow and planned transitions for youth

Barriers and Challenges

Lack of Resources

1. Lack of local placement resources: specifically therapeutic foster homes and group homes, placements/group homes for teen moms, and a lack of Intensive Treatment Foster Care (ITFC) homes
2. There is no local adolescent psychiatric hospital available so when youth require hospitalization they have to go out-of-county (often several hours away)
3. Inadequate numbers of bi-lingual social workers, attorneys, service providers, placements; social workers have to rely on translators which affects the quality of casework
4. In some cases there was a notable delay in provision of therapeutic services which is especially relevant because interviewers noted that the unsuccessful (those with multiple placements) cases were the ones where the youth had received no therapy or experienced a long delay before getting therapy. Whether this is due to referrals not being made or the presence of waiting lists is unknown but it is significantly impacting placement stability
5. Because of a lack of available and appropriate placement options to meet children's specialized needs, social workers are forced to "put the kid wherever" while they are waiting/looking for better options and then often have to move the child several times while waiting on an appropriate placement. As one social

worker noted "sometimes you have to put a kid in a placement you know isn't going to work and that you are going to have to move them from"

6. The county has no treatment facility for teens with substance abuse issues
7. As budgets have tightened there has been reduced funding for creative services and discretionary funding for relatives; this limits social worker's options and prevents them from getting some things in place that could potentially help a placement from failing

Breakdowns and Gaps in Communication

8. There is poor dissemination of information given by the FCS social worker to the Foster Family Agency (FFA) social worker and vice-versa
9. SW aren't giving care providers enough information to prepare them for the child; this is exacerbated by the high turnover of social workers on a case which creates many opportunities for information to slip through the cracks

Inexperienced Social Workers/Care Providers

10. Providers don't have proper expectations or understanding of underlying causes of kid's behaviors and some care providers and social workers don't seem expertly skilled in developing interventions to address problematic behaviors
11. There has been a high turnover of social workers and many new workers have been put into ongoing units which means those units have a disproportionate number of inexperienced workers

Training Needs

1. Training around grief and loss for workers themselves; training that would enable social workers to better work with children and parents dealing with grief and loss issues
2. Placement training for social workers for strategies on matching and placing youth that have already experienced multiple failed placements
3. More tools and/or information about how to match kids to foster parents (what to take into consideration including how to weigh cultural issues)
4. Better understanding of mental health diagnosis and psychotropic medications
5. In-depth attachment and bonding training
6. Forensic interviewing training
7. CWS/CMS – the goal of this training would be learning how to navigate the entire CWS/CMS system, not just specific parts of it
8. Family Finding (tools and resources for searching for relatives)

State Technical Assistance

1. Help train county's CWS/CMS trainers and work with the county to ensure that they have the proper technical skills to enable them to more effectively troubleshoot problems and assist social workers
2. Help facilitate ICWA training and share any known resources on this topic
3. Provide examples from other counties related to creative solutions for county cell phone usage

Policy and Systemic Issues

1. The process of transferring cases is largely happening informally
2. For those children who are experiencing multiple placements and are moving quickly from placement to placement, there is not one center point of contact who can "connect the dots" and provide some sense of continuity; this creates fragmented services for these youth which results in medications and treatment being much less effective
3. There is seemingly a lack of emphasis on outreach to fathers and a lack of awareness of the benefits of and legal requirements of paternal inclusion. Moreover, there are inadequate systems and a lack of consistent practices for searching for, finding and engaging fathers
4. When there is a secondary social worker on a case, there is often a lack of understanding about each social worker's roles and responsibilities
5. In the current system, there are disincentives for foster parents to go above and beyond what is expected and work through issues with youth with behavioral issues because once identified issues are resolved, care providers lose their specialized care rate
6. The decisions about who gets a CASA is made by the judge rather than the social worker and this results in disparities among youth; youth that need CASAs don't always receive one
7. Inflexibility of funding undermines social worker's ability to develop creative solutions to identified needs
8. Once a child reaches adolescence, conversations about that child's adoptability tend to dramatically decrease

Resource Issues

1. There are no grief support services available for youth and biological parents available on an ongoing basis; such a resource would create fewer adoption disruptions

2. There is an inadequate number of foster homes, ITFC homes and therapeutic homes available locally
3. The lack of funding for transportation for kids who are placed out of county to visit with parents or siblings results in lost opportunities as those children that had regular visits with siblings and parents had the most placement stability
4. There are not enough CASA's to ensure that all youth have them
5. The county's CWS/CMS System Support people are often unavailable and are often unable to resolve social worker's questions

Interview Team Recommendations

This section summarizes the specific recommendations made by the three child welfare interview teams.

1. ## Strengthen the case transfer process
   The process of transferring cases is happening informally and would benefit from formalized policies and procedures that include clear timelines, a requirement that all social workers and supervisors involved attend the case transfer meeting and continuous quality improvement measures.

2. ## Identify strategies to increase and document concurrent efforts
   Interview team members heard several references to concurrent practices which had not been documented either because of time constraints or lack of recognition that those practices indeed qualified as a concurrent effort. To address this issue, the county would be well served to expand workers' thinking about what qualifies as permanency efforts by the following actions: develop a sample list of concurrent activities; hold discussions at staff meetings about what people are and are not doing and then have supervisors provide guidance about what should be captured in the case file; and provide training on how and where this information should be documented.

3. ## Better prepare substitute care providers regarding child's needs
   There were strong indications presented by the social workers interviewed that Monterey's current roster of care providers includes a large number of providers who have inadequate or unrealistic expectations about abused and neglected youth and their typical behavior issues and specialized needs. In the interviewers' estimation, these inaccurate and non-reality based expectations ("all they need is a good family"; "I've raised kids

before, I know how to handle them") are a contributing factor to a lack of placement stability for some youth.

4. Address the lack of local therapeutic foster homes

The lack of in-county therapeutic foster homes results in too many youth having to be placed out of their home community and in some cases very far away. Removing these youth from their natural supports undermines their ability to succeed in placement. The recommendation is that the county identifies and addresses the barriers that have prevented further development of this resource to date.

5. Ensure immediate, consistent mental health services in all cases

Throughout the interviews, interviewers heard instances of inconsistencies in the provision of mental health services. In some cases, therapy was in place immediately and without difficulty, while in other cases it was delayed for undetermined reasons for months. Interviewers noted that the difference in their "successful" versus "unsuccessful" cases was the timing of mental health services. Those youth that had received mental health services from the onset of placement experienced fewer placement moves. Social workers feel powerless to address this situation and need the issue to be addressed at a management level. (Note: This theme was also identified in several focus groups.)

6. Provide extra support for initial placements

Given how many placements disrupt in the first few weeks or months, employ intensified case management services, support and visitation with initial placements for the first 2-3 months. In the long run this will save worker time and resources because of the number of placement disruptions it will prevent. (Note: This was also a recommendation from the focus groups.)

7. Provide grief and loss counseling for all

Given the nature of child welfare work, this is a topic that needs ongoing attention. All involved parties would benefit from a better understanding of the dynamics and impact of grief and loss as well as behaviors associated with these feelings. Social workers would further benefit from training that capitalized on their role as teachers and provided them with tips and strategies for transferring their learning about grief and loss to youth, parents, extended family and care providers.

8. Rethink and broaden the definition of permanence

> Consider expanding what the definition of permanence is. Sometimes it's better to leave a youth in a foster home rather than create a placement disturbance solely for the sake of moving a child to a placement option that is artificially deemed more permanent. Likewise, consider that not all placement moves are detrimental and in some cases are actually in the child's best interest.

9. Implement greater utilization of TDMs

> Because TDM's are nearly universally seen as a highly successful contributor to placement stability, utilize them sooner in cases, more frequently and more inclusively (make sure all the key partners are at the table) to prevent placement disruptions.

Survey/Focus Group Observations and Recommendations

The following feedback was gathered from participants of the six focus groups and the one survey.

Survey: Support Staff

Support staff was not uniform in how they viewed their role related to placement stability. Some workers cited their processing of paperwork and/or payments in a timely manner as instrumental in ensuring that services are made available to children and families as early and continuously as possible hence facilitating placement stability. Other workers felt that placement stability was outside of their realm of impact. Most workers agreed that late submission of paperwork by either the social worker or the foster family presents a significant barrier to their ability to process requests in a timely manner. Trainings and information sharing opportunities were cited as effective ways that workers could learn best practices from support staff in other counties.

Focus Group: Community Partners/Behavioral Health

Strengths

1. Community partners have noticed an increasing interest in and outreach to the education community and this is helping to access more services for children
2. The Family Reunification Partnership (FRP) unit is very good at keeping providers in the loop and involving them in team meetings
3. Social workers are good at responding to e-mails

4. CASAs are seen as an excellent resource for youth and in their experience, those that have them tend to have better outcomes
5. Group members are very appreciative of the training opportunities they receive from Family and Children's Services; these trainings have helped with their professional development

Challenges

Staffing

1. The frequent changes in social workers is problematic and results in negative impacts for all involved (information gets lost, there is no continuity for youth and families)

Information Sharing

2. Social workers don't always tell providers what the child needs. Information is condensed to a few brief tidbits of incomplete information and social workers seem to pick and chose what to include and highlight based on their personal opinions
3. Ongoing difficulty getting medical records and other paperwork, especially in the first 24 hours of placement. Sometimes community partners get the paperwork six months after the fact. Even after the social worker was provided with a checklist of needed information, it still wasn't received
4. Providers don't get the results of the mental health evaluation, or aren't even informed that it happened. Worker making the placement doesn't have much information on the child
5. Schools and other systems get placement notification well after placement. Schools often don't know when a child has been moved

Policy/Practice

6. There is a lack of support for kids that encounter placement problems. Social worker seems to prioritize moving the child rather than attempting to resolve issues and discussing options with those involved
7. Social workers seem more focused on crisis management rather than relationship building
8. Community partners need more access to the county worker
9. Kids need more access to their social workers. Youth regularly talk about seeing their social workers once every two months or less

10. Social Workers who receive case transfers don't seem to go back and read the case file thoroughly as evidenced by the lack of knowledge of the history of the child or the case. Also the previous social workers don't document things well so information is lost. This affects placement stability because resolving problems that arise in placements require familiarity with and connection to a child
11. Substandard social work practices (defined as lack of effort, talking disrespectfully to families and service providers, not making required visits, not returning phone calls) seem to be tolerated by supervisors and managers. Problems have been identified but not addressed. Problems tend to be unit-specific

Community Partners/Behavioral Health Focus Group Recommendations

Timeliness and continuity of services

1. Develop a plan to ensure better preparation for social workers and caregivers about typical behavior problems of traumatized children and strategies for addressing these behaviors
2. Increase social worker contact, levels of available support and follow through in the first few weeks after a child is placed
3. Put services in place immediately, especially psychiatric evaluations and therapy
4. Have at least one constant adult that knows the kids and stays involved with them regardless of where they are placed or what unit they are in
5. Ensure that all relevant information is systematically shared with service and care providers as it is known so they can best provide the care and services that are needed
6. Increase the number of TDM's convened and hold them sooner

Relationships with service and care providers

7. Clarify what agency's baseline expectations are for social workers related to building relationships and developing rapport with service and care providers
8. Facilitate better communication by creating requirements that social workers meet with care providers once per month even in the absence of a case crisis and return phone calls within a specified amount of time
9. Identify avenues for youth to have more access to social workers. Ensure that visits with youth are being made monthly and don't rely solely on social workers self-report about the frequency of visits

Focus Group: Social Workers

Strengths

1. There is a new relative assessment tool that is helping social workers with the matching process
2. Social workers are aware of the dynamics of concurrent planning and talk about concurrent planning regularly throughout the course of a case
3. TDM's are happening regularly and have been successful
4. Social workers are regularly discussing permanency with teens

Challenges

1. Care Providers not calling soon enough when there are issues developing with the placement and are waiting "until it's too late" for the social worker to try to "save" the placement
2. Social workers can only do "surface assessments" initially (prior to placing child at Cherish, (emergency shelter) primarily due to lack of information
3. The high number of social workers on a case (both from turnover and natural case progression) creates many opportunities for details and information to "fall through the cracks"
4. The significant differences from social worker to social worker in style, case management philosophy and decision-making often create adverse impacts on youth, service providers and care providers and can add to placement instability
5. Matching a behaviorally challenging child with an appropriate placement is very difficult and social workers feel they need more tools and training to help them with the matching process
6. There are too few actual concurrent homes; many homes that call themselves concurrent are really looking to adopt a child(ren)

Social Worker Focus Group Recommendations

1. Explore the viability of a limited scope integration of vertical case management: maintaining the same social worker on a case from jurisdiction/disposition onward would create fewer disruptions
2. Develop policies and protocols that ensure more consistent worker-to-worker warm-handoffs
3. Caseloads are too high and need to be lowered in order to allow for improved case management
4. Supervisors should ensure that staff are seeing the kids on their caseload in their placement a minimum of every 60 days

5. Enact more accountability for the quality of services being provided (both within FCS and for services providers FCS works with) is needed
6. Social workers need to return phone calls; those in the room acknowledged that not all social workers do this consistently and this reflects poorly on them and the agency
7. Allow for alternate work schedules/flexible work schedules as they translate into benefits for clients (e.g. evening visits) and workers alike; this option should be consistently applied to all workers in all units
8. Provide more support for caregivers is needed
9. Create a mechanism for an on-call placement worker that social workers could call when there is an after-hours placement

Focus Group: Substitute Care Providers (Foster Homes, Foster Family Agencies and Relative Caregivers)

Strengths

1. County has veteran care providers who share their expertise with others
2. Resource support unit is an exceptional resource and care providers felt they work very diligently to get them whatever information they can
3. ROOTS training seen as a valuable training resource
4. Mentor program really helping those who are taking advantage of it; mentors are seen as major sources of support
5. The respite care that is available to care providers is seen as supportive though with limitations. (please see recommendation #6 below)

Challenges

1. Care providers feel ill-prepared for having kids placed with them - don't get any or much specific information about the child that can help them work with the child
2. Don't get enough time with the social worker
3. Numerous changes in social workers on cases. Many complained that they often don't know who the social worker is and feel like they have to work to find that out
4. Philosophies and styles among social workers are sometimes very different so changes in social workers often has major implications for both the child and the caregiver
5. In the last year, lots of turnover and lack of stability in PP unit
6. TEAM training not meeting their needs; doesn't address practical matters

7. Too many obstacles and too low rate of reimbursement for respite care
8. They don't see social workers as a resource to help them when things start going badly with a child; need more suggestions and help from social workers when problems emerge
9. Some social workers seem jealous when foster parents develop a relationship with birth parents
10. Many social workers don't focus enough on relationship building- their priority seems to be forms and following the law
11. Social workers "push transitions too quickly" and give care providers too little notice that a change is happening. Social workers don't allow time for good-bye rituals

Substitute Care Providers Focus Group Recommendations

1. Many strongly agreed that stronger efforts on the part of underperforming social workers and fewer changes in social workers would have a very significant impact on placement stability
2. Care providers talked about the importance of asking and re-asking older youth if they want to be adopted and for social workers to have some specialized strategies to working with older youth; " You can't just do the same thing for older kids as you do for younger kids"
3. Emphasize the importance of social workers preparing kids for any upcoming changes (whether it was a 7 day notice or a planned change) and allow for plenty of time for transitions
4. Make improvements to TEAM training to make it more practical and relevant to the needs of care providers
5. Social workers should spend more time on relationship building with care providers and having more regular contact with them and youth
6. Make improvements to respite care including reducing the amount of paperwork required and increasing the rate of reimbursement
7. Develop better planned transition process for children that are changing placements including more communication with all the players involved
8. Increase the level of contact and communication from social workers with care providers

Focus Group: FCS Supervisors

Strengths

1. Supervisors feel that social workers are dedicated and are doing a good job of matching children to placements

2. Social workers gather thorough information and get that information to the resource support unit
3. Internal decisions are made thoughtfully and collaboratively
4. Nearly all placement decisions are made via internal collaborative team based processes
5. Adoptions unit is involved as a secondary in placement decisions
6. Issues of concurrent planning and permanency are raised consistently
7. Family Team Meetings and TDMs are successful and helping social workers make even better, more thorough decisions
8. High level of collaboration with community service providers
9. Court Appointed Special Advocates (CASAs) do a good job and are a good support for youth

Challenges

1. Care providers have unrealistic ideas about the kinds of behaviors to expect from Child Welfare kids and the skills needed to manage them
2. Issues with assessment: Sometimes social workers conduct incomplete assessments and fail to keep updating assessments to reflect new information
3. Expectation for social worker contacts is the minimum requirements required by law (seeing child every 60 days in placement)
4. Problems in the process of transfers; process needs to be more defined and supervisors need to be involved in establishing expectations and ensuring they are followed

Focus Group Recommendations

1. Create a position for an on-call placement worker to address some of the problems that happen with placements on-call
2. Make modifications to foster parent training program: require more training once they have a child placed with them (instead of just getting it at orientation before they have any kids), require "refresher" training after a year specifically about the emotional and behavioral needs of child welfare kids
3. Require all care providers to have mentors
4. Develop more clarity and oversight of the case transfer process to ensure it happens more timely and consistently and involves the birth parent and caregiver (though caregiver involvement should be considered on more of a case by case basis). (Note: Supervisors noted that the department is in the process of making improvements in this arena including more staffing and consultation at the time of transfer and are creating/enforcing new expectations around "warm handoffs" which they feel is a "best practice")

5. Increase the availability of therapeutic services and address the lack of skilled care providers
6. Increase the availability of local placement options

Focus Group: Youth

Strengths

1. Most were satisfied about the efforts social workers made to place them with their siblings. Those that weren't placed with siblings didn't want to be
2. Most had CASAs and saw CASAs as a support/resource
3. These youth were provided with job training, school support, transportation, infant day care, dance crew and access to other extracurricular activities which they all felt helped support them in their placements

Challenges

1. Poorly prepared for placements
2. Not told anything about the placement home and some recalled not being asked anything about where they wanted to be placed, while others reported that they were asked but didn't feel their SW listened to them
3. Diminished trust in social workers because of beliefs/perceptions that social workers do not do what youth need or do not follow through
4. Some had experiences of having asked their social worker for help to deal with problems in their placement and felt social worker didn't seem to care and were told they had to "deal with it on my own"
5. All but one participant complained of being seen by social worker less than once every month; social workers don't call back
6. Had to be on a wait list before getting therapy
7. Complaints of rigid group homes, foster homes and social workers; "they don't understand us"
8. When they have to change placements they missed lots of school and school transfers caused them to lose credits

Youth Focus Group Recommendations

1. Through increased contact and communication with youth, social workers should increase their ability to notice problems with placements and take a more active role in ensuring that bad placements are eliminated
2. Allow youth to see siblings more, as youth believe that doing so would increase

their sense of stability

3. Adopt a more youth-focused approach to address youth's perceptions that social workers are not a support to them. (Youth described experiences such as social workers telling that they had to deal with problems in their placement "on my own". Youth also described workers cancelling appointments without notice, not following through on things they said they would do and then "making excuses" and misrepresenting information in court reports (i.e. "social worker said I was seeing my siblings but I wasn't"))

4. Youth requested that social workers make at least monthly contact with youth, return their phone calls, engage in active listening so youth feel heard and increase the amount of communication with youth about what is happening with their case, services, placements, etc.

5. To help the agency become youth focused, hire younger social workers

6. Address youth's perceptions that social workers don't consider or value what they say as much as care provider's perspectives

7. Before a placement change, involve youth in the decision, give them details about the placement, show them pictures, set-up up a pre-placement visit and enact other measures that would help youth feel better prepared for placements

Focus Group: Contract Providers/ Behavioral Health

Strengths

1. Many great social workers who really know what services are out there and strongly advocate for services on behalf of youth and families

2. Social workers come to TDM's prepared

3. TDM's work well and limit the time it takes to find a place. They are very helpful in that you share information about the child and therefore we can make better decisions

4. TDM's are resulting in better placement decisions being made

5. TDM's are like a "think tank", where information and ideas are shared and better solutions found

Challenges

Resource Constraints

1. Due to budget cuts the County is losing staff and is unable to rehire which is necessarily negatively impacting families

2. Because of the wait lists that exist, not all kids get therapy soon enough

3. The county has a number of undocumented kids and families and they are

eligible for far fewer services and programs

Social Worker Practices

4. Seems that relationship-building is not a priority for some social workers; the level of responsiveness and effort put forth varies greatly from unit to unit
5. The quality of service a child receives is overly social worker dependent and creates big disparities from child to child
6. Some workers do not know what services are available and/or do not put energy into finding services
7. Social workers are not regularly visiting with kids and those in the group described several instances they were aware of where the child was seen less than monthly by their social worker
8. Many social workers don't return phone calls in a timely fashion or at all
9. Social Workers are not preparing providers and others outside child welfare ahead of time for TDM's and therefore providers participation is not maximized

Policy/Practice

10. When youth are in long term foster care (PP), investment in these youth seems to diminish
11. Since level 14 group homes are rarely used anymore, kids are being put into and failing many more lower level placements because what they really needed was a level 14
12. Sometimes youth are moved without talking to Mental Health or other service providers which results in poorly planned/unsuccessful transitions
13. TDMs are not happening soon enough
14. Individual Education Plans take a long time to get and hence youth are not getting the services they need from the educational system. Social workers could do a better job advocating in and engaging with the education system though it has been improving of late
15. Lack of communication among units in FCS

Contract Providers/Behavioral Health Focus Group Recommendations

1. Strengthen the TDM process by identifying strategies for methods of preparation for those attending and clarifying who has the ability to call a TDM and what the process is for doing so
2. Improve outreach to care providers regarding TDM's goals and purposes, how to participate, who else will be in attendance and other relevant details

3. Have TDMs sooner
4. Reexamine policies around utilization of level 14 group homes

Summary of Practice: Probation

Case Documentation

1. There is currently a section for the concurrent plan built into the case plan document that probation officers routinely use. This is a documentation strength that can be built upon as the agency seeks to increase its overall emphasis on concurrent planning.
2. The CWS/CMS system is not addressed as it has not yet been made available to Juvenile Probation Departments within the State.

Strengths and Promising Practices

1. Via the Supportive Therapeutic Options Program (STOP) program, there are mental health therapists that see kids while in placement and then when they go home. The STOP therapists provide a key link between the probation officer and group home staff therapists helping to translate/interpret clinical information and transporting parents to therapy. The STOP therapists see the youth every 6 weeks in placement and frequently when home. STOP therapists have strong relationships with youth. They help ensure that youth are getting the kinds of service they're supposed to be getting in placement. Probation officers have built collegial relationships with most service providers and work well with them
2. The Turning Point program is excellent - supports youth, and helps with employment for at-risk youth
3. The Bridge program links youth with community college and gets them prepared for college helping them get needed credits to catch-up
4. Evidence of probation officers searching for individualized services to meet youth's needs
5. Consistently utilizing assessment tools to identify needs, strengths and services
6. Consistently meeting with parents and youth every month
7. When children are unable to reunify with parents, the probation officer still found ways to help maintain connections between the youth and family
8. Probation officers are open to and eager for training and have requested more training including several of the ones listed in the training section below
9. A new group home recently opened in Monterey County. They have credentialed staff and are having lots of success with female youth placed there to date

Barriers & Challenges

Family Engagement

1. Probation officers are often not asking questions of families to elicit information about relatives and are not probing for family strengths
2. When relatives are identified, not all probation officers follow through with those people to get them involved
3. A strong and demonstrable commitment to family engagement seems to be lacking. This may stem from probation officers needing specialized training regarding engaging resistant families
4. Many of the family meetings that happen seem to occur out of legal obligation rather than deriving from a core belief in the family as partners in the process
5. Probation officers are not sufficiently strength-based with families and are quick to conclude "that's the way they are" rather than to see potential and go "above and beyond" with families. This problem is most prevalent when there are mental health issues or past problems with the family
6. When probation officers have a case transferred to them they tend to accept the past officer's negative impressions of a family rather than using that as an opportunity to try reaching out to a family again
7. Because of lack of family engagement, there are families that do not take advantage of services which ultimately affects outcomes for youth

Resource Constraints

8. At times, placement decisions are being driven by caseload demands rather than the needs of youth. For example, youth are assigned to a probation officer because he/she has fewer cases than others and then the placement decision is constrained by finding placements in the assigned officer's geographic area
9. Transportation outside of Salinas for all of Monterey County families can be a challenge; the supply of bus passes is limited and doesn't meet demand

Cultural Issues

10. Most STOP therapists are not bi-lingual or so it is not uncommon for a mono-lingual English speaking therapist to be working with a mono-lingual Spanish speaking family
11. Because many families have shame about having a child involved with Probation, they are reluctant to share information with probation officers. Probation officers would benefit from having increased awareness of these shame issues as well as other cultural issues and have tools to address them

Policy/Practice

12. Lack of knowledge about THPP programs: what they are, how they differ from other programs, what's available and how to access
13. Some probation officers don't understand the essence of concurrent planning
14. Delay in getting kids re-enrolled in school when they return from placement are common and this is caused in part by the length of time it takes to get proper documents from the past placement
15. Because of legal mandates, placement decisions are being rushed in order to get youth out of custody as quickly as possible rather than carefully thinking about where they can/should go

Training Needs

The following training needs were identified throughout the interviews:

1. Knowledge, skills and value training on concurrent planning and relative searches
2. Understanding differences between Transitional Housing Program(THP) and Transitional Housing Program Plus(THPP) and Independent Living Program(ILP) and the full range of services that are available to youth
3. Child welfare training
4. Tools for engaging families
5. The role of each partner agency in the placement process and ongoing
6. How to work with Immigration and Customs Enforcement (ICE) and how involvement with ICE affects the concurrent planning process
7. Community Care Licensing responsibilities vs. Probation responsibilities
8. Youth Emancipation
9. Ongoing training for judges on placements, treatment options and related issues

State Technical Assistance

1. Assist with database issues including information about database systems that other counties are using successfully, or suggest work around strategies for the current database system
2. Provide assistance with development of needed policies and procedures and provide samples from other counties
3. Provide information about what group homes and placement options are available state-wide and the type of youth that are most successful in each

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Policy and Systemic Issues

1. There are no consistent or well established protocols for transferring cases. There seem to be a lot of unwritten rules which are not clearly defined and this is a barrier to smooth transitions. At the time of transfer, some probation officers keep their cases and do a lot of work, while others get rid of the case as soon as possible. Some transitions are done with an introduction from the prior probation officer, but this is not done routinely and is not emphasized
2. Referrals for services are not being completed prior to the youth transitioning home in some cases
3. There is little relationship and communication between Independent Living Program (ILP) staff and probation officers; probation officers don't get updates from ILP and doesn't really know what ILP role is nor what it should be. From the perspective of probation officers, they send off referral to ILP for out of county Placements and then never hear from them again
4. Probation officers are not utilizing a comprehensive process to ensure appropriate placement matches for youth
5. There are unwritten geographical limits about where youth are to be placed and placements that are outside of a pre-determined geographical area, tend not to get consideration
6. Placement recommendations are too often based on caseload considerations rather than the needs of youth
7. There is little creativity around placement choices; Probation officers tend to use what has always been used rather than seeking out new options
8. Judges need to be engaged to work more collaboratively with probation officers so that the recommendations made by probation officers are better supported
9. A multi-pronged concurrent planning campaign that highlights the agency's commitment to the principles of permanency is lacking

Resource Issues

1. Lack of THPP beds
2. The database that probation officers are required to use is antiquated and they spend a lot of time repetitively documenting information in several different places. They need a less complicated and more streamlined useful system
3. More options for aftercare programs (i.e. mentors, life skills classes)
4. There is lack of placements for "criminally sophisticated" youth. Currently, these youth go to the Ranch who, when they can't handle them, sent them back and they go into another placement, fail that and the cycle repeats

5. Need more group home options (especially for LGBTQ youth and developmentally delayed youth)

Interview Team Recommendations

This section consists of a prioritized list of the specific recommendations made by the three Probation interview teams.

1. Increase agency focus on concurrent planning
    The department needs to identify strategies for emphasizing concurrent planning as a priority for all and develop quality control measures to ensure that agency policies, procedures, staffing and meetings include the principles and terminology of concurrent planning

2. Provide training on concurrent planning
    The objective of this training would be to increase the awareness of probation placement officers on what concurrent planning means both philosophically and how it should guide case management activities and decisions

3. Provide family engagement training
    Staff needs training on the value and skills of family engagement especially with resistant families. This training would address the impacts of relationship building, power differentials, culturally relevant case practice, supportive inquiry techniques and the like

4. Provide resources training
    This training would increase staff awareness about what resources are available in and out of county and how to access these services.

5. Meet and communicate regularly (and be trained) with ILP staff
    Develop strategies to increase the amount of collaboration with partners in ILP. Invite ILP staff to Probation staff meetings on a quarterly basis.

6. Training in THP/THPP/ILP Relative searches
    These topics were also identified as training needs. Officers seem to be unclear about the differences between THP/THPP and ILP and which youth would benefit from each. Moreover relative searches are being conducted sporadically and without the benefit of any tools or specialized training in best practices.

7. Address issues with case management system
   The flaws in the current system require staff to spend inordinate amounts of time entering data in multiple systems. The agency would benefit from developing streamlined systems and data entry techniques and/or exploring implementation of a new system.

8. Develop more protocols on typical case management activities especially in the area of case transfers
   Officers expressed a lack of clarity about a number of processes; many protocols are informal and unwritten and the agency would benefit from formalizing them.

Focus Group Observations and Recommendations

The following comments were elicited from members of the three focus groups.

Focus Group: Contract Providers/Behavioral Health

Strengths

1. Especially compared to other agencies, Monterey Probation is doing a great job!
2. Probation officers are very responsive and are easy to work with. When issues arise, they tend to respond quickly and are level-headed; they are measured in their responses
3. Probation officers consistently provide needed information
4. Not a lot of variation from officer to officer; they have similar response times and reactions to issues which makes things easier for contract providers
5. Probation officers know the youth on their caseloads well
6. Probation officers seem invested in the youth
7. Placement Officers are particularly up to date on the youth placed out of county.
8. Placement committee does a good job and makes decisions that are individualized to the youth
9. Probation officers have regular meetings and contact with service providers
10. Crisis therapeutic services are available for those youth who need it
11. Monterey Probation is strong in the area of transition planning. Kids seem to transition home well which is related to the planning that is done

Challenges

1. Concurrent planning in the Probation department is more conceptual than actual;

"sounds good but it's not really happening"

2. There is more focus on TILP and court reports than concurrent planning which seems to be mentioned as an afterthought
3. Choices and options are not available for undocumented youth
4. There is an overall lack of resources in the county for probation youth including no residential placements for youth with substance abuse issues
5. Long waiting list for psychiatric services (typical wait is 2-3 months)

Focus Group Recommendations

1. Start discharge planning at the beginning of probation involvement rather than waiting until shortly before a youth is due to go home
2. Develop better policies and procedures for the transition that happens when placement orders are taken away, when the case transfers from probation officer to placement committee so that this transition can happen more smoothly
3. Ensure that probation officers are setting up and attending quarterly meetings in order to have a face to face contact and strengthened relationships with service providers
4. Explore whether probation officer's perceptions about waiting lists (i.e. the belief that an agency is full and therefore not worth it to make a referral) has an impact on the number and type of referrals they make; develop strategies to address this issue if deemed necessary

Focus Group: Parents

Strengths

1. Probation officer asked parents about their goals for child
2. Probation officer asked the parents where they think the child should live
3. Probation officer listened to family's input
4. Probation officer called to communicate what is happening
5. Probation officers sees the youth and families once a month
6. Probation officer has regular phone contact with parent
7. Parents feel like they can ask how things are going and ask questions
8. Probation officers seems to have the child's best interest at heart
9. Probation officer looks into the needs of the family as well as the child
10. Probation helped youth get a job and GED and talked about these things from the beginning
11. Families feel Santa Lucia is an excellent program
12. Probation officers talked to youth about long term plans

Challenges

1. Some families report they didn't feel included in decisions/plans and that no one discussed after-care with them
2. Families are not being asked by probation officers about their strengths
3. Family meetings don't always occur as scheduled
4. Called the group home and the person didn't speak Spanish

Parent Focus Group Recommendations

1. Enhance efforts to prepare youth for life after group homes and probation; provide self-esteem classes, life classes, job placement assistance
2. Intervene with youth sooner; they are being given too many chances.
3. Increase Spanish speaking staff

Focus Group: YOUTH

Strengths

1. Probation officers help connect youth to resources
2. Probation officer assisted with youth getting help to learn "life skills"
3. Youth are being seen by their probation officers every month
4. Youth find probation officers helpful
5. School issues being addressed by probation officers with youth
6. Group homes talking to youth about strengths and future goals
7. Youth were asked what they wanted to do in the future

Challenges

1. Some youth feel that probation officers are judgmental of their family members and hold old problems against them; they aren't willing to give them another chance
2. Probation officers not following up with relatives that youth are providing and aren't persistent in trying to find other relatives
3. Youth are being denied relationships with friends and extended family members because they are on probation or have criminal history
4. Probation officers sometimes don't use the information provided by youth to guide placement decisions
5. Youth not being given a lot of options about where they can live

6. Youth feel judged for their past behaviors and feel that probation officers assume they are lying because of things they did in the past
7. Not all youth are being asked about their strengths and future goals
8. Some youth perceive that probation officers don't care to hear what youth have to say or if they ask they don't listen to what youth says

Youth Focus Group Recommendations

1. Strengthen efforts related to relative searches in order to increase the number of relatives identified
2. Develop strategies for improving family engagement and addressing individual and agency biases so that youth and families feel treated fairly and openly
3. Identify ways to address youth who are feeling unheard
4. Review policies regarding approved people youth can have contact with and consider allowing exceptions so that youth may preserve connections to family members and friends

Summary Observations

Child Welfare

In addition to focusing its efforts on the recommendations made by the interview teams Monterey County also thinks it important to carefully consider the strengths, challenges and recommendations that were echoed among groups. This section summarizes common points made by both the interview team and one or more of the focus groups, or by multiple focus groups. By contrast, there were also some distinct differences in perceptions among various groups. Follow-up discussions are needed to better understand the sources of these disparities and how to address them.

Points made by both Interview Team and Focus Group(s)

1. Ensure immediate, consistent mental health services in all cases
2. Social workers could positively impact placement successes by giving care providers enough information to prepare them for the child
3. The process of transferring cases is happening informally and needs to be formalized including development of specific policies and procedures which should include clear timelines, a requirement that all social workers and supervisors involved attend the case transfer meeting and quality control measures
4. For those children who are experiencing multiple placements and are moving quickly from placement to placement, there is not one center point of contact who can "connect the dots" and provide some sense of continuity; this creates fragmented services for these youth which results in medications and treatment being much less effective

Points made by two or more Focus Groups

1. Develop a plan to ensure better preparation for social workers and caregivers about typical behavior problems of traumatized children and offer strategies for addressing these behaviors
2. Create some team building opportunities for social workers and care providers to foster better collaboration
3. Put services in place immediately, especially psychiatric evaluations and therapy
4. Ensure that all relevant information is systematically shared by social workers with service and care providers as it is known so they can best provide the care and services that are needed
5. Increase the number of TDMs convened and hold them sooner to avoid

placement disruptions

6. Identify avenues for youth to have more access to social workers. Ensure that visits with youth are being made monthly.
7. Stronger efforts on the part of underperforming social workers and fewer changes in social workers would have a very significant impact on placement stability
8. Remember the importance of asking and re-asking older youth if they want to be adopted and for social workers to have some specialized strategies to working with older youth
9. Make improvements to TEAM training to make it more practical and relevant to the needs of care providers
10. Social workers should spend more time on relationship building with care providers and having more regular contact with them and youth
11. Increase the level of contact and communication from social workers with all the players in a case
12. Before a placement change, involve youth in the decision, give them details about the placement, show them pictures, set-up up a pre-placement visit and enact other measures that would help youth feel better prepared for placements
13. Create a position for an on-call placement worker to address some of the problems that happen with placements on-call

Probation

Points made by both the Interview Team and Focus Group(s)

1. Increase agency focus on concurrent planning
2. Family engagement training

Points made by two or more Focus Groups

1. Probation officers have good relationships with most service providers and work well with them
2. Probation officers are often not asking questions of families to elicit information about relatives
3. When relatives are identified, probation officers are not following through with those people to get them involved
4. Youth and families are not being asked about their strengths
5. Lack of knowledge about THPP programs: what they are, how they differ from other programs, what's available and how to access
6. Probation officers don't apply the principles of concurrent planning to their case practice

<u>Conclusion</u>

Monterey County FCS and Probation systems continue our firm commitment to build upon our many strengths as we improve service delivery to better serve our children and families. The results of the PQCR process are key to these efforts.

With the thoughtful participation of local stakeholders and staff, as well as agency partners from throughout the state, Monterey County has conducted a comprehensive PQCR process and report. We will carefully consider the observations and recommendations documented in this report as we prepare for the next steps in the Outcomes and Accountability process: preparing our Self-Assessment, due later in 2010 and in preparing our next three-year System Improvement Plan.

Appendices

Appendix A

Interview Team Information	
Interview Date & Time:	Interview Team:
Social Worker Initials:	Child's Initials:

Introduction

❖ Interviewer Team: Briefly identify interviewers and their job title. Explain each interviewer's role (time keeper, recorder, and lead interviewer).

❖ Briefly remind the interviewee of the purpose of the interview.

✓ Anonymity
✓ No right or wrong responses
✓ Qualitative information about practice
✓ Okay to generalize from other cases
✓ Concentrate responses on the focus topic: **Placement Stability**

Definitions

Share the following definitions with interviewees for the purpose of the subsequent questions:

Parent: The child's biological or adoptive parent or legal guardian.

Lifelong Connection: A permanent connection to a caring adult who can provide support to the youth throughout their life upon emancipation of the system.

Placement: Relatives, Non-Relative Extended Family Member (NREFM), foster parents, or group home providers.

Placement Stability: The percentage of children with 2 or less placements that have been in foster care for 24 months or more.

Child

1. Describe strengths and challenges of the child that have affected their placement stability.

   Strengths:

Challenges:
2. a) Was the child ever AWOL? If so, how many times? b) How long was the child gone? c) Where did the child go? And, would that have been a good placement? d) Would the caregiver have taken the child back?
3. Describe services for the child which supported placement stability.
4. What services might have improved placement stability but were not available or provided? Discuss barriers such as location, language, transportation and cultural issues, or if there are gaps in services.
5. How did other factors/people impact (positive/negative) the child's placement stability? Please address all that apply. Extended Family: CASA: Caregiver (Foster, Relative, NREFM, Group Home): Other (Behavioral Health, mentors, Wraparound, schools, ILP, faith based community):
Family/Lifelong Connections
6. a) How were relatives/NREFM/lifelong connections searched for and contacted for the initial and subsequent placements? b) At what point(s) did that happen and who was considered? c) What is their relationship to the child and what was the outcome?
7. a) Were the siblings placed together? b) Please describe how you think this impacted placement stability.
8. a) Who does the child currently visit with? b) Have there been any barriers to contact with family/significant connections? If so, how   were these barriers addressed?
Substitute Care Providers (SCPs)

9. How were the SCPs prepared for the child?

    (Interviewers: skip any questions below that were touched on in the social worker's response)

    a) Were the SCPs informed about the child's mental health and behavioral health issues and needs? How were they informed and what information were they given?

    b) What information was provided to the SCPs about the child's strengths, likes/dislikes and typical routines?

    c) Were there pre-placement visits?

    d) Were there any other ways they were prepared?

10. How often did you have contact with the SCPs? What type of contact?

11. If the child was moved due to behavioral problems, what did the SCPs try in order to resolve the problems and how did you specifically try to help the SCPs with the behavioral problems?

12. a) What do you think were the primary differences between the placements where the child spent the shortest period of time and the one where he/she spent the most time?

    b) Did the SCP's have a support network? If not, what specifically did you do to help establish a support network for the family?

    c) How many children were in the successful homes and the unsuccessful homes? And, were they close to the same age as the child in the case?

| Case Management & Concurrent Planning |

13. a) Was the child placed in proximity to their family?

    b) How did the child's geographical location (e.g. own community, out-of-county, out-of- state) impact their placement stability?

14. Who was involved in the decision to place the child in each of the respective placements, (TDMs, Interagency, Family Team Meetings, placement resource social worker, staffings, other group decision making processes and how often)?

15. a) How often do you meet in-person with the child and where?

    b) What other types of contacts do you have with the child (email, telephone, written)?

16. Describe how you believe your contact has impacted placement stability and

permanence.
17. At what point in the case did concurrent planning start? And, what efforts were made towards concurrent planning?
18. Please list the top three factors that contributed to <u>placement stability</u> for this child. •   •   •
19. What were the top three factors that contributed to <u>placement instability</u>? •   •   •
Training / Policies & Procedures
20. What training do you need to help you with placement decisions and supporting placement stability?
21. Do you have any other recommendations regarding placement stability?

Monterey County
Juvenile Probation Department
Peer Quality Case Review
2010

PROBATION OFFICER INTERVIEW GUIDE

General Information
Team Name:
Case Name/Number:
Probation Officer:
Interview Time/Date:

Introductions & Context

- Interviewer Team: Briefly identify Interviewers and their work experience. Explain each Interviewer's role (Time Keeper, Recorder, and Lead Interviewer)

- Briefly explain the purpose and interview rules

  - Anonymity - your name will not appear on these forms nor will it appear on any document of final report to the State
  - There are no right or wrong responses
  - The purpose is to garner qualitative information about practice
  - Concentrate responses on the focus topic: Transition to Placement Aftercare / Concurrent Planning
  - It is okay to generalize from other cases. Feel free to speak in general terms about other case(s) as they relate to the focus topic. Do not feel limited; if you feel something is important, share it.

- Probation Officers: Please provide a brief summary of your educational background, any specialized training, licenses or certificates, length of time with the County, Probation experience and time in the Placement Unit.

Background

1. How many cases are on your caseload on average?

2. What were the principal issues facing the youth/family? Please identify the youth's assets/strength's including cultural barriers or concerns.

Assessment
3. How did you assess the youth's needs? Did the initial Case Plan address the minor's transition needs/ultimate Case Plan goal?
4. What did the youth say they wanted for his/her future?
5. Did they have a concurrent plan? If not, was a concurrent plan developed within the first month of placement?
6. What did the family say they wanted for his/her future? Did they have a concurrent plan?
7. What efforts did you take to match supervision and services to meet the youth's needs?
8. Did the minor receive any mental health services or assessments to assist with concurrent planning?
9. Did any family finding occur if reunification was not an option?

Planning for Transition to Placement Aftercare
10. While the youth was placed out of the home, what services did they receive to improve a successful transition and when?
11. Tell us about the planning process for the youth to transition from his/her out of home placement into their permanent plan. (ILP, Education/Mental Health services referral / Job Preparedness)
12. How did you develop a relationship with the youth / family? How did you use that relationship to develop the youth's/family's buy-in and participation in his/her concurrent planning?

13. Specifically, in what ways did you engage the youth's family, extended family, kin or other significant persons in the youth's treatment and concurrent plan? What were the benefits/issues associated with that effort? What were the barriers that prevented you from engaging these individuals? Include any cultural or ethnic relevant barriers.

14. Do you use multi-agency collaboration in Concurrent Planning? If so, how and who is involved? Was the youth/family involved/invited, if not why?

Delivery of Aftercare Services

15. Did the youth get a new Probation Officer when he/she returned home? If so, how and when did the youth meet his/her new Probation Officer? What type of transition occurred?

16. What were the services offered to this family upon transitioning into his/her permanent plan? (ILS / Education / Counseling services / Job Skills)

17. Were there any barriers to accessing needed services (location, language, culture, hours of operation, transportation)?

18. What (if anything) could have been done to improve the effectiveness or efficiency or service delivery to this youth?

19. While transitioning back to his/her community, what issues did the youth experience? What approaches/interventions did you use to deal with those issues?

20. Was there anything about this case that you found especially difficult or challenging?

21. What improvements or changes would help you do your job more effectively (training, resources, procedures, etc.)?

22. Is there anything else you would like to add?

<u>Appendix C</u>

Monterey County Social Worker Supervisor
Focus Group Questions

<u>Placement Stability</u>

1) *a) What information does the emergency response social worker gather prior to initial placement to provide a good placement match?*

   b) Is this information communicated to the Resource and Support Unit Social Worker? If so, how is it communicated?

   c) How is this process working to secure well matched initial placements?

2) *a) What information does the ongoing social worker gather prior to placement moves to provide a good placement match?*

   b) Is this information communicated to the Resource and Support Unit Social Worker? If so, how is it communicated?

   c) How is this process working to secure well matched placements?

3) *How are placement decisions made?*

4) *a) How do the connections between the child and the family contribute to or deter placement stability?*

   b) How do the connections between the caregivers and the family contribute to or deter placement stability?

5) *a) How well do you think caregivers are prepared for a child's emotional and behavioral needs?*

   b) Do caregivers have realistic expectations of children and try to understand the causes and reasons for a child's behavior? What can your agency do to help foster parents do this better?

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6) What do you think are some of the causes of placement disruptions for children in out-of-home care and how might they be prevented?

7) What are the barriers to using the TDM model for placement disruptions?

8) How do we assist children when placement is disrupted? (E.g. How do we transition to a new school? Transition to new services if moving out-of-area?)

9) What barriers, if any, do workers encounter in getting needed mental and/or behavioral health services for a child/youth?

10) What is the current practice in your unit regarding social workers visiting with the children and caregivers in the placement? What are the barriers to compliance with this?

11) How are cases transferred from social worker to social worker? How do you think this affects placement stability?

12) What are the strengths in our system that contribute to placement stability?

13) How can your agency and/or staff improve practices related to placement stability?

<u>Appendix D</u>

Social Worker
Focus Group Questions
Placement Stability

Initial Placement

1. *How do you collect information and assess for a child's individual strengths, characteristics (likes and dislikes, home and school routines, mental health needs and behavioral needs) prior to placement?*

2. *How is this information communicated to the Resource and Support Unit social worker and is the RSU utilized as a resource to support the placement?*

3. *How is the process working to secure well-matched stable initial placements? What is working well and what recommendations do you have?*

Supportive Placement-specific and child specific services

4. *What do you do to prepare the child, birth parents and foster parents prior to placement and how do you support them when a child is first placed? How might this be improved?*

5. *What are the most important services provided to children, families and caregivers to support placement stability? What do you see as the most important thing **you** do to support a child and caregiver in maintaining placements?*

Concurrent Planning

6. *How do you support and preserve permanent connections between the child and family and also between the caregiver and the family?*

7. *How do you understand concurrent planning and how do you communicate this to the parents, foster parents and child?*

8. *If a child is not in a concurrent home, what efforts do you make toward that goal and when?*

Disruptions

9. *When a child begins to have difficulties in a placement, what do you do? Does this help prevent disruption?*

10. *When a placement is disrupted, what is the process to match the child to another appropriate home and how do you support the transition and beginning placement process?*

Social Worker/Agency

11. *How do social worker changes (turnover, assignment changes, etc.) affect placement stability and how could we reduce the number of social worker changes?*

12. *What recommendations do you have to improve placement stability?*

Appendix E

Monterey County Community Partners in Behavioral Health
Focus Group Questions

Placement Stability

1) *Introduction of focus group participants*

   a) What is your role as a community partner in child welfare?

   b) How many years have you worked in this role?

2) What are the top three factors that contribute to <u>placement stability</u>?

3) *How are children assessed for behavioral or mental health issues? What kinds of services are they provided? What is your role in these assessments and follow-through?*

4) *What mental health and behavioral issues do you think are MOST related to disruption in placements?*

5) *What services in your agency/program are provided to assist with placement stability?*

6) *What are the barriers to accessing any of the services that you provide for children and youth in child welfare? Are there any factors such as age, ethnicity, and type of maltreatment history that influence service accessibility?*

7) *a) Have you attended any initial removal TDMs?*

   b) Have you attended any placement move TDMs?

   c) Were you prepared by the social worker for the TDM?

   d) Did the process contribute to placement stability?

8) How have you developed a relationship w/ the caregiver? How has your relationship helped or hindered placement stability?

9) Describe your working relationships with social workers? Do you believe this helps or hinders placement stability?

10) How do you see social workers impacting placement stability?

11) What are the top three factors that contribute to <u>placement instability</u>?

12) Do you have any other recommendations regarding placement stability?

<u>Appendix F</u>

Monterey County Current Contract Providers in Behavioral Health Focus Group Questions

<u>Placement Stability</u>

1) *Introduction of focus group participants.*

   a) What is your role as a community partner in child welfare/juvenile probation?

   b) How many years have you worked in this role?

2) What are the top three factors that contribute to <u>placement stability</u>?

3) *What services in your agency/program are provided to assist with placement stability?*

4) *What are the barriers to accessing any of the services that you provide for children and youth in child welfare? Are there any factors such as age, ethnicity, and type of maltreatment history that influence service accessibility?*

5) *a) Have you attended any initial removal TDMs?*

   b) Have you attended any placement move TDMs?

   c) Were you prepared by the social worker for the TDM?

   d) Did the process contribute to placement stability?

6) *Describe your working relationships with social workers? Do you believe this helps or hinders placement stability?*

7) *Do you have any other recommendations regarding placement stability?*

Monterey County Current Contract Providers in Behavioral Health
Focus Group Questions

Concurrent Planning

1) *The Role of Concurrent Planning – Concurrent Planning is an approach that seeks to eliminate delays in attaining permanent family placements for children in foster care. Concurrent Planning is a process of working towards reunification with parents while at the same time establishing an alternative or contingency back up plan for permanent placement. Concurrent rather than sequential planning efforts are made to more quickly move children from the uncertainty of foster care to the security of a safe and stable permanent family.*

   Is this your understanding of concurrent planning?

2) *What are the barriers to accessing any of the services that you provide for children and youth in Probation?*

3) *Describe your working relationships with Probation Officers?*

4) *Do you have any other recommendations regarding concurrent planning?*

<u>Appendix G</u>

Caregivers
Focus Group
Placement Stability

Initial Placement

1. How are you prepared before a child is placed in your home?

2. What information do you get ahead of time regarding a child's individual strengths, characteristics (likes and dislikes, home and school routines), mental health needs and behavioral health needs?

> *a. Is this adequate?*

> *b. Describe any additional information and social work practices that might be helpful to you in supporting stable placements for children.*

3. How does the social worker encourage the relationship between you and birth families? What have you done to enhance these relationships? What are the barriers?

Caregiver Characteristics/Services

4. Please describe how pre-service and ongoing training has prepared you to foster children that have experienced trauma? How might training be improved, and what additional training do you need?

5. Who supports you in being a caregiver (i.e. relatives, social worker, therapist, respite, mentor, other caregivers, agency etc..)?

> *a. How do they support you and is it adequate?*

> *b. What additional support is needed?*

6. How does the constellation of children at your home (any other foster and birth children) affect placement stability for a foster child? In your opinion what should be taken into consideration when placing a child to help ensure a stable placement?

7. In your experience, what works when you are transitioning children into your home and out of your home, either to permanency or reunification (.e.g. length of time, conversations with children, prep of new family, parents, accessibility and support of social worker, etc).

8. How do you support family reunification and help to preserve a child's connection with their culture, family and community while they are in your care?

Social Worker and Agency Characteristics

9. How does the relationship with the social worker and/or other service providers help or hinder your ability to provide placement stability for a child?

10. How does a change in worker affect your ability to provide placement stability for a child?

Disruptions

11. Looking back on the children that have had to move from your home, what are the things that have caused the disruptions?

12. What types of practices and services might be put into place to better support you and the child so that placement disruptions happen less frequently?

Appendix H

Youth
Focus Group Questions
Placement Stability

Initial Placement

1. Icebreaker question/activity of facilitator's choice.

2. If you can think back to when you were first placed in foster care, how were you prepared for that to happen?

> *a. Who told you and how did they do it?*

> *b. Were you placed with your brothers and sisters? If not, how was contact maintained?*

> *c. Did anyone ask you about where and with whom you would like to live and did you feel included in the decision?*

> *d. What was your first foster care experience like? (Provide these prompts if needed: If you were in a foster home, were there children already? Did they have their own children already? How were you treated? What did or didn't you like about the home?)*

> *e. How could we improve first placements for other youth?*

3. Do you have contact with your family? If yes, has this helped you maintain your placement? If no, would contact help you?

Child Specific Services

4. What types of things supported you while you were in foster care (i.e. counseling, school, sports, social worker, transportation, CASA, a mentor etc.)? Do you have ideas for how foster youth could be better supported?

Disruptions

5. If you had to change placements, how did this affect your school grades, relationships and your friendships? How about your relationship with your family?

6. How many of you have had to move two or more times?

      a. How do or did you feel about having to move several times?

      b. Why do you think you had to move so many times?

Social Worker/Agency

7. How does your social worker support you when conflict occurs in your placement?

8. How often does your social worker visit you and where do those visits most often occur?

9. What could Family & Children's Services be doing better so children don't have to change placements as often?

County Of Monterey

PROBATION DEPARTMENT

Parent Focus Group

1. What were the issues that your family/child was facing when your child went into out of home care through Probation?

2. Were you asked for input about your family's strengths and goals for your child? Did you feel like they listened to you?

3. Describe how you and your family were involved with your child's program and their probation officer while your child was in out of home care.

4. Please describe your relationship with the probation officer. How often did you see and/or communicate with him/her? How could it have been improved?

5. How and when were you involved in planning for your child's transition/return home/permanent plan? Do you believe that it was helpful in supporting your child, if so how?

6. Do you believe your child is receiving an adequate amount of structure and support by Probation now or when they returned? How could it have been improved?

7. Did your child get a new probation officer when they were ordered into out of home placement? How and when did you meet them? What did you think about your child getting a new probation officer?

8. Is there anything else you feel is important to tell the probation department as it relates to planning your child's return from out of home care/group home?

County Of Monterey

Youth Focus Group

1. What were the issues that you were facing when you went into out of home care (group home) through Probation?

2. Were you asked about your strengths and future goals? If so, how was this taken into consideration when planning your return home/permanent plan?

3. How often did you see and communicate with your probation officer? Did you feel that your probation officer was helpful in supporting you to make a positive change? If yes, how? If not, how could it have been improved?

4. Was the plan for your return home/permanent plan discussed with you while at the group home? Were other options discussed with you? Did you feel like he/she listened to you?

5. Do you believe that you received an adequate amount of structure and support by Probation in preparation to return home/permanent plan? How could it have been better?

6. Did you get a new Probation Officer after being ordered into out of home placement? How and when did you meet your new Probation Officer? How did you feel about getting a new Probation Officer?

7. Is there anything else you feel is important to tell the Probation Department that is related to planning your return home/permanent plan from out of home care/Group Home?

<u>Appendix K</u>

Survey Monkey
Child Welfare Support Staff

1. **How do you see your role related to placement stability?**

2. **Please give examples of how your position impacts the placement stability of the children.**

3. **What do you see as the barriers within your job that impact a child's placement stability?**

4. **What training or support do you need to perform your role even better and help children stay in their placements?**