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REACHING OUT

Northern California Training Academy

CURRENT ISSUES FOR CHILD WELFARE PRACTICE

Spring 2019

BACK TO BEST PRACTICE BASICS

By Susan Brooks, Director, Northern California Training Academy

As we approach the 15th year of Reaching Out's production—and as we wonder where in the world the last 14 have gone—we couldn't help but pause to reflect on all of the topics we have covered in that span, and on how even the earliest topics remain at the forefront of our focus on improving outcomes for children and families today.

While much of our focus remains the same, a look through our more recent editions of Reaching Out also highlights how much has changed for the better.

In 2013, we dedicated an issue to the complicated topic of well-being (determining what it meant in the context of child welfare, and how we could help children and families achieve it); in 2014, we focused on innovative practices at the front end of child welfare (with particular emphasis on early engagement); in 2015, we took a deeper dive into Safety Organized Practice; and in our 2017 issue we explored coaching.

What we have noticed in looking at these more recent topics, and while working on the new edition you are about to read, is that these are no longer disparate, standalone approaches, but rather components that are now infused throughout what is considered best practice. Gone or at least fading fast are the silos of one-off approaches, or what many a child welfare social worker had once learned to dismiss as "flavors of the week," replaced instead by a collective, collaborative, transparent and partnership-based approach to meeting children and families wherever they are at, and working with them from there to build a network of support that can improve their safety, stability and well-being.

It's because these best practices are now so intertwined that we have decided to broaden our focus for this issue in examining what we loosely define as best practice basics—loosely, in that when we say basics, we are not talking about taking a step back, but rather recognizing the giant leap forward the field of child welfare has already made, and advancing from there.

In this issue, you will find articles examining new developments and promising approaches related to the fundamentals of best practice in child welfare, including engagement, trauma-informed approaches, Safety Organized Practice, coaching, Continuum of Care Reform, substance use and continuous quality improvement. While this may initially seem like a scattershot of related topics, we are confident that upon taking a closer look you, too, will have that same "Wow" moment we experienced in reflecting upon how interrelated and even dialectical these approaches have become.

We'll also provide helpful information on some new developments in California such as the Level of Care Protocol and the integration of CANS and Child and Family Teams into the larger Continuum of Care Reform effort; all of which you'll find overlaps consistently with the collaborative and partnership-based direction that child welfare is so thankfully trending.

Now, as it has been for the last 14 years, it is our honor to share our breadth of experience, knowledge and practice with you in this "back to best practice basics" edition of Reaching Out.

WORDS MATTER: INCORPORATING TRAUMA-INFORMED LANGUAGE INTO THE WORK OF CHILD WELFARE

By Alison Book and Jason Borucki, Northern California Training Academy

"The difference between the almost right word and the right word is really a large matter—'tis the difference between the lightning-bug and lightning."

– MARK TWAIN

Within child welfare agencies that seek collaborative, solution-focused approaches to improving outcomes for children and families, there is usually a large emphasis placed on engagement—particularly early engagement. In California, several specific tools (i.e., the Three Houses tool), techniques (i.e., motivational interviewing) and approaches (i.e., cultural humility) help child welfare professionals in their work to engage families in safety planning. Something that can often go missed, however (often even in the language, used to describe engagement itself) is the subject-object relationship between the words we use within the agency and the way they are received by children and their families.

After reviewing some common terms used with families and considering the trauma that nearly every family impacted by child welfare is experiencing, it will be clear to see that using the wrong word can sting a traumatized family like lighting (and often weaken the social worker's ability help a family along their path to safety, recovery and well-being). On the following page are a few examples of some of the more common "trouble" terms, along with some suggested trauma-informed alternatives.

Inter-agency lingo is far from exclusive to child welfare, and many child welfare agencies deserve credit for already going to great lengths to root out insensitive terminology, acronyms and/or office-culture slang. In California, Safety Organized Practice has been particularly noteworthy in its emphasis on establishing a transparent process that includes using the same language within the agency as the agency would use with the children and families it serves. Within these agencies, it is interesting to find that some of the few remaining "problem" terms are often those that have been hiding in plain sight—words often ingrained in the backbone of the judicial process.

By incorporating more trauma-informed, family-focused language with families, within the agency, and also inside of and adjacent to the courtroom, child welfare professionals will be better positioned to mitigate the family's trauma and successfully engage with the family in the development of their own safety and case plans.

COMMON TERM	TRAUMA-INFORMED ALTERNATIVE	RATIONALE
REMOVAL	**SEPARATION**	The Oxford Dictionary defines removal as "The action of taking away or abolishing something unwanted." The word “separation” honors the emotional impact on the child of being taken away from their parent and the gravity of the decision being made.
VISITATION	**FAMILY TIME**	“Visitation” is not family-friendly language; parents often bristle at the concept of “visiting” their own child. “Family time” honors the true purpose of visits. See our article on page 4 of this issue for more on "Family Time."
RESISTANT	**RELUCTANT, FEARFUL OR IN PROTEST**	The term “resistant” carries a judgmental quality that does not get to the true reasons people may respond in ways the agency views as challenging. Children and families are typically reluctant, fearful or in protest when not acting in ways the agency would prefer.
THE MINOR, the mother or the father	**USE EACH PERSON’S NAME**	Reading about oneself in a court report or other documentation as "the mother" or "the minor" is impersonal and objectifying. Using names is a better option.
“MENTAL HEALTH ISSUES” or stating a diagnosis without detail specific to the individual	**USE BEHAVIORALLY SPECIFIC LANGUAGE** about how the mental health concern presents in the parent (e.g., "Sharon has been diagnosed by a psychiatrist with Bipolar I Disorder. During an episode of mania, she went to the casino for a period of 12 hours and left her 4-year-old son Michael at home by himself.")	Even diagnosed mental illnesses manifest differently in different individuals and also impact parenting differently. Be specific about the way the mental health issue shows up for the parent and if or how it affects their safe parenting. The nexus (or lack thereof) between the mental health concern and impact on the child helps us understand whether it rises to the level of harm or is a complicating factor.
“SUBSTANCE ABUSE ISSUES” or “AOD [alcohol and other drug] issues”	**USE SPECIFIC LANGUAGE** about how use or abuse of the specific substance(s) presents in the parent (e.g., "Paul uses methamphetamine 3-5 days per week," or "Laura drinks vodka to the point of passing out at least twice per week."). Also address specific impact on parenting.	Stating a parent “abuses substances” or “has an AOD issue” is vague and does not address that parent’s specific challenges and needs. Clarity around the substance used, frequency of use and impact on parenting is critical to determining whether the parent’s substance use is harm or a complicating factor.
DOMESTIC VIOLENCE BETWEEN	In cases where there is domestic violence, **USE BEHAVIORALLY SPECIFIC LANGUAGE** that defines the perpetrator’s pattern of behavior and its impact on the survivor and children. Do not use the term “domestic violence” if there is not a pattern of perpetrator control in the relationship. If there are other forms of family violence, be specific about what that looks like.	Domestic violence varies from couple to couple with regard to specific patterns of emotional and physical abuse by the perpetrator against the survivor. Never say “Domestic violence between” the parents; domestic violence, by definition, is actions of coercive control by a perpetrator, and the survivor is not a willing participant.

EVOLVING FROM SUPERVISED VISITS TO FAMILY TIME COACHING

In the field of child welfare, we have typically used the term "visitation" to refer to time between children or youth placed in foster care and their parent or other caregiver from whom they were removed. While the goal of time between the child and parent is multifaceted, the primary goal is to support the child's needs and promote a healthy, age-appropriate relationship between parent and child with support from a parent coach. To better reflect this important goal, we propose moving from the use of the term "visitation" to that of "family time." This important shift helps frame the time children and youth spend with their families as something far more important and far-reaching than "visiting."

Loar (1998) finds that in order to achieve reunification without recidivism, supervised visitation needs to be more than a court compliance exercise or an opportunity to document parent and child interactions to inform reunification decisions. Indeed, if parents understand that the actual purpose of visitation is to make their children happy and to demonstrate that they can meet their children's safety, emotional and developmental needs, they will be much better positioned to approach visitation as an opportunity for successful family time, which even on a purely linguistic level evokes a substantially more positive image and outlook. When such family time is supported by a child welfare professional equipped with tools to help coach parents to better meet their children's needs when necessary, the true spirit of visitation services is realized to the benefit of the parents and their children.

Dr. Marty Beyer put a name to this strength-based and collaborative approach to visitation services in the development of visit coaching.

WHAT IS FAMILY TIME/VISIT COACHING?

Family time coaching (or visit coaching) is fundamentally different from visits because of the focus on the strengths of the parent and the specific needs of the children before, during and after family time. The coach works with the parent to identify each child's specific emotional, developmental and safety needs that must be met during family time. For example, this may include needs such as "to use more words" and "to lead in play" for a 3-year-old, or "to be responded to with eye contact, talking and singing" for an infant.

VISIT COACHING INCLUDES...

- Helping parents articulate their children's needs to be met during family time
- Preparing parents for their children's reactions
- Helping parents plan to give their children their full attention at each visit
- Appreciating the parent's strengths in meeting each child's needs
- Giving direct feedback when a parent does not adequately meet the child's needs and planning for how they can better meet these needs next time
- Helping parents cope with their feelings so that they can visit consistently and keep their anger and sadness out of family time

WHY FAMILY TIME/VISIT COACHING?

It is important here to note the distinction between supervising visits (or even providing parenting education during visits) and coaching parents to meet their children's needs. Given the challenges parents face in visiting their children, they require more support than someone in the visit supervision role can provide. For the parent who has been removed from the parenting role and feels guilt and anger about what has happened to their child, it is unlikely that direction to interact with their child or discipline in a certain way, for example, will make family time productive (despite the good intentions of the worker or parenting teacher). Visit coaching, on the other hand, allows the coach to work with the parent where they are at and to engage with them on a more strengths-based, collaborative level to help them grow as parents.

IMPLEMENTING FAMILY TIME/VISIT COACHING

The initial reaction to the concept of visit coaching may be that it is unrealistic to implement because of the time commitment and the competing demand of caseload size. However, even though coaching makes visits somewhat more time-consuming, when staff are trained to coach visits, cases close more quickly in either direction: parents who are capable and willing to make changes to ensure the safety and well-being of their children will find a skilled and collaborative coach who can guide them toward acquiring the skills necessary to be reunited with their children, while parents who are not capable or willing to make the necessary changes often come to the realization on their own (through the inherent self-reflective process that a skilled coach will facilitate) that a different placement might be best for everyone involved. In either case, the safety and well-being of the children are supported and permanency very likely expedited.

By slowing down now to go faster later with coaching, "visitation" becomes family time, and the parents will be empowered and engaged to make decisions that will ensure safety, stability and permanency for their children.

Watch visit coaching developer Marty Beyer's comprehensive overview of visit coaching at the Northern California Training Academy's Family Time Coaching Resource Page:

http://bit.ly/FamilyTimeCoaching

FAMILY TIME COACHING AND SAFETY ORGANIZED PRACTICE

Family time coaching, or visit coaching, reframes our approach to parent-child visits in a way that aligns beautifully with the values, engagement strategies and behavioral focus of SOP. Family time coaching involves active engagement by the visit coach in partnering with the parent to set clear, achievable goals for visitation, making the process both more enjoyable and more effective for the parent and child alike. Family time coaching is a significant and much-improved departure from the visitation model where a monitor simply observes and documents the visit.

References

Loar, L. (1998). Making visits work. Child Welfare. 77(1): 41-58. Retrieved from

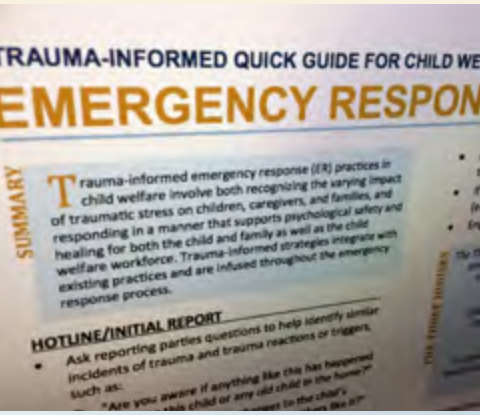
https://www.ncbi.nlm.nih.gov/pubmed/9429309

SIGNS OF TRAUMA IN CAREGIVERS

Some signs of trauma in caregivers include difficulties in the following areas:

- Recognizing what is safe and what is unsafe, which may result in the caregiver repeatedly engaging in unsafe behavior on their own or with their child
- Staying in control of their emotions, especially in stressful situations like interviews with child welfare, court hearings or supervised visits with their children
- Trusting other people, particularly those who represent the "system," such as child welfare professionals

Most behaviors by parents that are viewed as "resistance" are actually indications that the parent is traumatized, reluctant, fearful or in protest. It is important to keep a trauma lens when evaluating parents' actions as well as a child's.



LEARN MORE ABOUT TRAUMA-INFORMED EMERGENCY RESPONSE

Access our Trauma-Informed Quick Guide to explore additional trauma-informed tips, tools and strategies at

http://bit.ly/TraumaInformedER1

TRAUMA-INFORMED STRATEGIES FOR CHILD WELFARE EMERGENCY RESPONSE

Adapted from the Northern California Training Academy's Trauma-Informed Quick Guide, accessible at http://bit.ly/TraumaInformedER1

Trauma-informed emergency response practices in child welfare involve both recognizing the varying impact of traumatic stress on children, caregivers and families, and responding in a manner that supports psychological safety and healing for both the child and family as well as the child welfare workforce. This article includes several trauma-informed strategies for supporting families in mitigating trauma (including secondary trauma) at each phase of the emergency response process.

INITIAL REPORTING PHASE

- Incorporate the use of questions and prompts that help us identify similar incidents of trauma and trauma reactions or triggers
- Be alert for signs of traumatic stress reactions in children when taking reports of abuse and neglect
- Recognize and address your own secondary traumatic stress reactions that may emerge in this process

FIRST INTERVIEW WITH THE CHILD

- Separate child from the chaos and/or distress of arrest, interrogation or resistance on the part of the parents
- Conduct interviews in locations that are child-friendly, private and safe to the child
- If interviewing the child at school, offer support person (e.g., teacher, school counselor)
- Reassure the child that they are not in trouble and did not do anything wrong
- Explain what is happening and who key team members are in developmentally appropriate language
- Engage with the child using the "Three Houses" tool
- Soon after the interview, process or debrief the interview(s) with your supervisor, and share the information as needed with the parent/caregiver and collaborative partners

FIRST INTERVIEW WITH THE PARENT/CAREGIVER

- Approach parents/caregivers as experts on their child
- Talk to parents/caregivers in a calm manner to help calm the caregivers and their children
- When appropriate, present the information gathered from the first interview with the child to the parents/caregivers
- Consider and prepare for the possibility that the investigation may trigger a caregiver's own trauma history

SAFETY PLANNING PHASE

- Assess for and enhance psychological safety for the child and their family. This may include letting the child and family know what will happen next, giving the child control over some aspects of their situation, or helping the child maintain connections.
- Use a "Your safety" message (i.e., "Your safety is our number one priority")
- Focus on the child and family's protective capacities and access to supports
- Ensure family members, especially parents, understand the safety planning process and purpose
- Ensure safety plans include identifying possible trauma triggers for the child and parents
- Ensure that safety plans incorporate strategies for parents related to safely managing and coping with any of their own trauma reminders
- Revisit safety plans at each contact to ensure that the child continues to be and to feel safe

ASSESSMENT OF FAMILY FUNCTIONING PHASE

- Conduct a family-centered assessment that focuses on the whole family, values family participation and experience, and respects the family's culture and ethnicity
- Utilize CANS as a universal trauma screening to identify potentially traumatic events, reactions and symptoms. Refer children and parents who screen positive for trauma history to a trauma-informed mental health provider for an assessment.
- Include birth parents, children, extended family, members of family's support system, current caregivers, caseworkers, service providers and others in the case planning process

SEPARATION PHASE

- Prepare for the separation process before going out into the field by discussing strategies that may ease distress and mitigate trauma for the child, the family, and yourself
- Think about and prepare trauma-informed responses to common child questions
- Integrate strategies to support psychological safety during the process. This can include attending to basic needs such as getting the child something to eat or drink; explaining your role and what is going to happen next; and asking the child what they will need from their home that provides comfort.
- Approach the parent as the expert on his or her child. Ask them about their child's routines, schedule, medical conditions, allergies or medications, etc.
- When appropriate, allow the parent to assist in the separation process and to say goodbye
- Walk the parent through the next steps in the process, including where their child will be taken, who they will be with, how they fill find out how they are doing, and when they can expect to see or speak with their child again
- Conduct post-separation meetings to plan, prioritize and process the removal experience with supervisors. Whenever possible, follow up with the caregiver about the safety and well-being of their child

INITIAL PLACEMENT PHASE

- Place siblings together to minimize trauma and promote psychological safety
- Provide the child with information (including photos) about placement in advance and arrange a preplacement visit
- Provide the resource family with as much information as possible about the child and his/her family, including trauma history, reactions and triggers
- Provide parents with information about the resource family at the time of placement to help allay parents' fears and develop a relationship between birth parents and resource families to support the maintenance of routines and promote psychological safety
- When possible, create an opportunity for the parents to talk with their child shortly after placement (ideally within 24 hours)

IN-HOME FAMILY SUPPORT SERVICES PHASE

- Work with parents in strengths-focused, trauma-informed ways
- Provide parents and family members with information about trauma reactions and coping skills to help them manage the child's trauma-related behaviors and emotions
- When appropriate, reframe the child's behavior "problems" as possible trauma reactions
- Provide parents with information on obtaining trauma-informed services and provide support and advocacy as needed

Q QUESTIONS CHILDREN MAY HAVE ABOUT REMOVAL

A TRAUMA-INFORMED RESPONSES

"WHY CAN'T I STAY WITH MY PARENTS?"

For young children: We know that leaving your parents is scary. Your mommy/daddy needs to do some things to make your home safe before you can stay with them.

For school-age children and adolescents: We know that you have a lot of questions and this is a scary time. Keeping you safe is our first priority. Right now, your mom/dad needs some time to make a safe home for your family.

"WHEN CAN I SEE MY PARENTS AGAIN?"

For young children: I know you have a lot of questions about what is going to happen. I wish I knew that answer, but I don't know that right now. I will tell you as soon as I know.

For school-age children and adolescents: I know that you have a lot of questions about what is going to happen. I wish I knew that answer, but I don't know that right now. We need to make sure that your parents are safe for you to see. I will tell you as soon as I know.

"HOW LONG WILL I BE IN FOSTER CARE?"

For young children: I know you have a lot of questions about how long you will be with (foster parents). I wish I knew that answer, but I don't know that right now. I will tell you as soon as I know.

For school-age children and adolescents: I know it's scary to not know where you're going to be and how long you will be with (foster parents). We are trying to make sure that your home is a safe place for you to return to. Until then, you will be with your (resource parents). I wish I could tell you how long that will take, but I don't know right now. I will tell you as soon as I know more.

AROUND THE WORLD OF SAFETY ORGANIZED PRACTICE

Since implementation of Safety Organized Practice (SOP) began in California a decade ago, the Northern California Training Academy has continued to innovate and expand the practice to better assist counties in their drive to improve the safety and well-being of the children and families they serve. This article provides a snapshot into the latest developments within the practice.

THE SOP BACKBONE COMMITTEE

The California Department of Social Services (CDSS) made an important commitment to supporting SOP implementation across California by partnering with the Academy to develop a statewide SOP Backbone Committee. Envisioning a California child welfare system that integrates the main components of SOP in support of safety, permanency and well-being for California's children, families and communities, the committee includes representatives from CDSS, regional training academies, CalSWEC, Casey Family Programs and counties across the state. The committee began meeting regularly in October 2017.

Goals of the committee include:

- Making SOP curricula and resources available online statewide
- Developing and building on tools to support fidelity, CQI and evaluation of SOP
- Working with the courts and Judicial Council
- Developing a toolkit for implementation guidance
- Supporting consistent standards for trainers and coaches of SOP and opportunities to increase their skill and expertise

2018 CALIFORNIA SAFETY ORGANIZED PRACTICE CONFERENCE

In collaboration with the SOP Backbone Committee and in an effort to contribute to the growth of the practice, the Northern California Training Academy received funding from CDSS and Casey Family Programs to host the fifth California Safety Organized Practice Conference. Hosted on the UC Davis campus on June 26-27, 2018, the conference provided a wonderful opportunity to connect colleagues from across the state who are passionate about building their skill and knowledge in SOP, and to form collaborative partnerships toward growing the practice moving forward. More than 270 participants from 40 counties were in attendance to select from 13 workshops, three think tank sessions, and several keynote sessions.

At the conference, six child welfare social workers and six supervisors were awarded for their contributions to SOP. Please join us in congratulating the following winners of the Distinguished Award for Safety Organized Practice.

OUTSTANDING SOCIAL WORKER AWARD WINNERS

Bri Hickey, El Dorado County

Hadley Macias, Calaveras County

Brandy Maxwell, Mendocino County

Andrew Salvesson, Sutter County

Megan Scalzo, Trinity County

Vicki Whitehead, Mendocino County

OUTSTANDING SUPERVISOR AWARD WINNERS

Krista Cooper, Mono County

Omero Martinez, Ventura County

Tara Motley, San Diego County

Anne Nava, Mendocino County

Natalie Shepard, Mendocino County

Kim Smith, Kings County

More information about the nominees and additional conference resources are available at the conference resource page:
http://bit.ly/SOPConference2018.

SOP AND DOMESTIC VIOLENCE

Domestic violence is a cause of harm and danger in many child welfare cases. Child welfare agencies, often unintentionally, have through their words and actions ended up blaming the victim, at least in part, for the domestic violence and its impact on children. New SOP training on working with families where there is domestic violence shifts our lens to focus on the perpetrator as the sole source of the harm and danger to the child caused by exposure to domestic violence. Rather than viewing the survivor as failing to protect, this framework encourages us to comprehend many survivor actions as intended acts of protection, and to explore how child safety may be achieved while keeping the child with the survivor parent. An SOP approach to domestic violence further requires that there be separate safety networks for the perpetrator and the survivor. The purpose of the survivor's network is to keep the child safely in the care of the survivor, while the purpose of the perpetrator's network is to hold the perpetrator accountable and support them in understanding domestic violence as a parenting choice. Two SOP and domestic violence courses are offered, one on partnering with survivors and another on working with perpetrators to promote accountability.

SOP AND CHILD AND FAMILY TEAMING

While SOP's family team meetings and child and family team (CFT) meetings are already aligned philosophically, the Academy has been working to develop standardized language and approaches to ensure they align cohesively. New SOP CFT meeting templates for Emergency Response, Family Maintenance/Family Reunification and Permanency Planning/Non-Minor Youth have been created and are currently being piloted. When ready to launch, they will be available on the Academy's SOP Resource Page. There are additional articles focused on CFTs and SOP throughout this issue.

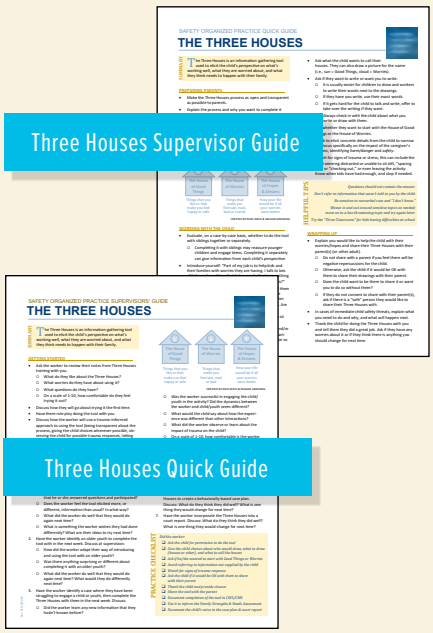
ACCESS MORE SOP RESOURCES

- **SOP Resources Page:** Home to SOP news, publications, videos, course materials, tips, tools and practice briefs, this page serves as a one stop shop to everything SOP. It is accessible at **http://bit.ly/SafetyOrganizedPractice**
- **2018 SOP Conference Resources:** Home to keynote and workshop materials and other helpful resources produced before, during and after the conference. Accessible at **http://bit.ly/SOPConference2018**

SOP QUICK GUIDES

The Academy has developed an exciting set of new SOP resources for social workers and supervisors to support training, coaching and transfer of learning. These "Quick Guides" are brief documents that provide a focused, practical overview of each skill, tool or strategy of SOP. The supervisor guides help supervisors think about how to methodically coach workers through skill acquisition in each area of SOP.

These Quick Guides and Supervisor Guides supplement classroom-based training and provide a ready resource to support continued learning and application. The guides cover topics such as behaviorally-based case plans, child and family team meetings, Circles of Support, harm and danger statements, the Safety House, safety mapping, safety planning, the Three Houses and more. They are free and accessible at our SOP Resources Page at **http://bit.ly/SafetyOrganizedPractice.**



Three Houses Supervisor Guide

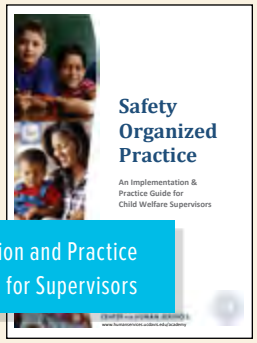
Three Houses Quick Guide

NEW AND IMPROVED SOP IMPLEMENTATION TOOLS

The Principles of Safety Organized Practice Supervisor Checklist is a fidelity assessment tool that allows agencies to gather feedback from supervisors on workers' current level of mastery of the skills and behaviors that are the hallmarks of SOP. The original, 25-question tool was evaluated for reliability through a collaboration between UC Davis, Casey Family Programs and the Nebraska Academy for Methodology, Analytics & Psychometrics. Researchers used a combination of statistical and substantive reviews to condense the original 25-item checklist to 12 items. These 12 items were evaluated, and evidence suggests that the revised instrument meets acceptable standards for reliability.

The SOP Practice Profiles Tool has been reformatted to be more user-friendly. Practice profiles attempt to define the gradual progression of skill acquisition as a practitioner integrates a particular practice into their work. The intent of the SOP practice profiles is to assist social workers in assessing their current skill and guide appropriate goal-setting as they work to deepen their skills in the practice. Practice profiles exist for six key tools/areas of SOP: Safety Mapping, Integrating the Child's Voice/Perspective, Harm and Danger Statements, Safety Planning, Safety Networks and Safety Goals.

Both tools are available for use by counties and can be obtained by contacting the Academy at **Academy@ucdavis.edu.**



SOP Implementation and Practice Guide for Supervisors

This new, comprehensive guide provides supervisors with the tools and framework for translating the strategies of SOP to real-world change for staff, children and families. It is available for free at the SOP Resources Page: **http://bit.ly/SafetyOrganizedPractice.**

LOC 411: LEVEL OF CARE PROTOCOL FACTS, RATES AND RESOURCES

On October 11, 2015, Governor Jerry Brown approved the Continuum of Care Reform Act (AB 403), a comprehensive reform effort to improve outcomes for children by providing targeted training and support for resource families. The bill provides for the reclassification of treatment facilities and facilitates the transition from the use of group homes for children in foster care to the use of short-term residential treatment programs (STRTPs); revises the foster parent training requirements required by the act; and provides for the development of child and family teams (CFTs) to inform the process of placement and services to foster children and to children at risk of foster care placement (A.B. 403, 2015). Additionally, the bill calls for the development of a new payment structure for funding placement options for children in foster care. This has come to be known as the Level of Care (LOC) Protocol.

WHAT IS THE LOC PROTOCOL?

The California Department of Social Services defines the LOC Protocol as a "strength-based method designed to identify the individual care and supervision needs of children/youth that can be translated to an appropriate LOC rate to support their placement in a family setting." (CDSS, 2017). It is linked closely with California's child welfare core practice model in that it necessitates engagement with children and their families using CFTs, incorporates the use of a strength-based screening tool (CANS: Child Adolescent Needs and Strengths), and effectively operationalizes the relationship between the child's needs and the services provided by resource families through the use of a tiered, services-based rating structure.

The protocol includes: an LOC Determination Matrix, a form to be completed by the caregiver, a scoring sheet to be completed by the social worker and/or probation officer, and an instructional guide.

HOW ARE LOC RATES DETERMINED?

The LOC rate is based on the intensity of care and service expectations identified within each of the LOC Protocol's five core domains (CDSS, 2018):

1. Physical: Actions in which the resource family (RF) must engage in or model daily living needs, such as eating, clothing, hygiene, community/social functioning and extracurricular activities, including teaching age-appropriate life skills even when developmental delays are present.

2. Behavioral/Emotional: Actions in which the RF must engage to promote resilience and emotional well-being for the child/youth, as well as the child/youth to engage in pro-social behavior and activities developing healthy relationships.

3. Educational: Actions in which the RF must engage to promote student achievement, foster educational excellence and equal access to services, and when required, responds to suspensions and/or expulsions.

4. Health: Actions in which the RF must engage to promote the child's health and healthy sexual development by arranging and facilitating health care, medication administration, and ensuring access to services that address special health care needs.

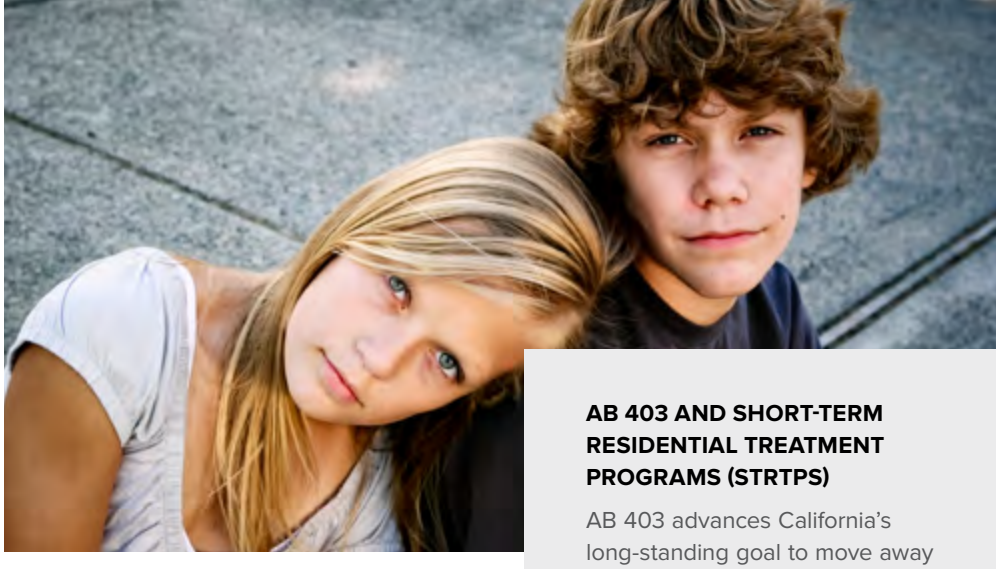
5. Permanency/Family Services: Actions in which the RF must engage to promote and facilitate visitation, communication, and the identification, development and maintenance of lifelong, supportive connections with members of children's biological and non-biological families and natural support systems.

Within the LOC Determination Matrix, the level of intensity within each domain moves from basic expectations of the RF and increases in intensity, moving from left to right (from a scoring scale of 1 to 5). Above each point value, the corresponding expectations are found within that domain. A copy of the LOC Determination Matrix is available on the CDSS website at ***http://www.cdss.ca.gov/inforesources/CDSS-Programs/Continuum-of-Care-Reform/Level-of-Care-and-Rates-Information.***

At the end of the determination matrix's five core domains, there is a sixth category—Static Criteria—for indicators that warrant the granting of the intensive foster care services (IFSC) to ensure safe placement of a child, pending a full assessment.

LOC SCORING FORMS

LOC Scoring Forms must be completed after determining the intensity of the child/youth's needs using the LOC Determination Matrix. CDSS (2018) encourages counties to use the digital version of the form to avoid errors in totaling the score and identifying the appropriate level of care (the digital scoring form automatically performs the calculations to arrive at the total score and identify the appropriate LOC).



STATE RESOURCES AND INQUIRIES

The California Department of Social Services has a resource page dedicated to the LOC Protocol accessible at

http://www.cdss.ca.gov/inforesources/CDSS-Programs/Continuum-of-Care-Reform/Level-of-Care-and-Rates-Information

Questions or any concerns regarding FFAs and the LOC Protocol implementation should be directed to loc@dss.ca.gov or the Foster Care Audits and Rates Branch at (916) 651-9152. Claiming questions should be directed to

Fiscal.Systems@dss.ca.gov

References

AB 403. 2015-2016 California State Assembly. (Calif. 2015).

California Department of Social Services. (2018). All County Letter (ACL) NO. 18-48.

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AB 403 AND SHORT-TERM RESIDENTIAL TREATMENT PROGRAMS (STRTPS)

AB 403 advances California's long-standing goal to move away from the use of long-term group home care by increasing youth placement in family settings and by transforming existing group home care into places where youth who are not ready to live with families can receive short term, intensive treatment (CDSS, n.d.). To that end, AB 403 establishes a new licensed children's residential facility type called STRTP, which is a public agency or private organization licensed by CDSS to provide an integrated program of high quality, therapeutic interventions and 24-hour supervision on a short-term basis for children who have complex and severe needs.

LOC AND SPECIALIZED CARE RATES

Counties continue to have the discretion to apply a Specialized Care Increment (SCI) in conjunction with an LOC. If a child is receiving an LOC rate for a certain condition and/or care and supervision needs, this does not prevent counties from providing the SCI in addition to the LOC rate for the same condition and/or care and supervision needs, including the ISFC rate. For more information about eligibility requirements related to LOC and SCI, please see All County Letter 18-48 (CDSS, 2018).

SOP AND CHILD AND FAMILY TEAMS

A foundational principle of Safety Organized Practice is that teaming with a child's family and building their network is critical to achieving positive outcomes. Another core principle of SOP is that the person who caused the harm or danger to the child cannot ensure child safety on their own until they have demonstrated acts of protection over a sufficient period of time; therefore, a network of other adults who care about the child is needed to help ensure safety.

Child and family teaming (CFT), a component of California's Continuum of Care Reform, is a mandated practice for developing a child and family team plan around all needs related to a child/youth and family while the child is in foster care. The intention for the CFT process is integration of care across practice models, services, strategies and plans.

If SOP and CFTs sound strikingly similar, that is because they share the same underlying philosophy that the key to improving outcomes for children and families is a collaborative, partnership-based approach with children and their networks of support. Further, the relationship between SOP and CFTs is inherently reciprocal: CFTs have been informed to a certain extent by SOP, and SOP is now informed by many of the requirements concerning CFTs.

ALIGNING SOP WITH CFTS

While Safety Organized Practice provides a toolkit and strategies to meet State CFT mandates, and CFT meetings easily function as SOP family meetings when SOP language, structure and strategies are utilized, attention must be paid to state-mandated requirements around three areas to ensure they are used cohesively:

1. Required participants: To meet CFT requirements, team members must include the child/youth, family, social worker, child's current caregiver, tribe, foster family agency social worker and/or short-term residential therapeutic program representative, as well as behavioral health staff when the child is receiving or may need specialty mental health services (SMHS), including intensive care coordination (ICC), intensive home-based services (IHBS) or therapeutic foster care (TFC).

2. Meeting timing/frequency: CFT meetings must occur:

- Within 60 days of the child's placement in foster care
- Every 90 days for youth receiving ICC, IHBS or TFC
- Every six months with case plan creation for youth not receiving SMHS
- For possible placement changes
- As frequently as needed to address needs of the child/youth, including the need for new or increased SMHS

3. Focus on the child's/youth's needs: CFT meetings must include specific discussion regarding the placement, behavioral health and other needs of the child/youth and a plan to meet those needs.

Counties can meet the mandates of CFT within the SOP framework by creating policies for SOP child and family team meetings that are consistent with the requirements of CFT mandates regarding timing, participants and child-focused planning.

CFT MEETINGS ACROSS THE CASE CONTINUUM

A common misunderstanding in SOP is that CFT meetings are used exclusively for safety mapping (the process of working with a family and their network to develop harm and risk/danger statements, safety goals and next steps/plans to work toward achieving those goals); however, this is only one point at which an SOP CFT meeting can be used. Some additional ways and case decision points at which CFT meetings can be used include:

Emergency/imminent removal: Bringing together the family and their network after law enforcement has removed a child (or when separation appears imminent) to determine if there is any plan that can keep the child safe in the care of his/her parents

Safety planning: Developing a short-term plan to keep children safe in the care of their parents during an ER investigation

Case planning: Developing the family's case plan in a Voluntary or Court-Ordered Family Maintenance (FM) case, Family Reunification (FR) case, or Permanency Planning (PP) case

Planning with the youth and their network: Developing the Transitional Independent Living Plan or, for non-minor dependents, the Transitional Independent Living Case Plan

Preventing placement disruptions: Bringing together the child/youth, their caregiver and the network to develop a plan for intensive supports to help stabilize a placement

Planning for unsupervised family time: Developing a safe plan with the family and their network when moving from supervised to unsupervised family time

Planning for transition home: Developing a safe plan with the family and their network when a child is moving from FR to FM

Developing aftercare plans: Developing an aftercare plan that the CFT will implement in an ongoing manner after the case is closed

Addressing the needs of children/ youth: Planning for additional services and supports when children or youth have behavioral health, educational, placement or other needs

Permanency roundtable: Bringing together a child's network to focus on identifying and securing a permanent plan

In addition to the aforementioned, a CFT can and should be used for any specific purpose when there is a worry that needs to be addressed by the child, family, network and team. This will ensure that the case and safety planning process remains collaborative and partnership-based throughout. Just as importantly, if the family's support network is included as fully as intended, this network will be strong enough to continue to support the child and family long after child welfare's involvement ends.

CHILD WELFARE SUPERVISORS AND CFTS

Child welfare supervisors play a pivotal role in ensuring consistent, meaningful implementation and use of SOP and CFTs. This includes:

- Promoting the value and importance of CFT meetings with staff
- Ensuring staff hold CFT meetings for all key case decision points
- Modeling meeting facilitation for staff
- Attending CFT meetings and ensuring the worker is direct, honest and clear about the safety concerns that led to the involvement of CWS
- Ensuring staff conduct family finding and build safety networks with the family and their natural supports
- Making sure the voice of the child/ youth is included in CFT meetings

For more information about CFTs and specific requirements concerning Continuum of Care Reform, please see All County Letter (ACL) 16-84, "Requirements and Guidelines for Creating and Providing a Child and Family Team."

TRANSITIONING SOCIAL WORKERS FROM CFT TRAINING TO CFT PRACTICE

It is not uncommon for social workers to feel anxious about facilitating CFT meetings at first, especially if they have only participated in an introductory training with minimal opportunity to practice. Below are some actions supervisors can take to help prepare social workers for their first meeting:

- Attend CFT meetings regularly with staff and use coaching strategies to provide feedback on their strengths and areas for growth after the meeting
- Once staff attend meeting facilitation training, have them try facilitating a meeting within a week
- If staff are uncomfortable with facilitation, try the "see one, scribe one, do one" model to have staff observe a CFT, then scribe while someone else facilitates, then facilitate

ACCESS OUR SOP/CFT QUICK GUIDES FOR SOCIAL WORKERS AND SUPERVISORS

Visit

http://bit.ly/SafetyOrganizedPractice

and scroll down to "Tips, Tools and Practice Briefs" to browse quick guides on this and several other SOP topics.

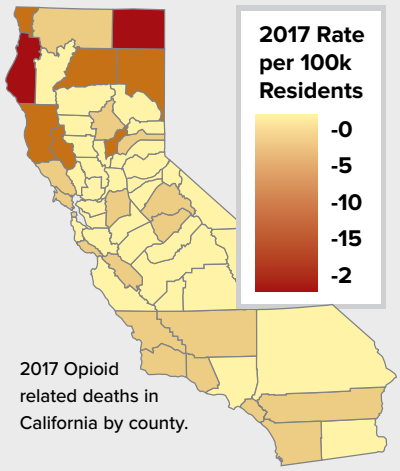
SUPPORTING CHILDREN AND FAMILIES IMPACTED BY THE OPIOID EPIDEMIC

One of the key issues any child welfare organization faces is working with children and families impacted by substance use. While most organizations have assessment strategies and treatment options ingrained deeply within their infrastructure, substance use has historically proven to be a moving target due to the evolving nature of the substances themselves. This section looks at the recent and ongoing rise of the opioid epidemic and offers best practice tips on working with impacted families in a manner that is consistent with strength based and safety organized practice.

WHAT IS THE OPIOID EPIDEMIC?

The National Institute on Drug Abuse (2018) traces the origins of the epidemic back to the late 1990s, when pharmaceutical companies claimed that patients would not become addicted if prescribed opioid pain relievers. Resultantly, healthcare providers began prescribing them at greater rates, ultimately leading to widespread "diversion and misuse" of the medications before it became clear that they could indeed be highly addictive. Since then, opioid misuse has exploded into a national health crisis, with an average of more than 115 people in the United States dying daily from overdosing on opioids, which includes prescription pain relievers, heroin and synthetic opioids such as fentanyl (CDC/NCHS, 2017 as cited in NIDA, 2018).

In California, the issue has spiked mainly within rural and northern portions of the state. In 2017 alone, there were 2,196 opioid overdose related deaths, including 429 fentanyl overdose deaths. (California Opioid Overdose Surveillance Dashboard, 2018).



2017 Opioid related deaths in California by county.

Source: California Opioid Overdose Surveillance Dashboard

THE OPIOID EPIDEMIC: WHAT CAN SOCIAL WORKERS DO?

As instances of opioid abuse increase, so will the instances of child welfare's involvement with the families whose safety and stability are impacted. Consistent with the California child welfare core practice model and the collaborative, strength-based foundation it was built upon, social workers should assess for substance use issues as a part of their work to ensure safety and stability for children and their families. When identifying a family impacted by substance use, social workers should (CalSWEC, 2018):

- Assess whether or not the child is safe in his or her home; or, if separated from the family, assess whether (and if so, when) it is safe for a child to return home
- Educate families, collaterals, service providers and colleagues about common misperceptions associated with substance use disorders
- Link parents to culturally relevant interventions and services to address substance use disorders
- Develop safety plans with the family and their network that ensure child safety in the event of a relapse
- Monitor and communicate with the family about progress toward meeting the safety goal

SUPPORTING BABIES AND MOMS IMPACTED BY OPIOIDS

There may be no stronger scenario to illustrate the importance of a family-centered, safety organized approach to child welfare than in exploring the challenge of supporting the safety of a newborn who was exposed to opioids intrapartum. Despite the harm infants exposed to opioids experience as an indirect result of actions from their mother, empirical evidence indicates that these vulnerable children still fare far better when they are able to remain with their mothers after birth (Newman et al, 2015; Abrahams et al, 2017); therefore, one of the best ways to ensure long-term safety and stability for the child is to provide services and supports to ensure the long-term safety and stability of the mother. The best way to help mothers overcome their addiction and improve safety for their child is to build around them a system of support. These themes should sound familiar to child welfare professionals in California, as they are consistent with the child welfare core practice model and especially aligned with the fundamentals of Safety Organized Practice; however, the treatment for opioid addiction for mothers and babies is somewhat unique and does require some specific cautions. In 2012, the American College of Obstetricians and Gynecologists and American Society of Addiction Medicine Committee Opinion on Opioid Abuse, Dependence, and Addiction in Pregnancy (as cited in SAMSHA, 2016) highlighted some of the treatment methods and challenges unique to opioid abuse in pregnant women:

- Abrupt discontinuation of opioids in an opioid-dependent pregnant woman can result in preterm labor, fetal distress or fetal demise. The current standard of care for pregnant women with opioid use disorders is referral for opioid-assisted therapy with methadone, but…evidence suggests that buprenorphine also should be considered. Medically supervised tapered doses of opioids during pregnancy often result in relapse to former use.
- During the intrapartum and postpartum period, special considerations are needed for women who are opioid dependent to ensure appropriate pain management, to prevent postpartum relapse and a risk of overdose, and to ensure adequate contraception to prevent unintended pregnancies.
- Neonatal abstinence syndrome is an expected and treatable condition that follows prenatal exposure to opioid agonists. All infants born to women who use opioids during pregnancy should be monitored for neonatal abstinence syndrome and be treated if indicated. (ACOG and ASAM, 2012)

More recently, the American Society of Addiction Medicine (also cited in SAMSHA, 2016) provided additional guidance on assessment, diagnosis, treatment and the use of psychosocial treatment with medications:

- Women with opioid use disorder who are not in treatment should be encouraged to start opioid agonist treatment with methadone or buprenorphine monotherapy (without naloxone) as early in the pregnancy as possible.
- Pregnancy in women with opioid use disorder should be co-managed by an obstetrician and an addiction specialist physician.
- Pregnant women who are physically dependent on opioids should receive treatment using agonist medications rather than withdrawal management or abstinence as these approaches may pose a risk to the fetus.
- Withdrawal management has been found to be inferior in effectiveness over pharmacotherapy with opioid agonists and increases the risk of relapse without fetal or maternal benefit.
- Physicians recommend that mothers receiving methadone and buprenorphine monoproduct for the treatment of opioid use disorders are encouraged to breastfeed (ASAM, 2015).

STIFLING THE SUBSTANCE USE STIGMA

While the immediate safety of children will always be the primary concern for any child welfare social worker, the path to long-term safety and well-being requires a collaborative, partnership-based approach if it is going to be successful. Engagement is paramount to achieving better outcomes, and one of the greatest barriers to engagement when working with caregivers impacted by substance use is the stigma attached to substance abusers. Here are some tips on how to help stifle the stigma:

- **Treat addiction like a curable disease that requires treatment.** Addiction is not a character flaw, but actually a symptom of a substance that hijacks the brain to influence its control center. This includes the orbitofrontal cortex (judgment), dorsolateral prefrontal cortex (decision making), amygdala (emotion regulation) and nucleus accumbens (reward system) (Brain, as cited in Nieuwenhuizen et al, 2018). Gaining and sharing an understanding about the science on addiction can have a powerful impact on the perspective of everyone involved in a child and family's situation, very similar to the transformational impact of a trauma-informed approach.
- **Call out the stigma, or the potential for stigma, for what it is.** We should do this not to dismiss it, but to acknowledge the perception and possibility of bias. This is crucial to achieving a transparent and collaborative relationship with the child and/or family.
- **Exhibit cultural humility.** Every perspective and situation is unique. Be curious and ask as many questions as necessary to better understand the unique context of the children and families, as well as sharing the context of the agency with the family openly and honestly. This transparency, especially when presented during initial or early interactions with the family, can build trust and set the tone for collaboration and partnership moving forward. More importantly, it will help to guard against many of the natural fears families in care often bring with them to their first meeting with child welfare, including a fear of being stigmatized.

Engaging in these and additional best practice engagement strategies will help children and families understand that they are involved in a collaborative effort—one that will include agreements and changes over time, but one they are ultimately as much part of as the child welfare worker. When this collaborative, partnership-based spirit is achieved, families will be more engaged to participate in their own safety planning.

References

For a complete list of references for this article, please see the back cover.

Respecting Patient Autonomy: The autonomy of pregnant and breastfeeding women should always be respected; each woman with a substance use disorder needs to be fully informed about the risks and benefits, for herself and for her fetus or infant, of available treatment options, when making decisions about her health care and the care of her infant.

~ The World Health Organization Guidelines for the identification and management of substance use and substance use disorders in pregnancy (2014).

CANS AND CFT: AN INTEGRATION TO SUPPORT AND STRENGTHEN FAMILIES

As a part of the continued implementation of Continuum of Care Reform (CCR) in California, the California Department of Social Services (CDDS) announced in January 2018 its selection of the Child and Adolescent Needs and Strengths (CANS) as the functional assessment tool to be used with the child and family team (CFT) process to guide case planning and placement decisions (CDSS, 2018). The CANS tool replaces the Family Strengths and Needs Assessment and the Child Strengths and Needs Assessment within Structured Decision Making.

Mary Sheppard is the Child Protection and Family Support branch chief at the California Department of Social Services. She explained in a brief video presentation shared with regional training academies and other child welfare stakeholders in late July, "We believe that CANS can be an instrumental tool to help a child and family team assess where time should be spent, where everybody is in agreement that we can help and make a difference to really help that family succeed."

The CANS is an information integration strategy that is used to identify the needs and strengths of children/youth and their caregivers. Commonly used in behavioral health, child welfare, education and juvenile justice settings, its underlying philosophy and approach is person-centered—continuously aligning the work of all persons with the identified strengths and needs of children and families at all levels of the system (Fernando, 2018).

A CFT is defined by CDSS as a group of individuals that includes the child or youth, family members, professionals, natural community supports and other individuals identified by the family who are invested in the child, youth and family's success (CDSS, 2016). The process reflects a belief that: 1) families have capacity to address their problems and achieve success if given the opportunity and supports to do so; and 2) working with children, youth and families as partners results in plans that are developed collaboratively and in a shared decision-making process.

The integration of CANS into CFTs signifies another step toward a fully realized family-centered and strength-based practice approach in California.

In a short video interview released by CDSS just a day after Sheppard's, CANS tool developer John Lyons explained how and why the CANS fits so well within child and family teams.

"The complexity with child welfare is the fact that there are sometimes multiple storytellers [who] tell somewhat different stories," said Lyons. "You have to listen to those different storytellers, but you still have to create a single story because you have to base what you do on that single story."

CANS, says Lyons, is a way of listening to people's stories and then identifying, creating and communicating the common themes. This is where CFTs become helpful.

"Child and family teams are your opportunity to hear the multiple storytellers," he said, "to have them in one particular place so that you can come up with a single story. Once you get that child and family's story, and you've identified the common themes, and you've prioritized them based on action, you can use that to develop your plan."

References

California Department of Social Services. (2018). All County Letter (ACL) No. 18-09.

California Department of Social Services. (2016). All County Letter (ACL) No. 16-84.

Fernando, A.D. (2018). CANS: Collaborative Assessment for Children and Youth: Information for Communication, Shared Decision Making and Transformational Change. [PowerPoint slides]. Retrieved from https://oercommons.s3.amazonaws.com/media/editor/92375/CANS_PPT.pdf

JOHN LYONS ON CANS AND CFTS

Dr. John Lyons, creator of the CANS, provides a brief video overview of the tool and how it's intended to capture the stories of the families within the CFT process. The video can be accessed at

https://www.youtube.com/watch?v=d3ByqJH0ENI&feature=youtu.be

GUIDANCE AND RESOURCES FOR CANS AND CFT INTEGRATION

All County Letter 18-81 was recently released providing guidance around the implementation of the Child and Adolescent Needs and Strengths (CANS) tool within the CFT process. It can be accessed by visiting

http://www.cdss.ca.gov/Portals/9/ACL/2018/18-81.pdf?ver=2018-07-02-142753-803

MARY SHEPPARD ON ALL COUNTY LETTER 18-81 AND IMPLEMENTATION

Mary Sheppard, chief of the Child Protection and Family Support Branch, discusses All County Letter 18-81 and the on-going training and technical assistance that's available from CDSS in this brief video overview. It can be viewed at

https://www.youtube.com/watch?v=r0HIbkAjee4

COACHING IN CHILD WELFARE

SEIZING COACHING MOMENTUM, ACADEMY EXPANDS COACHING OFFERINGS FOR 2018-2019

After hosting two successful national conferences on coaching in 2017 and 2018, the Northern California Training Academy is now moving to expand its lineup of coaching offerings to ensure that child welfare professionals at all experience levels—from new social workers unfamiliar with coaching to child welfare supervisors and program managers who are now seasoned coaching veterans—can continue to challenge themselves to improve and refine their coaching skills. Some of these new, expanded offerings include:

ADVANCED COACHING INSTITUTE

Designed for child welfare supervisors who have already attended the coaching institute, this one-day course provides supervisors with the enhanced skills and increased motivation to continue the journey of coaching together. With a focus on group-based learning and shared experiences, supervisors can now engage in thoughtful and reflective conversations regarding their coaching strengths and challenges. Supervisors will also work on sharpening their questioning skills and improving their ability to listen for common challenges and obstacles hampering social workers' ability to achieve their goals.

COACHING-BASED CASE MANAGEMENT: COACHING CLIENTS

This workshop provides a framework and model of coaching as an approach to case management. Participants will gain a comprehensive overview of coaching, including key foundational principles and characteristics, and learn the skills and tools necessary to integrate coaching into their work with clients. This includes the awareness of "coachable moments" and the overall adoption of coaching as an approach to everyday work. This workshop will be highly interactive with opportunities to practice coaching, which means participants should come prepared to receive good coaching!

COACHING-BASED CASE MANAGEMENT: COACHING TEENS AND YOUNG ADULTS

While this workshop provides a framework and model of coaching similar to the Coaching-Based Case Management: Coaching Clients course, this workshop specifically explores enhancing skills and tools necessary for participants to integrate coaching into their work with teens and young adults. This includes the awareness of "coachable moments" and the overall adoption of coaching as an approach to everyday work.

COACHING DIFFICULT/ RELUCTANT WORKERS

This one-day workshop will focus on one of the hottest conversations amongst supervisors and leaders: "How do we help change the difficult worker?" Nearly every supervisor or other leader has struggled with this situation. This topic is ripe with emotions and frustration, which can easily lead us to stray from meaningful strategies and tools to actually create or inspire the change we seek. Attend this workshop to learn and share from your colleagues who are struggling with a similar challenge, discuss ideas and tools for working with the reluctant worker—and to practice, practice, practice!

COACHING INSTITUTE FOR SUPERVISORS, INSTRUCTORS AND PROGRAM MANAGERS

In an effort to tailor our two-day coaching institute to the unique contexts associated with specific roles within child welfare, the Academy will be offering the popular coaching institutes for groups of supervisors, human services instructors, program managers throughout 2019. Keep an eye on the Leadership section of the Academy website to check for classes currently open for enrollment.

CRITICAL THINKING

A key component of coaching, critical thinking is often cited by child welfare supervisors and leaders as one of the most important skills a social worker can have—but how many of us have a clear definition of what "critical thinking" means or what it looks like in practice? The conversation typically ends there, without a clear definition or steps to help build it. This course will provide a tangible framework for understanding and applying critical thinking in a child welfare context. Learn the elements of thought, intellectual standards, ethical traits of critical thinking, and how to recognize common types of bias in ourselves and others. Join us to learn practical steps to increase your own critical thinking and help others increase theirs.

2019 COACHING WEBINAR SERIES

The Northern California Training Academy invites you to attend one of our several new webinars to discuss and share the positive impacts of coaching in human services. To browse topics currently open for enrollment, please visit:

https://humanservices.ucdavis.edu/programs/northern-california-training-academy/2019-coaching-webinar-series

NATIONAL COACHING CONFERENCE IN HUMAN SERVICES 2018

On April 24-25, 2018, the Northern California Training Academy hosted its second annual National Conference on Coaching in Human Services. Hosted on the UC Davis campus, the conference provided a wonderful opportunity to connect colleagues from across the country who are passionate about helping people achieve success through coaching. Two hundred eighty participants from 26 states and Canada enjoyed five keynote sessions and were able to choose from 25 workshops covering several key coaching topics.

The 2018 conference's five keynote speakers included the Center for Creative Leadership's Marie Legault, Casey Family Programs senior director of strategic consulting Isabel Blanco, Cooperrider Center academic director Lindsey Godwin, UC Davis organizational and clinical psychologist Beth Cohen, and UpBeat Drum Circles founder Christine Stevens. The sessions explored demystifying coaching, the art of asking questions, adaptive leadership and secondary trauma. Colleen Clancy, associate vice chancellor for academic personnel at the University of California, Davis School of Medicine, delivered the opening address.

Building on the momentum of the inaugural conference in 2017, the conference was very well received by attendees, with 90% of participant responses positive for the keynote sessions and 80% positive for the workshops. The most common constructive feedback suggested better identifying target audiences and competency levels specific to each workshop for future incarnations of the conference.

To make resources more easily accessible after the event, the Academy created a conference-specific resource page on the UC Davis Human Services "Resource Barn." This resource serves as a helpful hub for everything related to the conference, including links to the keynote presentation materials, abridged video presentations featuring several of the keynote speakers and workshop presenters, uploaded workshop materials and access to additional Academy-based coaching resources such as our coaching website.

To browse video, keynote, and workshop presentation materials from the conference, please visit our conference resource page at

http://bit.ly/CoachingConference2018

ENROLL IN COACHING AND LEADERSHIP COURSES TODAY

To browse all of the coaching and leadership-based courses currently open for enrollment, please visit the Academy website at www.humanservices.ucdavis.edu/academy, choose "Enroll in an Academy child welfare course" and select Leadership from the subject area menu.

CONTINUOUS QUALITY IMPROVEMENT

Continuous quality improvement (CQI) is quickly gaining the time and attention it has deserved in the field of child welfare and probation. Organizations are finding a strong CQI system can inform program development and improvement, contract deliverables, enhance workforce development and—most importantly—guide improved outcomes for children and families. In an effort to continue this positive momentum, the Northern California Training Academy played host to the California Department of Social Services' 2018 Statewide CQI Conference for Child Welfare and Probation and unveiled Fundamentals in Evidence-Based Decision Making, a program improvement practicum for child welfare leaders in 2018.

2018 STATEWIDE CQI CONFERENCE FOR CHILD WELFARE AND PROBATION

Hosted on the UC Davis campus from March 28-29, 2018, the conference offered four keynote presentations and 19 workshops over two days of collaborative learning and planning. More than 270 participants from 50 California counties, along with representatives from Casey Family Programs, CDSS, the Children's Research Center, UC Davis, UC Berkeley and California's regional training academies were in attendance to connect with colleagues throughout California who are passionate about the development and implementation of CQI systems.

Keynote speakers for the 2018 conference included Chapin Hall Policy Fellow Jennifer Haight, Casey Family Programs senior director Peter Watson, Tennessee Child Welfare Reform special assistant Britany Binkowski, former New Jersey Department of Children and Families commissioner Allison Blake, Big Picture Research and Consulting president Jesse Russell, and CDSS Children's Services Operations and Evaluation branch chief Dave McDowell.

Participants and presenters alike agreed that the 2018 CQI Conference was a solid success. Out of 127 respondents who participated in the post-conference survey, the conference satisfaction was rated at a 4.7 out of 5. Similarly positive ratings were received across all other survey categories, resulting in an overall rating of 4.6 out of 5. We would like to thank all of the participants, presenters and staff who combined to make the 2018 an outstanding success.

We are pleased to announce that the Academy has been chosen to host once again for the 2019 conference, which is scheduled for March 27-28, 2019, at the UC Davis Conference Center.

FUNDAMENTALS IN EVIDENCE-BASED DECISION MAKING

In an effort to support child welfare directors, managers and senior analysts interested in applying continuous quality improvement, data analysis and implementation strategies toward improving programs that affect the outcomes of children and families in care, the Northern California Training Academy teamed up with Chapin Hall at the University of Chicago and UC Berkeley to offer Fundamentals in Evidence-Based Decision Making: A Program Improvement Practicum for Child Welfare Leaders. The series ran from June to November of 2018.

Built upon the successful foundation of last year's Northern California Program Improvement Program, Fundamentals provides a series of day-long consultation sessions to a cohort of child welfare leaders who can benefit from the guidance of nationally recognized researches and implementation scientists from across the country.

"I appreciate the opportunity to step out of the day-to-day and look at trends," wrote one participant from the first session of the series. "I'm not an analyst, but the info presented was easy to comprehend while still being thought-provoking."

This iteration of the series focused on addressing child welfare outcome/practice challenges common to all participants, and developing rigorous evidence to support participants as they progressed through each stage of the Plan-Do-Study-Act (PDSA) cycle. This included developing and planning the implementation of a county-specific strategy informed by specific and sound observations about an outcome that may need improvement.

By the end of the series, participants had worked toward developing a clear problem statement, a well-developed hypothesis that connected to a planned intervention or change in operations and an implementation strategy that included ongoing monitoring of both implementation and outcomes.

> "I valued the time looking at our county-specific measures in a curious manner," wrote a participant from the June 5 session.

More than 30 participants from nine California counties and two universities (UC Davis and California State University, Fresno) participated in the series.

To look for the next offering of this or a similar series focused on continuous quality improvement, please keep an eye on the Continuous Quality Improvement subject area on our website at

www.humanservices.ucdavis.edu/academy

or contact us at academy@ucdavis.edu to be added to our mailing list.

2019 CQI STATEWIDE CONFERENCE FOR CHILD WELFARE AND PROBATION

The 2019 conference is scheduled for **March 27-28, 2019,** at the UC Davis Conference Center. Visit the Academy website for more information or contact the Academy at (530) 757-8725 if you have any questions. We hope to see you there!

CQI THOUGHT TAKEAWAYS

In an effort to capture the key takeaways from the keynote and workshop presentations as succinctly as possible for transfer of learning and application beyond the conference, the Academy filmed eight short "thought takeaway" videos featuring several of the presenters at the Academic Technology Services film studio on the UC Davis campus. These concentrated versions of the key takeaways are freely accessible on the CQI Conference Resource Page—as well as the Academy YouTube page—for anyone interested in this important topic. To access the videos and other CQI resources, please visit the conference page at

http://bit.ly/CQIConference2018.

CQI RESOURCES

Access our CQI in Child Welfare video series and additional CQI resources at our CQI website by visiting

http://bit.ly/CQICWS

Browse keynote and workshop materials as well as video presentations from the 2018 CQI conference by visiting our conference resource page at

http://bit.ly/CQIConference2018

"Jennifer [Haight] is a wealth of information about not only CQI, but about statistical information as well."

– March 28, 2018 CQI Conference Participant on the Concepts and Systems of CQI Keynote Presentation by Jennifer M. Haight

BROWSE ADDITIONAL CQI OFFERINGS

The Northern California Training Academy offers multiple trainings related to CQI throughout the year. To browse CQI classes currently open for enrollment, please visit the Academy website at www.humanservices.ucdavis.edu/academy, choose "Enroll in an Academy child welfare course" and select Continuous Quality Improvement from the subject area menu.

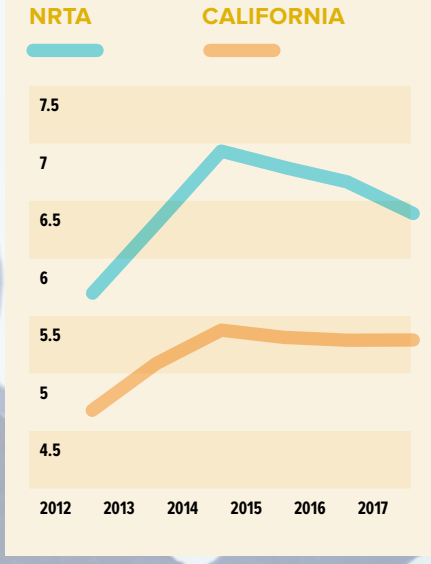
CHILD WELFARE DATA TRENDS IN CALIFORNIA

Using data from the UC Berkeley California Child Welfare Indicators Project (CCWIP), we compared entry, reunification and re-entry rates from 29 Northern California counties to the rest of the state. The Northern region consists of many rural and a handful of urban counties with populations ranging from the state's lowest (Alpine County, estimated population: 1,151) to the state's eighth highest (Sacramento County, estimated population 1,514,770).

BIG PICTURE TRENDS

Since 2014, the number of children in care has decreased in Northern California at a modest pace (from 8,990 in 2014 to 8,315 in 2017). A similar trend has been observed statewide (from 62,835 in 2014 to 60,354 in 2017).

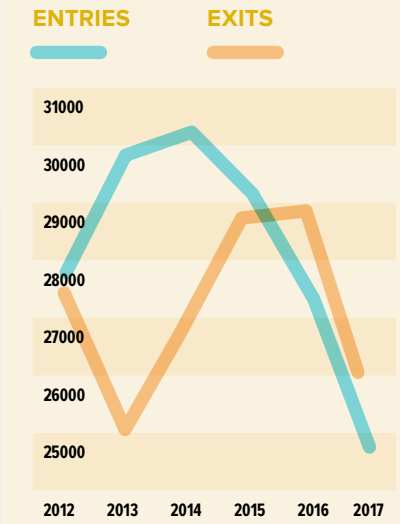
CHILDREN IN CARE PER 1,000 OF CHILD POPULATION



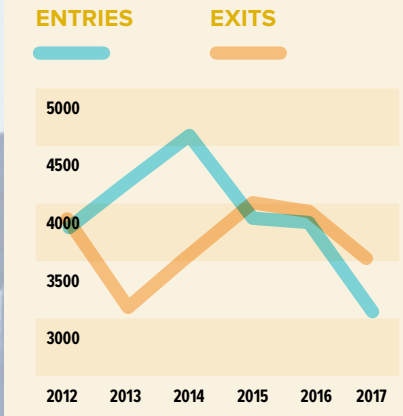
ENTRY AND EXIT TRENDS

Northern California counties experienced a 5.3 percent reduction of youth entering care in 2017 from five years prior, while exits increased by 1.6 percent. Since 2015, Northern counties have had more exits from foster care than entries. Statewide, the number of youth entering care has decreased by 6.9 percent over the same period. Exits from care have decreased slightly statewide (by 0.5 percent).

CALIFORNIA STATEWIDE ENTRY AND EXITS FROM FOSTER CARE



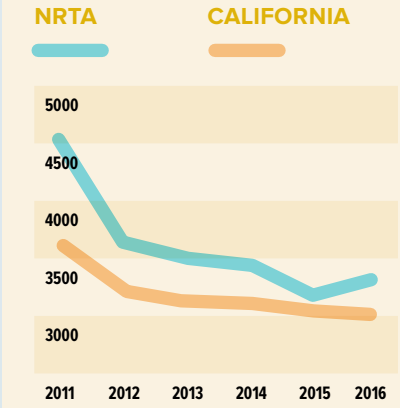
NORTHERN CALIFORNIA ENTRIES AND EXITS FROM FOSTER CARE



PERMANENCY WITHIN 12 MONTHS

In Northern California, youth achieving permanency (reunification, adoption or guardianship) within 12 months of entering care decreased by 16.3 percent between 2011-2016. The state has experienced a similar trend (14.9 percent decrease) over the same period.

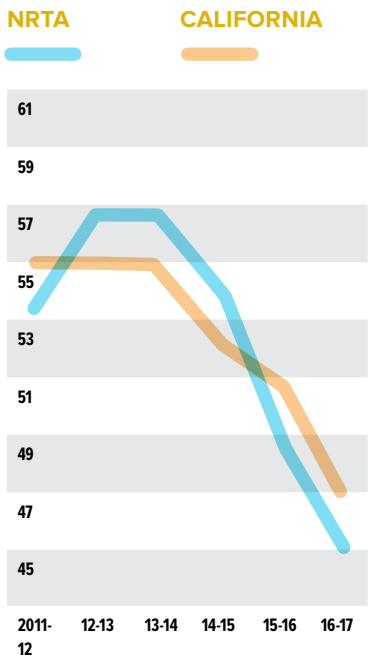
COMPARISON OF PERCENTAGE OF CHILDREN RECEIVING PERMANENCE WITHIN 12 MONTHS



REUNIFICATION TRENDS

Northern counties experienced a decline in reunifying youth during the past several years. There has been a decrease of 12.4 percent in reunifications from five years ago. Statewide, California has experienced a 14.2 percent decrease in the number of children being reunified with their family.

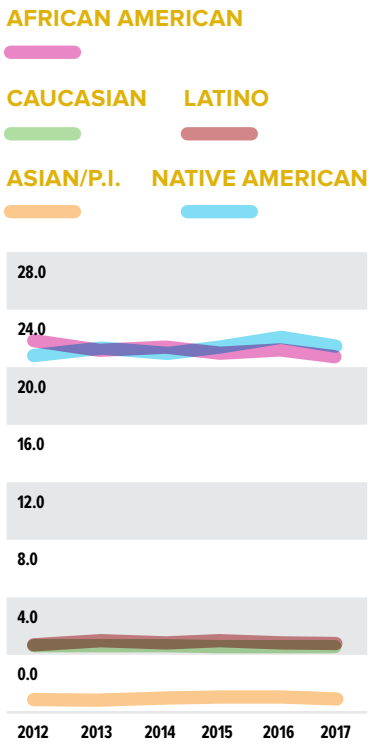
REUNIFICATION RATES PER YEAR



CHILDREN IN CARE BY RACE/ETHNICITY STATEWIDE

For every 1,000 California children per race/ethnicity, Native American children have 25.3 children in foster care, African American children have 23.8 children in foster care, Latino children have 5.5 children in care, Caucasian children have 4.9 children in care, and Asian children have 1 child in care. Native American children have had the greatest increase per 100 children over five years (at 12.4 percent).

IN CARE RATES PER 1000 - RACE/ETHINCITY



RE-ENTRY RATES

Between 2010-2015, the percentage of children re-entering the foster care system decreased by 12.5 percent in Northern California. A similar overall trend was observed statewide (at 11.6 percent).

FREE AND CUSTOMIZED DATA REPORTS FOR CALIFORNIA COUNTIES

Counties can access data trends from the California Child Welfare Indicators Project (CCWIP) on easy to read excel reports at

http://cssr.berkeley.edu/ucb_childwelfare/Ccfsr.aspx

Readers can view all available data measures on one report, or run the quarterly presentation tool to get a snapshot of easy to read data with specific California and county data.

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RESOURCES/ ANNOUNCEMENTS/ NEXT ISSUE

UPCOMING TRAININGS

CQI Statewide Conference for Child Welfare and Probation
Davis: Begins March 27, 2019

Coaching Based Case Management: Coaching Clients
Davis: April 15, 2019

IN OUR NEXT ISSUE

Look for more articles, research, success stories resources and tips for practice in our next issue of *Reaching Out.* The next issue will focus on neuroscience in human services.

ABOUT THE NORTHERN CALIFORNIA TRAINING ACADEMY

As part of UC Davis Continuing and Professional Education's Human Services Programs, the Northern California Training Academy provides training, consultation, research and evaluation for 28 Northern California counties. The counties include rural and urban counties with various training challenges for child welfare staff. The focus on integrated training across disciplines is a high priority in the region. This publication is supported by funds from the California Department of Social Services.

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ABOUT THE CENTER FOR HUMAN SERVICES

UC Davis Continuing and Professional Education's Human Services Programs (formerly the Center for Human Services) began nearly 40 years ago as a partnership between the University of California, Davis and state government to address the needs of rural counties in developing skills for their social workers. Through professional training, consultation and research, the Center has grown to serve human services organizations and professionals throughout California and across the nation.

We can't publish this newsletter without you.

We received lots of helpful and interesting feedback on our last issue. Please send your comments and any ideas for future issues to me at

sbrooks@ucdavis.edu

REFERENCES FOR THE PAGE 14 ARTICLE, SUPPORTING CHILDREN AND FAMILIES IMPACTED BY THE OPIOID EPIDEMIC.

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