California's Child and Family Services Review
System Improvement Plan

County:	Contra Costa
Responsible County Child Welfare Agency:	Children and Family Services
Period of Plan:	2010 - 2012
Period of Outcome Data:	*Quarter ending June 30, 2008*
Date Submitted:	

County System Improvement Plan Contact Person	
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Submitted by each agency for the children under its care	
Submitted by:	**Contra Costa County Children & Family Services Director**
Name:	Valerie Earley, MSW
Signature:	
Submitted by:	**County Chief Probation Officer**
Name:	Lionel D. Chatman
Signature:	

Board of Supervisors (BOS) Approval	
BOS Approval Date:	
Name:	John Gioia
Signature:	April 27, 2010

RECEIVED MAY 24 2010

CAPIT/CBCAP/PSSF Contact and Signature Sheet	
Period of Plan:	2010-2012
Date Submitted:	April 20, 2010
Submitted by:	Board of Supervisor Designated Public Agency to Administer CAPIT/CBCAP/PSSF programs
Name & title:	Valerie Earley, Director Children & Family Services
Signature:	Pat Hayton for Valerie Earley
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Submitted by:	Child Abuse Prevention Council (CAPC) Representative
Name & title:	Carol Carillo, Executive Director CAPC of Contra Costa
Signature:	Carol Carillo
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C.67

To: **Board of Supervisors**

From: **Joe Valentine, Employment & Human Services Director**

Date: **April 14, 2010**

Contra Costa County

Subject: Self-Assessment and System Improvement Plan

RECOMMENDATION(S):

ACCEPT and APPROVE the County Children and Family Services Self-Assessment and System Improvement Plan as recommended by the Employment and Human Services Department Director and authorize the Chair, Board of Supervisors, to sign the Self-Assessment and Self Improvement Plan.

FISCAL IMPACT:

No fiscal impact.

BACKGROUND:

Passed in fall 2001, Assembly Bill 636, the Child Welfare System Improvement and Accountability Act of 2001, is also known as the California Child And Family Services Review (C-CFSR). The legislation directed counties to undergo a process of self-assessment and system improvement in order to improve performance on key child welfare outcome indicators. Modeled after the Child and Family Services Review process which was designed by the federal government to assess state-level performance on child welfare outcomes, the C-CFSR process consists of three (3) components:

☑ APPROVE ☐ OTHER

☑ RECOMMENDATION OF CNTY ADMINISTRATOR ☐ RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **04/27/2010** ☑ APPROVED AS RECOMMENDED ☐ OTHER

Clerks Notes:

VOTE OF SUPERVISORS

AYES 5 NOES

ABSENT ABSTAIN

I hereby certify that this is a true and correct copy of an action taken and entered on the minutes of the Board of Supervisors on the date shown.

ATTESTED: April 27, 2010

David J. Twa, County Administrator and Clerk of the Board of Supervisors

BACKGROUND: (CONT'D)

1. Contra Costa County conducted the Peer Quality Case Review (PQCR) in April of 2009. This collaborative process between Children and Family Services (CFS), Juvenile Probation, Bay Area Academy, and California Department of Social Services was designed to highlight a practice area on which CFS and Probation would like to focus to better understand each agency's performance and to plan how to improve services.

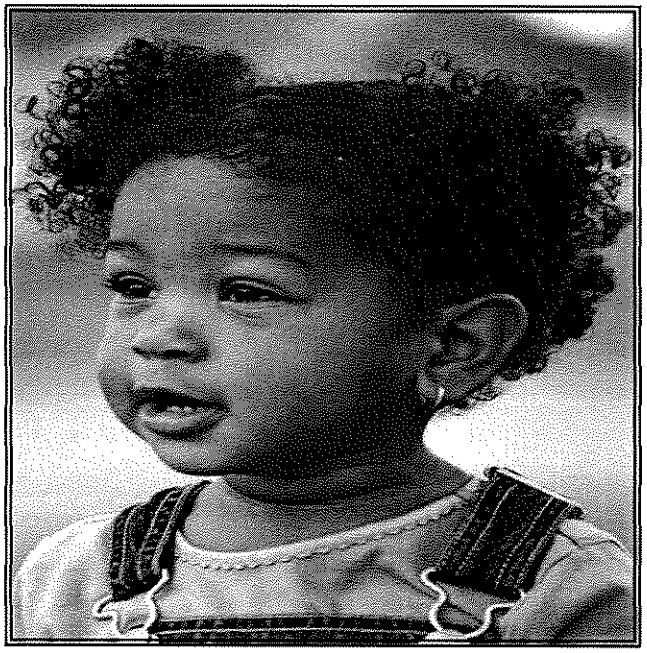
2. The county self-assessment (CSA) process presents an opportunity to learn what is and what is not working in the delivery of child welfare services within that county. Contra Costa County conducted its first self-assessment in 2004, another in 2006 and the current assessment in December 2009/January 2010.

3. The final component of the process is the System of Improvement Plan (SIP) which is the culmination of information that is received as a result of the PQCR and CSA. The SIP is the county's agreement with the California Department of Social Services (CDSS) that it will focus its attention and activities on improvements in specific areas utilizing clearly defined outcome indicators.

This board order is requesting the Contra Costa Board of Supervisors to accept and approve the County Self Assess and System Improvement Plan.

CONSEQUENCE OF NEGATIVE ACTION:

CHILDREN'S IMPACT STATEMENT:



CONTRA COSTA COUNTY CHILDREN & FAMILY SERVICES SYSTEM IMPROVEMENT PLAN

2010

California's Child and Family Services Review
System Improvement Plan

County:	Contra Costa
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Signature:	
Submitted by:	**County Chief Probation Officer**
Name:	Lionel D. Chatman
Signature:	
Board of Supervisors (BOS) Approval	
BOS Approval Date:	
Name:	
Signature:	

CAPIT/CBCAP/PSSF Contact and Signature Sheet	
Period of Plan:	2010-2012
Date Submitted:	April 20, 2010
Submitted by:	Board of Supervisor Designated Public Agency to Administer CAPIT/CBCAP/PSSF programs
Name & title:	Valerie Earley, Director Children & Family Services
Signature:	
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Phone & E-mail:	925-313-1583 vearley@ehsd.cccounty.us
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Name & title:	Carol Carillo, Executive Director CAPC of Contra Costa
Signature:	
Address:	1410 Danzig Plaza, Suite 110 Concord, CA 94520
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CAPIT/CBCAP/PSSF Contact and Signature Sheet (continued)

Submitted by:	**PSSF Collaborative Representative,**
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Submitted by:	**CAPIT/CBCAP/PSSF Liaison**
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Board of Supervisors (BOS) Approval	
BOS Approval Date:	
Name:	
Signature:	

SIP Narrative

Contra Costa has integrated its self-assessment and SIP – utilizing the team that went through the lengthy meetings outlining the current state of affairs for children's services in Contra Costa County (see list later in this document). In addition to using this team, however, we also generated an online SIP survey which was distributed to staff throughout Children & Family Services. Over 80 (nearly 70% of total) staff completed the survey – which gathered information on the outcome areas that the staff thought were most important. This information was then followed with three staff meetings in which the results of the survey were presented and staff brainstormed ideas for increasing the quality of our services in the top areas. Thus, we utilized data throughout the process used to determine our SIP items. All of this information was also channeled through our Project Management Team and Administrative Team for review.

Based upon our CSA and the development of the SIP – as described above, we decided to focus on three areas – rather than the 11 areas we had included on our previous SIP (see the CSA for a complete analysis of these outcome areas and our progress). These outcome areas for inclusion on our current SIP are:

1. Increasing timely social worker contacts (Outcome 2C)
2. Increasing the percentage of youth who have been in care at least 2 years who exit to permanency (Outcome C3.1)
3. Decreasing the disproportionate number of African American children who enter foster care (Systemic Outcome)

These three outcomes were considered some of the most important by staff and our SIP team members. The PQCR helped guide us into choosing our permanency and disparity outcomes as outcome C3.1 was the focus of our PQCR – and within this outcome itself there is significant ethnic disparity. Ethnic disparity or disproportionate minority contact has also been a significant issue for probation, and this outcome dovetails nicely into their work in this area. Both ethnic disparity of removals and outcome C3.1 are areas that the State of California, overall, is also having difficulty with.

Increasing timeliness of our monthly contacts is extremely important to us. This marker took a big drop after the loss of approximately 1/3rd of our staff – and the restructuring of work responsibilities (i.e., loss of the court unit). This was an area that we had shown progress in until the loss of staff, and even after 15 months with the reduced staff, our compliance in this area is still not at the State goal of 90% or better. We also believe

that increasing our visits – and the quality of our visits, can assist us in increasing permanency for children who have been in the system for at least 2 years.

Our goal is to increase the timeliness of our social worker contacts to over 90% - with our goal being that this is sustained throughout the final year of the SIP. For outcome C3.1, our baseline percentage of youth achieving permanency as measured by C3.2 is 14.2% - far below the National Goal of 29.1%. We believe that we can make sustained progress – with a three year positive trend and each year showing an increase of at least 5%. For example, if there was a 5% increase between baseline and the end of year 1, a 10% increase between years 1 and 2, and another 10% increase between years 2 and 3, our final percentage would be approximately 18.1. Admittedly, this is still far below the national goal, but, this is a realistic outcome.

We plan to safely decrease the incidence rate of African American children removed from home by 5% per year. Our baseline incidence rate is 11.4/1000 African American children removed from home for at least 8 days. If we are able to decrease this rate by 5% per year, by the end of the 3 year SIP our rate of removals would drop below 10/1000 – a rate that we have never achieved. This would likely decrease the disparity between African Americans and children of any other ethnicity unless the rate for children of other ethnicities drops further than that of African American children. Given, however, that the rate for children of any other ethnicity is already just over 2/1000 – and at historical lows, this might be difficult.

As a Family to Family (F2F) site, our staff are trained in TDM's and the other 3 core strategies related to child welfare practice – recruitment and support of resource families, building community partnerships, and self-evaluation. F2F has been rated as a promising practice by the California Evidence-Based Clearinghouse for Child Welfare. F2F is rated as a promising practice for increasing permanency. There is little empirical research on the effects of programmatic/system changes upon disparity in child welfare.

A literature review of our outcome related to timely social worker contacts did not reveal any clear guidelines. Having said that, it is well known that increasing awareness by staff, supervisors, and managers and a clear system of rewards/punishments can have an effect upon behavior. These behavioral principles will be part of our strategy in this area.

As stated earlier, Contra Costa is a F2F site and has either partially or completely implemented the four core strategies of F2F. We plan to use these strategies to assist us on our SIP items. We also hope that our

federal grant related to comprehensive family assessment may assist us with our outcomes. As a part of the grant we are increasing the breadth of the assessment we are giving our families as they enter care and are also working to enhance our engagement with families through motivational interviewing.

Our SIP matrix – found later in this document, is similar to a logic model in that it clearly articulates our outcome and lists specific steps in which to achieve that outcome.

The information from the CSA – and information similar to it that has been gathered over the past several years, has been used to help guide the type of preventative services that are funded in Contra Costa County. The complete list of preventative programs funded though CAPIT/CBCAP/PSSF is included in Part II of this document.

PQCR Summary

Contra Costa County conducted its Peer Quality Case Review in April 2009. This collaborative process between Children and Family Services (CFS), Juvenile Probation, Bay Area Academy and California Department of Social Services is designed to reflect on a practice area that CFS and Probation would like to focus on to better understand where the agency is succeeding and how to improve services. To further enhance the learning, Contra Costa County invited Alameda, Orange, Riverside and San Joaquin Counties to participate as peer reviewers because they are doing better in the focus areas chosen for this PQCR. Probation also chose to have Community Partners participate. This fostered a dynamic county exchange of information and practices to further assist continuous improvement efforts.

The area of focus chosen by CFS was the outcome indicator, measure C3.1; exits to permanency: if in care at least 24 months; more specifically, for children who have been in out of home care for over 2 years what percentage achieved permanency within the next 12 months and prior to turning18 years old. This focus was chosen as the county is performing below the State average and below the National Standard of 29.1%. In addition, this outcome is consistent with Children and Family Service's mission: "When children cannot be cared for by their families due to safety issues, we place them with families that can make a lifelong commitment to them."

Juvenile Probation selected the outcome indicator of reentry into care, aftercare services focusing on family engagement. This area of focus was chosen so that work practices and its impact on children and families could be assessed and collaboration encouraged. This area of focus parallels the county's System Improvement Plan which will help guide the county's improvement efforts.

The PQCR process occurred from April 27 -30, 2009. Two full days were set aside for interviews. Nine interviews occurred per day for a total of 18 interviews. Additional cases were identified for purposes of backup. A total of twelve social workers and three probation officers were interviewed. The probation officers were interviewed twice. In addition Contra Costa conducted 6 focus groups with foster parents, supervisors, social workers, young teens in Specialize Placement, older teens in the Independent Living Skills Program and with birth parents.

Rich information was gained from the PQCR process which was ultimately crafted into detailed observations (please see section IV of the report: Final Summary and Next Steps). The system's strengths were identified and recorded. Strengths of both agencies were included (please see section III of the report: Summary of Practice).

One of the objectives of the PQCR process is to gain practice information to guide areas to be furthered assessed in the self-assessment process. The PQCR process uncovered challenges that social workers, probation officers, supervisors, youth, parents, service providers and caregivers see regarding the focus areas. This process uncovered observations regarding practice, system, training and areas to be addressed at the state level.

The following list identifies recommendations from the Peer Quality Review for Children & Family Services:

- Agency-wide assessment and training focusing on valuing permanency and the practice of concurrent planning throughout the agency; extended for all children.
    - Helping social workers have difficult conversations.
    - Helping social workers work with ambivalence with foster parents, relatives and birth parents.
    - Managers and supervisors supporting permanency efforts and working through ambivalence within the agency.
    - Business processes that support continual concurrent planning and permanency
    - Make "Adoption" the goal for all children in long-term foster care.

- Consistent permanency meetings for all children detailed in the case plans and court reports.

- Assess and integrate the Adoptions workers into the regular child welfare continuum of practice from the beginning
  - Consider a teaming process between the case carrying social worker and the adoption's social worker.
  - Adoptions workers provide information and counsel on all permanency options to birth parents and caregivers, working through questions and concerns.
  - Social workers work with youth's common ambivalence around adoption and guardianship.

- Consider offering social workers support around grief and loss associated with recent layoffs and movement of staff positions
  - Consider ways to streamline the workload so that social workers are not experiencing strain.

- Offer relative caregivers resources and support with successfully completing the relative assessment process
  - Work with relatives on the effects of trauma on child development and their expectations and strategies for parenting in their home.
  - Consider reviewing other county's relative assessment and supportive practices to get ideas for resources and support.
  - Offer Team Decision Meetings (TDM's) consistently throughout the child welfare continuum of practice. Implement participatory case planning with parents and children

- Examine the group home system and effective ways for moving children toward family care and permanency
  - Spot check group homes for quality of care.

- Consider offering a brief risk and safety tool that supports social worker decision making and consistency of practice.

CSA Summary Overall, Contra Costa County is performing relatively well in the area of safety outcomes. The layoffs that occurred in January 2009 have affected our compliance measures in this area, but luckily have not appeared to have a significant effect upon other safety measures. The compliance area that has seen the biggest sustained drop is timely social worker contacts for open continuing services cases.

No recurrence of maltreatment - CFSR measure S1.1: Looking at federal measure of no recurrence of maltreatment within 6-months of a substantiated allegation, Contra Costa is currently performing at above the state average and slightly over the national goal.

No maltreatment in foster care – CFSR measure S2.1: Although Contra Costa County is performing slightly under the state average as well as the national goal (0.2%) in this outcome area, the number of children with a substantiated allegation of abuse or neglect is relatively small (in the last 3 quarters examined it has hovered around 10) – although having any children in foster care abused or neglected is unacceptable. We have a dedicated emergency response investigator who only handles investigations of potential abuse/neglect by substitute caregivers.

Investigations with a timely response – AB636 Measure 2B: The process/compliance indicators 2B (percent of child welfare investigations with a timely response) were previously included in the SIP and have shown significant improvement (10-day referrals) until our recent layoffs. The compliance for our immediate referrals has consistently stayed above 90%, while our 10-day referral compliance has shown a decrease for calendar year 2009 compared to previous years. We have, however, shown month – to – month improvement in this area over the past 9 months, although we still need to improve in this area.

Timely social worker visits – AB636 Measure 2C: Timely social worker visits was also a previous SIP item and the County had not completely met the goal of having sustained compliance of 90% or greater – although we were close. Since the layoffs in January 2009, this particular measure has shown the greatest decline and the weakest recovery. Even though recovery has been somewhat slow, there has been some increase seen. For example, in December 2009, the compliance for timely social worker visits was at 88.6% - the highest compliance seen since November and December 2008.

A significant amount of time has been devoted to assisting staff in effectively managing their continuing services caseloads. This includes geographic assignments/visits, focusing upon closing cases that can safely be completed, and the opening of a visitation center in order to assist staff with supervised visitations.

The area of permanency outcomes is a broad one and encompasses 4 federal composite outcomes and 15 distinct measures. We will discuss each composite area in general and then get more specific by looking at the individual measures that make up the composite. Overall, Contra Costa County's performance in this area is mixed. While we do well in the areas of adoptions and placement stability, we do poorly in the long term care composite – which examines how well a county does in gaining permanence for youth who have been in care for an extended period of time. In addition, our performance in the reunification composite is mixed – we do well in keeping children from coming back into foster care after they have reunified, but we would have to do better at getting more children reunified within the 12 months the federal government uses as the timeframe for timely reunifications. While the 12-month timeline is a federal measure, the measure may not be a realistic timeframe for the families for children to return home safely. Our single measure in which we perform most poorly – as does the State of California, is the C3.1, which examines the percentage of youth who have been in care for at least 2 years who then move to permanency within the next year.

Permanency Composite 1: Timeliness and Permanency of Reunifications: The county's performance in the 4 measures that make up this composite are mixed. Our county does well in that our recidivism rate for reunified children is low (C1.4). Our performance on rates of reunification within 12 months are somewhat below the national goal – especially when examined using an exit cohort methodology (C1.1). As would be expected, the median time to reunification (using an exit cohort) is longer than the national goal (C1.2). Using an entry cohort analysis (C1.3), however, the latest available scores are nearly equal to the national goal (i.e., 47.9% versus 48.4% reunified within 12 months of entry). It is possible that the discrepancy between the entry and exit cohorts are related to a relatively high number of children who do end up reunifying – but do so slower than the 12 month timeline set by the national government. Thus, we appear to reunify a reasonable number of children within a year of entry (nearly equal to the national goal), and we also reunify a significant number of children in a period of time over 12 months – thus deflating the percentages on the exit cohort analysis. Of course, safely reunifying children is a part of our mission and even though a large portion of those that do reunify (35-40%) do so in greater than 12 months, it is better to safely reunify these children rather than keep them in care. We will be looking at factors that cause children to reunify in greater than 12 months in order to see if there is anything that can be done to safely and legally speed up the process.

Permanency Composite 2: Timeliness of Adoptions: This composite is composed of 5 distinct measures related to adoptions. In general, Contra Costa County is performing well in this composite – our composite total score is above the national goal – as are 3 of the five measures making up the composite (C2.1 Adoption within 24 months, C2.2 Median time to adoption, C2.5 Adoption within 12 months if legally free). The performance on measure C2.3 – Adoption within 12 months if a child has been in care at least 17 months is significantly below the national standard and the California average. This may be related to the poor performance the County sees in its long-term care composite – which will be discussed in the next paragraph. Contra Costa also performs poorly on measure C2.4 which assesses the percentage of children who have been in care for at least 17 months and who were not legally free for adoption on the first day of the year, which then become legally free within the next 6 months. The low percentage of children who become legally free for adoption as measured in C2.4 is likely related to policy which does not support moving towards termination of parental rights unless an adoption is imminent. There is debate as to whether performing well on this measure is in the best interest of the child and their biological family.

Permanency Composite 3: Achieving Permanency for Youth in Foster Care: This composite is composed of 3 distinct measures related to long term care and permanency of foster youth. This is an area in which both Contra Costa and State of California perform poorly. As discussed earlier in this report (see PQCR section), measure C3.1 – exits to permanency for children who have been in care at least 24 months, is an area in which we perform very poorly. This is related to C3.3 which examines the percentage of youth who emancipate or turn 18 while in care that were in foster care for 3 years or longer. Contra Costa and the state also perform poorly in this outcome. Contra Costa does relatively well (nearly meeting the national goal) on measure C3.2 – which examines children who were legally free for adoption and whether they were discharged to a permanent home prior to their 18th birthday. For example, in calendar year 2009, there were 4 children who were legally free for adoption who did not get discharged to a permanent home prior to their 18th birthday (and 107 who did; county data pull).

Overall, the area of achieving permanency for children who have been in care for a period of time is one of our highest priorities and will be included on the upcoming SIP.

Permanency Composite 4: Placement Stability: This composite is composed of 3 distinct measures related to placement stability. Overall, Contra Costa is doing relatively well in this area and slightly above the national standard for the composite score using the latest data from

SafeMeasures (calendar year 2009). Contra Costa does especially well with keeping the number of placements to 2 or less for children who have been in care for less than 2 years (measures C4.1 and C4.2). For children who have been in care 2 years or more, however, performance suffers. This means that the longer children are in care the greater number of placement moves they experience and a smaller percentage of children have had 2 or fewer moves (national goal is 41.8% and Contra Costa's percentage is currently 32.6% for calendar year 2009; county data pull).

The broad area of "well-being" outcomes is one that was added to the areas of safety and permanence – which have long guided practice and policy in child welfare, with the passage of the Adoption and Safe Families Act of 1997. Despite the common sense appeal of "well-being" as an outcome, developing measureable outcomes has proven to be difficult (see Beyond Common Sense: Child Welfare, Child Well-Being, and the Evidence for Policy Reform, by Wulczyn, Barth, Yuan, Jones-Harden, and Landsverk; 2005; Aldine Transaction Publishers, USA). There are no established federal outcomes with national goals/standards using administrative data as there are within the areas of safety and permanence.

Despite the lack of established administrative standards, there are several areas of child well-being we have examined and which California has established administrative data measurement. These areas include 1) siblings placed together, timely medical and dental exams for foster children, psychotropic medication authorizations for foster children, least restrictive placement settings, and youth transitioning to self-sufficiency/emancipating. We also examined ethnic disparity and disproportionality. Similar to the State of California, Contra Costa has an overrepresentation of African American children who are referred and removed from their homes. We believe this is an important community issue that deserves our attention. The data also show ethnic disparity across a broad range of measures of children's health and well-being (e.g., education, incarceration) and a focus upon ethnic disparity dovetails nicely with the probation department's work on decreasing disproportionate minority contacts.

Siblings placed together: Placing siblings together whenever possible is a Bureau goal. The overall rate of placement with all or some siblings has increased slightly over the past 5 years to just over 60%. The placement of all siblings together has shown a similar trend and is now over 40%. We are below the State average for both of these measures. While the Bureau works hard at placing siblings together in care, various factors impact our ability to improve the rate at which we do so. These include the high cost of housing in the county and the ability of

caregivers to afford a home with extra bedrooms that can accommodate sibling groups.

Timely Medical and Dental Examinations: Contra Costa has significantly improved the percentage of children who receive timely medical and dental exams according to the Child Health and Disability Prevention periodicity schedule. This is an area we are continuing to work to improve and have several innovative processes in place. First, there is an MOU in place between Health Services and CFS which allows for regular data sharing with public health - leading to increased awareness of new foster care cases to be seen for medical and dental assessments and treatments. Secondly, a "foster care clinic" has been running for the past 2 years. This clinic focuses upon the needs of foster children and allows for timely scheduling of medical exams.

Psychotropic Medication Authorizations for Foster Youth: The data for both Contra Costa County and the State of California show an increasing percentage of foster youth who have been authorized psychotropic medications. While there may be an actual increase in authorizations, some of the increase can be explained by better recording of authorization information. For example, in Contra Costa we partnered with our Chief Psychiatrist of Mental Health (who oversees all psychotropic medication authorizations) and we were able to update CWS/CMS so that it captured over 90% of the current authorizations, compared to less than 30% (our baseline). We are continuing our quest to fully capture all of the authorizations in a timely and accurate fashion. We will use our current data to compare with future trends.

Least restrictive placement setting: The Bureau performs well when examining its least restrictive setting placement rate. Contra Costa County has a significantly higher percentage of youth initially placed in foster homes compared to the State average, and a lower percentage placed in group homes. In terms of a youth's primary placement within a reporting period, Contra Costa has a much higher percentage of youth in Foster Homes than the State average (which has more youth in FFA's). The percentages for youth in group homes are approximately the same (8%).

Youth transitioning to self-sufficiency: The Bureau's Independent Living Services program is a vital, dynamic program that serves a large number of the youth eligible for services. The County's performance on the indicators related to ILSP services and outcomes show improvements – although further refinement of the data is needed. ILSP data indicates a greater number of their youth have received a High School diploma or GED, are enrolled in higher education, are employed or have other means of support, and have received ILSP services.

Part I – CWS/Probation

A. Guiding Principles of the Systems Improvement Plan

The state of California has defined guiding principles for the Systems Improvement Plan. The principles are:

- The goal of the child welfare system is to improve outcomes for children and families in the areas of safety, permanency, and well-being.
- The entire community is responsible for the child, youth and family welfare, not just the child welfare agency. The child welfare agency has the primary responsibility to intervene when a child's safety is endangered.
- To be effective, the child welfare system must embrace the entire continuum of child welfare services, from prevention through after care services.
- Engagement with consumers and community is vital to promoting safety, permanency and well-being.
- Fiscal strategies must be considered that meet the needs identified in the County Self-Assessment (CSA) and included in the SIP.
- Transforming the child welfare system is a process that involves removing traditional barriers within programs, within the child welfare system, and within other systems.

Contra Costa County Children & Family Services embraces the principles as stated. There is a long standing history in Contra Costa of mutual respect and collaboration with partner agencies, community organizations, foster parents, youth, families, and staff.

The participation of the all partners in the review of current child welfare practices and identification of successes, challenges, and service gaps has generated this Systems Improvement Plan. Partners participating in this review and identification of performance improvement areas are listed in the table below.

In addition, follow-up meetings with staff in the Child Welfare Service agency to seek broader input on planning strategies supported the process.

This Systems Improvement Plan has incorporated the feedback from the Peer Quality Review and the Self Assessment.

B. Partners in the Performance Review and Systems Improvement Plan Process

The following table identifies staff, partners, and stakeholders invited to participate in this process.

NAME	AGENCY/DEPT	PARTICIPATION REQUIREMENT
Vern Wallace Rich Weisgal	Mental Health	Core requirement
Michelle Williams	Health Department	Core requirement
Nancy Valencia Donna Anderson Todd Billechi	Probation Department	Core requirement
Valerie Earley	Children & Family Services	Core requirement
Carol Carillo	Child Abuse Prevention Council, Children's Trust Fund; CAPIT/CBCAP/PSSF Administrator	Core requirement
Rhonda Smith	Prevention/Early Intervention CAPIT/CBCAP/PSSF Liaison	Core requirement
Judi Knittel	Parent Partner Representative	Core requirement
Antoinette Harris	PSSF Collaborative	Core requirement
Antinette Kelly Kareena Blackmon	Youth Representatives	Core requirement
Patrick Harrington	Children & Family Services	Core requirement
Bryan Balch	Monument Corridor Community Partnership	Recommended
Haven Fern	County AOD	Recommended
Sean Casey	First Five Contra Costa	Recommended

Devorah Levine	Domestic Violence Prevention Provider	Recommended
Pat Stroh	Early Childhood Education, Child Care	Recommended
Stephen Baiter	Economic Development Agency	Recommended
Catherine Giacolone	Education	Recommended
Pastor Perkins	Faith Based Community	Recommended
Bart Grossman	UC Berkeley School of Social Welfare	Recommended
Paul Buddenhagen	Fatherhood and Healthy Marriage Programs	Recommended
Judge Lois Haight Commissioner Houghton Judge Stark Judge Becton-Smith	Juvenile Court Bench Officers	Recommended
Sam Cobb	First Place for Youth – Service Provider	Recommended
Ella Liggins	DSS Regional Center	Recommended
Judith Lefler Cyndia Cole	Regional Training Academy	Recommended
Charles Mead	Court Appointed Special Advocates	Recommended
Patricia Perkins Richard Bell Gloria Halverson Ray Merrit Neely McElroy Lois Rutten	Division Manager - CFS	Recommended
Toni Nestore	Supervisor - CFS	Recommended

Donna Anderson Holliedayle Hertwick Stefani Thomas Don Graves		
Carl Nishi Christian Hutchings Joann Lofton Leslie Davis Nannette Dupree	Social Worker - CFS	Recommended
Cheryl Barrett	Parent Partner	Recommended
Brenda Sutherland Cynthia Wright Rachel Foster	Analysts - CFS	Recommended

C. Outcomes Selected for Performance Improvement for this SIP Period

Based upon our CSA and the development of the SIP – as described above, we decided to focus on three areas – rather than the 11 areas we had included on our previous SIP (see the CSA for a complete analysis of these outcome areas and our progress). These outcome areas for inclusion on our current SIP are:

4. Increasing timely social worker contacts (Outcome 2C)
5. Increasing the percentage of youth who have been in care at least 2 years who exit to permanency (Outcome C3.1)
6. Decreasing the disproportionate number of African American children who enter foster care (Systemic Outcome)

These three outcomes were considered some of the most important by staff and our SIP team members. The PQCR helped guide us into choosing our permanency and disparity outcomes as outcome C3.1 was the focus of our PQCR – and within this outcome itself there is significant ethnic disparity. Ethnic disparity or disproportionate minority contact has also been a significant issue for probation, and this outcome dovetails nicely into their work in this area. Both ethnic disparity of removals and outcome C3.1 are areas that the State of California, overall, is also having difficulty with.

Increasing timeliness of our monthly contacts is extremely important to us. This marker took a big drop after the loss of approximately 1/3rd of our staff – and the restructuring of work responsibilities (i.e., loss of the court unit). This was an area that we had shown progress in until the loss of staff, and even after 15 months with the reduced staff, our compliance in this area is still not at the State goal of 90% or better. We also believe that increasing our visits – and the quality of our visits, can assist us in increasing permanency for children who have been in the system for at least 2 years.

Our goal is to increase the timeliness of our social worker contacts to over 90% - with our goal being that this is sustained throughout the final year of the SIP. For outcome C3.1, our baseline percentage of youth achieving permanency as measured by C3.2 is 14.2% - far below the National Goal of 29.1%. We believe that we can make sustained progress – with a three year positive trend and each year showing an increase of at least 5%. For example, if there was a 5% increase between baseline and the end of year 1, a 10% increase between years 1 and 2, and another 10% increase between years 2 and 3, our final percentage would be approximately 18.1. Admittedly, this is still far below the national goal, but, this is a realistic outcome.

We plan to safely decrease the incidence rate of African American children removed from home by 5% per year. Our baseline incidence rate is 11.4/1000 African American children removed from home for at least 8 days. If we are able to decrease this rate by 5% per year, by the end of the 3 year SIP our rate of removals would drop below 10/1000 – a rate that we have never achieved. This would likely decrease the disparity between African Americans and children of any other ethnicity unless the rate for children of other ethnicities drops further than that of African American children. Given, however, that the rate for children of any other ethnicity is already just over 2/1000 – and at historical lows, this might be difficult.

CWSIOP Narrative

The redesign or CWSOIP funds are being used to help fund community engagement specialists who work with families potentially being offered diversion services through our differential response program. In addition, the funds help pay for some of the differential response services themselves. Finally, the funds also support the parent partner program – which allows parents who have been involved with child welfare at one point in their life – to help mentor families navigate through the child welfare system.

SIP Matrix

Outcome/Systemic Factor

2C Timeliness of Social Worker Contacts

County's Current Performance

The timeliness of social worker contacts shows a somewhat similar pattern to that of the 10-day referrals. There was a decline in January of 2009 after the loss of 36% of child welfare staff, but unlike the 10-day referrals, the past 12 months of data do not show a significant increase. Contra Costa is at 78.7% compliance, state average is 92.3% for the September 2009 sampling.

Improvement Goal 1

Though Contra Costa ultimately seeks to have 100% compliance in Social Worker contacts, the goal set for this Improvement Plan period is a sustained 90% or greater compliance for at least the final year of the SIP. We expect to see gradual improvement during the first 2 years of the SIP.

Strategy 1A	**Strategy Rationale**
Consistently use Safe Measures and provide ongoing training to staff and supervisors to enhance use of Safe Measures by staff as a tool to manage caseload visits.	Safe Measures is a desk top case management tool available to all levels of staff. Improving use of monitoring compliance and increasing accountability for compliance will increase performance.

Milestone	Timeline	Assigned
Assess the ongoing use of safe measures by social workers and supervisors.	Year 1	Administrative Team
Re-train all staff in the use of safe measures to ensure they have a full understanding of the way the tool can assist in managing their caseload	Year 1 ,2 & 3	Staff Development Manager
Develop a recognition program for staff and supervisors demonstrating excellence in ongoing visits	Year 1 ,2 & 3	Research and Evaluation Manager

Strategy 1B Continue geographical assignments of cases. Explore ways to support staff in reducing amount of travel while increasing compliance in visits.			**Strategy Rationale** More efficiency in scheduling continuing services social worker contacts and referral investigations reduces travel time allowing more time for timely and quality contacts.		
Milestone	Use CWS/CMS data to provide staff and supervisors with a list of locations of each staff members caseload	Timeline	Year 1-3	Assigned	Research and Evaluation Manager
	Assess the ability to manage visits for out of county placements which ensures the primary assigned worker completes 75% of the visits.		Year 1-3		Research and Evaluation Manager
	Continue to monitor geographic assignment and consider refinement to address work flow and different requirements in different geographic areas i.e.: TDM, DR		Year 1-3		Operational Division Managers
Strategy 1C Train all staff on the changes to the policies regarding face to face contacts and waivers/exceptions			**Strategy Rationale** Recent federal and state law changes have occurred which will impact the way in client contacts are completed. Assessment and training will ensure staff are prepared to complete and document visits.		
Milestone	Assess the status of current training availability regarding social worker contacts .	Timeline	Year 1	Assigned	Staff Development Manager
	Develop and implement training for staff on regulations and policies related to timely social worker contacts.		Year 1		Staff Development Manager
	Run reports for supervisors and managers detailing all the current cases with visit exceptions		Year 1-3		Research and Evaluation Manager
	Develop mechanism for supervisors to work with staff to increase the quality of the social worker visits		Year 1-3		Administrative Team

Outcome/Systemic Factor

C3.1 Exits to Permanency (24 Months in Care)

County's Current Performance
Performance in the July 2008 – June 2009 sampling is 14.2 %. National goal is 29.1%. Contra Costa has recognized that this particular are represents an area of weakness. This is the area that was chosen as the focus for our PQCR. The 10-year trend does show improvement.

Improvement Goal 2
Increase the percentage of youth reaching permanency by 5% the first year, and 10% the following years. Thus, at the end of year 3, the % would be approximately 18.1%.

Strategy 2A	**Strategy Rationale**
Enhance family and caregiver engagement activities	Engaging birth families supports reunification and facilitates discussions about other permanency options should reunification not be effective.

Milestone	Timeline	Assigned
Develop a training/education plan focusing upon permanency options and difficult dialogues – for birth families, caregivers and staff	Year 1	Staff Development Manager
Increase the use of team meetings in order to enhance permanency	Year 1	Administrative Team
Fully implement the visitation policy for parents and children to include transitioning from supervised to unsupervised visitation.	Year 1-2	Administrative Team

Strategy 2B Improve provision of individualized, culturally competent reunification services with multi-agency case coordination.				**Strategy Rationale** Families who receive culturally competent individualized services with access to multiple support systems will reunify faster.	
Milestone	Continue linkages with Cal-Works and develop partnerships for streamlining specific services for families preparing to reunify.	Timeline	Year 1	Assigned	Linkages Workgroup
	Increase the use of wrap around services to families by 15% per year.		Year 1		Administrative Team
	Continue work towards increased cultural awareness through use of Parent Partners		Year 1-3		Administrative Team
Strategy 2C 100% of children will have at least one identified Notification of Relative informational sent on their behalf				**Strategy Rationale** Locating family and establishing connections presents more options for permanency should reunification fail.	
Milestone	Develop and train a team of staff who will be responsible for family finding activities.	Timeline	Year 2	Assigned	Staff Development Manager
	Maintain contract with internet database search engine to search for relatives and absent parents		Year 2		Administrative Team
	Train staff on how to have permanency discussions with social work staff.		Year 2-3		Staff Development Manager
Strategy 2D Develop strategies and practice expertise in early and continuous Concurrent Planning.				**Strategy Rationale** Early review of options for concurrent planning and continual focus on permanency will support exits to Permanency and reduce number of children who languish in care.	
Milestone	Re-train 100% of staff on the process of concurrent planning	Timeline	Year 2	Assigned	Staff Development Manager
	Identify challenges related to the delay of concurrent planning and develop a plan which will address the challenges.		Year 1-2		Administrative Staff
	Measure compliance in concurrent planning		Year 3		Research and Evaluation Manager

Strategy 2E Engage fathers and extended families of fathers.				**Strategy Rationale** Previous focus in Child Welfare has been on mothers. Engaging fathers in both reunification planning and other permanency options increase opportunities for permanency as well as support child well being and connectivity.	
Milestone	Develop and implement fatherhood initiative survey	Timeline	Year 1	Assigned	Research and Evaluation Manager
	Use results of survey to plan and implement trainings		Year 1-2		Staff Development Manager
	Measure contacts and listings of fathers in CWS/CMS		Year 2-3		Research and Evaluation Manager
Strategy 2F Continue providing transitioning planning meetings in the TDM style for youth in preparation for emancipation, including assessing educational needs of youth.				**Strategy Rationale** Children continuing in education to high school graduation or equivalency are more likely to retain permanency in placement and have greater successes following exit from foster care.	
Milestone	Develop coordinated data exchange to supervisors and staff regarding youth age 17 or older	Timeline	Year 1	Assigned	Research and Evaluation Manager
	90% of youth exiting foster care at the age of 17 or over will have a life planning meeting within 6 months of their emancipation.		Year 2		ILSP Manager
	Fully utilize CWS/CMS to track accurate educational outcomes for youth.		Year 1-3		Research and Evaluation Manager
Strategy 2G Increase recruitment of families that can offer permanence to children removed from home.				**Strategy Rationale** We need to have a pool of families to help children who have been in care at least 24 months – and are unable to reunify, the ability to achieve permanence.	
Milestone	Data analysis of all children currently in care for 24 months or longer in order to provide a demographic profile	Timeline	Year 1	Assigned	Research and Evaluation Manager
	Develop a plan to increase the use of community partners and regional offices in recruiting families to offer permanence for children		Year 2		Administrative team

Outcome/Systemic Factor

Disproportionality/Disparity

County's Current Performance

Contra Costa selects to continue efforts to address issues of Disproportionality and Disparity of African American children in the following areas:

- Children entering Foster Care - There is a significant disparity between African American children compared to children of any other ethnicity entering care. African American children are approximately 5 times more likely to enter foster care.
- Children in Foster Care - African American youth are disproportionally represented in Foster Care compared to their percentage in the population.

Improvement Goal 3

Reduce the incidence rate of removals for African American children by 5% per year. The baseline incidence rate for removals of African American children is 11.4/1000. Thus, by the end of the 3-year SIP, we hope to have the incidence rate of removals of African American children reduced to less than 10/1000 – a rate that we have never previously achieved.

Strategy 3A	**Strategy Rationale**
Continue efforts to support staff in culturally and ethnically competent Family Engagement.	Use of culturally competent engagement strategies will assist families to build on their strengths and link families with community leaders and resources.

Milestone	Timeline	Assigned
Provide ongoing training for cultural knowledge and competence in communication and engagement with families, peers and community partners. Drill down into the individualized family culture rather than just ethnicity/race.	Year 1 - 3	Staff Development Manager
Explore non-traditional resources and services that are relevant to case plan goals and support families in attaining goals in a manner that best matches the cultural values of the family.	Year 1	Administrative Team
Develop conversation guides for supervisors to lead staff in discussions of disproportionality at all unit and review meetings every other month.	Year 2	Operational Division Managers

Strategy 3B	**Strategy Rationale**
Provide a forum for discussing cultural and ethnic issues. Raise disproportionality and disparity awareness of Social Services Staff, community and agency partners, legal entities, and community members	Increase the awareness of the issue of disproportionality allows for the on-going enhancement of knowledge regarding the youth in the foster care system and their needs which would allow them to remain in their family homes safely

Milestone	Reconvene the Cultural Competency Oversight Committee	Timeline	Year 1	Assigned	Administrative team
	Address issues of personal bias and support staff in strength based language in written case documentation.		Year 2		Staff Development Manager
	Present information to mandated reports on disproportionality and disparity in reports of suspected abuse to enhance awareness of how bias may impact families reported within in their own organizations		Year 2		Administrative Team
	Present regular data reports to staff on the topic of disproportionality		Year 1-3		Research and Evaluation Manager
	Re-establish regular training which addresses staff personal biases related to poverty vs. neglect and standards for adequate care of children.		Year 1-3		Staff Development Manager

Strategy 3C Prior to entering care or within 7 days of being in care all African American children ages 5 and under and their families will be scheduled for a TDM.			**Strategy Rationale** In an effort to address the disparity in African American families being offered Family Maintenance services the department will invite families with children ages 5 and under to participate in a family centered activity whose goal will be to identify alternative safety services available to families which allow children to remain in their family.		
Milestone	Continue Team Decision Making meetings for African American Children under the age of 5 who are as risk of removal or immediately following removal	Timeline	Year 1-3	Assigned	Operational Division Managers, TDM Supervisors
	Review for compliance with children eligible compared to those served.		Year 1-3		Research and Evaluation Manager
	Explore reasons why TDM's are not held and address process based on outcome of assessment.		Year 1-3		Operational Division Managers, TDM Supervisors

	Develop a case review process for African American children who have been removed from home		Year 2-3		Operational Division Managers
Strategy 3D Utilize feedback from consumers – parents and youth, in order to assist in improving culturally informed services.			**Strategy Rationale** We need feedback from our consumers in order to understand their experience in being a part of our system in order to improve our service delivery.		
Milestone	Develop a mechanism for getting feedback from parents and youth who have been involved in our system	Timeline	Year 1	Assigned	Research and Evaluation Manager and Administrative Team
	Analyze information gathered from consumers and look for ways to improve service delivery as well as service gaps		Year 2		Administrative Team

2. CAPIT/CBCAP/PSSF Plan

Please reference the SIP team listing earlier in this document.

Child Abuse Prevention Council (CAPC)

The Director for the Child Abuse Prevention Council in Contra Costa has played an integral part in improving the coordination of the county's child abuse and neglect service system, while providing the most broad-based educational programs for professionals, service delivery staff, consumers and community residents. In addition to being part of our SIP team, she sits as an ex officio member of the FACT Committee (CAPC is ex officio only because the they are funded with CAPIT/CBCAP monies and they would be in a conflict position if they were permitted to vote on the allocation of other funds).

The Contra Costa Child Abuse Prevention Council has a long and successful history in this county. Established in 1976, it was designated as the county's Child Abuse Council by the Board of Supervisors in 1982, when the Council was assigned the task of being the Coordinating Agency of the Interagency Child Abuse System Review Committee. It is a strong, active Council that has been instrumental in developing numerous prevention programs and activities in the local child abuse delivery system. They have also taken a leadership role within the California Consortium of Child Abuse Councils and are involved in other statewide activities. Specifically, the Council provides:

1. Coordination of Services: To facilitate coordination and communication between public and private agencies involved in child abuse prevention/treatment.

    a. Child Abuse Systems Review Committee (CASRC):
    CAPC serves as the coordinating agency for the CASRC, a multidisciplinary committee to identify problems in the child abuse response system, which hinders effective delivery of services, and to make recommendations to improve the child abuse system in Contra Costa County.

    b. Child Death Review Team
    CAPC acts as the coordinating agency for the Contra Costa County Child Death Review Team. This is a multidisciplinary team, which reviews cases of child death for the purpose of enhanced coordination among agencies involved in child death investigation and prosecution.

    c. Multidisciplinary Training and Education Committee
    The purpose of this committee is to coordinate planning and development of regular cross training bringing law enforcement, child welfare, schools, health and other disciplines together to improve multidisciplinary working relationships.

d. Children's Sexual Abuse Interview Center Advisory Committee (CICAC.) CAPC serves on the CICAC and provides the administrative support for the committee and assistance in policy development for the effective use of the Interview Center.

2. Information Sharing: To produce and disseminate information and materials on child abuse prevention, reporting and treatment.

a. West County Satellite Office:
CAPC maintains a satellite office in the Richmond Police Substation as clearinghouse for information and a base for training volunteers.

b. Surviving Parenthood Resource Directory: (attached)
A comprehensive resource directory of primary prevention and support services throughout the County. The publication is available in multiple languages and covers an array of services ranging from housing and shelter to childcare.

c. Baby Bag Project:
Baby bags are canvas tote bags filled with educational materials such as "Surviving Parenthood" and "Bringing Up Baby: A Guide to Parenting" and handouts on SIDS, Shaken Baby Syndrome and other parenting issues. Baby Bags are given to every new mother delivering at Contra Costa Regional Medical Center, Doctor's Hospital, and Sutter Delta Hospital.

d. Lending Library:
CAPC maintains a lending library including books, films, video and audiotapes, periodicals, and educational handouts for children and adults.

e. Educational Handouts and Brochures:
CAPC develops and distributes a wide range of informational brochures and handouts available free to the public.

f. Phone Referrals:
CAPC acts as the County's clearinghouse for child abuse prevention information and education responding to approximately 900 calls from concerned community members, parents and professionals regarding suspected cases of child abuse.

3. Public Education: Coordinate community education and training for professional regarding child abuse prevention/treatment.

a. Community Education Program:

The Community Education Program reaches over 20,000 people throughout the county by providing workshops and trainings and distributing Baby Bags, bi-lingual as appropriate.

b. Multidisciplinary Training and Education Committee:

The purpose of this committee is to coordinate planning and development of regular training for professionals in child abuse issues.

c. Annual Conference

CAPC sponsors an educational conference addressing child abuse and domestic violence issues.

Each April, CAPC coordinates Contra Costa County's participation in National Child Abuse Prevention Month activities.

4. Advocacy: To advocate for child abuse prevention on the local, State and Federal level and through program development.

a. Legislative Committee:

CAPC's Legislative Committee meets monthly to review and take action on legislation effecting children's issues, including the California Children and Families First Initiative.

5. Family and Children's Trust Fund (FACT):

CAPC acts in an advisory capacity to the FACT Committee providing advocacy for needed services for children and families and input regarding priorities for services to be funded by the County's Children's Trust Fund.

6. Special Needs Fund:

CAPC continues to maintain its Special Needs Fund to support clients of community-based agencies and the general public by providing small cash grants to help meet the "special needs" of families in which children may be in jeopardy or at-risk for abuse.

Contra Costa County is fortunate to have this proactive Child Abuse Prevention Council that has been diligent in its efforts to provide public education about child abuse and neglect, promote the development of comprehensive services within the county and provide a forum for the overall planning and coordination of services through public and private providers. The Council meets monthly, with additional meetings on an "as needed" basis.

The Following chart indicates the dollar amount Contra Costa uses from varied sources to support our local CAPC:

FUND	Dollar Amount
CAPIT	$103,860
CWS	$20,822
PSSF Family Support	$93,556
SA HIV	$93,658
Keller Canyon	$44,000
Other: *(State Family Preservation Funds, Federal Grants, CWSOIP,)*	$158,000

C. Promoting Safe and Stable Families (PSSF) Collaborative

The Child Welfare Redesign (CWR) Steering Committee is the collaborative body that provides oversight and direction to the county's PSSF program. This Committee was convened in February 2001 by Children & Family Services (CFS) from various stakeholders comprised of community agencies (including PSSF collaborative members), faith based community, key county officials, law enforcement, the Child Abuse Prevention Council Director, former foster youth, and parents/consumers, to help CFS shape its new approach to child welfare system. With the help and guidance of the Steering Committee, CFS adopted a Child Welfare Redesign Plan, which now puts emphasis on prevention and early intervention and promotes developing strong partnerships with the community and sharing responsibility to child protection. Since our PSSF services are aligned with our overall Child Welfare Redesign efforts, the

CWR Steering Committee's role has been expanded to include the provision of oversight to CFS related to the PSSF program.

A Contra Costa County remains committed to a high level of collaboration with its community partners and has included a wide variety of stakeholders in the development of its SIP, CWR and CAPIT/CBCAP/PSSF plans. Moreover, local community partnership committees comprised of individuals from local community-based agencies, and faith-based organizations, schools, county agencies, foster parents and parent partners/consumers, meet in each target area on a monthly basis. These local based meetings keep the community apprised of the progress of our overall child welfare redesign efforts, promote ongoing collaboration, and ensure that there is an avenue in which community members can share ideas and concerns, and work as a team towards the shared responsibility of protecting children in the community.

Local community partnership committee members were active in the development and implementation of the "Keeping Children Safe" survey that was conducted in 2003. They also helped to establish the funding priorities for the CWR mini grants issued over the past six fiscal years.

Children & Family Services has also worked closely with the First Five Commission, the Family and Children's Trust Fund, the Health Department's Partnership for Public Health, and other funders to promote coordination of local efforts and minimize unnecessary duplication.

Our current PSSF plan builds upon the foundation that was created during the early years of our PSSF program. As we move towards the implementation of this Plan, Contra Costa County recognizes the need to continually employ a collaborative, transparent and community-driven planning process.

D. County Children's Trust Fund (CCTF) Commission, Board, or Council

In 1982, the Board of Supervisors of Contra Costa County established the Family and Children's Trust Committee (FACT), to make recommendations to the Board on the allocation of a variety of funds for prevention and intervention services to reduce child abuse and neglect, provide supportive services to families of young children, and promote a more coordinated, seamless system of services for families.

FACT Committee members are appointed by the Board and include private citizens with expertise in a variety of family and children's issues including: child welfare and child abuse/neglect services, public health, education, substance abuse, family law, early childhood education, mental health, and family, maternal and child health. In addition, the Director of the Contra Costa Child Abuse Prevention Council sits as ex-officio member of the Committee and participates in all matters except actually voting

on funding recommendations (as the Council is a FACT-funded contractor, this would constitute a conflict of interest.) All other FACT Committee members are without any conflict of interest in relationship to any FACT-funded community-based non-profit agency, nor any agency that might apply for funds.

The broad areas of expertise brought by the members of the FACT Committee have helped to ensure an unbiased, multi-disciplinary and focused approach to the planning, coordination and funding of prevention and intervention services through community-based agencies, and the improved functioning of the child abuse and neglect system in the county.

Every two years, the Family and Children's Trust Committee (FACT) conducts a Community Needs Assessment to identify gaps in prevention services and help determine the priorities for the use of the funds for which the Committee has responsibility (CAPIT, CBCAP, Birth Certificate, and Trust fund donations.) This assessment consists of an on-line survey sent to an extensive number of local non-profit service agencies, representatives of public agency programs, community leaders, and other private citizens to elicit their input regarding service needs.

The FACT Committee also holds well-publicized Public Hearings to encourage interested individuals, clients, and community service delivery staff to provide in-person testimony about needs in their communities. Phone surveys of "key community informants" are also conducted to provide additional information about needed services from politicians, agency staff, community-based organizations (CBO's) and community residents not normally involved in the county's child abuse system.

The results of these assessments and hearings, along with information from needs assessments done by other agencies/programs (e.g. First 5, Health Department, United Way, etc.), are analyzed to develop the priority areas for services. Following this priority setting, the Committee develops and releases and RFP to interested private, non-profit CBO's, soliciting proposals for programs addressing the priority service areas. The Committee reviews, discusses and ranks each resulting proposal during an open public meeting and then makes its' recommendations to the Board of Supervisors on the programs to be funded based on the available monies in the Trust Fund. The final decision on program awards rests with the Board of Supervisors.

Programs are funded for one year with the possibility of continuing for a second year pending availability of funds, adherence to all contract requirements, and evidence of goal achievement based on data collection and twice-yearly project monitoring site-visits conducted by FACT Committee members.

Currently, the FACT Committee makes funding recommendations to the Board of Supervisors on the combined Child Abuse Prevention Intervention and Treatment (CAPIT) funds, Birth Certificate revenue, Community-Based Child Abuse Prevention (CBCAP) funds, and private donations to the county's Family and Children's Trust

Fund. They also are responsible for allocating a portion of the county's childcare funds derived from a hotel occupancy tax.

D. Parent Consumers

Understanding that parents and consumers of services provide the most tangible evaluation of the interventions offered, we fully integrate the support of our parent and other consumer base into all facets of our self-assessment, program design, and service implementation. To that extent, former foster youth and parents participate in our Peer Quality Case Review (PQCR) and sit on the SIP Team Composition. Furthermore, through a partnership with our local CAPC, we have a Parent Partner Program. The mission of the Parent Partner Program is to help families to develop supportive relationships that will strengthen and support parents and families involved in the child welfare system, and to honor their ability to draw on family strengths and resources in order to facilitate timely permanency for their children. Parent Partners are life-trained paraprofessionals who have successfully negotiated the child welfare system.

Over the duration of this 3-year plan, we will be exploring the viability of expanding the Parent Partner Program to include a Youth Mentor Program. Similar to the Parent Partners, Youth Mentors will be former foster youth who have emancipated the foster care system. Their primary function will be to work one-on-one with current pre adolescent and adolescent foster youth, providing peer support and information regarding invaluable resources such as education, life skills, housing and employable skills as the youth navigate his or her way through foster care placement and prepare for independence. Our Parent Partner program offers a wealth of knowledge and experience in two ways:

- As ***parent advocates,*** the Parent Partners serves as a mentor for parents currently involved in the system.
- As ***parent leaders,*** the Parent Partners act as the "parent's voice" as participants on various committees and workgroups.

Parent quotes:

> "You have an attorney. You have a social worker. And then there's a judge. There's all these people against you. They're all sitting over here, and you're this little lone person sitting over here by yourself, and they're telling you all this stuff that you've been doing wrong. (Your Parent Partner) is like that star, like that light in a bunch of blackness that you're like – oh, god; somebody that will help me. (She's) here for you." ~~Birth Parent
>
> "She's like a steady rock. When we are in a difficult situation about this or that and we want to know what we can do, she orients us" ~~Birth Parent

F. The Designated Public Agency

The Employment and Human Services Department, through the Children & Family Services Bureau (CFS), is the county public agency designated to provide oversight for CAPIT, CBCAP and PSSF programs.

The mission of Children & Family Services (CFS) is to protect children from abuse and neglect and to promote the well being of children and their families. When children cannot be cared for by their families due to safety issues, they are placed with other families that are willing to make a lifelong commitment to them. CFS works in collaboration with the community toward healthy independence for families and their children.

CFS believes in the following core values:

- Children should be raised by family.
- All people should be treated with respect
- Cultural diversity should be respected.

The Child Welfare Redesign Committee and the Family and Children's Trust Committee also provide guidance and policy direction to CFS. CFS also has a staff person that serves as program monitor for PSSF and CAPIT/CBCAP funded programs. The program monitor, who serves as the liaison between the service providers and the County, is responsible for ensuring that these programs are carried out in conformance with state and federal regulations. Regular site visits (quarterly and/or biannually) are conducted to ensure program compliance.

CFS formulated and adopted its existing CAPIT/CBCAP/PSSF approved Plan and vendor contracts. The Plan is a collaborative product of the county and its community partners, and takes into account community needs assessments, child welfare statistics and county demographics. The Plan targets areas of high-risk communities in the county based on factors such as poverty, unemployment, school success, child health and welfare, and child removal rates. Our services target the most vulnerable children and families in our communities including monolingual Spanish speaking families and foster and adoptive families.

The Plan builds upon our core vision of ***providing neighborhood-based services that promote safe, stable, and healthy families and communities.*** In addition, this plan is closely aligned to our Child Welfare Redesign plan (Contra Costa is one of 11 Cohort 1 counties implementing state-supported child welfare reforms), which places emphasis on prevention and early intervention and promotes strong partnerships with the community. The services funded are designed to offer comprehensive, community-based, culturally competent family support that utilizes a coordinated, family-centered approach. The prior plan included a way to respond to the widespread problem of disproportionality among African Americans in the child welfare system by providing

intensive case management services to African American families with children 0-2 years of age throughout the County with special focus on our West County communities. While this continues to be a focus for the county the funds which now funds this activity is thru the use of First Five, County Trust Fund and Medi-Cal.

To avoid a break in the delivery of services to children and families, we are extending our contracts with currently funded non-profits who were selected under the original plan as we prepare the Request for Proposal (RFP) process, a requirement to be held every three years. Current contracts were awarded following a strict adherence to county RFP procedures and ensured a fair selection process. Successful bidders demonstrated certain basic qualifications such as the ability to deliver effective, collaborative, community-based, culturally competent services, the evidence of broad-based community support and the ability to sustain programs through use of leverage.

We have strong collaborative with our community partners and have elected to continue our existing contracts as we complete the RFP process. Our current community partners have both exhibited a commitment to providing optimal services to our communities and have maintained an exemplary compliance to our agreed upon contracts.

Current services funded under this integrated plan include parent education and support services, family counseling services, substance abuse prevention and intervention services for families and/or children, community-based case management, after school care, respite services, kinship supportive services, mentoring programs, gang prevention services and information and referral services. Each service component has specific goals and outcomes that are closely monitored through regular site visits, monthly collaborative meetings and other reporting tools such as surveys and mid-year/year-end reports. Data collected from each project during the site-visits and from reports are compiled for county reporting purposes. The county has designated a Liaison who is administratively responsible for the oversight, and monitoring of the service components as well as county reporting and fiscal oversight of all PSSF/CAPIT/CBCAP funds PSSF-Funded Projects.

County data for child welfare participants is collected and compiled in our CWS/CMS database to measure incidents of abuse and neglect. Abuse and neglect rates are categorized according to age, race, sex, and abuse type. Through this baseline data, zip codes in Contra Costa County with high child abuse and neglect rates were identified and PSSF programs are located in these communities.

The PSSF collaborations are located in child welfare redesign target areas and we are working with the county redesign data group to measure child abuse and neglect rates over time. These rates will be analyzed in conjunction with PSSF internal outcomes, objectives, and indicator data to make judgments on service impact and future service delivery.

Each year, reports describing PSSF service provision and effectiveness are developed and analyzed. These reports help explain how many people are served, how effective services are, and how much variance there is from the previous year's baseline data.

In addition to the data that is collected from each project during the site-visits, the CAPIT/CBCAP projects are required to maintain accurate data to comply with the State's Reporting forms for these projects. Site-visit teams are responsible for monitoring adherence to these reporting requirements during the visits.

The final report for each project is compilation of data for the two years that provides service statistics (how many people, how many visits, etc.), data on the achievement of specific goals that were outlined in their proposals, and anecdotal information to explain in what ways clients have indicated their satisfaction with services and the effectiveness of the services to ameliorate problems. All of the CAPIT/CBCAP and PSSF projects have the ability to transmit data and information electronically.

The County's Employment and Human Services Department has responsibility for the fiscal oversight of these programs. Our Fiscal Unit maintains all of the financial and accounting records (in electronic formats) related to these programs, including demands and invoices. Separate tracking of CAPIT/CBCAP/PSSF fiscal data is done by our Fiscal Unit. Our contracts also have audit requirements that must be met by our providers.

As we review the hard work and effort put forth since our last County System Improvement Plan, we remain steadfast in our commitment of collaboratively working with our community partners towards the shared responsibility of protecting our children and building stronger communities. We are proud of the strides we've made through our CAPIT, CBCAP, and PSSF programs. Through our funded services, we continue our efforts of improving the lives of our most vulnerable children and families and effecting positive changes that would promote stronger and safer communities in Contra Costa County.

As the designated public agency, CFS utilizes three separate needs assessment processes, along with recent county child removal statistics, in the development of its CAPIT/CBCAP/PSSF plan. The first needs assessment used was the Community Needs Assessment conducted by the Contra Costa Community Services Department in July 2003. This report includes basic county demographic information, including birth rates and county educational statistics. The second needs assessment process used was the August 2003 *Keeping Children Safe* survey conducted by CFS in collaboration with its community partners. The goal of this survey was to identify service gaps in the specific target communities of Child Welfare Redesign. The third process utilized was the FACT Committee's three-part Needs Assessment. Data collected from these 3 different needs assessment were used to guide CFS in making service priorities for our CAPIT/CBCAP/PSSF Plan.

A. Community Needs Assessment/County Demographics

Contra Costa County's Community Services Department conducted a needs assessment and demographics report (based on 2000 census data) in July 2003. While the data reflects a median family income of $73,039 - overall, the county is economically disproportionate and divided. There are areas of great affluence as well as many areas in the county that are extremely impoverished and have significant problems in areas of family and community stability, low school achievement rates, rapidly growing immigrant populations whose language is other than English, high rates of child abuse and neglect reports and out-of-home placements, inadequate housing and transportation, and poor perinatal and other health outcomes. San Pablo and Richmond in West County, and Pittsburg and Bay Point in East County are the communities in Contra Costa that have the highest percentage of its population below the poverty level. The unemployment rate for the county overall is 4.9% as of April 2004, with San Pablo (10%), Richmond (9.3%) and Pittsburg (6.9%) once again having the highest level of unemployment within the county.

Per the 2000 Census, Contra Costa County has a total population of 948,816. The population is predominantly white (58%), followed by Hispanic (17%), Asian (11%) and African American (9%). Less than 1% of the population is Native American. Although whites make up about 60% of the county's population, they constitute only 46% of the child population. This trend is reversed in the Hispanic population due to a higher birth rate – they constitute 18% of Contra Costa's population but 25% of the child population. The Hispanic community is fast growing in Contra Costa and if State projections hold true, Hispanics will make up 40% of the county's population by 2050 (as per California Department of Finance projections). The Monument Corridor in Central County is the area that has the highest concentration of Hispanics in the county.

The 2000 census also shows there were 251,794 children between the ages of 0-17. Of this number, close to 10% are living in poverty. 19,082 of the children are 0-5 living in very low-income household. Upwards of 44,000 children in the county qualify for free or reduced lunches. Contra Costa ranks 47th in highest rate of child poverty out of the 58 counties of California.

The county experiences approximately 13,000 births per year. Of these, an average of 613 are to teen mothers, (28.4 per thousand) 5,121 to first-time parents (40% of all births,) 858 are low birth-weight babies (6.6% of all births,) and 1508 mothers received no or only 3rd trimester prenatal care.

As the children age, additional poor outcomes are prevalent. The dropout rate for children in grades 9-12, is 6.4% with the heaviest concentration of dropouts in the 8 specific zip codes that correspond to the target areas for the Plan.

B. 2003 *Keeping Children Safe Survey*

Contra Costa is one of 11 Cohort 1 counties in the state that has implemented significant state-supported child welfare improvements through our Child Welfare Redesign Plan. The plan calls for early intervention and prevention services and building strong communities in the targeted areas (by zip codes) through community partnership. In August 2003, CFS, in collaboration with our community partners, conducted a Family-to Family community needs survey to identify service gaps in the target communities of Child Welfare Redesign. The survey, of which 60% was administered door to door in the respondent's native language, was conducted in West County (Richmond 94801,94804 and San Pablo 94806), Central (Monument Corridor 94518,94519,94520) and East County (Antioch 94509 and Pittsburg 94565). The intent of the survey was to identify the types of services families currently use, what services they believed that "families needing help with children" might need, what services were lacking in the community. It also identified types of barriers families had accessing needed services. There were 2,165 survey respondents.

More than 70% of the survey respondents were women. In terms of ethnicity, the majority of West County respondents (58%) were African American, while the majority of respondents in Central County (89%), Antioch (68%) and Pittsburg (44%) were Hispanic. The survey results illustrate the unique service needs in each area of the County. For example, in West County, alcohol and drug prevention services, after school care, and gang violence prevention/intervention ranked among the top service needs identified by families. In Central County, English as a Second Language (ESL) classes, after school childcare and mental health services were the top service needs. In East County, respondents identified alcohol and drug prevention services, after-school childcare and gang intervention, as the services families needed most. In Central County and East County (which both have a high number of Hispanic families), language was identified as the top barrier to accessing services.

C. Child Removal Rates By Zip Code

In terms of child welfare statistics, there were 9,848 unduplicated counts of child abuse/neglect reports in 2003 and of this number, close to 2,000 were substantiated. In that same year, 843 children entered a child welfare supervised placement for the first time. East County had the highest number of child abuse and neglect referrals in 2003, with Antioch (zip code 94509) leading at 1,230 and Pittsburg (zip code 94565) at 1,187. West County followed with Richmond (zip codes 94801 and 94804 combined) at 1,302 and San Pablo (94806) at 640. Concord's Monument Corridor came third with a total of 1,013 referrals (zip codes 94518, 94519, 94520 combined).

In 2009 there were 7610 unduplicated counts of child abuse/neglect reports. In that same year, 647 children began receiving child welfare supervised services for the

first time. The children and families receiving services continue to come from the area's targeted in the 2003 report with a shift in the percent from each area served. In 2009 46% of the families live in the eastern part of the county with our central county region serving 29% and west serving 25%.

Results of the Needs Assessments: PSSF Service Priorities

Based on careful analysis of the aforementioned assessments, we have established funding priorities for comprehensive, culturally competent family support services that may include:

- Increased linkage to community resources including housing, childcare, health services
- Case management services for at-risk families
- After-school resources
- Teen programs including drop in centers, mentoring, and gang prevention
- Parent education
- Supportive services for relative caregivers and adoptive families
- Alcohol and Other Drug (AOD) prevention/education
- Mental Health services
- Domestic violence/anger management services

In the target areas of:

- Richmond and San Pablo (zip codes 94801 and 94804)
- San Pablo (zip code 94806)
- Concord (Monument Corridor zip codes 94518,94519,94520)
- Pittsburg and Bay Point (within zip code 94565)
- Antioch (within zip code 94509)

Results of the Needs Assessments: CAPIT/CBCAP Service Priorities

The results of the FACT Committee's needs assessments (see page 6 for a description of the process) is the basis for development of the priorities for services. These priorities are reviewed and further refined by the Family and Human Services Committee of the Board of Supervisors to ensure their congruence with county policies.

Following this priority setting, the Committee develops and releases an RFP to interested private, non-profit, community-based organizations soliciting proposals for programs addressing the priority service areas. The Committee reviews, discusses and ranks each resulting proposal during an open public meeting and then makes its recommendations to the Board of Supervisors on the programs to be funded based on

the available dollars within the four funding streams. The final decision on program awards rests with the Board of Supervisors.

Programs are funded for one year with the possibility of continuing for a second year pending availability of funds, adherence to all contract requirements, and evidence of goal achievement based on data collection and twice-yearly project monitoring site-visits conducted by FACT Committee members

The most recent needs assessment was completed in the late winter of 2008. Following analysis of all the surveyed information, an RFP was released in March 2009 to solicit proposals from community-based agencies countywide.

The funding priorities for the RFP derived from the needs assessment were:

- Culturally and linguistically appropriate, evidence-based parent education programs in two high-risk areas of the county;
- Supportive group, individual and peer-led counseling for families with children who have developmental, physical and low-incidence disabilities;
- Bilingual/bicultural case management, counseling and parent education services for Spanish, Farsi, Bosnian and Russian speaking families;
- Case management, group counseling, resiliency training and child therapy for children and families impacted by sexual assault and family violence;
- Educational, supportive and therapeutic services to children of substance-abusing parents and their families;
- Parenting and life skills education, mentoring/tutoring, child care and health education to teen parents that encourages continued school enrollment, understanding child development and the adoption of positive parenting practices;
- Hospital outreach and engagement services to enroll high-risk families in coordinated home visiting programs immediately after the birth of their child.

In addition to these specific priorities, the FACT Committee requires that all projects integrate the following principles into their projects:

1. Adopt a strong family-centered approach in the design and delivery of services for families and children.
2. Apply best and promising practices in program design, methodology, and delivery of services.
3. Demonstrate planning and coordination with other public and private agencies serving the same client population.
4. Provide access to culturally and linguistically appropriate client-driven services.
5. Systematically encourage client and community resident participation in planning, developing and assessing services.

6. Facilitate accessibility of services (location, transportation, hours of operation, availability of childcare, etc.)
7. Leverage FACT funds with funding from other sources.

G. The Role of the CAPIT/CBCAP/PSSF Liaison

CFS has designated a program monitor who serves as the liaison to ensure that all program, fiscal, and statistical requirements are met in a timely manner. In addition to other assigned duties, the liaison is responsible for the RFP process, the creating and monitoring of contracts, routine site visits, contractual compliance, data collection and analysis, and preparing and submitting all required state mandated reports. Additionally, the liaison sits on the FACT Committee as a staff person overseeing CAPIT and CBCAP funding compliance. In this role, the liaison is also responsible for reporting directly to the Board of Supervisors and the Family and Human Services Committee in regards to funding priorities, committee membership, and budget review.

PSSF collaborative agencies meet with the program monitor every month to review progress towards achievement of program goals and work on any plan amendments that may be needed. The program monitor also ensures that required data collection is done properly and consistently, and that providers comply with the reporting requirements of their contract. The program monitor also provides technical and fiscal assistance and is responsible for the overall program coordination and preparation of required reports.

The program monitor works with the FACT Committee who has developed a monitoring/evaluation and project oversight plan for all of the FACT-funded projects (not only CAPIT/CBCAP) whereby each project receives site-visits by a team of FACT Committee members and provides significant outcome and process data during the course of their project. There are two site-visits conducted in the first year to ensure projects have been able to implement their new services according to the agreed upon timetable. This allows FACT committee members to provide technical assistance, if required, before any problems/issues can escalate and jeopardize the success of the programs.

In the second year of funding, only one site-visit is conducted because the Committee spends such a significant amount of time on the Needs Assessment process and developing the RFP for the next two-year funding cycle. However, in lieu of a second site-visit, each project is required to submit a comprehensive final project report for the entire funding period (two years).

To ensure that each project receives the same careful monitoring, the FACT Committee has developed a specific instrument that is universally used during the site-visits. Each Project Director submits the completed form prior to the site-visit so the Team has time to review it, note any questions, and then use the questionnaire to structure the conversation with all of the staff of the project. This approach has worked well for FACT

and the site-visit teams have often been able to provide significant technical assistance before any problems serious barriers to goal achievement.

I. Local Agencies – Request for Proposal

PSSF: During this Plan (FYs 2010-2011), Children and Family Services will continue to deliver PSSF services under the existing PSSF collaborative agencies. These contractors were selected through a competitive bid process - Request for Proposal (RFP) # 1085 in March 2006. In 2009, understanding that the CAPIT/CBCAP/PSSF plan would be integrated into our county System Improvement Plan, we elected to extend all existing contracts under the plan to be in sync with the SIP. At this time, we are extending said contracts for an additional fiscal year as we begin the new RFP process that reflects the areas of improvement as identified in our County Self Assessment.

The previous RFP reflected program/service delivery changes that complemented our original SIP and CWR plans, as well as, better streamlined our combined funding allocation for CAPIT/CBCAP/PSSF.

The following activities were conducted in preparation for the issuance of the RFP:

1. Updated the 2003 Keeping Children Safe Survey to ensure that the results were still current and relevant in the target communities.
2. Collected updated data regarding CFS child removal rates.

The results of the aforementioned activities, along with our CWR goals and basic service tenets, provided the foundation for our RFP. As in the past, successful bidders were expected to demonstrate the following:

1. Ability to deliver collaborative, community-based family support services that are culturally competent and sensitive;
2. Effective programs in child abuse and prevention that offer a strong family-centered approach in the design and delivery of services for families and children;
3. Ability to leverage PSSF funds with other public or private funding sources;
4. Capability to transmit data electronically and provide meaningful evaluation using specific and measurable outcomes;
5. Active involvement within the CWR target area and evidence of broad-based community support;
6. Sound fiscal practices and procedures.

With strict adherence to county RFP procedures (in terms of publishing, conducting mandatory bidders' conference, selecting review panel members, evaluating proposals) the RFP was an open and fair process. At least one of our parent partners and a community member (who has no conflict of interest) was invited to sit on the independent review panel. The successful bidders were recommended for funding to

our Board of Supervisors, after which individual contracts were awarded. Programs were funded for one year with the possibility of renewal pending availability of funds, adherence to all contract requirements, and evidence of goals achievement.

As we move forward with our new RFP process, we will conduct a comprehensive process that mimics prior processes.

CAPIT/CBCAP: Please refer to pages 18-20 of this Plan (CAPIT/CBCAP Needs Assessment: Priorities for Service) for discussion of CAPIT/CBCAP RFP process. Based on the RFP process concluded in 2009, six projects were awarded contracts for FY 2009-2010. These projects are eligible for a second year of funding pending availability of funds, adherence to all contract requirements and achievement of stated goals per their proposals.

Another RFP cycle, beginning with a new needs assessment process, will be undertaken beginning fall, 2010.

J. CBCAP Outcomes

Each of the CAPIT/CBCAP projects has specific goals and objectives identified in their contracts. These short term, intermediate and long-term goals as well as specified measurement and data collection plans. Goal and outcome achievement are monitored by the FACT committee via reports, site-visits, and survey data collection (e.g. satisfaction surveys.) Our specific CAPIT/CBCAP services goals and outcomes are as follows:

i. Engagement: Through our multiple collaborations and contracts with Community Partners, Contra Costa County strives for optimal client participation and satisfaction. Through pre and post tests, and client satisfaction surveys, programs are evaluated to determine the following:

- 100% Client satisfaction
- 95% Client voluntary participation
- Increased outreach efforts
- Client expressions of trust of service providers and programs that are both readily accessible and culturally sensitive

ii. Short –Term Outcomes: Through our extensive contract monitoring and site visit process, Contra Costa County ensures that PSSF/CAPIT/CBCAP funded programs are carried out in conformance with state and federal regulations and program compliance. The short term goals for Contra Costa County are as follows:

- Improved self-esteem
- Improved academic performance
- Improved confidence in parenting and coping skills
- Better awareness of positive discipline techniques

- Better awareness of community resources
- Recognition of personal responsibility
- Increased awareness and education of community/health related issues
- Increase awareness of domestic violence
- Increase in personal leadership skills
- Increase in housing acquisition skills
- Increase awareness of adoption related topics including but not limited to PTSD, attachment,. family violence and child development
- Increase awareness of child abuse and neglect
- Increase understanding of the disease of addiction and the impacts of alcohol and drug abuse

iii. Intermediate Outcomes:

- Increased use of community resources
- Increased awareness of domestic violence, family violence and abuse and participants ability to create safety plans
- Increased positive conflict resolution skills
- Increased family functioning
- Increased social functioning and basic life skills
- Increased physical fitness/activity levels
- Increased collaborative efforts between community partners/service providers
- Increased family connections to multiple family activities
- Decrease instances of alcohol and illegal substance abuse Increased academic success and rates of high school graduations
- Decreased truancy and school drop-out rates

iv. Long-Term Outcomes:

- Decreased instances of community violence/gang involvement
- Decreased instances of domestic violence, child abuse and neglect
- Decreased instances of family isolation
- Decreased rates of teen pregnancy
- Affordable housing for at risk families
- Healthy and stable family lifestyles
- Stable and permanent adoptions
- Improved employment rates and decreased rates of poverty
- Improved community based support networks for families
- Increased healthy development and self-sufficiency into adulthood
- Increased coordination and integration of contractor services to improve family stability and prevent child abuse and neglect

K. CBCAP Peer Review Activities

The county has a rigorous evaluation system for all of the CAPIT/CBCAP, Birth Certificate, and private funds that are placed in the County's Children's Trust Fund. The funds are blended to achieve maximum impact form the services, and are all monitored by the FACT Committee. Likewise, the FACT Committee has developed an evaluation system over the years that both tracks goal achievement of individual projects, but also identifies needs for technical assistance to minimize lack of goal achievement.

Specific peer review activities will include the utilization of the county's collaborative of community partners representing multidiscipline's across the county as well as parent and other consumers. The collaborative will also serve as a vehicle whereby CBCAP funded projects and their impacts on the community are reviewed.

L. Service Array

The combined CAPIT/CBCAP/PSSF funded programs are supporting an array of programs designed to provide prevention and intervention services to reduce child abuse and neglect, provide supportive services to families of young children, promote the overall well-being for children and their families, and promote a more coordinated, seamless system of services for families.

The determination of funding services is predicated on the participation and collaboration of a vast number of professionals, agency/program staff, service providers, community residents, consumers, and the general public. The various needs assessment processes that we conduct and utilize are carefully constructed and implemented to ensure that the largest number of respondents will participate and that the most accurate information is achieved. In addition, in order to foster a completely unbiased and information-driven RFP process, the county uses only the information from its extensive needs assessments to develop funding priorities and the consequent service delivery.

M. CAPIT/CBCAP/PSSF Services and Expenditure Summary

Please see attached worksheets.

Appendix 1.

FACT Committee Membership

The following FACT Committee members were involved in the needs assessment process, priority setting, and competitive bid processes.

1. Vacant; Chairperson

2. Naomi Zipkin: (nzip@prodigy.net) Child development specialist; early childhood education consultant.

3. Marianne Gagen: (mgagen@pacbell.net) South County Board of Education.

4. Lisa Johnson: (lrjohnson@firstfivecc.org) Contract manager, First 5 Contra Costa

5. Carol Carrillo: (capccarol@sbcglobal.net) Executive Director, Contra Costa Child Abuse Council.

6. Belinda Lucey: (blucey35@earthlink.net) Education specialist.

7. Mary Calvo: (mcalvo3@gmail.com) Education.

8. Cheryl Barrett: (cbarrett1@ehsd.cccounty.us) Parent Partner, Child Abuse Prevention Council

9. Rhonda Smith: (smithr@ehsd.cccounty.us) EHSD Staff for Committee

Appendix 2. CAPIT/CBCAP/PSSF Services and Expenditure Summary

CAPIT/CBCAP/PSSF Program Description

Description of Current PSSF-Funded Services for FYs 2010-12

The following service information relates to those PSSF projects that will be funded in FYs 2010-12, during the current SIP cycle. The PSSF target population includes: children at risk of child abuse and neglect (in particular, children under the age of 5); low-income and/or at-risk families; families impacted by domestic violence; at-risk children and teens; special needs children; low-income and/or at-risk Spanish speaking families; children in foster care or out-of-home placements; relative caregivers; adoptive children and their families.

Below is a list of PSSF services that will be funded under this Interim Plan. All of these services are wholly or partially funded by PSSF dollars.

1. **Collaborative Projects**

Pittsburg/Antioch (East County)

The Healthy Families Collaborative: Brighter Beginnings as the lead agency, One Day at A Time, Success Through Self Academy, and First Baptist Church.

Purpose of Program:

To provide a comprehensive, community-based continuum of services for low-income, at-risk families, children and youth residing in Pittsburg and Antioch.

Target Population:

Low-income, at-risk families, children and youth residing in our East County areas including minority populations, children with special needs and their families, children at high risk of abuse and neglect, and children under the age of 14.

Services:

- Mentoring services, gang and violence prevention support and parenting education classes
- Recreational scholarships to low income families and at-risk children
- After school tutoring and mentoring services
- Housing referral and case management
- Family Support, Advocacy and Referral Services
- Summer youth program
- Leadership training to community via an after school program specifically for teens

Bay Point (East County)

Bay Point Teen Center and Project Youth Opportunities Unlimited (YOU) : Ambrose Community Center as the lead agency, Youth Development Leadership Corps, Mt. Diablo Unified School District CARES after-school program.

Purpose of Program:

Bay Point Teen Center is a program that provides Bay Point teens an array of services including youth development, mentoring, tutoring, and leadership opportunities for low-income Bay Point youth between the ages of 12-18 years.

Target Population:

Low-income, at-risk youth residing in our East County areas including minority populations, youth with special needs and their families, youth at high risk of abuse and neglect.

Services:

- Recreational scholarships to low income families and at-risk children
- Youth leadership training
- Spanish Parenting classes
- After-school program

Richmond (West County)

The Neighborhood House of North Richmond/Helms Middle School Collaborative: Helms Middle School as the lead agency and Neighborhood House

Purpose of Program:

Integrates community-based case management services to both at-risk for truancy and truant students and their families, providing supportive services such as parenting workshops and food and/or housing referral assistance, and individual and/or group counseling services.

Target Population:

Low-income, at-risk families, children and youth residing in our West County areas including students who are truant or at-risk of truancy, minority populations, children with special needs and their families, children at high risk of abuse and neglect, and children under the age of 14.

Services:

- Parenting workshops
- Individual and group counseling
- Tutoring and academic support

- Food and/or housing referral assistance

North Richmond (West County)

North Richmond collaborative: Center for Human Development as lead, Neighborhood House Multicultural Senior Center and the City of Richmond Public Library/LEAP

Purpose of Program:

To provide services that strengthen and support children and their families (including foster and adoptive children and their families) who are primarily from North Richmond, Richmond and San Pablo.

Target Population:

Low-income, at-risk families, children and youth residing in our West County areas including minority populations, children with special needs and their families, children at high risk of abuse and neglect, and children under the age of 14.

Services:

- Mentorship/academic support for grades 4-6 Verde Elementary school students (Verde placed in the lowest percentile in standardized testing among state schools)
- Mentorship program by seniors for at-risk youth (many are foster youth)
- Gang prevention services*
- After-school care and recreational activities for low-income children and youth
- Job Readiness training
- Family Support, Advocacy and Referral Services
- KidzLit academic reading program

Richmond-Coronado Area (West County)

The Greater Coronado All That collaborative: YMCA of the East Bay as lead, Early Childhood Mental Health, Family Stress Center, and West Contra Costa Youth Services Bureau

Purpose of Program:

Through multiple programs, the collaborative provides services to assist teen youth as they transition into adult, support the social and educational development of children from low income families, and offer a therapeutically-

focused psycho-educational group for mothers of children preschool age and up who are experiencing difficulty with parenting.

Target Population:

Low-income, at-risk families, children and youth residing in our West County areas including minority populations, children with special needs and their families, children at high risk of abuse and neglect, and children under the age of 14.

Services:

- Support group for expelled students
- Gang prevention services
- Mentorship/support program for teen girls
- Therapeutic services for violence-exposed children
- Parenting classes
- After school care and recreational activities for low-income children and youth
- Therapeutic support group for Spanish-Speaking first time mothers via the "Ser Mama" program
- Therapeutic support group for grandparents and relative caregivers

Concord(Central County)

Monument Community Partnership Collaborative: The Monument Community Partnership Collaborative and STAND! Against Domestic Violence as the lead agency

Purpose of Program:

To provide comprehensive services to monolingual, low-income, at-risk families, children and youth residing in Central Costa County.

Target Population:

Low-income, at-risk families, children and youth residing in our Central County areas including minority populations, children with special needs and their families, children at high risk of abuse and neglect, and children under the age of 14.

Services:

- Teen mentoring program
- Immigration supportive services
- Parenting Education classes
- Spanish Speaking Domestic Violence support groups
- Domestic violence awareness and support

2. **Community-Based Case Management Services** - *Differential Response Services provided by Multiple (8) faith and Community Based Organizations throughout the County*

Purpose of Program:

To provide preventative community-based case management services in phase-in areas for families with children under five at-risk of entering the Child Welfare System. Families are linked to community case management services to help them secure needed services, enhance family functioning and avoid further need for CFS involvement. Differential response serves families living in the communities with the highest rate of child abuse/neglect referrals.

Target Population:

Low-income, at-risk families, children and youth, including minority populations, children with special needs and their families, children at high risk of abuse and neglect, and children under the age of 14.

3. **Intensive Family Preservation Services** - *EMQ/FamiliesFirst*

Purpose of Program:

The Intensive Family Preservation Program provides ongoing case management services that engage and establish a positive rapport with families who have been referred from existing Child Welfare cases who are experiencing multiple stressors impacting their ability to parent effectively and who are consequently at risk of having their children placed in out of home care. Services include but are not limited to: case management, psychosocial assessments, family needs assessments, and twenty-four (24) hours emergency response.

Target Population:

Low-income, at-risk families, children and youth, including minority populations, children with special needs and their families, children at high risk of abuse and neglect, and children under the age of 14.

4. **Parent Partner Services** - *Child Abuse Prevention Council*

Purpose of Program:

To help families to develop supportive relationships that will strengthen and support parents and families involved in the child welfare system, and to honor their ability to draw on family strengths and resources in order to facilitate timely permanency for their children. Parent Partners are life-trained paraprofessionals who have successfully negotiated the child welfare system.

Target Population:

Low-income, at-risk families, children and youth, including minority populations, children with special needs and their families, children and families who are involved with child welfare due to abuse and or neglect.

5. **Kinship Services** - *EMQ/Families First as lead agent, Family Stress Center, and Youth Services Bureau*

Purpose:

To provide community based support services to relative caregivers so that children can remain with their extended families and avoid placement in the foster care system. Services include: respite care, therapeutic support groups, educational forums, tutoring for children, case management, recreational activities for caregivers and youth, limited emergency assistance, and legal services including guardianship applications

Target Population:

Children and youth placed in out-of-home care and their relative care providers, including low-income families, minority populations, children with special needs and their families, children under the age of 14.

6. **Adoption Services** – *Family Stress Center, Freddie Sharp, and S. Farnum-Sholer*

Purpose of Program:

To provide an array of support services to children and their adoptive families, during and after the adoption process. Services include educational advocacy and support services (including referrals to tutoring and other special educational needs), mediation services and access to support groups and adoption resource centers.

Target Population:

Children and youth placed in out-of-home care and may be or are in the process of becoming adopted and their families, including low-income families, minority populations, children with special needs and their families, children under the age of 14.

7. Child Abuse Prevention and Intervention Education and Awareness Services: *Child Abuse Prevention Council (CAPC)*

Purpose of Program:

To improve the coordination of the county's child abuse and neglect service system by providing the most broad-based educational programs for professionals, service delivery staff, consumers and community residents.

Target Population:

Education, awareness and outreach efforts are for the general population including education and supportive services to help low-income, at-risk families, including minority populations, children with special needs and their families, children at high risk of abuse and neglect, and children under the age of 14.

Services:

- The coordination of services and communication among public and private agencies involved in child abuse prevention
- The coordination of community education and training for professionals regarding child abuse prevention/treatment
- Advocating for needed changes in existing services and/or the addition of services to promote child abuse prevention/treatment
- Dissemination of materials relating to child abuse and neglect
- Promoting the coordination of child abuse prevention/treatment programs in obtaining funding limited to generic programs rather than to specific agencies
- Maintaining a library related to child abuse for use by professional and general public
- Advocacy on local, state and federal levels for legislative changes to promote child abuse prevention/treatment
- Collaboration with the Welcome Home Baby Program and the First 5 Contra Costa Commission

Description of Current CAPIT/CBCAP Funded Services for FYs 2010-12

Following completion of the competitive bid process, the Board of Supervisors accepted all of the funding recommendations put forward by the FACT Committee to be funded by CAPIT/CBCAP. The Family and Children's Trust Committee continues to oversee, monitor, and provide technical assistance to the projects, all of which are designed to provide prevention and early intervention services to isolated and at-risk families of young children, are wholly or partially supported with the CAPIT/CBFRS funds. Each is described below.

Ujima Family Recovery Services
The Children's Recovery and Education Project

Purpose of Program:

To provide intensive services to children ages 6 to 16 who have been affected by parental substance abuse issues, and also provide services to their families, including foster and kinship families.

Target Population:

Low-income, at-risk families, children and youth of substance abusing parents, including minority populations, children with special needs and their families, children at high risk of abuse and neglect, and children under the age of 14.

Services:

- Kids' Groups and Teen Groups
- Individual and Group Counseling
- Parenting Education classes and Multifamily Groups
- Resource and Information Referral

Community Violence Solutions
Nurturing Families After Violence

Purpose of Program:

To contribute to the overall well-being of children who have been sexually abused and/or impacted by family violence by: 1) assisting children in healing from the trauma through therapeutic interventions, 2) assisting parents to build parenting skills, and 3) addressing obstacles to family stability through case management. This combination of services promotes healing for the child while also building parents' skills and stability to nurture their child and support their healing.

Target Population:

Children who have been sexually abused or impacted by other forms of family violence, including low-income, at-risk families, minority populations, children with special needs and their families, children at high risk of abuse and neglect, and children under the age of 14.

Services:

- Case management services
- Trauma Focused therapy
- Resource and Information Referral

Contra Costa Association of Retarded Citizens (ARC), CARE Parent Network

Parent Connections III

Purpose of Program:

To provide services to families with children who have developmental, physical and low-incidence disabilities by training peer facilitators, operating nine support groups throughout the County, including a parent education class for Spanish-speaking parents, providing individualized support to families in need, and educating the larger community about the care options for families whose children have disabilities

Target Population:

Families with children who disabilities, including low-income, at-risk families, minority populations, children with special needs and their families, children at high risk of abuse and neglect, and children under the age of 14.

Services:

- Case management services
- Peer support groups
- Parent Education classes
- One-on-one support
- Community outreach
- Resource and Information Referral

Jewish Family and Children's Services of the East Bay
The Multilingual Family Support Program

Purpose of Program:

To provide comprehensive multicultural prevention and intervention services for new refugees and immigrants identified as at-risk or with a history of child abuse and/or neglect. Services will be targeted primarily at the immigrant populations in the Latino, Afghan, Russian and Bosnian communities with the intent to improve family functioning within refugee and immigrant families at risk of child abuse or neglect and family dysfunction, or who have actual incidents of child abuse and/or neglect.

Target Population:

New refugee and immigrant families identified as at-risk or with a history of child abuse and/or neglect including low income families, children and youth of substance abusing parents, including minority populations, children with special needs and their families, children at high risk of abuse and neglect, and children under the age of 14.

Services:

- Bilingual/bicultural can management services
- Individual and Family Therapy
- Multilingual school/family interventions
- Parenting Education and Support groups
- Multilingual Resource and Information Referral

Mt. Diablo Unified School District
Crossroads High School Teen Program

Purpose of Program:

To provide supportive services to pregnant and parenting teens on the Crossroad High School Campus of the Mt. Diablo Unified School District. The services address the emotional, social and academic needs of the students and their children through the provision of counseling in English and Spanish, reading enrichment, parenting support and education, quality child care while the teens are attending classes, and life skills/self-sufficiency planning and development activities.

Target Population:

Low-income, at-risk families, children of teen parents, including minority populations, children with special needs and their families, children at high risk of abuse and neglect, and children under the age of 14.

Services:

- Daily Child Care
- Individual and Group Counseling
- Parenting Education classes and Multifamily Groups
- One-on-One Tutoring and Mentoring Services
- Resource and Information Referral

Child Abuse Prevention Council (CAPC)
Nurturing Parenting Program

Purpose of Program:

To provide multilingual, culturally relevant parent education classes for families at-risk of child abuse/neglect, the agencies

Target Population:

Low-income, at-risk families, including minority populations, children with special needs and their families, children at high risk of abuse and neglect, and children under the age of 14.

Services:

- Multilingual, culturally relevant parenting education classes
- Resource and Information Referral

Franklin, Henry@DSS

From: Patrick Harrington [harripb@ehsd.cccounty.us]
nt: Friday, April 30, 2010 11:38 AM
o: Franklin, Henry@DSS; Valerie Earley
Subject: RE: SIP questions

Hi Henry,

Here are the answers to your questions.

Yes, Contra Costa is still using the CAT and according to the management team, the county plans to continue using the CAT until a single risk assessment tool is decided upon in conjunction with deployment of the new CWS/CMS. We have explored changing to SDM but it was determined that the training/rollout and complete implementation would take too much time - especially if we were going to change to a new risk assessment tool in a few years.

I will have to research the answer to your question about the years (dates) of the use of our CWSOIP funds since 05/06.

The quarter and date of the data used for SIP document was generally consistent with that used in the CSA - 2nd quarter 2009. We did, however use additional and more timely data from SafeMeasures and direct county data pulls whenever possible in order to have the latest data and information avaialable for the SIP.

When did you want to have a brief telephone call this afternoon? Can you do 3pm?

Cheers,
Pat

Patrick Harrington, PhD
Research/Evaluation Manager
Contra Costa County
Children and Family Services
925-313-1773
harripb@ehsd.cccounty.us
pharr8@pacbell.net

From: Franklin, Henry@DSS [mailto:Henry.Franklin@dss.ca.gov]
Sent: Friday, April 30, 2010 11:04 AM
To: Patrick Harrington
Subject: FW:

Hey Patrick, thanks for the update on your phone number (again). Can you address the email below for me please.

Thanks

P.S. We will be reviewing Contra Costa's county SIP on Monday. I anticipate that I will not be able to address some of the questions that may come my way. Generally, per our new process, the county usually reports out on their SIP via nference call, our initial arrangement as I understood it would be done differently in the case of Contra Costa but, as ings often change I will reconfirm that no conference call will be done in this instance.

At some point today I will need to speak with you, what is the latest time today when you can set aside 15 minutes for a brief call with me? I have a few questions such as, is Contra Costa still holding firm to using the CAT tool? What are the years (dates) of the use of your CWSOIP funds since 05/06?
'as today the day we initially established to review the CSA edits?

From: Franklin, Henry@DSS
Sent: Monday, April 26, 2010 3:13 PM
To: 'Patrick Harrington'
Subject:

Greetings,

Patrick, I'm completing an analysis of your 3 year SIP and I'm curious as to what Quarter and date of the data report did you use?

Henry Franklin, MSW
California Department of Social Services
Outcomes & Accountability Bureau
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Franklin, Henry@DSS

From: Patrick Harrington [harripb@ehsd.cccounty.us]
nt: Tuesday, May 11, 2010 3:59 PM
o: Franklin, Henry@DSS; Valerie Earley
Cc: Briggs, Peggy@DSS; Albright, Yvette@DSS; Harper, Patricia@DSS; Gloria Halverson
Subject: RE: SIP Review

Hi Henry,
I have forwarded your email to Valerie. Unfortunately, she is out of town this week and both she and I (and others) will be in DC the following week at an ACF conference on Comprehensive Assessment. I am telling you this because Valerie will not have had a chance to look at any changes I make. Valerie has been clear that she wants me to consult with her before sending anything to CDSS and OCAP.

I will try to contact Valerie in order to get some direction from her on this.

Cheers,
Pat

Patrick Harrington, PhD

Research and Evaluation Manager

Children and Family Services

harripb@ehsd.cccounty.us

925-313-1773

From: Franklin, Henry@DSS [mailto:Henry.Franklin@dss.ca.gov]
Sent: Tuesday, May 11, 2010 2:18 PM
To: Patrick Harrington
Cc: Briggs, Peggy@DSS; Albright, Yvette@DSS; Harper, Patricia@DSS
Subject: SIP Review

Hello Patrick,

The purpose of this email is to provide feedback to Contra Costa County regarding the System Improvement Plan submitted to CDSS on April 22, 2010. The Children's Services Operations Bureau (CSOB) and the Office of Child Abuse Prevention (OCAP) have determined that the following items need to be incorporated into the SIP :

CSOB:

- The SIP matrix illustrates the strategy timeframes as Year 1, Year 2 and Year 3. Please provide a specific beginning and end date by month, day and years that these strategies will be accomplished.

- For the Outcome Measure C3.1 Exits to Permanency (24 Months in Care) it is recommended that specific language be added that helps make the strategic goals more measurable. Example: Decrease the number of youth in long term care by 10%.

- Please change the Period of Plan from 2 years to 3 years.

OCAP:

- Provide descriptions for all program(s)/practice(s) identified on the Three-year CAPIT/CBCAP/PSSF Services and Expenditure Summary Proposed Expenditures Workbook.

- Include a brief description of how and where the county's children's trust fund information will be collected and published.

The OCAP acknowledges that the BOS approved SIP will include the required assurances, approvals, resolutions, rosters and Notice of Intent.

Once the above changes have been incorporated please resubmit the SIP for CDSS review by May 17, 2010. If you have any OCAP specific questions please contact OCAP consultant Patricia Harper by email at: Patricia.Harper@dss.ca.gov, or call (916) 651-6711. If you have any O&A questions please contact Henry Franklin at Henry.Franklin@dss.ca.gov or by phone at (916) 651-9932.

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