

Placer County System Improvement Plan

March 26, 2010 – March 25, 2013

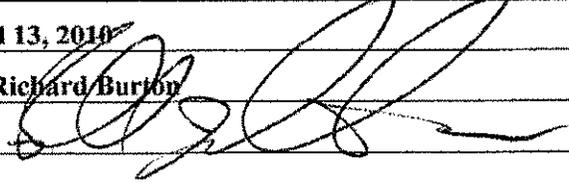
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CWS/Probation Cover sheet

California's Child and Family Services Review System Improvement Plan	
County:	Placer County
Responsible County Child Welfare Agency:	Placer County Children's System of Care
Period of Plan:	March 2010 - 2013
Period of Outcomes Data:	Quarter ending: July 2009 see FOOTNOTE #2, PG 7
Date Submitted:	April 6, 2010
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Signature:	
County Chief Probation Officer	
Submitted by:	County Chief Probation Officer
Name:	Steve Pecor
Signature:	
Board of Supervisors (BOS) Approval	
BOS Approval Date:	April 13, 2010
Name:	Dr. Richard Burton
Signature:	

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The SIP Narrative

Introduction

This document presents Placer County's System Improvement Plan (SIP) for its Child Welfare System. Unique among California counties, Placer County administers child welfare services as an integral part of the Systems Management, Advocacy and Resource Team (SMART), Children's System of Care (CSOC). The system is governed by the multi-agency SMART Policy Board, consisting of the Chief Probation Officer, the Director of Health and Human Services, the Public Health Officer, and the Deputy Superintendent of Schools, and chaired by the Presiding Juvenile Court Judge. Within the traditional county departmental structure, child welfare services are located within the Health and Human Services (HHS) Department.

CSOC is a fully integrated, full-scale system which has provided a continuum of services including Child Welfare Services, Adoptions Services, Foster Care Licensing, Mental Health, Substance Abuse, Foster Care Eligibility, portions of Probation, Foster Youth Services, Alternative Education and elements of Community Health programs since 1988. It operates under the vision, "All children, adults and families in Placer County will be self-sufficient in keeping themselves, their children and their families safe, healthy, at home, in school/employed, out of trouble and economically stable." Its mission is to "ensure that all public programs for children and families will provide services in a comprehensive and integrated manner, regardless of the agency door by which families enter." All services are administered through integrated CSOC teams.

The Accountability Process: Self-Assessment, System Improvement Plan, Peer Quality Case Review

The System Improvement Plan is the third of three county activities required by the federal government as implemented in California by AB 636 (2004). Every three years, all California counties are required to conduct a California Child and Family Services Review (C-CFSR) of all child welfare services administered by both CSOC and Probation. The 2009-2010 Placer C-CFSR includes a Peer Quality Case Review of agency practice (completed in March 2009); the County Self-Assessment (CSA), a comprehensive assessment of agency systems and review of progress on state and federal child welfare outcomes (completed in November 2009); and a System Improvement Plan (SIP).

The guiding principles of the SIP, enumerated by the California Department of Social Services and embraced by Placer County CSOC, are:

1. The goal of the child welfare system is to improve outcomes for children and families in the areas of safety, permanency, and well-being.
2. The entire community is responsible for 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.
3. To be effective, the child welfare system must embrace the entire continuum of child welfare services, from prevention through after care services.

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4. Engagement with consumers and the community is vital to promoting safety, permanency and well-being.
5. Fiscal strategies must be considered that meet the needs identified in the Self Assessment.
6. Transforming the child welfare system is a process that involves removing traditional barriers within programs, within the child welfare system, and within other systems.¹

Methodology

Since 2004, Placer County CSOC and Probation have engaged in intensive efforts to implement a range of strategies to improve performance on state and federal child welfare system outcomes. In August 2008, the third round of the triennial California Child and Family Services Review C-CFSR commenced with planning for the March 2009 Peer Quality Case Review (PQCR). The county focused on two outcomes where performance was relatively weak. Child Welfare Services took a hard look at placement stability – reducing the number of placements for children in care between eight days and a year. Probation addressed reunification within twelve months for youth in out-of-home placement, particularly focusing on family engagement. The findings and recommendations from the Peer Quality Case Review are included in Appendix A. Between March and November 2009, the Accountability Work Group composed of CSOC, probation and court staff, and representatives of community collaboratives, parents, providers, family resource centers and others started work on the County Self-Assessment. The Summary of the CSA is included in Appendix B. The chart on pages 14 and 15 shows how the strategies included in the SIP address findings of the PQCR and CSA.

Composition of SIP Planning Team

The Accountability Work Group also developed the SIP. Table 1 shows its membership and which group each member represents.

¹ County Self-Assessment (CSA) process Guide, Version 3.0, 2009

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Table 1

Name	Agency	Representation
Candyce Skinner	Placer County Children's System of Care, Department of Health and Human Services	<ul style="list-style-type: none"> • CWS administrators, managers, and social workers (includes CAPIT/CBCAP /PSSF Liaisons) • County Board of Supervisors designated agency to administer CAPIT/ CBCAP/PSSF Programs • County mental health
William (Chuck) Parcher	Placer County Probation Department	Probation administrators, supervisors, and officers
DeAnne Thornton	KidsFirst (formerly Child Abuse Prevention Council of Placer County)	Child Abuse Prevention Council/Children's Trust Fund Commission
Christi Meng	United Advocates for Children/CSOC	Parents/consumers
Kathryn Hart	CASA	Court Appointed Special Advocates
Sandra Boyd	Sierra Forever Families	Provider – Adoptions
Christy Simpson	CSOC	CWS Social Worker
Miranda Long	CSOC	CWS Supervisor
Kristin Siles	CSOC	CWS Senior Practitioner
Laurie Antuzzi	CSOC	Foster Care Licensing
Renee Verdugo	CSOC	County Mental health
Steve Martinson	CSOC	Supervisor, Program Evaluator, Data Expert
Julie Cockerton	CDSS	CDSS representative, technical assistance
Lynn DeLapp	Consultant to CSOC	Davis Consultant Network
Denise Taylor	CSOC	CWS Social Worker
Barbara Powell	CSOC	CWS Supervisor
Anno Nakai	Sierra Native Alliance	Native American Tribes
Tami Brodnik	Unity Care	Independent Living Skills provider
Julie Clavin	CSOC	CWS Adoptions Staff
Theresa Sanchez	CDSS	Office of Child Abuse Prevention

Other Core Representatives

- Resource Families and Caregivers - A resource parent initially joined the group, but then other commitments required her withdrawal.
- Juvenile Court Bench Officer - Bench officers are part of the SMART policy board. At this time the Bench is currently operating 2.5 bench officers short of recommended staffing levels.
- County Health Department – Invited, chose not to participate.
- PSSF Collaborative – Placer County is currently re-evaluating its PSSF planning process.
- Youth representative - Although a youth representative did not sit on the workgroup, they were represented by the supervisor of our Independent Living Skills community provider. Youth input was gathered in a focus group conducted during the Peer Quality Case Review process, and through a list of problems gathered by the Youth Transitional Action Team (page 99 of CSA). Youth input will continue to be sought throughout the implementation and monitoring of the SIP.

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Developing the SIP

Step 1: Data Gathering - For data report information, see footnote on page 7

The 2009 PQCR and Self Assessment were used as the basis for this 2010 System Improvement Plan, supplemented by data gathered from several sources. Major sources of data include:

- **Research on Outcomes and Systemic Factors.** Accountability Work Group sub-committees comprised of CSOC and Probation staff and community members were assigned to research and analyze the data (including PQCR results) included in the CSA as well as other sources of information from CSOC and Probation. Each sub-committee examined priority outcomes and systemic factors, reviewed the literature, developed logic models and recommended activities to be included in the SIP. Sub-committee recommendations were presented and discussed by the entire Accountability Work Group. Decisions on strategies and milestones were made by consensus of the entire work group.
- **Peer Quality Case Review.** Two Accountability Work Group sub-committees addressed the outcomes examined during the PQCR. The sub-committees were charged with incorporating PQCR recommendations, where appropriate, into the SIP.
- **Focus Groups.** Data from seven focus groups conducted as part of the PQCR and two focus groups conducted as part of the CSA were integrated into the Self-Assessment, and informed many of the strategies included in the SIP. Focus groups included:
 - **Probation Senior:** The sole Placer Probation Senior overseeing placement was requested to participate in a one-on-one interview.
 - **Group home staff:** The Probation placement officers invited group home administrators and staff to attend a special meeting. They provided insight on reunification within 12 months. (See SIP Strategy 5.2)
 - **Court staff:** Probation managers invited all Court staff working on probation cases to attend a focus group. The discussion informed strategies on reunification within twelve months.
 - **Parents of youth in probation placement:** The Probation placement officer invited the parents of youth currently in care to attend a special meeting. These parents provided insight into family engagement with Probation. (See SIP strategy 5.1)
 - **CWS Youth:** CWS social workers, the Transitional Housing Program and the Placer Youth Advocate recruited young people who were either currently or formerly in foster care to attend a special dinner meeting. The youth provided personal data on factors related to placement stability. In addition, a separate list of recommendations developed by youth was included in the Self-Assessment.
 - **Child Welfare Services supervisors:** The focus group was held during a regularly scheduled staff meeting, and provided insight on numerous systemic factors.
 - **Foster Parents:** The foster parent work group provided numerous suggestions related to placement stability. (See SIP strategy 1.5)
 - **Staff and Community Partners:** The Accountability Workgroup invited all CSOC staff and community partners to participate in two CSA focus groups to

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went from 33.3% and not achieving the federal goal to 54.5%, well above the goal.

- For C3.2, (exits to permanency) Placer just barely missed the national goal by 1.2%. Placer exceeded the goals on the other two measures included in the long term care composite. Although Placer CWS had a low start in FY1998-99, we quickly shot up to 100% for the next 3 years and have remained fairly stable in the 96 to 98% range. 98% or greater is the federal standard for this measure. Placer met the federal goal in 2007 and narrowly missed the goal in 2006 and in 2008.
 - 2B and 2C Timely response to 10 day investigations and monthly social worker contacts. Data indicates that Placer has struggled to meet the state goal, but has shown much improvement in recent months. This was focus in the prior SIP. As to monthly social worker contacts, Placer has historically done well and only recently faltered at 88.7%. This was not an outcome that was selected for focus as the current budget climate indicates that staffing challenges will continue to impair Placer's ability to meet this goal. In the current fiscal year CSOC has lost 3 of 12 investigators and 2 of 11 on-going social workers and will not hire replacement staff.
- **Areas requiring new thinking and new solutions.** Placer selected outcomes which had not been addressed in previous SIPs. The group felt that strategies supporting outcomes included in previous SIPs were underway and headed in the right direction.
 - **New initiatives to address key outcomes underway but need additional attention and resources.** Placement of American Indian Children was selected because other special projects within CSOC had discovered significant needs in that area. Based on preliminary research conducted by the Native Child Welfare Workgroup for a SAMHSA grant, it appears that placement data, particularly for multi-cultural American Indian children was unreliable and probably inaccurate due to misidentification of these children, and that American Indian children were likely frequently placed outside their community, often with caregivers who had little knowledge of American Indian culture. Further, a task group including members of the American Indian community had already been formed to address these issues.

Step 3: Selection of Improvement Goals³

Once outcomes were selected, Improvement Goals were selected. All trend data and charts are described in detail in Placer County's most recent CSA.

- **Placement Stability - Children in care 8 days to one year (CWS).** The Placement Stability sub-committee reviewed recent trends, the number of children involved, available resources and the likely impact of their recommended strategies. The team

³ All outcome data in the CSA and SIP is drawn from Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Glasser, T., Williams, D., Zimmerman, K., Simon, V., Putnam-Hornstein, E., Frerer, K., Cuccaro-Alamin, S., Winn, A., Lou, C., & Peng, C. (2009). *Child Welfare Services Reports for California*. Retrieved June 2009 from University of California at Berkeley Center for Social Services Research website. URL: http://cssr.berkeley.edu/ucb_childwelfare

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Step 4: Developing a Rationale: Review of Current Research

As part of the logic model described below, each work group subcommittee reviewed the research on evidence-based practices to improve the priority outcomes. Below we briefly summarize key research findings relevant to the outcomes and strategies selected. These findings underpin the Rationale for each of the selected strategies.

- **Placement Stability.** The Northern California Training Academy, The University of California, Davis, Extension Center for Human Services conducted a literature search on placement stability⁴ for the 2009 PQCR. The review identified effective ways to reduce placement instability, including support and training for foster parents; concurrent planning, placement-specific services such as transportation assistance, respite care and foster-family counseling; child specific services such as mental health and recreational services; increasing caseworker retention; allowing children to participate and represent their decisions; recognizing the importance of the children's possessions; early intervention; screening and recruitment of foster parents, and including the family in the decision-making process for finding placements.
- **No Recurrence of Maltreatment.** The development of a Case Review Tool is consistent with the research in that the primary purposes of the tool are to formally review attendance in services outlined in the case plan on a monthly basis and address any issues that are interfering in the parent(s) ability to meet the case plan goals. The research in this area suggests that actively engaging families by helping them attend their services may reduce the likelihood of future maltreatment. In one study (DePanfilis & Zuravin) families who attended the services in their service plans were 33% less likely to experience a recurrence of child maltreatment while their case was active⁵.

The After Care Plan Tool is designed to develop natural and community supports for families that are exiting the Child Welfare System. Research in this area indicates that "social service organizations, places of belonging in the community, friends, and family are critical factors in mitigating the difficult life circumstances of parents involved with CPS"⁶.

Placement of American Indian Children. The goals and strategies outlined in the Placer CSOC SIP Plan for Outcome 4E: Placement of American Indian Children, are designed to implement the requirements of the Indian Child Welfare Act (25 U.S.C. Section 1901 et seq.; and the Multi-ethnic Placement Act and Amendments (PL 103-82 and PL 104-188). Specifically addressed in this plan are best practice standards for 1) implementing the affirmative and ongoing Duty to Inquire; 2) demonstrating Active Efforts to provide culturally-appropriate services in order to prevent the breakup of the

⁴ UC Davis Extension Center for Human Services, Placement Stability in Child Welfare Services: A Review of the Literature, August 2008/

⁵ DePanfilis & Zuravin, The Effect of Services on the Recurrence of Child Maltreatment, Child Abuse and Neglect, 26 (2), pp. 187-205

⁶ Manji, Maiter, & Palmer, Community and Informal Social Support for Recipients of Child Protective Services, Children and Youth Services review, 27 (3), pp. 291-308).

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Indian family; 3) consideration of Prevailing Social and Cultural Standards for culturally appropriate case planning; and 4) following the Placement Preferences as outlined in the Indian Child Welfare Act (ICWA). In addition to the federal minimum standards of ICWA, this plan incorporates the best practices guidelines as outlined in Senate Bill 678-California Indian Law.

As proper identification is important for appropriate placement of American Indian children, this plan will provide training and protocols for appropriately identifying American Indian children in the Placer County child welfare system. By utilizing the Native Family Liaison as a cultural broker and advocate, and the Native Family Services Team as a resource for care planning and referrals; this plan utilizes best practices for ensuring active efforts to provide culturally appropriate care planning and service provision (Passports for Native Children: A Best Practice Approach for Tribal Advocates Working with Native Children Who Have Suffered Abuse, Tribal Law and Policy Institute www.tlpi.org 2006; National Resource Center for Foster Care and Permanency Planning- Information Packet: American Indian Children in Foster Care www.hunter.cuny.edu/socwork/nrcfcpp 2003).

By recruiting, certifying and training American Indian foster homes; this plan creates resources for Placer County to more readily comply with the placement preferences as outlined by ICWA which prioritizes placement of AI children in AI homes. The plan also provides for a training program for non-AI foster families to provide culturally supported foster care placements (All My Relations: Best Practices for Placement of American Indian Children Foster Parent Training Video. Washington Department of Social and Human Services http://www.dshs.wa.gov/video/ca/All_My_Relations.asx).

- **Reunification for Probation Youth, Focusing on Family Engagement.** Although no research has been published specifically on the impact of family engagement practices on reunification of youth within the probation system, there have been more general studies related to engaging high risk families. Factors found to affect family engagement include individual/family factors, such as severity of problem behaviors, parent issues, substance abuse, parent perceptions, youth willingness to accept responsibility; and caseworker and agency characteristics, including the process of interaction between caseworkers and youth, and the level of caseworker warmth.⁷

Step 5: Selecting Strategies

The first step in selecting strategies was to review existing and partially implemented strategies which address the outcome, and to assess their impact. The sub-committees identified the following activities. (Partially Implemented activities are designated PI.)

⁷ UC Davis Extension Center for Human Services, Linking Family Engagement Practices with Timely Reunification: A Review of the Literature.

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Placement Stability – Strategies and activities include Team Decision-Making (TDM) (PI), the Kinship Support and Services Program, Foster and Kinship Education Program, the Foster Parent Support Group and Concurrent Planning.

No Recurrence of Maltreatment – Strategies and activities include Family Team Meetings, TDM, elimination of substantial risk as an allegation and reducing voluntary cases for moderate/high-risk families prior to opening court cases (PI).

Placement of American Indian Children (CWS) – Strategies and activities include a review of data on American Indian placements (PI), (See CSA summary, Appendix B, page 42) exploring computer narratives on demographics for multi-Cultural Indian Children (Non-ICWA) to permit identity as multi-ethnic or American Indian (non-ICWA) (PI), and collaborating with the Sierra Native Alliance, Native Child Welfare Workgroup, and Native Family Services Team to improve CWS services for American Indian youth (PI)

Reunification in 12 months/family engagement (Probation) – Strategies include expanded, more in-depth, in-person monthly contacts with families, youth and providers.

Next, each subcommittee analyzed potential strategies using a modified logic model based on the following questions:

Logic Model Questions

Which outcome are you addressing? _____

Proposed strategy _____

____ New Strategy/Program

____ Continue existing strategy program

____ Expand or change existing strategy/program? How?

Analysis of Strategy

1. What problem(s) does it address? Does it address an important need?
2. What activities are included? Are there varying levels of activity? How much of each activity is provided? How much should be provided?
3. What is its Scale? (What is appropriate – the existing level of effort? More? Less? Who does it serve? Any target populations?)

Resources/Inputs Needed to be Effective (improve outcomes)

4. Are there adequate staff, time, other resources? How many staff are needed? Are staff/partners available to implement the program? Will staff need additional training? If so, what and how much?
5. Is funding available to implement/expand/change it? How much funding is available, needed? Are there sources of additional funding?

Implementation: How are you going to implement the strategy?

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6. What must be done to implement/change this strategy? (i.e. develop guidelines or protocols, hire or contract staff, inform or train staff and partners, etc.)
7. What is the timeline to accomplish these steps?

How do you/will you know if it works?

8. Why do you think the strategy will work/does work? (i.e. evidence-based, previous efforts, etc.)
9. How will you track activities?
10. How will you track impact/effectiveness?
11. Does it appear to be efficient/cost-effective to implement?

Is it worth doing???

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The following chart identifies which strategies emerged from PQCR and CSA findings.

Outcome	New Strategies/Activities	PQCR /CSA Finding
Placement Stability (CWS)	1. Expansion of TDMs (PQCR and CSA) <ol style="list-style-type: none"> a. Initiate TDMs for initial placements within 5 days of detention hearings b. Ensure TDMs held for all placement changes 	PQCR Recommendation #5: Initiate TDMs at initial removal; ensure TDMs are held before placement changes. CSA finding: TDMs rarely held at initial placement, inconsistently held at placement changes.
	2. Create and use interview tools for youth for placement matching (PQCR)	PQCR – Recommendation #2: Develop procedures to ensure that social workers consider cultural differences such as religion, food, beliefs, traditions, etc., in addition to ethnic difference in making placement decisions.
	3. Create and use parent questionnaire for placement matching (PQCR)	Recommendation 3: Develop procedures and provide tools and assistance to social workers to improve and expedite family, NREFM and other appropriate placements. CSA reported on
	4. Relative/NREFM education (PQCR /CSA) <ol style="list-style-type: none"> a. Create Resource guide of services/supports b. Create data base, inform relatives/NREFMS about all trainings 	PQCR – Recommendation #2: Develop procedures to ensure that social workers consider cultural differences such as religion, food, beliefs, traditions, etc., in addition to ethnic difference in making placement decisions. Recommendation 3: Develop procedures and provide tools and assistance to social workers to improve and expedite family, NREFM and other appropriate placements.
	5. Provide refresher training on concurrent planning to social workers (PQCR)	CSA and PQCR– Finding that many foster parents need training on behavioral issues, and that relative and NREFM caregivers need education and support to maintain placements; relatives tend to lose touch with children if they are not selected as foster parents.
No Recurrence of Maltreatment (CWS)	1. Continue to open fewer Voluntary cases	PQCR: Barriers and challenges; concurrent planning for older children is inconsistent.
	2. Develop Case Plan Tool; monitor progress at each monthly contact	Identified as key strategy by SIP workgroup, per 11/09 removal of Substantial Risk as an allegation. PQCR – recommendations from CSOC staff; informal discussions with peer county case reviewers;

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	<p>3. Develop and monitor After-Care Plan tool for families with open cases</p>	<p>CSA internal factors reported no system is in place to monitor client progress, ensure that natural supports are in place, to avoid repeat allegations or provide county-funded services after cases are closed. The SIP team posited that recurrence of maltreatment could be reduced if after-care plans were developed for families with open cases.</p>
<p>Placement of American Indian Children (CWS)</p>	<p>1. Correct data entry errors</p>	<p><i>All findings of CSA focus group on least restrictive placement and Native Child Welfare workgroup</i></p>
	<p>2. Train social workers to properly identify children of American Indian heritage and input data accurately</p>	
	<p>3. Develop and implement referrals for American Indian children to Native Services Team and Native Cultural Broker</p>	
	<p>4. Develop Culturally appropriate service plans</p>	
	<p>5. Recruit, train, and certify new American Indian foster homes and non-American Indian foster homes serving American Indian children.</p>	
<p>Reunification in 12 months/family engagement (Probation)</p>	<p>1. Establish family support/parent education groups</p>	<p>PQCR Probation recommendation #3: Increase family and youth engagement by...start(ing) a parent support group to help families address common issues. CSA- Probation internal factors: Probation placement has recently been more active in attempting to engage parents of youth on a monthly basis instead of brief contacts to update or get information from parents. PQCR – See group home focus group report, "...probation, parents, and group home staff should all meet and be on the same page about placement and treatment."</p>
	<p>2. Conduct monthly case staffing with each group home.</p>	<p>PQCR recommendation #3: Increase family and youth engagement by... increasing...youth involvement in placement decisions, case planning and concurrent planning.</p>
	<p>3. Review monthly progress with minors If not participating, youth redirected, sanctioned or possible violation of probation or placement failure.</p>	

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Step 6: Identifying Milestones

Milestones for each strategy were developed by the subcommittees based on information derived from the logic model, an assessment of available resources and the experience of CSOC and Probation in program implementation.

Integration of Information Gathered in CSA, PQCR and the CWS/Probation Planning Process with CAPIT/CBCAP/PSSF Plan

Representatives of the community-based agencies and the county agency administering the CAPIT/CBCAP/PSSF plan have been actively engaged through the entire planning process. They have participated in all PQCR/CSA/SIP planning meetings, and ensured that key issues were raised and included in both the PQCR and CSA. The SIP and OCAP plans were written in partnership with key community players.

Contributions to State Program Improvement Plan (PIP)

The chart below shows Placer County's contributions to addressing the PIP statewide strategies identified by the Department of Social Services.

PIP Strategy	Placer SIP Strategy
Strategy 1: Expand use of participatory case planning strategies	Strategy 1. 1 Youth participation in placement matching. Strategy 1. 2 Parent participation in placement matching. Strategy 1. 4 Expand Use of Team Decision Making meetings (TDM) for initial placement, changes in placement, and prior to reunification. Strategy 2.3. Placer County will develop a Case Plan Review Tool to review monthly progress of the family towards meeting goals. Strategy 2.4 Placer County will develop an After-Care Plan Tool. This tool will be used with families receiving services through an open case. Strategy 5. 1 Increase family engagement of minors who are in placement by establishing family support/parent education groups. Strategy 5. 3 During monthly contact with minors, review all progress in programs. If minor is identified as not participating they will be redirected, sanctioned or possible violation of probation or placement failure.
Strategy 3: Enhance and expand caregiver recruitment, retention, training and support efforts	Strategy 1. 5 Increase communication, education and support for relatives and NREFMs. Strategy 4. 2 Recruit, train, and certify new American Indian foster homes and non-American Indian foster homes serving American Indian children.
Strategy 5: Sustain and expand staff/supervisor training	Strategy 1. 6 Train ongoing and court unit social workers on concurrent planning. Familiarize Family and Children's Services (ER) social workers on the concepts of concurrent planning. Strategy 3. 1 Train social workers to correctly identify children of American Indian heritage.

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Outcome/Systemic Factor: C4.1 Placement Stability <3 placements - 8 days-12 months in care (CWS Only)					
County's Current Performance: As of the January 2010 UC Berkeley Data, Placer performed at 79.3%.					
Improvement Goal 1.0 Placer County will improve placement stability to the federal standard of 86.0%					
Year 1: Increase by 2 percentage points to 81.3%					
Year 2: Increase by 2 percentage points to 83.3%.					
Year 3: Increase by 2.7 percentage points to 86%					
Milestone	Strategy 1.1 Youth participation in placement matching. Create an interview tool for placement matching to use with youth in the Children's Emergency Shelter. Interviews will be completed within 3 days of arrival at the shelter. Results will be sent to the worker supervisor and TDM facilitator, and used at the TDM. Implementation will be monitored by internal tracking matching completed tools with the number of youth who arrive at the shelter. In addition, all strategies and milestones are tracked on the internal Accountability tracking sheet in monthly meetings of the Accountability Team.	<input type="checkbox"/>	CAPIT	Strategy Rationale When youth are actively involved in placement and visitation decisions, they will be more likely to remain stable in placement.	
		<input type="checkbox"/>	CBCAP		
		<input type="checkbox"/>	PSSF		
		<input checked="" type="checkbox"/>	N/A		
		Timeframe			By 12/31/10
		Assigned to			Children's Emergency Shelter staff with youth input
1.1.1	Tool is created		By 3/30/11	CSOC Management	
1.1.2	Policies and procedures on the use of the tool developed.		By 5/31/211	CSOC Management	
1.1.3	Tool and procedures approved		By 6/30/11	Children's Emergency Shelter supervisor/youth advocate	
1.1.4	Staff trained on use of tool		9/30/11	Children's Emergency Shelter staff	
1.1.5	Tool implemented for all children over 6 years old placed at the Emergency Shelter				

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Milestone	Strategy	CAPIT				Strategy Rationale
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<p>Strategy 1. 2 Parent participation in placement matching. Create a parent questionnaire for placement matching to be used at the team decision making meeting. Implementation will be monitored by internal tracking matching completed tools with the number of parents whose children were removed from their care. In addition, all strategies and milestones are tracked on the internal Accountability tracking sheet in monthly meetings of the Accountability Team.</p>	1.2.1 Create the questionnaire (in English and Spanish)	By 12/31/10				<p>Parents have suggestions, insight, knowledge of cultural, religious, educational, medical, behavioral needs of child that are necessary for good placement matching. May help to identify relative/NREFM.</p>
	1.2.2 Policies and procedures on the use of the questionnaire developed	By 3/31/11				
	1.2.3 Questionnaire, policies and procedures approved	By 5/31/11				
	1.2.4 Staff trained on use of questionnaire	By 6/2011				
	1.2.5 Questionnaire implemented countywide	By 9/2011				
	Timeframe					
<p>Strategy 1. 3 Increase staff capacity to improve placement. The strategy will be evaluated based on the number of additional staff available to handle these duties. In addition, all strategies and milestones are tracked on the internal Accountability tracking sheet in monthly meetings of the Accountability Team.</p>	Assigned to					
	Sip team, parent advocate, youth advocate					
					CSOC Management	
					CSOC Management	
					TDM scheduler	
					TDM facilitator	
<p>Strategy Rationale</p> <ol style="list-style-type: none"> Having a dedicated person knowledgeable about families, placement availability and their needs alleviates SW workload, freeing time to work on more pressing issues, which facilitates better placements up front leading to more stability in placement. Additional support will enable SW to spend the time on placement crisis, visiting with children/youth, 	<p>Strategy Rationale</p> <p>1. Having a dedicated person knowledgeable about families, placement availability and their needs alleviates SW workload, freeing time to work on more pressing issues, which facilitates better placements up front leading to more stability in placement.</p> <p>2. Additional support will enable SW to spend the time on placement crisis, visiting with children/youth,</p>					
	<p>Timeframe</p>					

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		planning and attending TDMs to maintain placement stability	
<p>Milestone</p> <p>1.3.1 Additional funds from State allocations will be identified to hire a full time placement coordinator, 2 additional clerical staff to support social workers and 2 additional social workers</p>	<p>By 12/31/11</p>	<p>Assigned to</p> <p>CSOC Management</p>	
<p>1.3.2 Hire staff</p>	<p>By 12/31/12</p>	<p>Assigned to</p> <p>CSOC Management</p>	
<p>Milestone</p> <p>Strategy 1.4 Expand Use of Team Decision Making meetings (TDM) for all initial placements within 5 days of detention hearing, for every change in placement, and prior to every reunification with parents. Implementation will be tracked using the current TDM data base. In addition, all strategies and milestones are tracked on the internal Accountability tracking sheet in monthly meetings of the Accountability Team.</p>	<p><input type="checkbox"/> CAPIT</p> <p><input type="checkbox"/> CBCAP</p> <p><input type="checkbox"/> PSSF</p> <p><input checked="" type="checkbox"/> N/A</p>	<p>Strategy Rationale: TDMs help identify what placement is necessary for the child's stability. They also address resources and identify the child's behavioral, safety and educational issues needs. They are currently not consistently convened.</p>	
<p>1.4.1 Policy and procedures regarding the scheduling and administration of TDMs distributed to staff.</p>	<p>12/31/10</p>	<p>Assigned to</p> <p>CSOC Management</p>	
<p>1.4.2 Reminders to schedule TDMs sent to staff.</p>	<p>12/31/10 and ongoing</p>	<p>Assigned to</p> <p>CSOC Supervisors</p>	
<p>1.4.3 Refresher training completed for all CWS staff on TDMs and their purpose</p>	<p>6/30/11</p>	<p>Assigned to</p> <p>CSOC Managers/supervisors</p>	

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<p>1.4.4 Any additional funds from State allocations will be used to hire additional TDM facilitator</p> <p>1.4.5 Additional TDM /facilitator hired</p>	<p>12/31/11</p> <p>12/31/12</p>	<p>CSOC Management</p> <p>CSOC Management</p>											
<p>Strategy 1.5 Increase communication, education and support for relatives and NREFMs. All strategies and milestones are tracked on the internal Accountability tracking sheet during monthly meetings of the Accountability Team. Tracking will include periodic spot checks of the data base and relative/NREFM packets.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><input type="checkbox"/></td> <td style="width: 25%;">CAPIT</td> <td rowspan="4" style="width: 50%;">Strategy Rationale 1. Relatives and NREFMs have no formal training. They need support and to know what resources are available to them to help maintain placements. 2. Relative and NFRM families need a way to be informed of ongoing education and new resources in the community to continue to support them in the placement</td> </tr> <tr> <td><input type="checkbox"/></td> <td>CBCAP</td> </tr> <tr> <td><input type="checkbox"/></td> <td>PSSF</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>N/A</td> </tr> </table>	<input type="checkbox"/>	CAPIT	Strategy Rationale 1. Relatives and NREFMs have no formal training. They need support and to know what resources are available to them to help maintain placements. 2. Relative and NFRM families need a way to be informed of ongoing education and new resources in the community to continue to support them in the placement	<input type="checkbox"/>	CBCAP	<input type="checkbox"/>	PSSF	<input checked="" type="checkbox"/>	N/A			
<input type="checkbox"/>	CAPIT	Strategy Rationale 1. Relatives and NREFMs have no formal training. They need support and to know what resources are available to them to help maintain placements. 2. Relative and NFRM families need a way to be informed of ongoing education and new resources in the community to continue to support them in the placement											
<input type="checkbox"/>	CBCAP												
<input type="checkbox"/>	PSSF												
<input checked="" type="checkbox"/>	N/A												
<p>1.5.1 All NREFM/ relative placements identified</p> <p>1.5.2 NREFM and relative placements entered into a newly created internal database and kept up-to-date</p> <p>1.5.3 Community resources identified for relatives and NREFM homes</p> <p>1.5.4 Resource guide for relatives/NREFMs developed and approved</p> <p>1.5.5 Form developed and approved to notify relatives/NREFMs of upcoming training</p> <p>1.5.6 Staff trained on use of form and guide</p>	<p>12/31/10</p> <p>3/31/11 and ongoing</p> <p>12/31/10</p> <p>7/31/11</p> <p>3/31/11</p> <p>7/31/11</p>	<p>Eligibility staff</p> <p>Clerical staff</p> <p>SIP work group, in consultation with KidsFirst</p> <p>SIP Work group/CSOC management</p> <p>SIP work group/CSOC management</p> <p>CSOC supervisors</p>	<p>Assigned to</p>										
<p>Milestone</p>	<p>Timeframe</p>												

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<p>1.5.7 Training notification form inserted in all placement packets</p> <p>1.5.8 Notices regarding trainings sent to all relatives and NREFMs</p> <p>1.5.9 Guide implemented and included in all relative/NREFM packets</p>	<p>7/31/11 and ongoing</p> <p>7/31/11 and ongoing</p> <p>12/31/11 and ongoing</p>	<p>Clerical staff</p> <p>Clerical staff</p> <p>Social workers</p>																	
<p>Strategy 1.6 Train ongoing and court unit social workers on concurrent planning. Familiarize Family and Children's Services (ER) social workers on the concepts of concurrent planning. All strategies and milestones are tracked on the internal Accountability tracking sheet during monthly meetings of the Accountability Team. For this strategy, trainings will be tracked.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 10%;">CAPIT</th> <th style="width: 10%;">CBCAP</th> <th style="width: 10%;">PSSF</th> <th style="width: 10%;">N/A</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </tbody> </table>		CAPIT	CBCAP	PSSF	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Strategy Rationale</p> <p>1. When social workers understand concurrent planning, they will be more likely to have the first placement be the "only" placement for youth. Social workers will more likely to identify permanent homes for youth.</p> <p>2. Concurrent planning begins when a child is removed from the home. If ER social workers understand concurrent planning, they can start the process of concurrent placements for youth</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: right;">Assigned to</td> </tr> <tr> <td>2/25/10</td> <td>CSOC Management</td> </tr> <tr> <td>12/2010</td> <td>CSOC Management</td> </tr> </table>		Assigned to	2/25/10	CSOC Management	12/2010	CSOC Management
	CAPIT	CBCAP	PSSF	N/A															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>															
	Assigned to																		
2/25/10	CSOC Management																		
12/2010	CSOC Management																		
<p>Milestone</p> <p>1.6.1 Training on concurrent planning for all ongoing and court unit social workers completed.</p> <p>1.6.2 "Mini- training" on concurrent planning for Family and Children's Services workers held.</p>	<p style="text-align: center;">Timeframe</p>																		
<p>Describe any additional systemic factors needing to be addressed that support the improvement plan goals. Systemic factors that will be addressed include Case Review; Process for Parent-Child-Youth Participation in Case Planning and Current Planning and Foster/Adoptive Parent Licensing, Recruitment and Retention.</p>																			
<p>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</p>																			
<p>Placer County will need to educate staff on policies and procedures for all the new tools and questionnaires developed.</p>																			
<p>Identify roles of the other partners in achieving the improvement goals.</p>																			

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Family advocates and youth advocates to help assist in the development of tools and questionnaires.
 Kids First to help identify resources that are available for the resource guide
 Foster Kinship Care Education for Relative/NREFM training.
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.
 Additional State funding will be needed for Placer County to support all the ongoing efforts in the programs.

SIP Component Template

Outcome/Systemic Factor: S1.1 No Recurrence of Maltreatment – 6 months (CWS only)			
County's Current Performance: As of the January 2010 UC Berkeley Data report, Placer was performing at 91.4%.			
Improvement Goal 2.0 94.6% - Year one. Year Two and Year Three Maintain performance at 94.6%.			
Strategy 2.1 Placer County will revise its procedures to better reflect state policy regarding allegations. All strategies and milestones are tracked on the internal Accountability tracking sheet during monthly meetings of the Accountability Team.	<input type="checkbox"/>	CAPIT	Strategy Rationale Placer County had been using the Substantial Risk allegation to reflect risk of future abuse in a household. This increased the substantiation rate. As of November 2009 Substantial Risk is no longer available as an allegation. Placer County's recurrence of maltreatment should decrease as the burden of proof is higher to substantiate a standard allegation.
	<input type="checkbox"/>	CBCAP	
<input type="checkbox"/>	PSSF		
<input checked="" type="checkbox"/>	N/A		
Milestone	2.1.1 Placer County staff informed of the elimination of Substantial Risk in CWS.	10/31/09	Assigned to CSOC Management CSOC Management IT staff
	2.1.2 Substantial Risk eliminated as an allegation	11/30/09	
	2.1.3 IT staff addresses any future complications	11/30/09 and ongoing	
Strategy 2.2 Policies and procedures will be developed to ensure that families with substantiated allegations receive needed community based services. If the safety and risk is too high for community based	Timeframe		Strategy Rationale: This strategy will reduce the number of voluntary cases and more high risk families will either be diverted to community resources or enter the CWS system as
	<input type="checkbox"/>	CAPIT	
	<input type="checkbox"/>	CBCAP	
	<input type="checkbox"/>	PSSF	

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<p>services families will enter the CWS system through a Juvenile Court case. All strategies and milestones are tracked on the internal Accountability tracking sheet during monthly meetings of the Accountability Team.</p>	<input checked="" type="checkbox"/>	N/A	<p>a court case. This will, in turn, reduce the subsequent further substantiations on voluntary cases involved in elevating a case to a court case when the family has not completed their voluntary service plan within the six-month timeframe. This will reduce Placer County's Recurrence of Maltreatment.</p>
Milestone	2.2.1 New policy and procedure developed outlining criteria for voluntary cases	9/30/09	Assigned to
	2.2.2 Memo distributed to FCS staff outlining new policy and procedures regarding voluntary cases	10/31/09	
	2.2.3 New policy and procedure implemented and monitored	10/31/09 and Ongoing	
	2.2.4 County to monitor continued compliance with policy and procedure	Ongoing	
Milestone	<p>Strategy 2.3. Placer County will develop a Case Plan Review Tool to review monthly progress of the family towards meeting goals. The tool will list action items and the individuals responsible for the item. The social worker and family will sign the Plan and receive a copy at the end of each monthly visit. All strategies and milestones are tracked on the internal Accountability tracking sheet during monthly meetings of the Accountability Team. Tracking will include periodic spot checks to ensure that completed case plan review tools are included in case files.</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p>Strategy Rationale: With increased knowledge, understanding of, and investment in their case plan families will be more successful in meeting their case plan goals. This will reduce the number of subsequent referrals and thus both the recurrence of maltreatment and re-entry into foster care rates. It will also reduce the number of contested hearings as client participation will be clearly documented.</p>
		8/31/10 1/31/11	
Milestone	2.3.1 Case Plan Review tool developed	8/31/10	Assigned to
	2.3.2 Tool Finalized and approved	1/31/11	

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Milestone	Task	Timeline	Assigned to	Management	
<p>Strategy 2.4 Placer County will develop an After-Care Plan Tool. This tool will be used with families receiving services through an open case. Three months prior to case closure the social worker and family will begin to formulate the after care plan. The after care plan will include continued activities and/or services the family will access independently along with other identified community and natural supports. Both the social worker and each parent will sign the completed plan and each will receive a copy. The social worker will place a copy of the plan in the file and include a copy in the final court report. All strategies and milestones are tracked on the internal Accountability tracking sheet during monthly meetings of the Accountability Team. Tracking will include periodic spot checks to ensure that after care plans are included in case files and court reports.</p>	2.3.3 Policy and Procedure developed regarding use of the tool.	3/31/11		Management	
	2.3.4 Training developed and implemented	5/31/11		Training Coordinator	
	2.3.5 Tool implemented countywide	6/30/11		CSOC Staff	
	2.3.6 Monitoring of the tool by social work supervisory staff	6/30/11 and ongoing		CSOC Supervisors	
			<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	Strategy Rationale: With increased knowledge, understanding of, and investment in their after-care plan families will be more successful after case closure. This will reduce the number of subsequent referrals and thus both the recurrence of maltreatment and re-entry into foster care.	
			6/30/11	Workgroup including staff as well as community partners.	
<p>Strategy 2.4 Placer County will develop an After-Care Plan Tool. This tool will be used with families receiving services through an open case. Three months prior to case closure the social worker and family will begin to formulate the after care plan. The after care plan will include continued activities and/or services the family will access independently along with other identified community and natural supports. Both the social worker and each parent will sign the completed plan and each will receive a copy. The social worker will place a copy of the plan in the file and include a copy in the final court report. All strategies and milestones are tracked on the internal Accountability tracking sheet during monthly meetings of the Accountability Team. Tracking will include periodic spot checks to ensure that after care plans are included in case files and court reports.</p>	2.4.1 Tool developed	6/30/11		Management	
	2.4.2 Tool finalized and approved	9/30/11		Management	
	2.4.3 Policy and Procedure developed regarding use of the tool.	11/30/11		Management	
	2.4.4 Training developed and implemented	1/31/12		Training Coordinator	

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2.4.5 Tool implemented countywide	3/30/12	CSOC Staff
2.4.6 Tool monitored by Court officers	3/30/12 and ongoing	CSOC Supervisors

Describe any additional systemic factors needing to be addressed that support the improvement plan goals.

Re-Entry into Care and Placement Stability both impact these improvement goals. Placement Stability is a part of this SIP and Re-Entry was addressed in the last SIP. In addition, Case Review: Process for Parent-Child-Youth Participation in Case Planning will be addressed through these goals.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.

All staff would partake in mandatory training on the new policies and forms (case plan and after-care plan tools); The forms would need to be developed and approved by the Forms Committee.

Identify roles of the other partners in achieving the improvement goals.

Parent and Youth advocates and other community partners would participate in the workgroups to develop the Case Plan and After Care Plan forms.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

There are no regulatory or statutory changes necessary for these improvement goals.

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<p>Outcome/Systemic Factor: 4E Placement of American Indian Children</p>			
<p>County's Current Performance: Only 7 ICWA eligible children are identified in our database. Only 21 multi-ethnic are identified in our database.</p> <p>Accounting to CWS/CMS: 57.2% placed with relatives 0 placements with non-relative Indian SCP 14.3% non-relative, non Indian SCP 14.3% non-relative, ethnicity missed SCP 14.3 % group home</p>			
<p>Improvement Goal 3.0 98% of American Indian children will be correctly identified in CWS/CMS 75% will be placed in relative or non-relative Indian SCP Year One 85% will be placed in relative or non-relative Indian SCP Year Two 95% will be placed in relative or non-relative Indian SCP Year Three</p>			
<p>Strategy 3.1 Train social workers to correctly identify children of American Indian heritage. All strategies and milestones are tracked on the internal Accountability tracking sheet during monthly meetings of the Accountability Team. This strategy will be evaluated by ensuring the social workers receive the training.</p>	<p><input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A</p>	<p>Strategy Rationale Correct identification of American Indian children is essential for appropriate placement.</p>	<p>Native Child Welfare Workgroup</p> <p style="text-align: right;">Assigned to</p> <p style="text-align: right;">Native Family Services Team</p>
<p>Milestone</p> <p>3.1.1 Training developed for social workers on proper identification of children of American Indian heritage and accurate data entry.</p> <p>3.1.2 CSOC teams trained</p>	<p style="text-align: center;">Timeframe</p> <p style="text-align: center;">6/30/10</p> <p style="text-align: center;">9/30/10</p>	<p>Strategy Rationale: Monitoring data is necessary to identify problems with identification of American Indian children and data entry.</p>	
<p>Strategy 3.2 Review and improve data entry of American Indian children in CWS/CMS. All strategies and milestones are tracked on the internal</p>	<p><input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A</p>	<p>Strategy Rationale: Monitoring data is necessary to identify problems with identification of American Indian children and data entry.</p>	

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Accountability tracking sheet during monthly meetings of the Accountability Team.			
Milestone	<p>3.2.1 Review and report current data on American Indian children every 6 months.</p> <p>3.2.2 Data entry and training revised if needed</p>	Timeframe	<p>9/30/10 + ongoing every 6 months</p> <p>1/31/11 and ongoing</p>
		Assigned to	<p>CSOC Data Management/CQI Native Child Welfare Workgroup</p> <p>CSOC Data Management/CQI Native Child Welfare Workgroup</p>
<p>Improvement Goal 4.0 Year one: 75% of American Indian children will be placed in the least restrictive culturally supportive placements, increasing to 85% by Year two and 95% by Year three.</p>			
Strategy 4.1	<p>Strategy Rationale Due to incorrect identification and lack of resources most American Indian children find themselves in placements that are not culturally supportive and often are placed in a higher level of care (group homes and residential placements) than their peers.</p>		
Milestone	<p>4.1.1 Procedures are developed and approved to</p> <ul style="list-style-type: none"> • Ensure that American Indian children are referred to the Native Services Team and the Native Cultural Broker • Ensure that culturally appropriate service plans are developed for these children. • Track and monitor American Indian children to determine if they are receiving culturally appropriate services. 	Timeframe	<p>6/30/10</p> <p style="text-align: right;">Assigned to</p> <p>Native Family Services Team and CSOC management.</p>

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Milestone	Timeframe	Assigned to					
		CAPIT	CBCAP	PSSF	N/A		
<p>Strategy 4.2 Recruit, train, and certify new American Indian foster homes and non-American Indian foster homes serving American Indian children. The number of foster homes serving American Indian children will be tracked. All strategies and milestones are tracked on the internal Accountability tracking sheet during monthly meetings of the Accountability Team</p>	4.1.2 Referrals to Native Services Team and Native Cultural Broker are implemented.					6/30/10	Family and Children Services and Native Family Services Team
	4.1.3 Culturally appropriate service plans for American Indian children are implemented.					6/30/10	Native Family Services Team
	4.1.4 System to track services for American Indian children developed and implemented.					9/30/10 + ongoing	Native Child Welfare Workgroup CSOC Data Management/CQI
	<p>Strategy Rationale Currently, the number of American Indian foster homes does not meet the placement needs of American Indian children.</p>						
<p>Strategy 4.2 Recruit, train, and certify new American Indian foster homes and non-American Indian foster homes serving American Indian children. The number of foster homes serving American Indian children will be tracked. All strategies and milestones are tracked on the internal Accountability tracking sheet during monthly meetings of the Accountability Team</p>	4.2.1 Develop culturally relevant certification and training for both American Indian foster homes and non-American Indian foster homes serving American Indian children					9/30/11	Sierra Native Alliance CSOC recruitment staff Foster Agency Partner
	4.2.2 Implement recruitment effort for American Indian and non-American Indian foster homes serving American Indian children.					9/30/11	Sierra Native Alliance CSOC recruitment staff Foster Agency Partner
	4.2.3 Implement training and certification of American Indian foster homes and non-American Indian foster homes serving American Indian children.					9/30/12	Sierra Native Alliance CSOC recruitment staff Foster Agency Partner

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<p>Describe any additional systemic factors needing to be addressed that support the improvement plan goals. Foster/Adoptive Parent Licensing, Recruitment and Retention.</p>
<p>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</p>
<p>Technical assistance from Urban American Indian Foster Care Agency.</p>
<p>Identify roles of the other partners in achieving the improvement goals.</p> <p>Sierra Native Alliance – will provide support as a community partner for the implementation of the SIP plan by assisting with training, quality assurance, culturally appropriate service provision, and recruitment, certification and training of appropriate foster homes.</p> <p>Native Child Welfare Workgroup- comprised of CSOC staff and Native community partners, the Workgroup will assist with the development of training materials, and provide quality assurance assistance to monitor outcomes of the SIP plan.</p> <p>Native Family Services Team- comprised of CSOC staff, cultural brokers, and community partners, the services team will assist in the deliver of trainings, facilitate referrals to cultural brokers, and ensure the development of culturally-appropriate service plans.</p> <p>CSOC Data Management and Quality Assurance Team- will monitor data entry, review and provide a bi-annual report of AI children CWS/CMS and provide data to the Native Child Welfare Workgroup to assess level of culturally-appropriate services received.</p> <p>Foster Agency Partners (to be identified)- will partner with CSOC recruitment staff and Sierra Native Alliance to recruit, train, and certify new AI and culturally supported non-AI foster homes.</p>
<p>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</p> <p>None</p>

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Outcome/Systemic Factor: C1.1: Reunification within 12 month (Probation) County's Current Performance: 37.5%. Although improving during the 2008 – 2009 year, length of time in out-of-home/Group Home placements for Probation is still below Federal level and about equal to State average. (See CSA summary, page 38.)																		
Improvement Goal 5.0 Year 1 – 40.5% Year 2 – 43.5% Year 3 – 46.5%																		
Strategy 5.1 Train staff and coordinate a CSOC collaborative parent support group for parents of youth in placement. All strategies and milestones are tracked on the internal Accountability tracking sheet during monthly meetings of the Accountability Team, as well as data entry into probation's case load explorer database.	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	Strategy Rationale 1. Review of PQCR from parents noted a need for more family involvement in placements. Of concern were parents not knowing the treatment plan for their child, not being aware of con current planning, and working of the court, probation and foster care systems. 2. Youth in placement often seem to be making little or no progress on completing the program which affects timely reunification. Meeting with parents will ensure that everybody is working towards the same goals.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 30%; text-align: center;">Assigned to</td> <td style="width: 40%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">8/30/10</td> <td>Probation, Community Based Org (CBO), Treatment and Group Homes</td> </tr> <tr> <td></td> <td style="text-align: center;">10/30/10</td> <td>Probation, HHS</td> </tr> <tr> <td></td> <td style="text-align: center;">1/30/11</td> <td>Probation, CBO, HHS, Group Homes</td> </tr> <tr> <td></td> <td style="text-align: center;">1/30/11</td> <td>Probation</td> </tr> </table>		Assigned to			8/30/10	Probation, Community Based Org (CBO), Treatment and Group Homes		10/30/10	Probation, HHS		1/30/11	Probation, CBO, HHS, Group Homes		1/30/11	Probation
	Assigned to																	
	8/30/10	Probation, Community Based Org (CBO), Treatment and Group Homes																
	10/30/10	Probation, HHS																
	1/30/11	Probation, CBO, HHS, Group Homes																
	1/30/11	Probation																
Milestone 5.1.1 Identify and train staff to facilitate parent support groups. 5.1.2 Identify meeting locations, frequency of meetings and develop agenda. 5.1.3 Implement parent support group for parents of youth in placement 5.1.4 Track progress of parental engagement	Timeframe																	

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	through success of youth in placement									
	5.1.5 Monitor youth outcomes, as well as parental participation in group. Modify curriculum as needed.	Ongoing to 2013	Probation							
	<p>Strategy 5. 2 Develop a collaborative procedure between probation staff, and group home staff employed in group homes housing wards to initiate a "phase: or "level" system of timelines for youth with an emphasis on reunification. This system would be reviewed monthly by probation staff, as well as the accountability workgroup.</p>	<table border="1" style="width: 100%;"> <tr> <td style="width: 25%;"><input type="checkbox"/> CAPIT</td> <td rowspan="4" style="width: 75%;">Strategy Rationale 1. Minors have been identified as not fully participating in completing phase or level, which results in a delay of reunification with parents within 12 months. 2. By keeping close track of progress PO will be able to positively motivate minor to complete program and return home. 3. Working together with family and group home will allow all parties to direct minor in positive way.</td> </tr> <tr> <td><input type="checkbox"/> CBCAP</td> </tr> <tr> <td><input type="checkbox"/> PSSF</td> </tr> <tr> <td><input checked="" type="checkbox"/> N/A</td> </tr> </table>	<input type="checkbox"/> CAPIT	Strategy Rationale 1. Minors have been identified as not fully participating in completing phase or level, which results in a delay of reunification with parents within 12 months. 2. By keeping close track of progress PO will be able to positively motivate minor to complete program and return home. 3. Working together with family and group home will allow all parties to direct minor in positive way.	<input type="checkbox"/> CBCAP	<input type="checkbox"/> PSSF	<input checked="" type="checkbox"/> N/A			
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<input type="checkbox"/> CBCAP										
<input type="checkbox"/> PSSF										
<input checked="" type="checkbox"/> N/A										
	5.2.1 Meetings will be held with program staff of one identified group home to create and implement a phase or level system to include clear timelines which will be implemented on a pilot basis with the group home.	8/30/10	Probation, Treatment facilities							
	5.2.2 Probation will develop a case plan review tool to be completed and reviewed with the youth, parents and program staff on a monthly basis.	8/30/10	Probation							
	5.2.3 Probation, pilot group home staff and parents will establish clearly defined consequences for youth failure to meet established milestones, and rewards for positive progression. Probation will track outcomes through the accountability work group and data	10/30/11	Probation Supervisor, Group Home managers and treatment provider.							
		Timeline	Assigned to							
				Milestone						

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	entry into caseload explorer.												
	5.2.4 Probation will expand pilot, if successful, to one other group home frequently used by Placer County	10/30/12			Probation supervisors, manager, group home staff								
	5.2.5 Probation will expand pilot to all group home facilities	10/30/13			Probation supervisors, manager, group home staff								
Milestone	<p>Strategy 5.3 Develop a reporting system through CaseLoad explorer to track recidivism of transition aged youth.</p> <p>5.3.1 Identify data which would track transition aged youth who commit crimes as adults, while still on juvenile probation</p> <p>5.3.2 Analyze computer systems as to effectiveness of data fields for needed data, create new fields if necessary. Formulate data reports on monthly basis.</p> <p>5.3.3 Probation leadership meet on quarterly basis to evaluate data report and develop system strategies for improvement of ILP or other services focused on the needs of transitioned aged youth if needed.</p>	<p>Timeframe</p> <p>7/01/10</p> <p>10/30/10</p> <p>3/30/11</p>	<p>Assigned to</p> <p>Probation</p> <p>Probation, Placer County MIS</p> <p>Probation managers and supervisors</p>	<p>Strategy Rationale</p> <p>1. Assess effectiveness of treatment services.</p> <p>2. The current lack of information does not allow informed decision making around successful and effective treatment modalities.</p>									
					<table border="1"> <tr> <td><input type="checkbox"/> CAPIT</td> <td></td> </tr> <tr> <td><input type="checkbox"/> CBCAP</td> <td></td> </tr> <tr> <td><input type="checkbox"/> PSSF</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> N/A</td> <td></td> </tr> </table>	<input type="checkbox"/> CAPIT		<input type="checkbox"/> CBCAP		<input type="checkbox"/> PSSF		<input checked="" type="checkbox"/> N/A	
					<input type="checkbox"/> CAPIT								
<input type="checkbox"/> CBCAP													
<input type="checkbox"/> PSSF													
<input checked="" type="checkbox"/> N/A													

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<p>Describe any additional systemic factors needing to be addressed that support the improvement plan goals. Case Review: Process for Parent-Child-Youth Participation in Case Planning</p>
<p>Describe educational/training needs (including technical assistance) to achieve the improvement goals. Development of curriculum for education/support for parents with youth in probation placements</p>
<p>Identify roles of the other partners in achieving the improvement goals. (See above)</p>
<p>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. None</p>

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CWSOIP Narrative

Placer County did not receive CWSOIP funding in fiscal year 09/10, but did receive DR, SA and PYS dollars in the amount of \$792,990. While some of the funds are combined with other allocations and used for direct service and infrastructure costs, over half \$447,479, are given to community providers. The Community Based Organizations and other outside agencies support and assist the county in implementing different strategies to include: Differential Response, Team Decision Making meetings, and finding permanent connections for youth, Destination Family. The resources will also be utilized to bring in additional trainings to staff related to implementing and continuing Best Practices, focused on improving the AB 636 outcomes. For the coming SIP cycle, Placer plans to make no major changes in how the funds are allocated. It is anticipated that there will be a reduction in funds; all efforts will be made to take the reduction in internal costs, allowing the programs implemented in partnership with community providers to remain intact.

Probation received CWSOIP funds in the amount of \$10,000. They blended those funds with Title IV-E dollars to pay for placement staff. It is the intent of probation to continue with this model in the coming SIP cycle, knowing that funds may be diminished.

Appendix A

2009 PQCR Summary

Placer conducted its second Peer Quality Case Review in March 2009. The 2009 PQCR explored agency and caseworker practices related to two outcome areas. Child Welfare Services selected as its focus area Measures C4.1, 2 and 3. The measure is defined as: *Of all children served in foster care during the year who were in foster care for: at least 8 days but less than 12 months (C4.1), at least 12 months but less than 24 months (C4.2), and at least 24 months (C4.3) what percent had two or fewer placement settings?*

Placer Probation reviewed Measure C1.1, Reunification within 12 months as the Probation PQCR focus area. The measure is defined as: *the percentage of children in [probation] care more than 8 days discharged to reunification within 12 months of removal.* Probation was specifically interested in exploring the impact of family and youth engagement on reunification.

Summaries of findings and recommendations for the two focus areas are described below. Findings are linked to SIP strategies in the Table on pages 14 and 15.

CHILD WELFARE SERVICES PQCR

STRENGTHS

- Good efforts at the front end of the case to locate relative and NREFM placements.
- Significant efforts are made to keep siblings together.
- Children have regular visits with their parents.
- Social workers are skilled at building effective relationships with the children.

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- Social workers build positive relationships with the families as well.
- Family Team meetings and TDMs are held in many instances and are effective.
- Afterschool and enrichment activities are provided to most children.
- Social workers work closely with foster parents to address difficult behaviors and mediate conflicts.

BARRIERS AND CHALLENGES

- As cases progress, efforts to locate relative and NREFM placements decrease.
- SDM tools are not considered in the placement decision making process.
- Cultural considerations, beyond ethnic, are not considered.
- Concurrent planning for older children is inconsistent.
- Visits are not used as opportunities to improve parenting and improve the parental relationship.
- File documentation is inconsistent.
- Visits with incarcerated parents are inconsistent.
- Caseloads are high.

POCR NEXT STEP PRIORITY RECOMMENDATIONS

1. Develop procedures to ensure that initial and ongoing SDM assessments are used as tools in placement decisions.
2. Develop procedures to ensure that social workers consider cultural differences such as religion, foods, beliefs, traditions, etc. in addition to ethnic differences in making placement decisions.
3. Develop procedures and provide tools and assistance to social workers to improve and expedite family, NREFM and other appropriate placements.
4. Develop procedures to improve the quality of visits between the child and his/her family.
5. Initiate TDMs at initial removal; ensure TDMs are held before placement changes.
6. Develop procedures to ensure that the files/information on children transferred to Placer County from other Counties include all relevant documentation to include assessments.
7. Identify strategies to reduce caseloads for social workers assigned to children with difficult issues; including multiple placements.
8. Develop and implement standards for organizing case files; determining what should be included in all case files and which should be in CWS/CMS, and where things should be located in the files.

PROBATION POCR

STRENGTHS

- Youth needs and circumstances are assessed prior to placement, and placement recommendations are thoughtfully considered.

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- Probation officers engage youth.
- Drug Court, Wraparound, and a broad range of services are provided to youth.
- Case plans are completed with clear goals and benchmarks.
- The Juvenile Court works diligently to understand the case and rules in the youth's best interest.
- Probation Officers are effective and go above and beyond when serving youth with existing resources.

BARRIERS AND CHALLENGES

- Youth face serious personal and family barriers.
- Initial permanency goals were not achieved.
- Relative placements rarely considered.
- Family engagement limited.
- Family and community connections difficult to preserve.
- Probation Officer turnover/reassignments were high.

PQCR NEXT STEP RECOMMENDATIONS

- Develop policy guidelines on reunification timelines in conjunction with the Court and group homes.
- Provide ILP and other services for youth 18 and over to expedite self-sufficiency and termination of probation.
- Increase family and youth engagement by:
 - a) Increasing family and youth involvement in placement decisions, case planning and concurrent planning.
 - b) Hiring a family advocate to help parents understand their rights and navigate the court and probation systems. The family advocate might also start a probation parent support group to help families address common issues.
 - c) Requiring minimum monthly contact with the family.
 - d) Periodically reviewing case plan with parent/guardian.
- Increase the number of local group homes with specialized services.
- Develop data systems to track recidivism before 18, and probation youth who are over 18 years old.
- Continue implementation of standardizing information and data from hard files to Caseload Explorer System.

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Appendix B:

County Self-Assessment: Summary of Findings for State and Federal Outcomes

Below are the findings of the Self-Assessment for each of the state and federal outcomes. For each outcome there is information on performance, system strengths and needs, and initial strategies for improvement that align with outcomes. The strategies will be further developed in the System Improvement Plan.

S1.1. No Recurrence of Maltreatment		
	CWS	Probation
S1.1. No Recurrence of Maltreatment -6 mo <i>Nat'l Goal >94.6%</i>	91.0%	N/A
S1.1 No Recurrence of Maltreatment-12 months	87.3%	N/A

Summary: Placer's current no-recurrence rate, which is slightly below the national goal, is probably related to a combination of improvements in county policies and procedures and prevention services implemented since 2004. CWS policies on investigations, opening voluntary cases, Differential Response, supervision and implementation of SafeMeasures have strengthened the referral, investigations and supervision processes, catching recurrence that may have previously been missed. There is concern among CWS staff; however, that budget and staffing cuts and associated higher workloads may result in increasing rates of maltreatment. Future strategy will be to continue implementation of these policies and to maintain, to the extent possible, reunification and aftercare services that prevent subsequent maltreatment. This outcome may be a focus of the 2010 SIP.

S2.1 No Maltreatment in Foster Care		
CSOC and Probation	CWS	Probation
S2.1. No Maltreatment in Foster Care (Nat'l Standard – 99.68%)	99.8%	100%

Summary: Placer, as of latest report, had one (1) child reported for maltreatment while in care. Placer has had no incidents prior to this occurrence due to excellent programs including Placer Kids and Family Connections, high quality providers and a wide array of services available to foster parents. Our future strategy will be to maintain, to the extent possible, an array of services, supports and training for foster parents. This measure will not be a focus of the 2010 SIP.

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C1.1-1.3 Reunification Composite: Timely Reunification		
	CWS 4/08-3/09	Probation 7/07-6/08
C1.1. Reunification Within 12 months (Exit Cohort) <i>National Goal: > 75.2%</i>	81.1%	37.5%
C1.2. Median Time to Reunification (Exit Cohort) <i>National Goal: <5.4 months</i>	5.7 months	21.7 months
C1.3 Reunification Within 12 months (Entry Cohort) <i>National Goal: > 48.4% Last Available October 2007 to March 2008</i>	52.9%	0.0%

Summary: CWS reunifies families relatively quickly, due to the high quality and continuity of caseworkers and the ability to provide families with comprehensive prevention, maintenance and reunification services. Placer’s current CWS performance for reunification within 12 months is better than the national goal, but the median time to reunification slightly exceeds the national goal of less than 5.4 months. Improvements in county policies and practices implemented since 2004, including CWS policies on investigations, supervision, SafeMeasures implementation, SDM and TDMs have strengthened CSOC’s reunification processes. There is concern among CWS staff, however, that recent cuts in reunification services, as well as CSOC budget and staffing cuts and higher workloads, may slow reunification efforts. Future strategy will be to continue implementation of these policies identified above and to maintain, to the extent possible, staffing levels and reunification services that prevent further maltreatment. These measures will not be a focus for child welfare services of the 2010 SIP.

Probation does not meet federal reunification goals. Data gathered in the PQCR and the current Self-Assessment indicate that Placer youth go into placement only when in-home programs fail and youth need specialized services. Relatively few group homes providing specialized services for addiction or sexual offenses are available, so that the youth must frequently wait for admission. Once they are enrolled, treatment typically takes longer than 12 months. Families of probation youth participating in a focus group indicated that there is typically little parental engagement with probation when their children are in placement. Clearer guidelines are needed for reunification, as well as a stronger focus on family engagement to support reunification. Timely reunification will be a SIP focus area for Probation.

C1.4 Reunification Composite: Reentry Following Reunification

	CWS 4/08-3/09	Probation 7/06-6/07
C1.4 Reentry Following Reunification (Exit Cohort) <i>National Goal: 9.9%</i>	14.8%	8.3%

Summary: Since 2004, Placer has substantially cut reentry rates, due to many policy and practice changes, as well as prevention programs implemented in the 2004 and 2006 plans. In the last two years, however, budget and staffing reductions have reduced aftercare and reunification services available to families, and efforts to address meth addiction was discontinued. In addition, staff reductions have increased workloads. Staff is concerned that reentry may again rise. Future strategy is to continue the

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policies implemented since 2004, and to maintain, to the extent feasible, existing staffing and aftercare services.

Services including Wraparound, Intensive Supervision and Functional Family Therapy help to keep minors stable in their homes. Outpatient treatment for substance abuse and further counseling are provided as needed. This outcome will not be a focus of the 2010 SIP.

C2.1 – C2.5 Adoption Composite

	CWS (4/08-3/09)
C2.1 Adoption within 24 months (Exit Cohort) National goal >36.6%	33.3%
C2.2 Median Time to Adoption (Exit Cohort) National goal < 27.3 months	30.9 months
C2.3 Adoption within 12 months (17 mo in care) National goal >22.7%	25.7%
C2.4 Legally free within 6 months (17 mo. in care) National goal >10.9%	4.3%
C2.5 Adoption within 12 months (legally free) National goal >53.7%	55.2% (4/07-3/08)

Summary: Placer does an excellent job in placing children for adoption, due to a strong emphasis on concurrent planning, integrated teams including permanency/adoptions workers, and a collaborative with Sierra Forever Families. However, Placer was slightly under federal standards as of the latest report. Fewer adoptive placements are available for older children and youth. CSOC proposes to continue its good work, and will seek to retain staff dedicated to permanency. This outcome will not be a focus of the 2010 SIP.

C3.1 – C3.3 Long Term Care Composite

	Child Welfare Services, % and (#)	Probation % and (#)
C3.1 Exits to Permanency (24 months in care) National Goal >29.1%	33.9% (21)	42.9% (3)
C3.2 Exits to Permanency (Legally Fee at exit) National Goal >98%	96.8% (30)	NA
C3.3 In Care 3 years or longer (Emancipated/age 18) National Goal <37.5%	36.0% (9)	15.4% (2)

Summary: Placer CSOC does an excellent job with permanency. Each team has a permanency/adoption worker, and Placer County does not terminate parental rights without designating a permanent plan of adoption with identified prospective adoptive parent(s). Destination Family programs focus on ensuring permanency for older children. Guidelines for reviewing permanency plans might further enhance these efforts. Probation serves few youth in this category. These indicators will not be a focus of the 2010 SIP.

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C4.1 – 4.3 Placement Stability Composite

	CWS (4/08- 3/09)	Probation FY2008
C4.1 Placement Stability <3 placements - 8 days- 12 months in care <i>National Goal 86%</i>	82.7%	100%
C4.2 Placement Stability <3 placements - 12- 24 months in care <i>National Goal 65.4%</i>	62.2%	81.3%
C4.3 Placement Stability<3 placements -at least 24 months in care <i>National Goal 41.8%</i>	27.0%	80.0%

Summary: Placement stability was the CWS focus of the March 2009 Peer Quality Case Review. Teams, including community partners and professional staff, from five counties closely examined Placer’s policies and practices. Although they noted the high quality of CWS and Probation caseworkers, they identified many factors contributing in CSOC to multiple placements. These included the use of the emergency shelter, challenging placement matching procedures, limited use of Structured Decision Making and Team Decision Making (due to staffing), cultural differences between youth and foster parents and heavy workloads. Probation youth experience very few placement changes, due to court recommendations and specific treatment goals. CSOC proposes to develop strategies to address these areas in the 2010 SIP.

2B Timely Response to Immediate and 10 Day Investigations

CWS	Immediate Compliance 1/09-3/09	10 Day Compliance 10/08-12/08
2B. Timely response (<i>State Std: 90%</i>)	96.4%	85.7%

Summary: Implementation of new county procedures has led to significant improvement in timely response to referrals. Staff expresses concerns that improvements may not be sustained due to increases in workload and decreases in clerical support. This measure will not be a focus of the 2010 SIP.

2C Timely Visits with Child

	1/09	2/09	3/09	Average
2C.Timely social worker visits with child (<i>Nat'l Goal 90%</i>)	93.7%	92.8%	91.2%	92.6%
2C.Timely probation officer visits with child <i>State Std 90%</i>	100%	92.3%	100%	92.3

Summary: Rates of visitation compliance have risen significantly since the last SIP, due to the implementation of new policies and data entry procedures and training. Staff is concerned that the rates will fall due to increased workloads and mandatory furlough days. Probation compliance is around 95%. This outcome will not be a focus of the 2010 SIP.

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4A Placement with Siblings

CWS	4/09
4A Placements with all siblings	63.0%
4A Placement with some or all siblings	77.2%

Summary: CSOC maintains a strong commitment to placing siblings together and to recruiting families willing to foster sibling groups. Probation rarely has siblings in placement at the same time. This outcome will not be a focus of the 2010 SIP.

4B Least Restrictive Placement

4B: Least Restrictive Placement (by Percent in Placement)	Relative	Shelter/ Group Home	Foster Home	FFA	Group Home	Other
CWS: Entries: First Placement	9.3	36.6	18.6	31.4		4.1
CWS: Point in Time (1 Apr 2009)	30.6	10.6	9.8	27.8		21.2
Probation: Entries: First Placement					100	
Probation: Point in Time (1 July 2008)	3.3					16.7

Summary: Although there has been increased emphasis on relative and NREFM placement during the past three years, CSOC staff is concerned that recent budget constraints may decrease the number of staff available to serve families. They fear that with increases in workload, child welfare workers may not be able to focus on the time-consuming process of finding least restrictive placements. Recent grant applications to augment this service were not successful. Probation placements typically occur only when youth are unable to remain at home. Most placements involve specific treatment in court-ordered specialized group homes. This outcome will not be a primary focus of the 2010 SIP except as it relates to placement stability.

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4E Placement of American Indian Children

CWS (April 2009)	Relative - % and #	Non-Relative Indian SCP - %	Non-Relative Non-Indian SCP - % and #	Non-Relative Ethnicity SCP Missing - % and #	Group Home - % and #	Other - % and #
4E (1) American Indian Children Eligible for ICWA	57.1% (4)	0	14.3% (1)	14.3% (1)	14.3% (1)	0
4E (2) Multi-ethnic American Indian Children	38.1% (8)	0	4.8% (1)	38.1% (8)	19.0% (4)	0

Summary: Placer CSOC places most Native American children with relatives, but has struggled to place children with licensed Indian substitute care givers. More training is needed to adequately identify Native children at intake and this process is underway. Probation serves very few Native youth. The Disproportionally project and the SAMHSA grant should improve outcomes for these children. These measures will be included in the 2010 SIP.

5F – Children in Foster Care Authorized for Psychotropic Medication

	CWS 1/09-3/09	Probation
5F – Children in Care Authorized for Psychotropic Medication (% and #)	9.3% (25)	NA

Summary: Placer County appears to be performing well on this new measure. Because data collection has occurred only a few times, however, we must be vigilant in watching for trends. More training for workers is needed in data entry, and new procedures are needed for tracking medications. Probation started to track this measure in 2009. This measure will not be included in the 2010 SIP.

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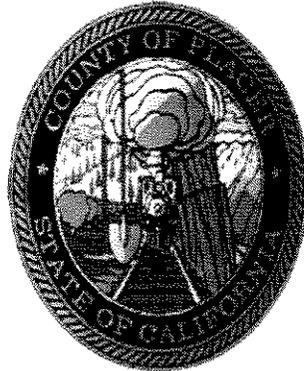
8A Services for Youth in Transition from Foster Care

January 2009 – March 2009	CWS	Probation
8A Youth in foster care who have ever had an ILP (% and #)	20.2% (52)	N/A
8A Youth Completing ILP services who obtained high school diploma (% and #)	100% (2)	N/A
8A Youth Completing ILP services have housing arrangements (% and #)	100% (2)	N/A
8A Youth who received ILP services prior to aging out(% and #)	50% (1)	N/A
8A Youth Completing ILP services who were employed or had other means of support (% and #)	50% (1)	N/A

Summary: CSOC and probation are doing a good job in providing ILP services for youth, and in promoting high school graduation and college enrollment. More attention should be paid to the availability of Vocational Education/ROP for ILP youth who do not feel that college is appropriate for them at the time. It may also encourage their remaining involved in ILP services if they feel that the program is more interested in promoting their interests. This outcome will not be a focus of the 2010 SIP.

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Placer County Children's System of Care

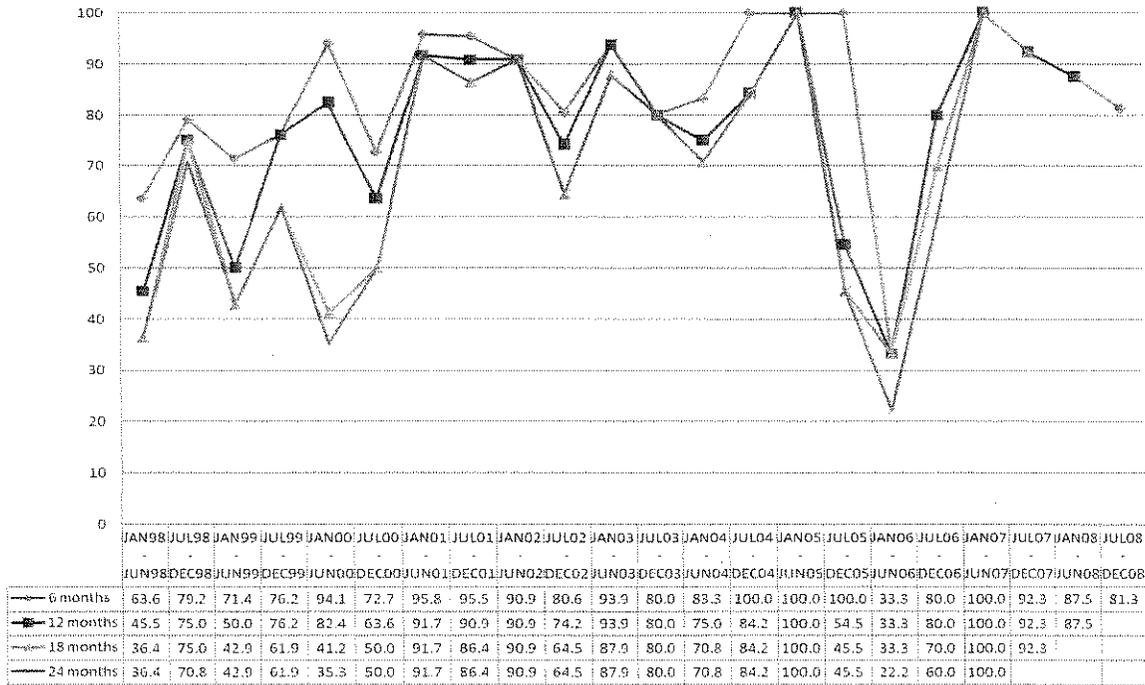
System Improvement Plan
Self Assessment – Initial or Baseline Data
July 2009

Steven L. Martinson, Supervisor/Evaluator
File Created: July 2009

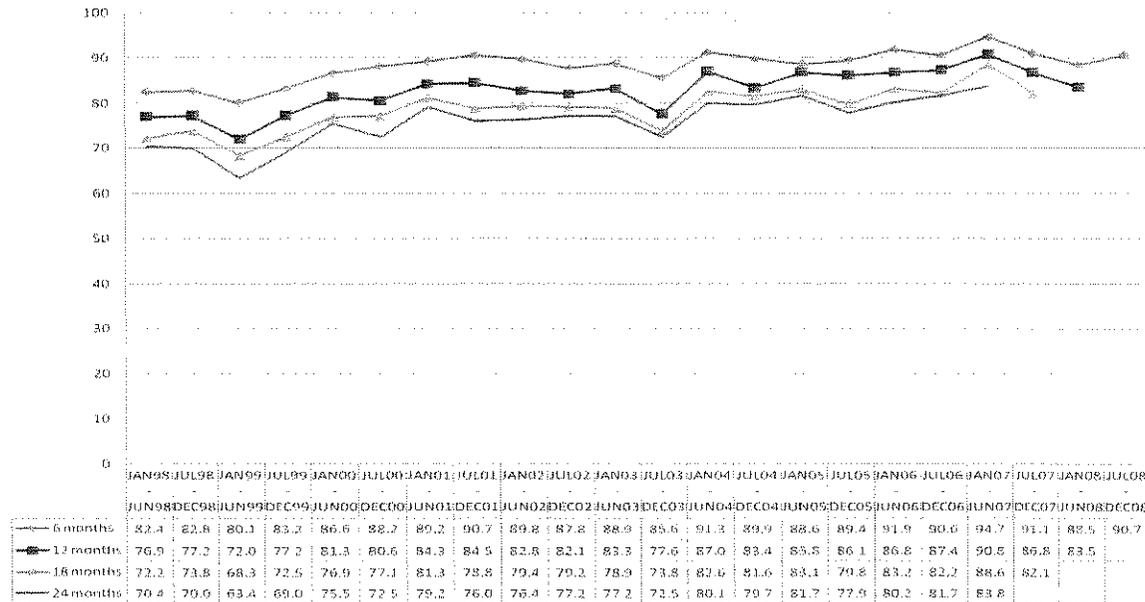
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S.M.A.R.T. Children's System of Care
 Percent of Children With No Recurrence Of Maltreatment
 Ethnicity = Black
 January 1998 to December 2008



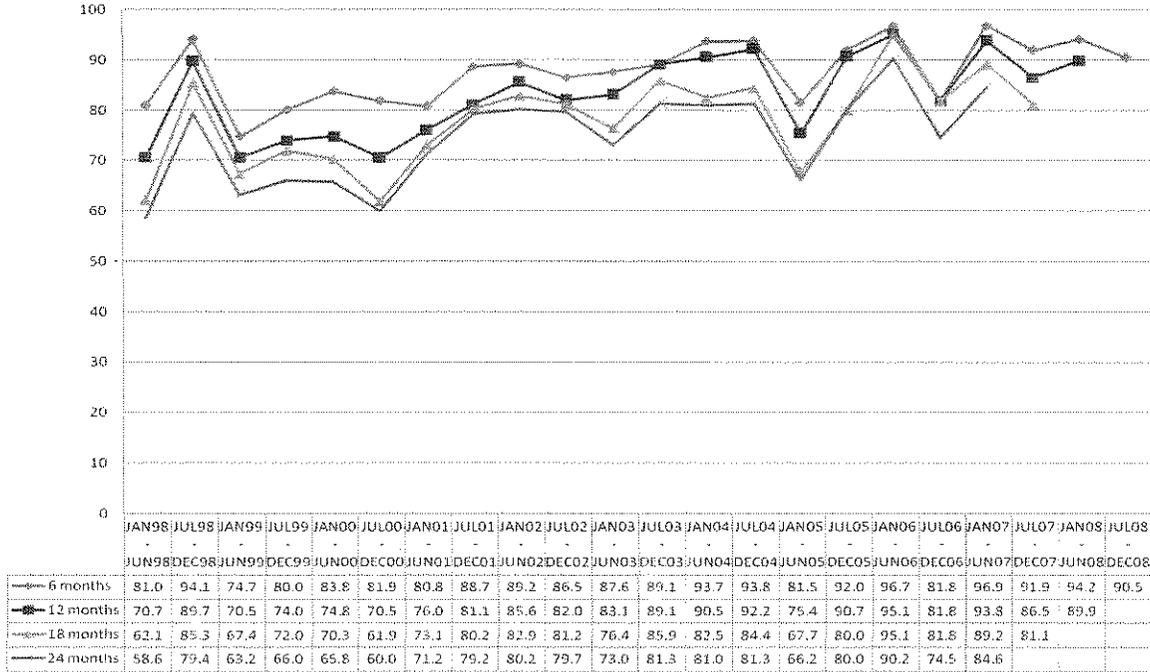
S.M.A.R.T. Children's System of Care
 Percent of Children With No Recurrence Of Maltreatment
 Ethnicity = White
 January 1998 to December 2008



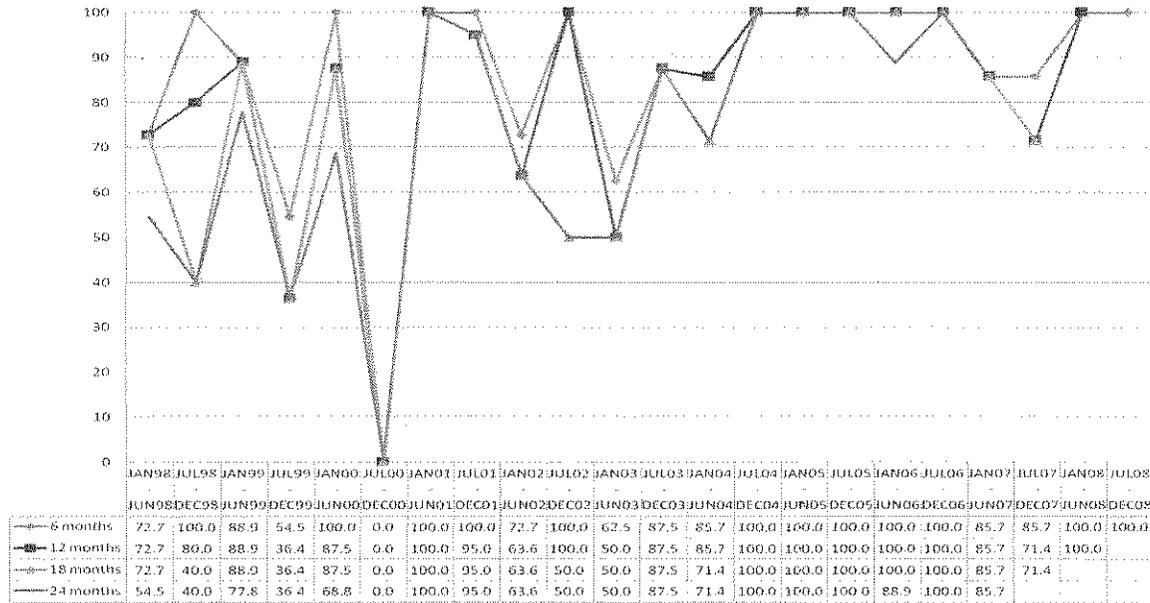
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S.M.A.R.T. Children's System of Care
Percent of Children With No Recurrence Of Maltreatment
 Ethnicity = Hispanic
 January 1998 to December 2008



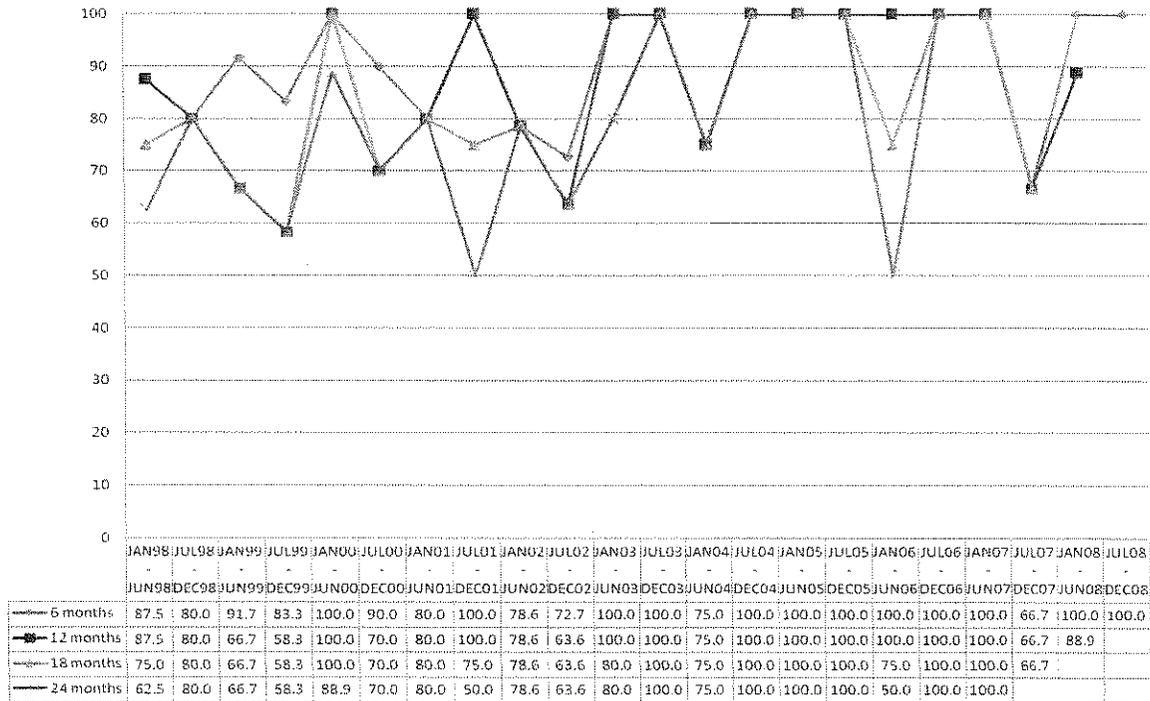
S.M.A.R.T. Children's System of Care
Percent of Children With No Recurrence Of Maltreatment
 Ethnicity = Asian/Pacific Islander
 January 1998 to December 2008



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S.M.A.R.T. Children's System of Care
 Percent of Children With No Recurrence Of Maltreatment
 Ethnicity = American Indian/Native American
 January 1998 to December 2008



Placer County

Number of Children in Sample for Recurrence of Maltreatment

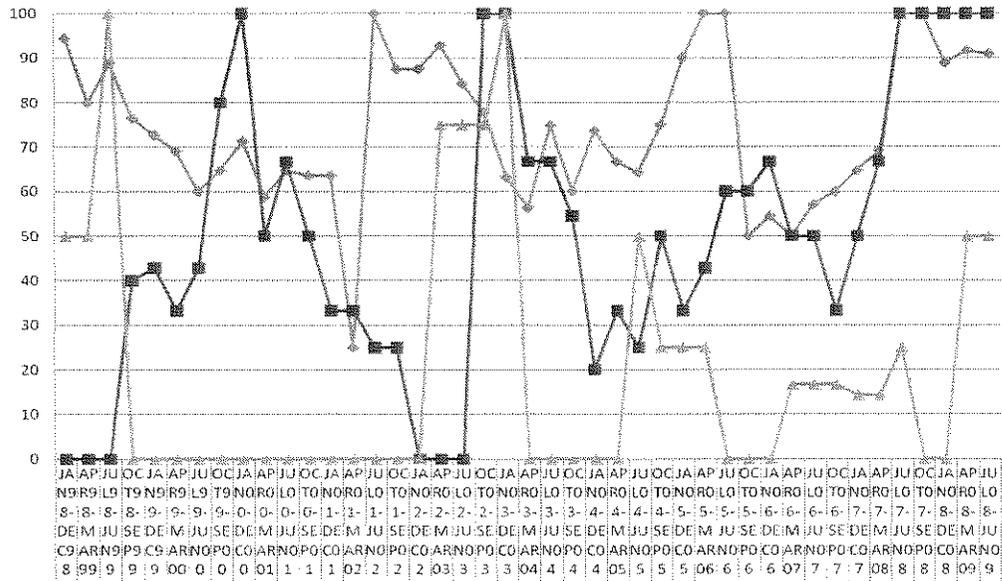
1 Jul 08 to 31 Dec 08: 6 Months	Ethnic Group						Total
	Black	White	Hispanic	Asian/PI	Nat Amer	Missing	
No recurrence of maltreatment within 6 months	13	186	57	10	4	28	298
Recurrence of maltreatment within 6 months	3	19	6	0	0	0	28
Total	16	205	63	10	4	28	326

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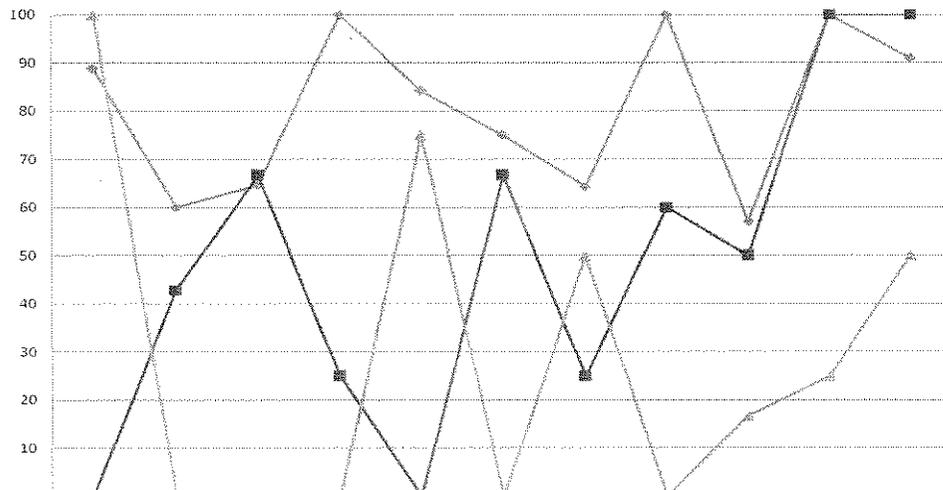
S.M.A.R.T. Children's System of Care
Percent of Children With Two (2) or Fewer Placements

Ethnicity = Black
 January 1998 to June 09



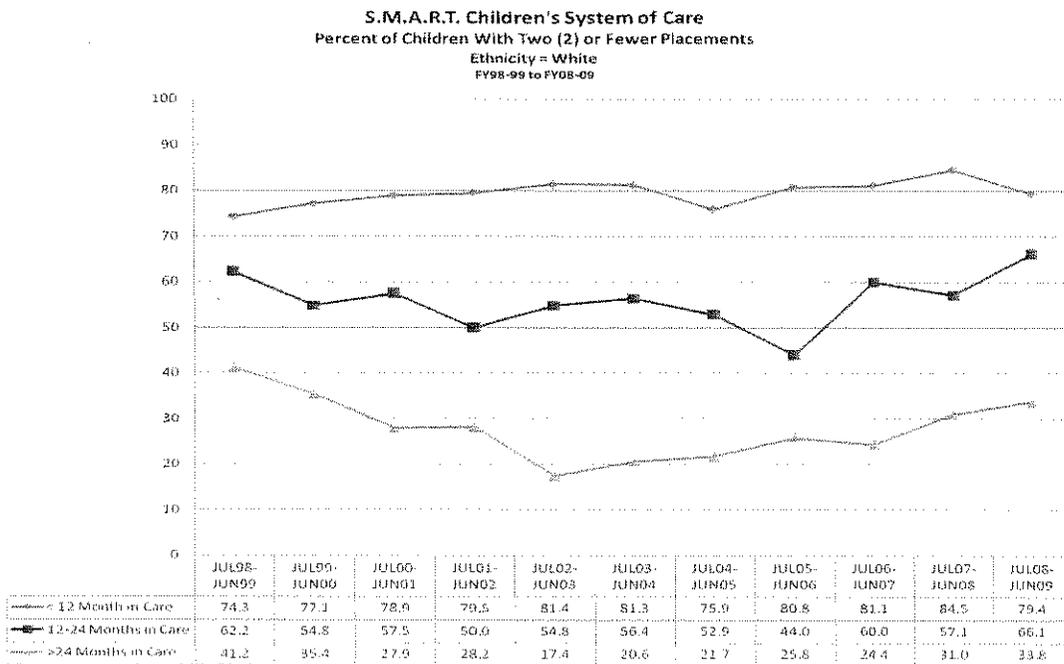
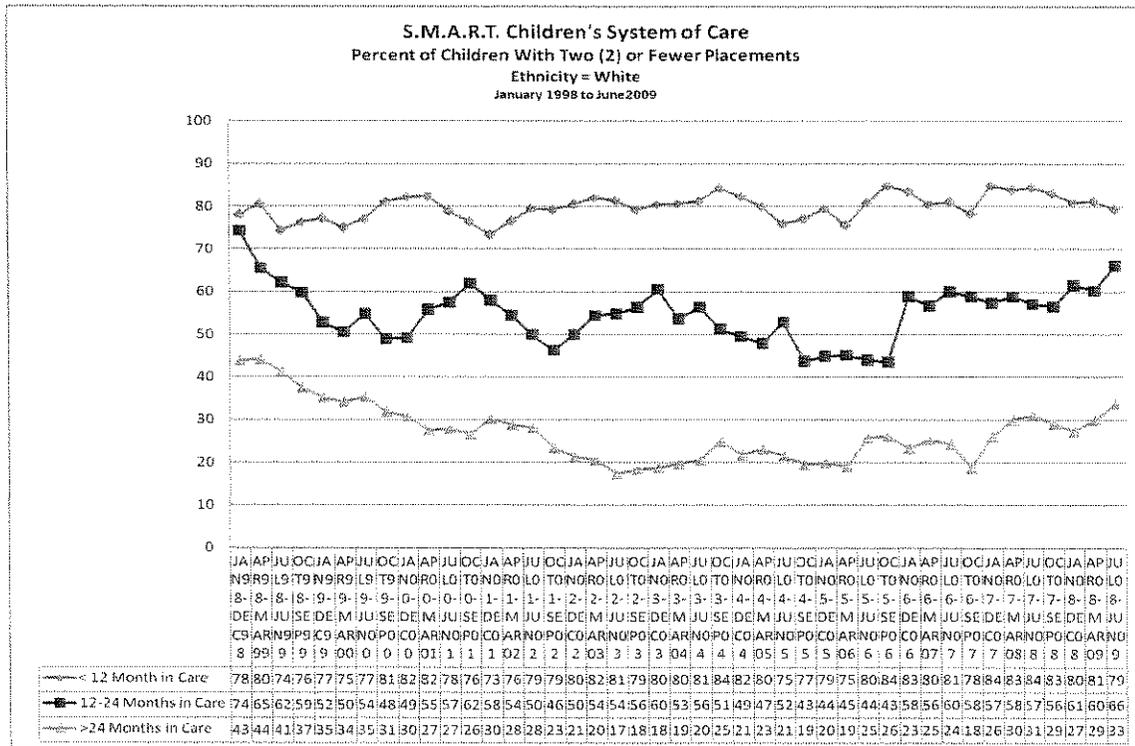
S.M.A.R.T. Children's System of Care
Percent of Children With Two (2) or Fewer Placements

Ethnicity = Black
 FY98-99 to FY08-09



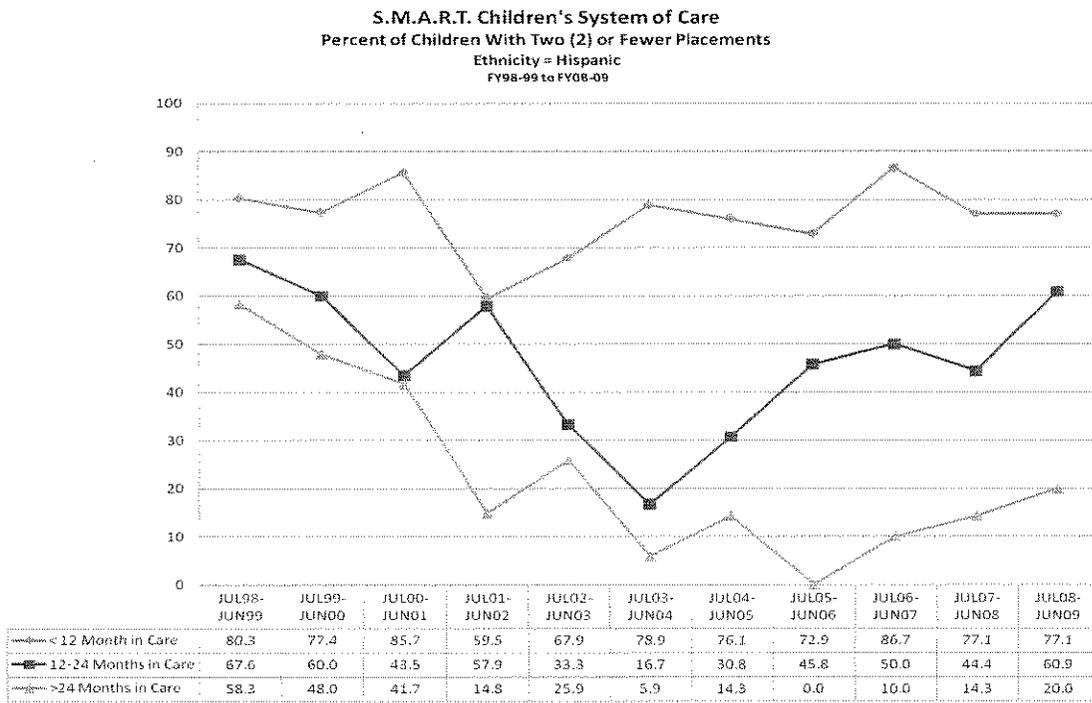
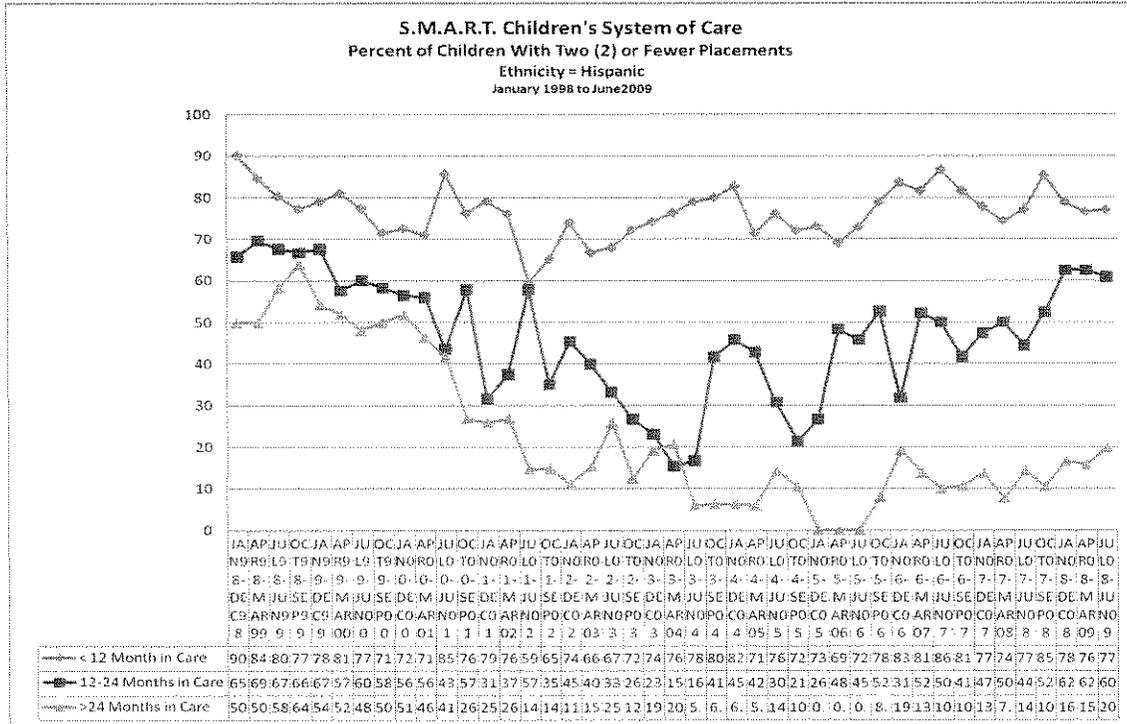
Placer County System Improvement Plan

March 26, 2010 – March 25, 2013



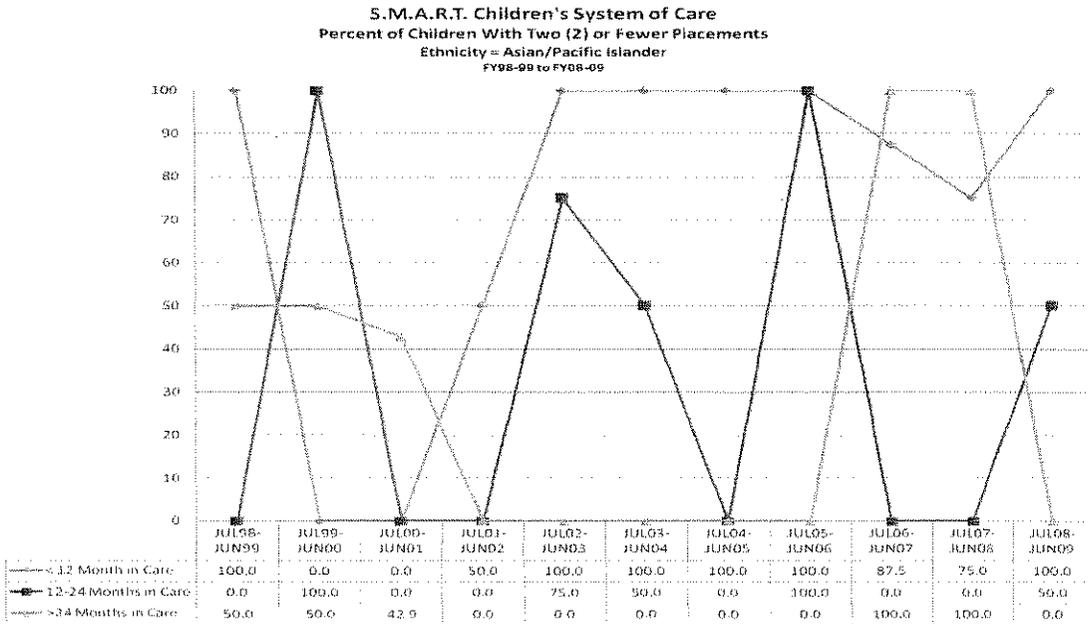
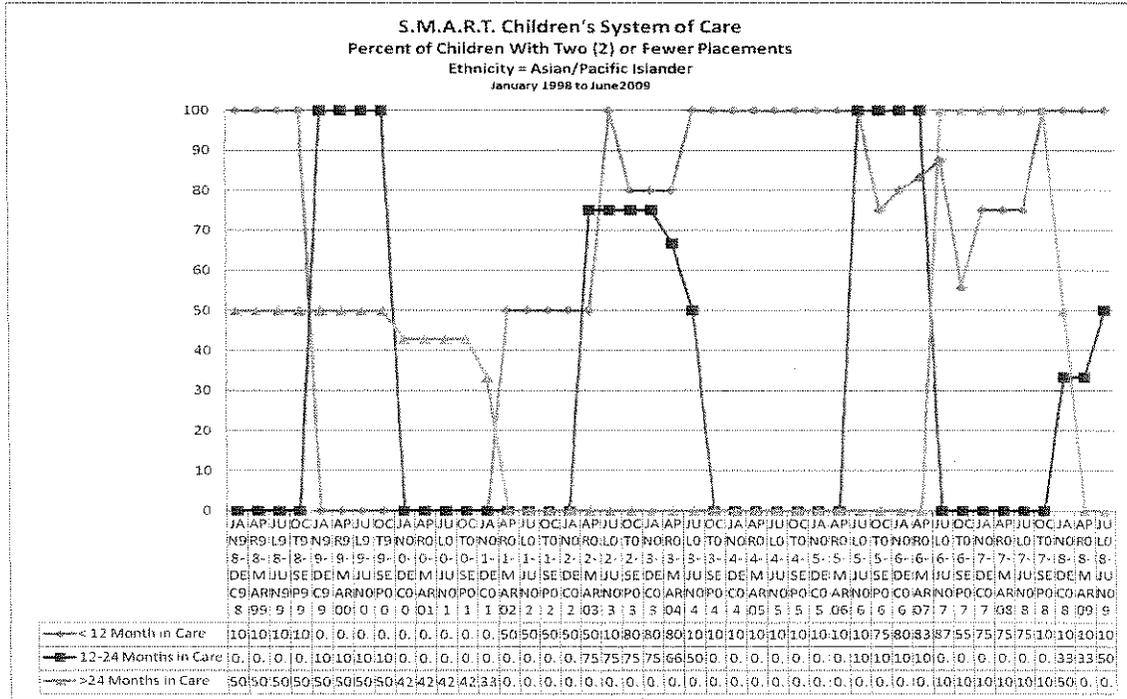
Placer County System Improvement Plan

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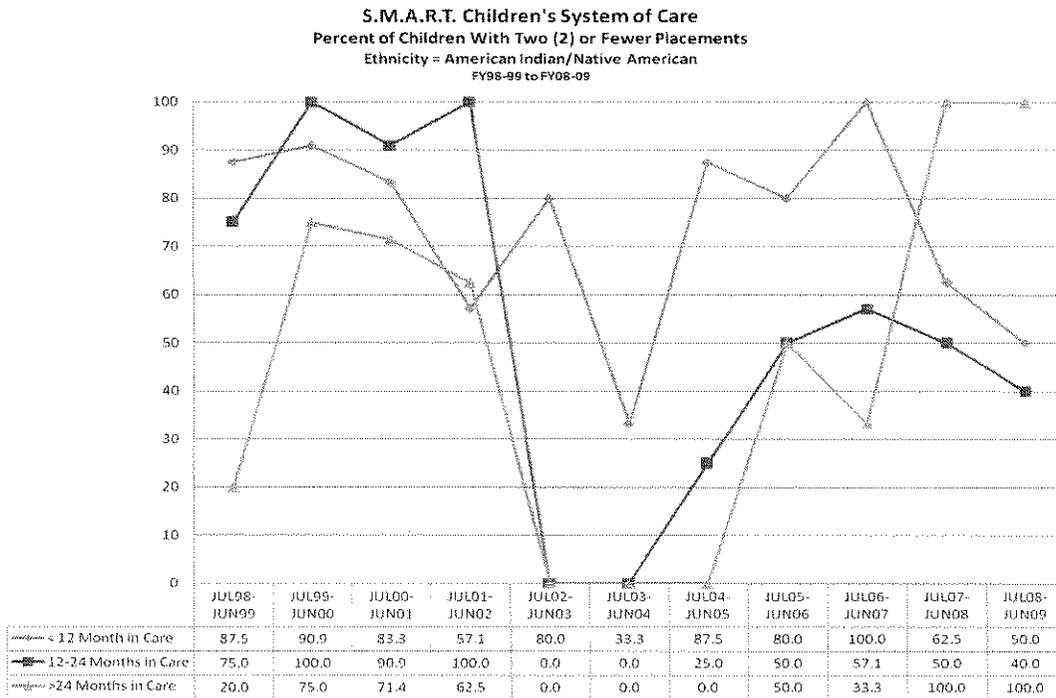
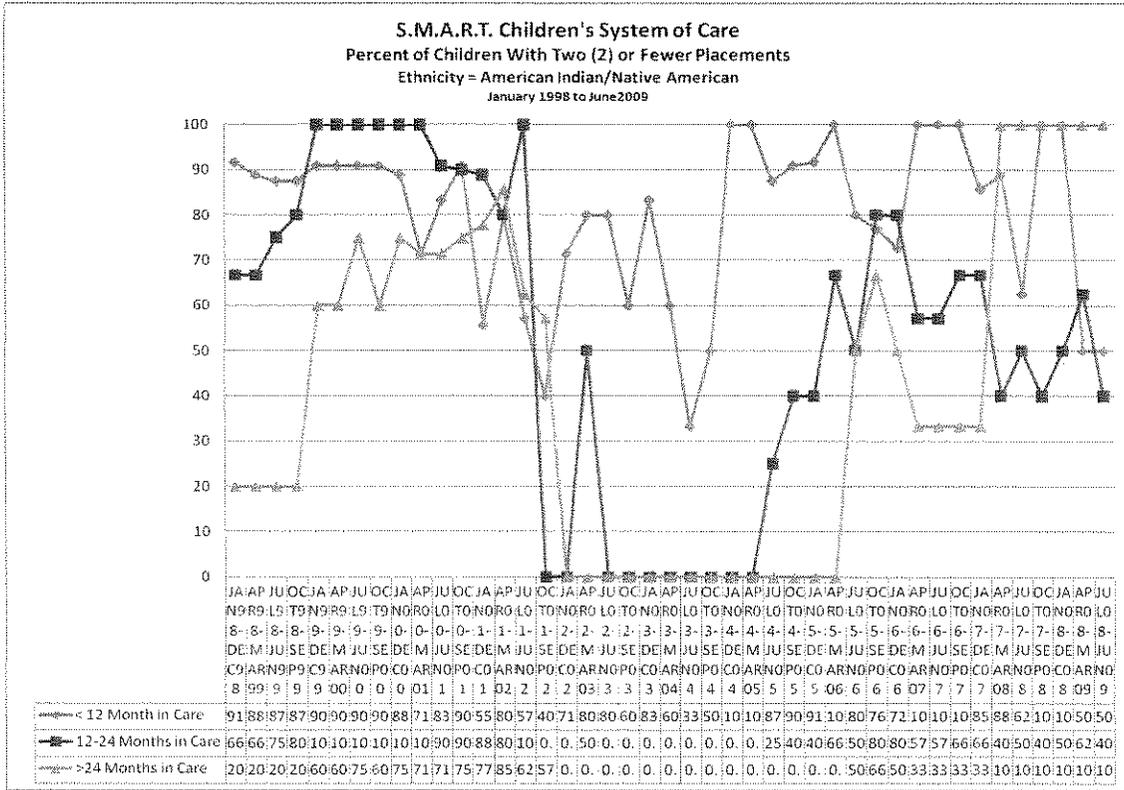
Placer County System Improvement Plan

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Placer County System Improvement Plan

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Placer County System Improvement Plan

March 26, 2010 – March 25, 2013

Placer County

Jul 1, 2008 to Jun 30, 2009

Children With Two (2) or Fewer Placements

<12 Months	Ethnic Group						Total
	Black	White	Hispanic	Asian/PI	Nat Amer	Missing	
COUNT	n	n	n	n	n	n	n
Two or fewer placements	10	104	27	3	2		146
More than two placements	1	27	8	0	2		38
Total	11	131	35	3	4		184

Placer County

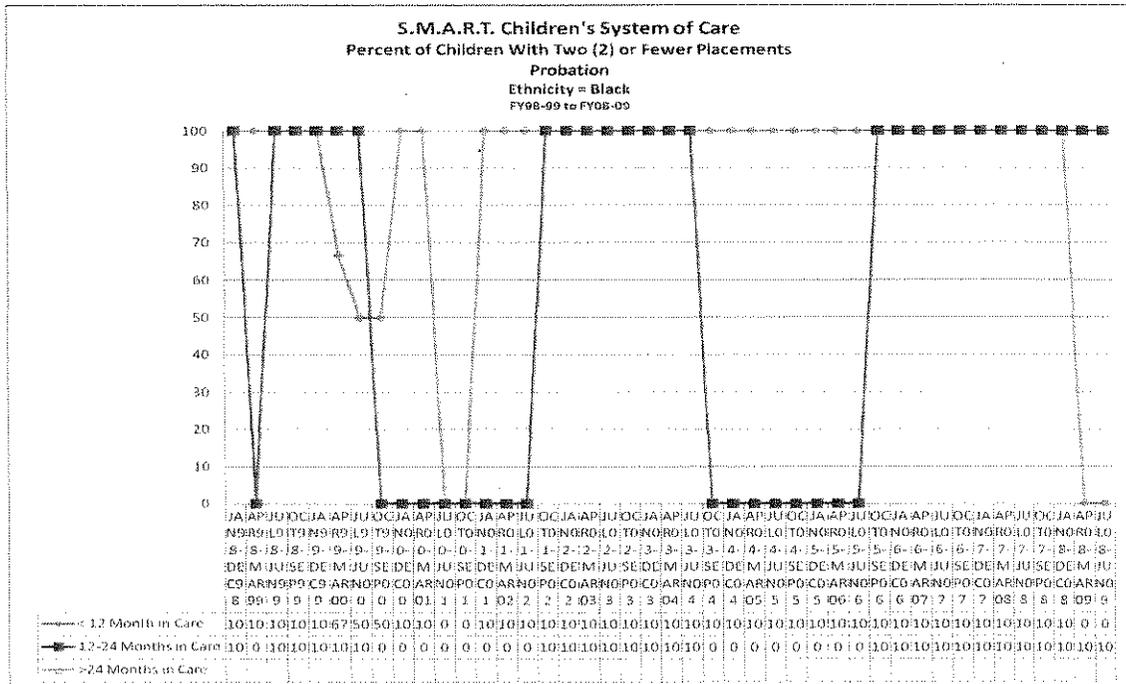
Children With Two (2) or Fewer Placements

12 to 24 Months	Ethnic Group						Total
	Black	White	Hispanic	Asian/PI	Nat Amer	Missing	
COUNT	n	n	n	n	n	n	n
Two or fewer placements	3	39	14	1	2		59
More than two placements	0	20	9	1	3		33
Total	3	59	23	2	5		92

Placer County

Children With Two (2) or Fewer Placements

>24 Months	Ethnic Group						Total
	Black	White	Hispanic	Asian/PI	Nat Amer	Missing	
COUNT	n	n	n	n	n	n	n
Two or fewer placements	1	25	3	0	1		30
More than two placements	1	49	12	1	0		63
Total	2	74	15	1	1		93

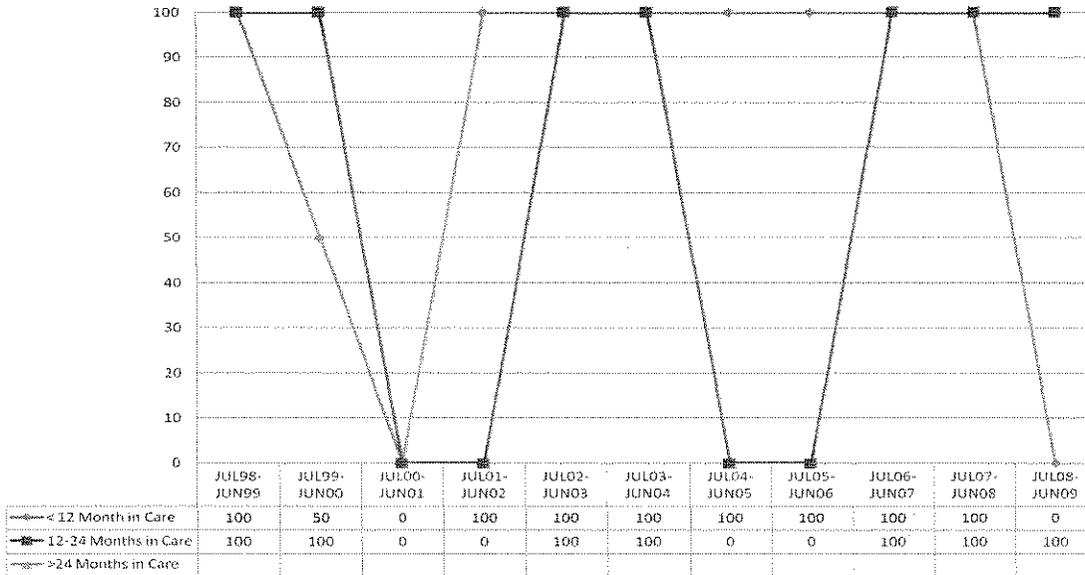


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March 26, 2010 – March 25, 2013

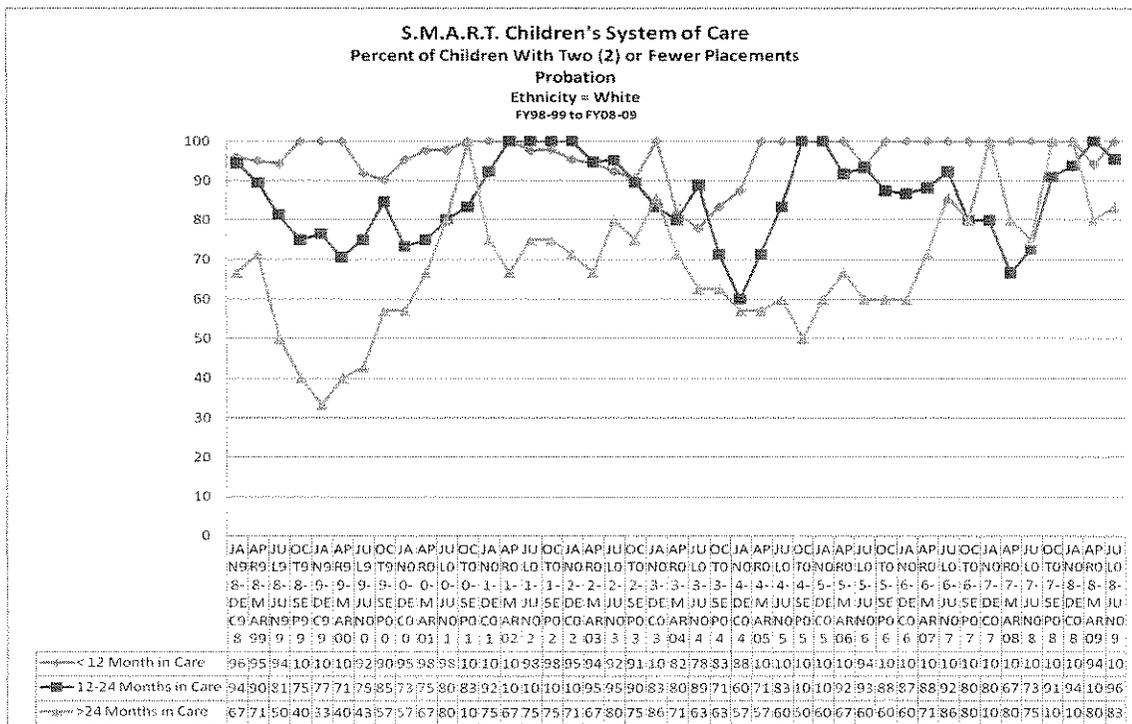
S.M.A.R.T. Children's System of Care Percent of Children With Two (2) or Fewer Placements

Probation
Ethnicity = Black
FY98-99 to FY08-09



S.M.A.R.T. Children's System of Care Percent of Children With Two (2) or Fewer Placements

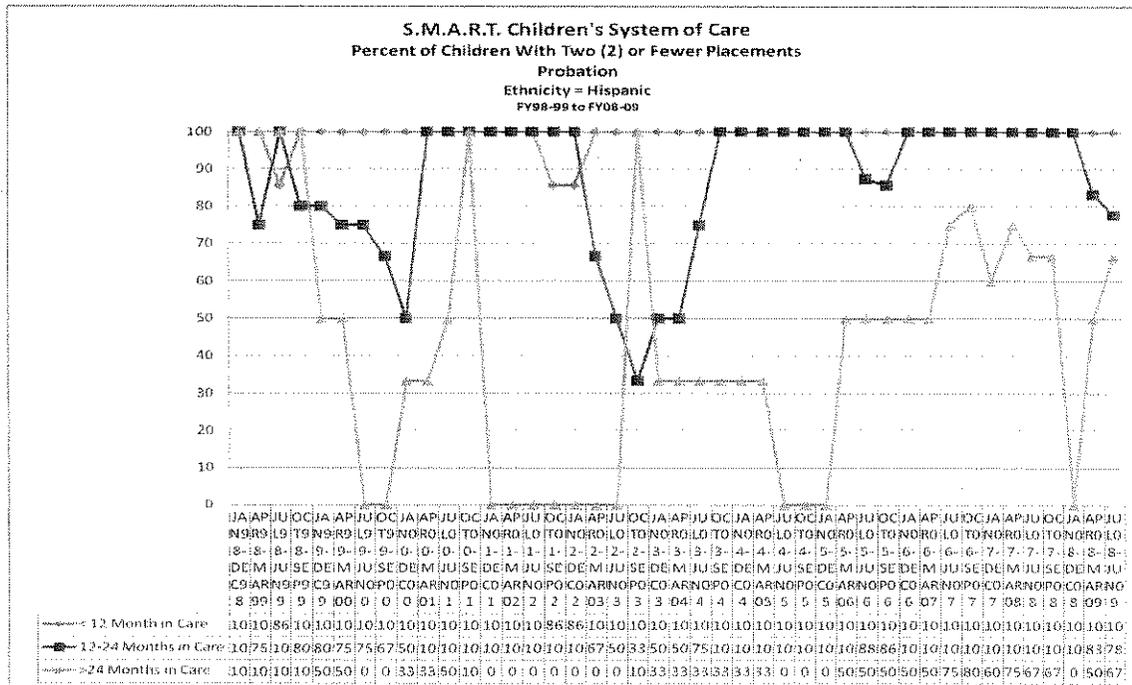
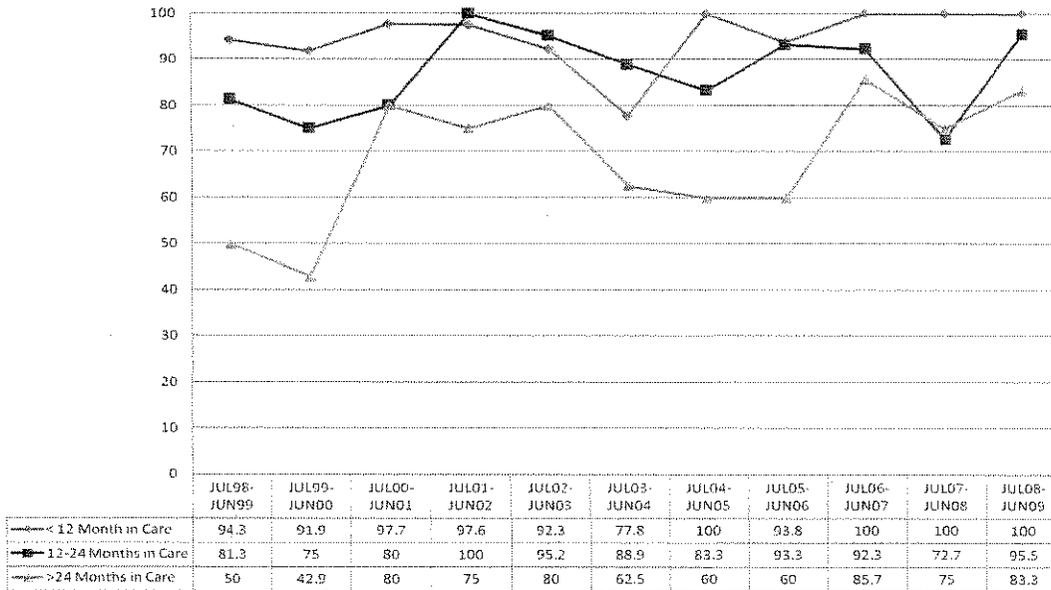
Probation
Ethnicity = White
FY98-99 to FY08-09



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S.M.A.R.T. Children's System of Care
Percent of Children With Two (2) or Fewer Placements
Probation
Ethnicity = White
FY98-99 to FY08-09

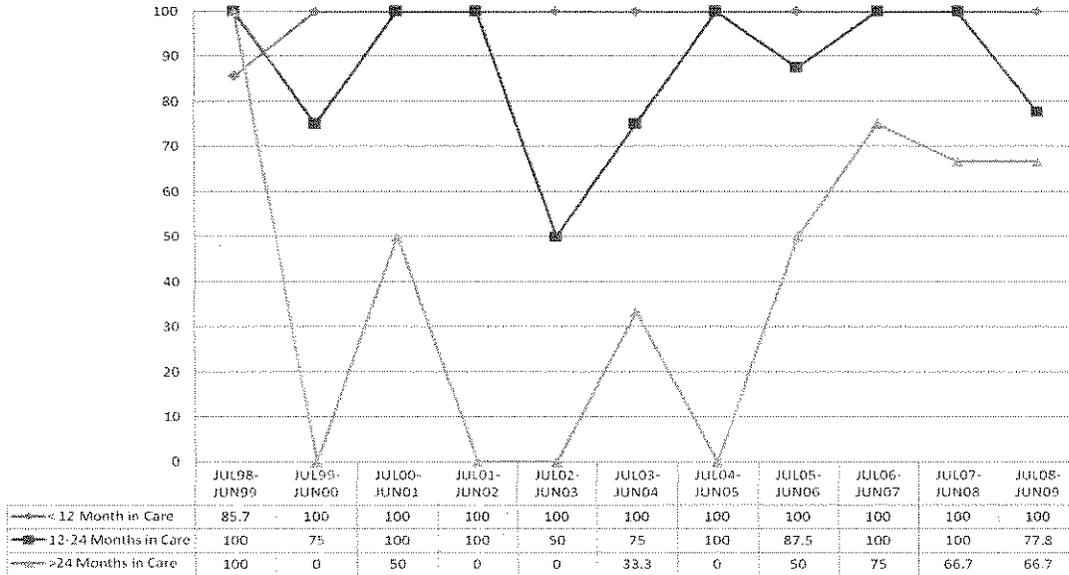


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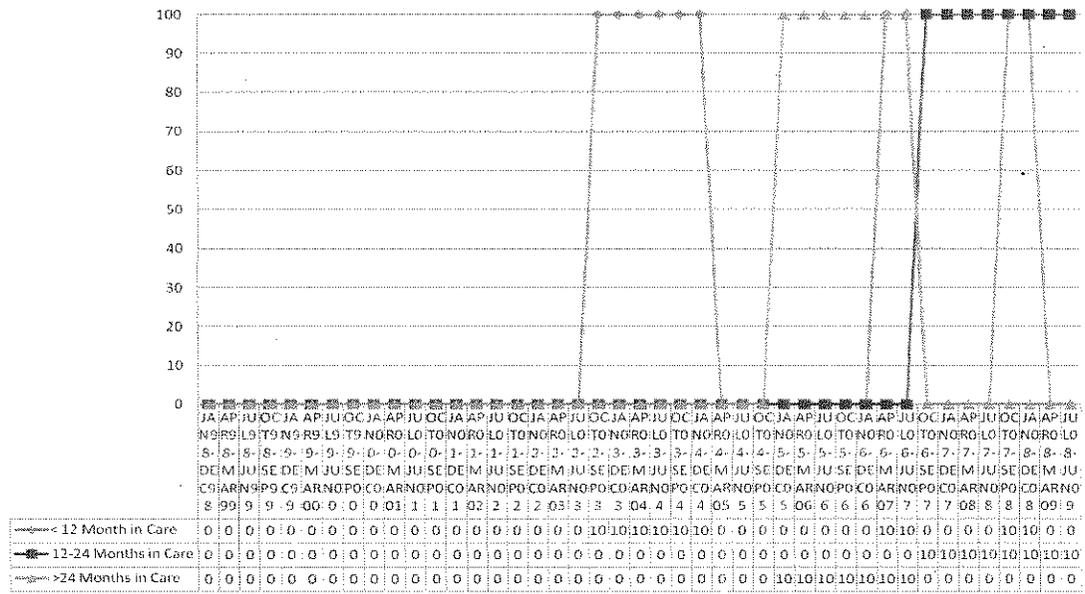
S.M.A.R.T. Children's System of Care Percent of Children With Two (2) or Fewer Placements

Probation
Ethnicity = Hispanic
FY98-99 to FY08-09



S.M.A.R.T. Children's System of Care Percent of Children With Two (2) or Fewer Placements

Probation
Ethnicity = Asian/Pacific Islander
FY98-99 to FY08-09

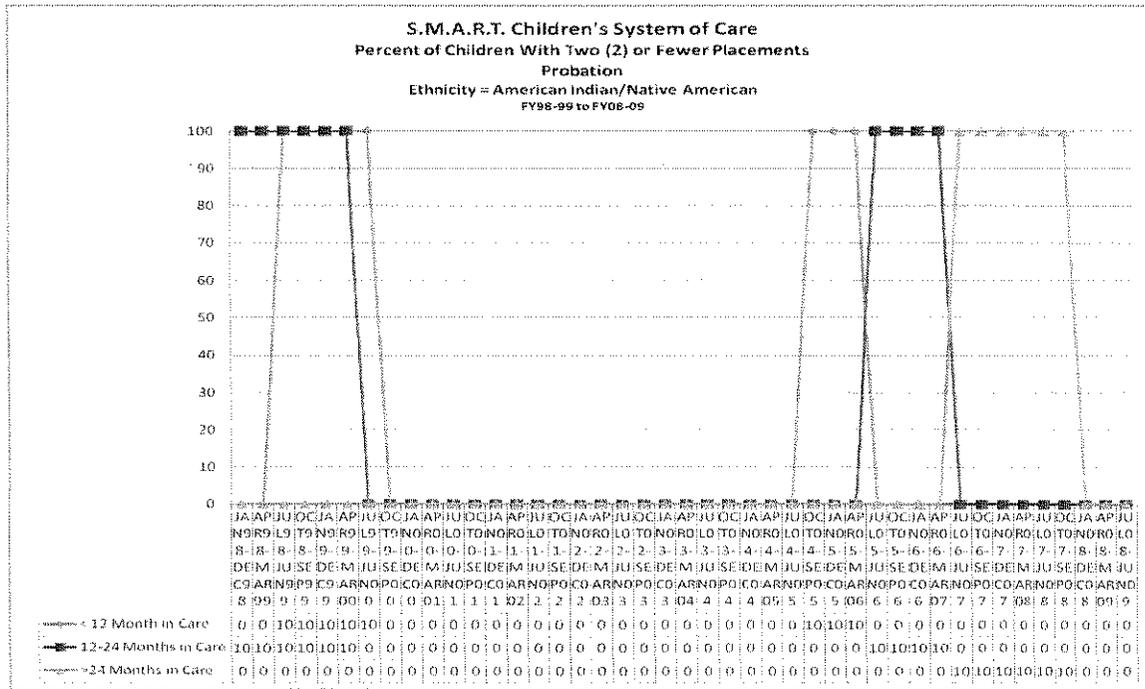
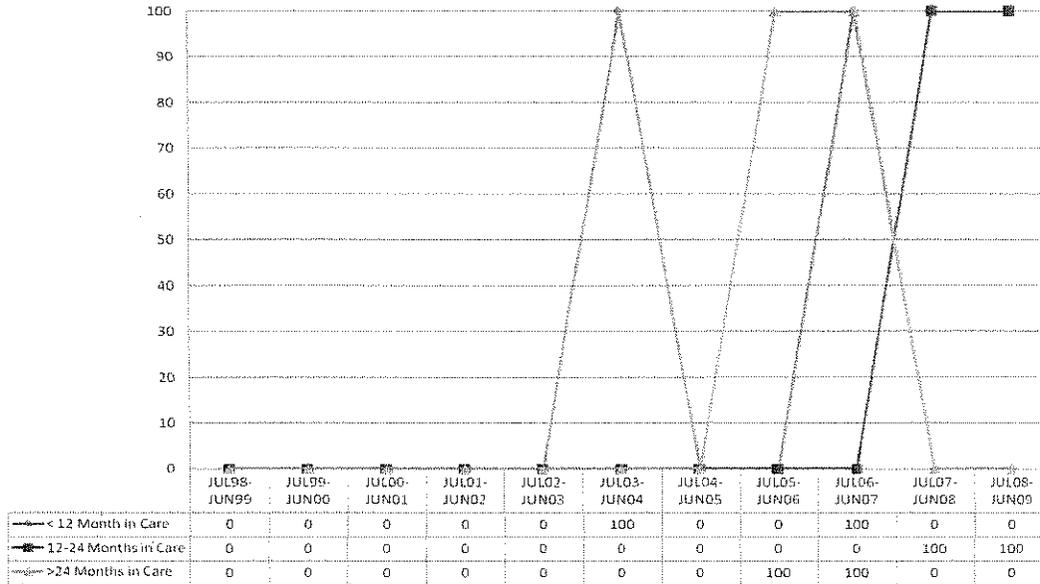


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S.M.A.R.T. Children's System of Care Percent of Children With Two (2) or Fewer Placements Probation

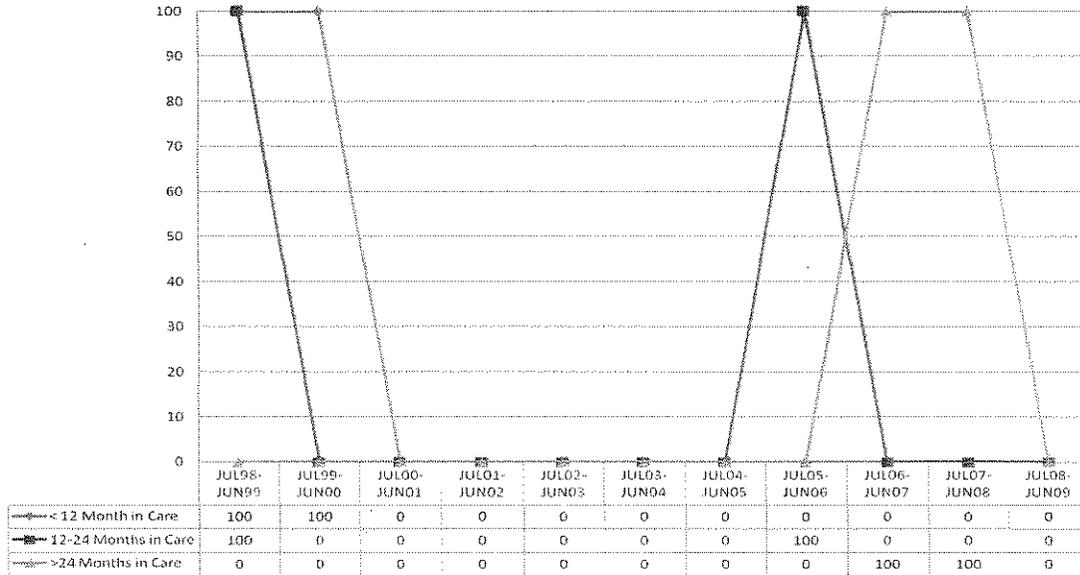
Ethnicity = Asian/Pacific Islander
FY98-99 to FY08-09



Placer County System Improvement Plan

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S.M.A.R.T. Children's System of Care Percent of Children With Two (2) or Fewer Placements Probation Ethnicity = American Indian/Native American FY98-99 to FY08-09



Placer County Probation
Jul 1, 2008 to Jun 30, 2009

Children With Two (2) or Fewer Placements

<12 Months	Ethnic Group					Total
	Black	White	Hispanic	Asian/PI	Nat Amer	
COUNT	n	n	n	n	n	n
Two or fewer placements		13	4			17
More than two placements		0	0			0
Total		13	4			17

Placer County

Children With Two (2) or Fewer Placements

12 to 24 Months	Ethnic Group					Total
	Black	White	Hispanic	Asian/PI	Nat Amer	
COUNT	n	n	n	n	n	n
Two or fewer placements	2	21	7	1		31
More than two placements	0	1	2	0		3
Total	2	22	9	1		34

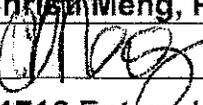
Placer County

Children With Two (2) or Fewer Placements

>24 Months	Ethnic Group					Total
	Black	White	Hispanic	Asian/PI	Nat Amer	
COUNT	n	n	n	n	n	n
Two or fewer placements		5	2			7
More than two placements		1	1			2
Total		6	3			9

Placer County System Improvement Plan

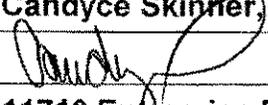
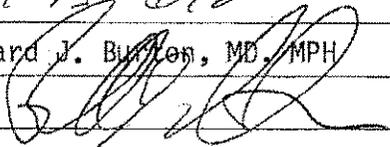
March 26, 2010 – March 25, 2013

CAPIT/CBCAP/PSSF Contact and Signature Sheet	
Period of Plan:	March 2010 – March 2013
Date Submitted:	<i>April 6, 2010</i>
Submitted by:	Board of Supervisor Designated Public Agency to Administer CAPIT/CBCAP/PSSF programs
Name & title:	Candyce Skinner
Signature:	
Address:	11716 Enterprise Dr. Auburn, CA 95603
Fax:	(530) 886-2895
Phone & E-mail:	(530) 889-6785 CSkinner@Placer.ca.gov
Submitted by:	Child Abuse Prevention Council (CAPC) Representative
Name & title:	Tilisa May
Signature:	
Address:	7311 Galilee Road, Suite 105, Roseville, CA 95678
Fax:	(916) 774-2685
Phone & E-mail:	(916) 772-2272 TMay@kidsfirstnow.org
Submitted by:	Parent Consumer/Former Consumer (Required if the parent is not a member of the CAPC)
Name & title:	Christi Meng, Program Director UACF
Signature:	
Address:	11716 Enterprise Dr, Auburn, CA 95603
Fax:	(530) 886-2895
Phone & E-mail:	(530) 889-6785 CMeng@Placer.ca.gov

Placer County System Improvement Plan

March 26, 2010 – March 25, 2013

CAPIT/CBCAP/PSSF Contact and Signature Sheet (continued)

Submitted by:	PSSF Collaborative Representative, if appropriate
Name & title:	Candyce Skinner, Program Manager
Signature:	
Address:	11716 Enterprise Dr. Auburn, CA 95603
Fax:	(530) 886-2895
Phone & E-mail:	(530) 889-6785 <u>CSkinner@Placer.ca.gov</u>
Submitted by:	CAPIT Liaison
Name & title:	Candyce Skinner, Program Manager
Address:	11716 Enterprise Dr. Auburn, CA 95603
Fax:	(530) 886-2895
Phone & E-mail:	(530) 889-6785 <u>CSkinner@Placer.ca.gov</u>
Submitted by:	CBCAP Liaison
Name & title:	Candyce Skinner, Program Manager
Address:	11716 Enterprise Dr Auburn, CA 95603
Fax:	(550) 886-2895
Phone & E-mail:	(530) 889-6785 <u>CSkinner@Placer.ca.gov</u>
Submitted by:	PSSF Liaison
Name & title:	Candyce Skinner, Program Manager
Address:	11716 Enterprise Dr. Auburn, CA 95603
Fax:	(530) 886-2895
Phone & E-mail:	(530) 889-6785 <u>CSkinner@Placer.ca.gov</u>
Board of Supervisors (BOS) Approval	
BOS Approval Date:	<i>4-13-2010</i>
Name:	Richard J. Burton, MD MPH
Signature:	

Placer County System Improvement Plan

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CAPIT/CBCAP/PSSF

Table 1

Name	Agency	Representation
Candyce Skinner	Placer County Children's System of Care, Department of Health and Human Services	<ul style="list-style-type: none"> • CWS administrators, managers, and social workers (includes CAPIT/CBCAP /PSSF Liaisons) • County Board of Supervisors designated agency to administer CAPIT/ CBCAP/PSSF Programs • County mental health
William (Chuck) Parcher	Placer County Probation Department	Probation administrators, supervisors, and officers
DeAnne Thornton	KidsFirst (formerly Child Abuse Prevention Council of Placer County)	Child Abuse Prevention Council/Children's Trust Fund Commission
Christi Meng	United Advocates for Children/CSOC	Parents/consumers
Kathryn Hart	CASA	Court Appointed Special Advocates
Sandra Boyd	Sierra Forever Families	Provider – Adoptions
Christy Simpson	CSOC	CWS Social Worker
Miranda Long	CSOC	CWS Supervisor
Kristin Siles	CSOC	CWS Senior Practitioner
Laurie Antuzzi	CSOC	Foster Care Licensing
Renee Verdugo	CSOC	County Mental health
Steve Martinson	CSOC	Supervisor, Program Evaluator, Data Expert
Julie Cockerton	CDSS	CDSS representative, technical assistance
Lynn DeLapp	Consultant to CSOC	Davis Consultant Network
Denise Taylor	CSOC	CWS Social Worker
Barbara Powell	CSOC	CWS Supervisor
Anno Nakai	Sierra Native Alliance	Native American Tribes
Tami Brodnik	Unity Care	Independent Living Skills provider
Julie Clavin	CSOC	CWS Adoptions Staff
Theresa Sanchez	CDSS	Office of Child Abuse Prevention

Other Core Representatives

- Resource Families and Caregivers – A foster parent joined the group early in the process but other commitments forced her withdrawal
- Juvenile Court Bench Officer - Bench officers are members of SMART policy. Currently the bench is operating with 2.5 officers less than the recommended staffing levels
- County Health Department – Did not participate.
- PSSF Collaborative – Placer County is currently evaluating its PSSF planning process.
- Youth representative - Although a youth representative did not sit on the workgroup, they were represented by the supervisor of our Independent Living Skills community provider. Youth input was gathered in a focus group conducted during the Peer Quality Case Review process, and through a list of problems gathered by the Youth Transitional Action Team (page 99).

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Child Abuse Prevention Council

Placer County's Child Abuse Prevention Council was established as a non-profit 501(c)3 in 1989. Then known as the "Child Abuse Council," the organization's mission was to prevent child abuse through education and advocacy. In 1999, the Council added "Prevention" to its name to emphasize its commitment to prevention and providing the support to families before harm is done. In 2009, the Council changed its name to **KidsFirst**. Its mission, to prevent child abuse, and its vision, that all children live in a safe, healthy and nurturing home, remain the same. KidsFirst's goals are to:

- Support and create coordinated, community-based prevention services
- Educate the community and raise awareness about child abuse and its prevention
- Assist with integration and development of collaborative relations among services providers

The CAPC employs a staff of 20 and utilizes 70 volunteers per year to advance the mission. Specific programs and services include: family support using the family resource center model; parent education and training; therapeutic treatment for child victims of abuse; health insurance enrollment assistance; hospital-based training for parents of newborns; home-based training for parents with children 0-3; parent coaching and case management; emergency assistance; children's after school programs; public awareness campaigns; technical assistance and training; and referrals to countless community resources.

KidsFirst (Placer's CAPC) is governed by a volunteer board of directors comprised of parents, business and community leaders representing law enforcement, licensing agencies, coroner, courts, medical and mental health, public schools, civic organizations, and community volunteers. The CAPC Board convenes quarterly, but the agency also has established a number of committees to advance the organization's mission. Committees include:

- Interagency coordination committee
- Multidisciplinary personnel teams
- Evaluation teams
- Technical assistance coalition
- Public awareness/communications committee
- Fund development committee
- Special event committees
- Finance and audit committees
- Executive committee

Committee composition includes board members, community volunteers, faith-community, consumers, and community-based organizations. Accomplishment of the CAPC are reported to the County on a quarterly basis and published in its Annual Report.

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There is a much smaller Child Abuse Prevention Council in the Tahoe Truckee area. This agency does not have any full-time employees, but is part of a greater collaborative, the Community Collaborative of the Truckee Tahoe area, and is supported by the executive director and financial staff of the collaborative. Founded in 1978 the Tahoe Truckee CAPC is the primary planning and coordination group for child abuse events in the area. They rely heavily on community volunteers and staff from other agencies for support, and meet on a monthly basis.

For fiscal year 2009-2010 the following OCAP funds were granted to support the CAPC's:

- CAPIT \$78,380 Funds to KidsFirst
- CBCAP \$21,406 and a one-time supplement of \$17,862 Funds to KidsFirst
- CCTF \$37,000 to South County CAPC Funds to KidsFirst
\$14,266 to Tahoe Truckee CAPC

It is proposed that the current spending ratios remain in effect for the next triennial cycle.

PSSF COLLABORATIVE

The Board of Supervisors oversees the use and allocation of PSSF dollars either by contract, or direct service provision. Placer County and CSOC administration are currently evaluating the PSSF planning process.

CCTF Board

The Children's Trust Fund in Placer County receives direction under the auspices of the county's SMART Policy board. The policy board consists of the Chief Probation Officer, the Director of Health and Human Services, County Health Officer, the Associate Superintendent of Schools, and the Presiding Juvenile Court Judge, who serves as the Chair of S.M.A.R.T. The Policy Board is the governing body for both ASOC and CSOC.

The policy board has an advisory council which meets monthly, and is comprised of the Juvenile Court Commissioner, the Director of Children's System of Care (Child Welfare Director), the County Office of Education Administrator of Prevention Services, County Office of Education Administrator of Alternative Education, the Deputy Chief Probation Officer and the Parent Program Director, who represents family and public voice to the SPEAC and SMART policy boards.

CTF information is available to the public within the county's published budget documents, each year.

As it has been a number of years since the CTF process has been reviewed in Placer, SMART policy will be undertaking a comprehensive review and discussion of CTF related duties in the spring of 2010, and a resolution will be before the Board of Supervisors prior to the end of August.

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Parents/Consumers

KidsFirst is a partner of Placer County's Campaign for Community Wellness Initiative to transform services in the County by bringing families and youth into positions of partnership, authority, influence, and leadership at every level of the system of care. As such, KidsFirst's strategies to enhance parent participation and leadership are:

Client recruitment & outreach: recruitment is fundamental to establishing and maintaining successful programs. KidsFirst's five principles of recruitment are: Maintain high program standards (to be confident participants are recruited to a program that works); organize before recruiting, make contacts with families well worth their time; the best recruitment is word-of-mouth, satisfied parents will do the best marketing in the community, currently, 34% of new referrals into KidsFirst programs come from satisfied clients; give participants ownership by involving them in recruitment efforts.

Staff time will be dedicated to raise awareness about the availability of the services and enroll participants. **Outreach/education activities** will include dissemination of information at school and community events, through public and private partnerships, to parent-teacher groups; information tables at small, medium and large events; media; newsletter articles; print materials; and using informal opportunities to establish relationships, build trust, raise awareness, and promote parent involvement. KidsFirst's relationships in Placer County's Campaign for Community Wellness, the Placer Collaborative Network, the hospital systems, Placer Consortium on Homelessness, and Latino Leadership Council are all opportunities to recruit participants.

KidsFirst invests substantial resources in reaching underserved populations and disseminates information through outreach activities year-round using a culturally and linguistically skilled approach. Monthly outreach touches a wide array of agencies, churches, service groups, schools, businesses, and community events. KidsFirst's bilingual/bicultural staff collaborates with numerous public and private providers to identify underserved populations, including Latinos, Native Americans, and the disabled. Ongoing assessment of promotion/recruitment activities will ensure that efforts are effective and successful.

Staff Training: KidsFirst has identified ongoing training for management, service providers, and volunteers as a quality assurance and parent engagement measure. An important element of training is to link coaching and technical assistance that supports implementation of the concepts and skills taught to families. Frequent training, coaching, reflective supervision, and technical assistance linked to the operations and service provision builds staff and community capacity and creates a learning environment that is translated into positive outcomes for families. Outreach, engagement and client retention data are routinely analyzed to ensure participation goals are attained. Staff participates in engagement training to learn techniques for engaging clients who reticent, unwilling or lack trust in outside support.

Parent Training: To develop parent leaders, KidsFirst's Parent Leadership Academy, *Strong Parents, Strong Communities*, is a 12-month training institute available for parents who want to become more involved in school and community issues. Registration is free and open to all parents no stipends or other financial support is provided to parents. Parents who are identified through other program participation are encouraged to enroll. Two programs are offered per

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year. The programs are offered in English and Spanish utilizing curriculum from the National Parent School Partnership, a national program designed to train parents and community members to actively participate in children's education. Topics are presented by guest speakers on topics such as: principles of leadership; advocacy; systems navigation; conflict resolution; school involvement; legal rights and responsibilities; structure and function of schools; and the road to the university. Plus sessions on advocacy; banking & finance; health and wellness.

In the past two years, KidsFirst has taken steps to expand volunteerism as a sustainability strategy. Parents and youth are recruited to participate in the various levels of programming: planning, design, implementation, and evaluation. Last year, KidsFirst experienced a 65% increase in volunteerism. Consumers of services not only participate in these activities, parent leadership academy participants will learn to and go on to engage in many school and community activities (e.g. school events, school board, service projects).

PSSF dollars are used to provide a foster/adoptive parent liaison that functions as a support for foster and adoptive parents. In this role, the liaison facilitates a twice monthly support group which allows the group to learn about the system, as well as develop avenues to advocate for their needs as a group. The liaison is a current or former foster/adoptive parent.

Fiscal Narrative

There is one county manager assigned to be Placer's PSSF/CAPIT/CBCAP/CTF liaison. In this role the manager, in partnership with County Community Partners, develops the plan as to how the funds will be spent. In the development of the plan, all agencies are instructed that activities funded by OCAP and CTF dollars are to supplement, not supplant other State and local public funds and services. Activities that appear to supplant other such funded services will not be approved to be part of the plan. Any agency receiving said funds is required to provide a quarterly report as to the progress of the activities. The manager receives said quarterly reports, and ensures the agencies are following the plan and utilizing the funds as accorded. This same manager also receives and reviews all invoices. The invoices are then processed by the Health and Human Services Centralized Accounts Payable and Payroll unit, and then reviewed and approved again by the CSOC Fiscal Manager. The final approval and warrant is prepared by the Auditor's office. Once payment is made, the costs are claimed by the accountant who prepares the County Expense Claim.

KidsFirst, the major community recipient of OCAP dollars, has a history of leveraging funding to expand its community-based, prevention-focused programs. KidsFirst has well-established partnerships with many public and private providers and will build upon these relationships to meet the proposed outcomes. KidsFirst is part of Placer's integrated, service delivery system supported through joint servicing, planning, and leveraged funding. This multi-level approach creates a fiscally coordinated infrastructure that integrates services in seamless ways and engages parents and community members alike, leading to a greater transfer of knowledge and sustained results for children.

KidsFirst successful twenty-year history is a direct result of its integrated approach to sustainability that combines partnerships, financial strategies and strong community networks.

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KidsFirst's funding base includes a combination of private and public funds (over twenty different funding sources) that support its activities. Its sustainability plan includes integrated programming; evaluating outcomes, costs and effectiveness; strategic financing—using current funds efficiently and marshalling new funding sources; communicating and collaborating with a range of stakeholders; monitoring trends and environmental changes; staff development; fee-for-service; volunteerism; strategic board recruitment; good public relations; and strong internal systems of control to ensure efficiency and accountability through effective management. KidsFirst's system for sustainability accounts for both depth and breadth by prioritizing lasting program impacts and soundly rooted infrastructure.

As to the utilization of the PSSF funds, the total sum is divided almost equally between all four service categories.

Local Agencies

The agencies who receive PSSF/CAPIT/CBCAP/CTF funds have all shown themselves to be situated in the different areas of the Placer County community, and possess a track record of services devoted to the well-being of children and families. All of the agencies have the means to transmit data electronically, and none of them were noted on the federal web site listing agencies that had been suspended or debarred from participation in an effected program.

Two of the agencies receiving funds are established Child Abuse Prevention Councils; KidsFirst and the Tahoe Truckee Child Abuse Prevention Council. When the funds first became available from the state Office of Child Abuse Prevention, Placer County issued an RFP. The western county CAPC was the only agency to respond. The relationship and partnership between Placer and the CAPCs continue today, and they are uniquely poised to provide the level and quality of services. As to PSSF dollars, some of them are used internally for staff time dedicated to Placer County's adoption collaborative, Placer Kids. Some PSSF dollars are spent on substance abuse services; all of those providers responded to an RFP and were chosen by committee. As to the remaining PSSF dollars used for a foster parent liaison, Placer County was able to sole source due to the nature of the Placer Kids collaborative.

KidsFirst has over 20 years of strong community support. The proposed services are supported by the county welfare department (Placer County Children's System of Care), law enforcement (Placer County Sheriff's Office), Placer County District Attorney, Placer County Board of Supervisors, Placer County Department of Health and Human Services, and Placer County Office of Education. Broad-based community support is also evidenced by the number of financial, in-kind and volunteer supporters. In spite of this challenging economy, supporters continue to give their time and resources to KidsFirst. KidsFirst strategically coordinates its services to ensure efficient use of resources and non-duplication of services. In FY09, although the dollar amount of individual donations decreased due to the economic downturn, the number of new donors supporting KidsFirst increased significantly (272%), as did volunteerism (65%). Last year KidsFirst also expanded its collaborative relations with the launch of a new web-based case management system designed to increase coordination of case work among local nonprofits.

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Six new partners joined the project with a total of 8 agencies currently participating; at least 3 new agency participants are planned for the coming year.

Training and technical assistance (T&TA) is provided by Placer County to KidsFirst. KidsFirst provides T&TA to other non-profits. The organizations, in turn, provide T&TA to other non-profits. Topics include but are not limited to: principles of family support; field safety; HIPAA compliance; engagement; case management, principles of lasting adoption issues and other professional development topics.

The third agency receiving funds is Sierra Forever Families, formerly Sierra Adoption Services. CSOC and Sierra have partnered in Placer County since 1998. The partnership, known as Placer Kids, allows both agencies to combine resources to recruit, license, train and home study families for both foster and adoptive placements. PSSF funds have historically been used in this collaborative to fund a foster/adoptive parent liaison; that individual has been a Placer County employee and the funds have been used internally. However, recent County policy changes have necessitated that this individual now be a Sierra employee. It was decided that, given the long and established partnership and the role of the liaison, the contract would be sole sourced, rather than opened to a competitive process. Sierra Forever Families was established almost thirty years ago, by adoptive parents to assist in the adoption and placement of dependent children who are considered more difficult to place. An emphasis is placed on the recruitment of families to provide care for the diverse need; both cultural and linguistic, of the children needing homes. Additionally, a component of training for all families focuses on the need to care for children reflecting a range of diverse backgrounds.

Tahoe Truckee Child Abuse Prevention Council (TTCAPC) receives Children's Trust fund dollars. TTCAPC is part of the greater Community Collaborative of Tahoe Truckee and is a partnership of non-profit and public organizations working together to address fundamental needs of families in the Tahoe Truckee Region. Collectively, they identify emerging community issues and develop strategies with our combined vision and resources. They are comprised of over 35 health, social service, education and community-based organizations who meet monthly to collaborate, network, share and learn. TTCAPC's services focus on education, training, and linkages.

KidsFirst is the sole recipient of CAPIT and CBCAP dollars. KidsFirst's Community Engagement Specialist based at Child Welfare Services will refer families at high risk to CAPIT funded programs. Priority will be given to these families. Outreach to legal, medical and social service agencies will promote referrals which will also be given priority. The funded agency has secured over \$200K cash from other sources to implement the proposed activities, well-exceeding the required 10% match.

CBCAP Outcomes

The project's evaluation team is comprised of KidsFirst's Program Director, Evaluation Specialist, and Community Relations Director. The Evaluation Specialist will compile and analyze outcome data on a monthly basis and report to the Program and Community Relations

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Directors. Any areas of concern (e.g. below goal) will be addressed on an ongoing basis. The evaluation team will meet monthly to review evidence demonstrating the degree to which outcomes have been achieved. After reviewing data at each monthly evaluation team meeting, the evaluation team will develop and implement appropriate strategies for improvement, as needed. Progress will be reported quarterly to the County Liaison. The project's strong evaluation component will assist with quality assurance and adherence with project timelines and benchmarks to assure that objectives are achieved on time and within budget. The strong and positive relationship between KidsFirst and Placer County provides the foundation necessary for a successful project.

Engagement Outcomes:

- Information is disseminated countywide to raise awareness of availability of services and how to access services.

Indicator: # of media/social media contacts (e.g. website visits, social media contacts, media impressions (print, news, radio), newsletter distribution; estimated number of individuals contact via events and speaking engagements.

Outreach data, client activities, participation levels, demographics, and other relevant data will be analyzed on a monthly basis in order to evaluate effectiveness of outreach. The collection of quantitative (service and outreach data) and qualitative data (service descriptions and individual client and staff feedback) will yield rich and relevant data to inform outcome findings and ongoing program improvement.

Short Term Outcomes:

- Participants know what to do when their emotions interfere with their ability to parent well.
- Participants know how to access formal support systems in their communities.

Indicators:

- Percentage of participants who demonstrate knowledge of healthy methods to reduce stress.
- Percentage of participants who increase knowledge of the array of services available to them in the community
- Percentage of participants who increase knowledge of how to access needed services available to them in the community.

The following assessments will be used to measure achievement of these outcomes:

Parenting Stress Index (PSI) is a tool designed to identify stressful areas in parent-child interaction. The PSI is particularly helpful in identifying dysfunctional parent-child systems, prevention aimed at reducing caregiver stress, intervention planning in high stress areas and charting reduction in stress triggers. This 36-item assessment will be administered to participants of Incredible Years at program entry and exit. The most recent version of the PSI was found to have high factorial validity, suggesting that the domain scores and subscale scores may be confidently utilized to provide information about specific sources of stress in the parent-child system which should be the focus of further attention and professional assistance.

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Satisfaction Survey: KidsFirst has developed a client satisfaction survey inquiring about increased awareness of resources and the quality and usefulness of services. The survey will be administered to a random sample of participants at program exit.

Regular feedback from the program participants and staff will also ensure that services are implemented with sensitivity and relevance.

Intermediate Outcomes:

- Participants create a violence-free household.

Indicators:

- Participants use nonviolent means of child discipline.

The following assessments will be used to measure achievement of this outcome:

Parenting Stress Index (PSI) is a tool designed to identify stressful areas in parent-child interaction. The PSI is particularly helpful in identifying dysfunctional parent-child systems, prevention aimed at reducing caregiver stress, intervention planning in high stress areas and charting reduction in stress triggers. This 36-item assessment will be administered to participants of Incredible Years at program entry and exit. The most recent version of the PSI was found to have high factorial validity, suggesting that the domain scores and subscale scores may be confidently utilized to provide information about specific sources of stress in the parent-child system which should be the focus of further attention and professional assistance.

Long Term Outcomes:

- Decrease the rate of first-time victims of child maltreatment.
- Participants maintain a violence-free household.

Indicators:

- Clients served stay out of the child welfare system.

Child welfare services will conduct an analysis of the families referred to KidsFirst to determine the percentage of children who did have a subsequent substantiated report of abuse or neglect following completion of services.

CBCAP Peer Review:

KidsFirst will continue its participation as of the Sierra-Sacramento Coalition of Child Abuse Prevention Councils comprised of 14 Child Abuse Prevention Councils (CAPCs) in northern and central California. The essence of the Sierra-Sacramento Regional Coalition is its collaborative nature and its ability to encourage and support one another to improve practice. The Coalition provides a forum for CBCAP peer review and assists participants to collaborate among themselves and with other key local partners – including parents, community-based organizations, and county providers – as a local, regional and statewide network. This occurs within the framework of the Coalition’s meetings, special events, training workshops and conferences, and on-site, local technical assistance -- with the guidance of and technical assistance from the Coalition Coordinator, peers, and other experts in the field.

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Service Array

As stated previously, there is one manager assigned to plan, approve and monitor all OCAP funded activities. This manager has other responsibilities within CSOC, to include all CWS system improvement activities, as well as specific programs to manage. These functions allow for the OCAP funded activities to be coordinated with other prevention and support activities. This minimizes any overlap in service array, while at the same time maximizes the use of the funds as the manager can clearly identify unmet needs. Additionally, all of the agencies receiving OCAP funds through Placer County are part of larger community collaborative which are focused on joint planning and a greater pooling of like resources.

KidsFirst's relationships in Placer County's Campaign for Community Wellness, the Placer Collaborative Network, the hospital systems, Placer Consortium on Homelessness, and Latino Leadership Council are all opportunities to recruit participants. The proposed services are supported by the county welfare department (Placer County Children's System of Care), law enforcement (Placer County Sheriff's Office), Placer County District Attorney, Placer County Board of Supervisors, Placer County Department of Health and Human Services, and Placer County Office of Education.

Sierra Forever Families is an established foster-adoptive agency providing services in twelve contiguous counties in Northern California. Additionally, they provide extensive therapeutic pre and post-adoption services in Sacramento and Nevada Counties. In Placer County they are not only a part of the Placer Kids collaborative, but they participate in the system improvement plan workgroup, the weekly placement team meeting, and the bi-monthly recruitment and support meeting.

Tahoe Truckee Child Abuse Prevention Council (TTCAPC) receives Children's Trust fund dollars. TTCAPC is part of the greater Community Collaborative of Tahoe Truckee and is a partnership of non-profit and public organizations working together to address fundamental needs of families in the Tahoe Truckee Region. Collectively, they identify emerging community issues and develop strategies with our combined vision and resources. They are comprised of over 35 health, social service, education and community-based organizations who meet monthly to collaborate, network, share and learn. TTCAPC's services focus on education, training, and linkages.

Planned Programs

PSSF

Adoption Promotion and Support

Approximately twelve years ago CSOC entered into a partnership with a local, non-profit adoption agency, Sierra Adoption Services, and formed a collaborative known as Placer Kids Foster Adoptive Collaborative. CSOC and Sierra join their resources to provide seamless services to include recruitment, training, support and expedited services in the form of collaborative home studies. As a result, there are more families available when a child needs a placement, and more resources available to bring to the children and families when placement challenges arise. PSSF dollars are used to further these goals.

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Family Support

Family Support dollars will be used to fund a foster/adoptive family liaison. This liaison will facilitate a bi-weekly support group for foster/adoptive families; assist with the foster parent training; and provide support to perspective foster/adoptive parents as they contemplate their decision to become foster/adoptive parents. The purpose of the liaison is to provide support to placement families to ensure placement stability for dependent children. The liaison will also work with social work staff as issues with placements related to the family arise, with the goal of working through any issues that are related to a lack of understanding by any party involved with the placement. The liaison will also take a lead role in foster/adoptive appreciation events such as the foster/adoption picnic held during National Foster Parent Appreciation Month; as well as Placer's adoption day event, held on National Adoption Day. The liaison will also assist in recruitment activities and will assist in representing the Placer Kids collaborative in the community.

Time Limited Family Reunification

Placer County, like many agencies in the nation, has witnessed a rise in the number of children impacted by the substance abuse of their caregivers. In response, PSSF dollars are used to provide substance abuse treatment services to parents when other funding sources are not available. A variety of treatment providers are available to caregivers, depending on the level of care needed, as well as the geographical area of the county. Treatment modalities provided may include: detoxification, in-patient, transitional living, out-patient and perinatal services.

Family Preservation

Placer County, like many agencies in the nation, has witnessed a rise in the number of children impacted by the substance abuse of their caregivers. In response, PSSF dollars are used to provide substance abuse treatment services to parents when other funding sources are not available. A variety of treatment providers are available to caregivers, depending on the level of care needed, as well as the geographical area of the county. Treatment modalities provided may include: detoxification, in-patient, transitional living, out-patient and perinatal services.

County Children's Trust Fund

KidsFirst (South County CAPC)

Operate a Child Abuse Prevention Council: Encourage and facilitate training of professionals in the detection and prevention of child abuse and neglect. Conduct public education and outreach to raise community awareness of child abuse, its prevention, services available, and how to access services. Encourage and facilitate community support for child abuse and neglect prevention through participation in community outreach. Promote collaborative efforts to prevent and intervene effectively in areas related to child abuse and neglect. Recommend improvements in services for families and victims of child abuse.

Tahoe Truckee Child Abuse Prevention Council

Provide bi-annual public forum with community partners and parents to assess, improve and share collaborative efforts in child abuse prevention. Linkage to other local and regional family

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support groups and CAPCs through shared minutes, e-mail, listserves, and meeting participation to increase communication and awareness of Tahoe-Truckee child abuse issues. Provide professional development trainings and workshops to service providers, parents, and community partners to increase knowledge and leadership skills. Provide multiple, regional family events to increase knowledge of local events and provide parent education. Develop a Parent Advisory Council to provide a parent's voice at Council meetings.

CAPIT

Parents as Teachers – Born to Learn

Parents as Teachers - Born to Learn (PAT) is an early childhood parent education, family support, and school readiness model based on the premise that "all children will learn, grow and develop to realize their full potential." Curriculum and all program materials are available in multiple languages. The target population for the program is families who are pregnant (third trimester) or parents of children up to age 3 across the socio-economic spectrum; priority will be given to isolated families and to those at high-risk referred by child welfare services. At least 20% will be families with special needs children; 35% will be minority populations. KidsFirst will utilize the PAT model to conduct a minimum of monthly personal visits to enrolled families. Visits will be carried out by professional staff trained and certified in use of the *Born to Learn* curriculum, which draws heavily on the science of child development, including brain development. Other required model components will include: group meetings (60-90 minutes in length) to foster social networks (held monthly at KidsFirst family resource centers) and a minimum of one health and developmental screening per year, with referrals to a community resource network if needed. PAT has earned a Scientific Rating of 3 for its promising research evidence.

Parent Child Interaction Therapy (PCIT)

PCIT is an empirically supported program for child disruptive behavior and is recommended for physically abusive parents. The skills gained by participating parents will strengthen the parent-child bond; decrease harsh and ineffective discipline control tactics; improve child social skills and cooperation; and reduce child negative or maladaptive behaviors. The program is available in Spanish.

The target population is parents, foster parents, or other caretakers with children ages 3-6 with behavior and parent-child relationship problems. Adaptation is available for physically abusive parents with children ages 4-12. Using the PCIT model, KidsFirst's PCIT-certified therapists will coach parents to teach new parenting skills during one-hour session where parents interact with their child. The average number of sessions is 14, but varies from 10 to 20 sessions. Treatment will continue until the parent masters the interaction skills to pre-set criteria and the child's behavior has improved to within normal limits. PCIT is highly rated on the Scientific Rating Scale (1) and is well-supported with research evidence. PCIT will be offered at two family resource centers (Auburn & Roseville) operated by KidsFirst.

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Parent Leadership Academy

The Parent Leadership Academy develops parents' leadership skills. The target population for this program is parents with children 0-18. At least 20% will be families with special needs children; 35% will be minority populations. KidsFirst will offer its Parent Leadership Academy, *Strong Parents, Strong Communities*, a 12-month training institute for parents who want to become more involved in school and community issues. Registration is free and open to all parents; up to 15 may participate per program. Two programs are offered per year with one held at each of the two family resource centers (Auburn & Roseville) operated by KidsFirst. Parents are identified during their participation in other KidsFirst programs and are encouraged to enroll. The programs are offered in English and Spanish utilizing curriculum from the National Parent School Partnership, a national program designed to train parents and community members to actively participate in children's education. Topics are presented by guest speakers on topics such as: principles of leadership; advocacy; systems navigation; conflict resolution; school involvement; legal rights and responsibilities; structure and function of schools; and the road to the university plus sessions on advocacy; banking & finance; health and wellness. Program graduates are invited to participate in future academies as a co-facilitator as well as volunteer in other program capacities.

CBCAP

Public information and education

This component of services will raise awareness of the availability of services and how to access those services. The target population is the general public; vulnerable families with children (0-18) at-risk of abuse or neglect. At least 20% will be families with special needs children; 35% will be minority populations. KidsFirst will conduct public education to raise awareness of the services available and how to access those services. Outreach/education activities will include dissemination of information in multiple languages at school and community events, through partnerships, to parent-teacher groups and service clubs; information tables at small, medium and large events; media; social media; publications; print or other promotional materials; and using informal opportunities to establish relationships, build trust, raise awareness, and promote parent involvement.

Incredible Years

The Incredible Years parent training program focuses on strengthening parenting competencies (monitoring, positive discipline, confidence) and fostering parents' involvement in children's school experiences in order to promote children's academic, social and emotional competencies, and reduce conduct problems. The target population is parents of children ages 3-12. At least 20% will be families with special needs children; 35% will be minority populations. Incredible Years (IY) parenting series includes programs targeting parents of high-risk children and/or those displaying behavior problems. The BASIC program emphasizes parenting skills known to promote children's social competence and reduce behavior problems such as: how to play with children, helping children learn, effective praise and use of incentives, effective limit-setting and strategies to handle misbehavior. The ADVANCE program emphasizes parent interpersonal skills such as: effective communication skills, anger management, problem-solving between adults, and ways to give and get support. KidsFirst will implement both the BASIC and ADVANCE curriculum. Each program is 12-weeks in length; each session is 2 hours. The

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training classes shall be grouped according to child age, including BASIC Early Childhood (3-6 year olds), BASIC School Age (6-12 year olds), and ADVANCE (4-12 year olds). The program will be held at family resource centers or other community-based location.

Information/Referral

KidsFirst Family Resource Center information and referral services will link children and families to community resources. The target population is the general public; vulnerable families with children at-risk of abuse or neglect. At least 20% will be families with special needs children; 35% will be minority populations. KidsFirst will maintain a comprehensive resource database accessible to the public via the internet to retrieve information about community resources. The Resource Directory serves three primary purposes: 1) a real-time, easily updated repository of agency, program and service information across our service area; 2) a resource directory to keep track of agency, program and service information to which clients are referred and defines the services each client receives; 3) provides powerful analytics about available, requested, and utilized resources, as well as the analysis of unmet community needs. The database can also be produced as a printed resource directory and has the ability to filter, sort, and export to mail merge with any existing word processing template. All service categories within the Directory are organized using the AIRS (Alliance of Information Referral System) taxonomy (meeting HUD and 211 call center requirements). The system has the capability to support 2-1-1 information and referral network, case management, elder care, homeless management (HMIS), disaster relief, sheltering, education, workforce, volunteering and more. The data collected can be used to understand the size, characteristics, and needs of populations at the local, state, and national levels. Currently, the database stores information on over 800 services in the Region. Community members looking for resource can access information about services on their own. For citizens who prefer personal assistance, KidsFirst will provide brief information and referrals by phone or in-person at KidsFirst family resource centers. Frequent training keeps staff informed of the services available in the community.

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Three-year CAPIT/CBCAP/PSSF Services and Expenditure Proposed Expenditures Worksheet 1

(1) COUNTY: Placer

(2) PERIOD OF PLAN: FY11 thru FY13

(4) FUNDING ESTIMATE:

CAPIT \$ 78,380 CBCAP: \$21,406

Line No.	Title of Program/Practice	SIP Strategy No., if applicable	Name of Service Provider, if available	<u>CAPIT</u>	<u>CBCAP</u>			
				Dollar amount that will be spent on CAPIT Direct Services	Dollar amount that will be spent on CBCAP Direct Services	Dollar amount that will be spent on CBCAP Infa Structure	Dollar amount that will be spent on Public Awareness, Brief Information or Referral Activities	Dollar amount of CBCAP allocation to be spent on all CBCAP activities (Sum of columns F1, F2, F3)
A	B	C	D	E	F1	F2	F3	F4
1	Parents as Teachers Born to Learn		KidsFirst	\$30,000				\$0
2	Parent Child Interaction Therapy		KidsFirst	\$25,000				\$0
3	Parent leadership training		KidsFirst	\$15,542				\$0
4	FRC information/referral		KidsFirst			\$1,600	\$6,420	\$8,020
5	Incredible Years (Parent education and training)		KidsFirst		\$2,000	\$2,000		\$4,000
6	Public education and awareness		KidsFirst			\$3,438	\$5,951	\$9,389
7	Administrative support		KidsFirst	\$7,838				\$0
10	Foster/adoptive parent liaison	1.5	Sierra Forever Families					\$0

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11	Substance Abuse treatment services	Community Recovery Service, New Leaf Counseling, Progress House, Rocklin Community Counseling, Sierra Family Services, Sierra Council on Alcohol and Drug Dependency, The Substance Abuse Growth and Recovery Institute					\$0	\$8
12	Placer Kids Foster/Adoptive Collaborative	CSOC, Sierra Forever Families					\$0	\$43
Totals			\$78,380	\$2,000	\$7,038	\$12,371	\$21,409	\$17

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Three-year CAPIT/CBCAP/PSSF Services and Expenditure CAPIT Programs, Activities and Goals Worksheet 2

(1) COUNTY: Placer

(2) YEAR: 1-3

Line No.	Title of Program/Practice	Unmet Need	CAPIT Direct Service Activity											
			Family Counseling	Parent Education & Support	Home Visiting	Psychiatric Evaluation	Respite Care	Day Care/ Child Care	Transportation	MDT Services	Teaching & Demonstrating Homebakers	Family Workers	Temporary In Home Caretakers	Health Services
A	B	C	D1	D2	D3	D4	D5	D6	D7	D8	D9	D10	D11	D12
1	Parents as Teachers Born to Learn	CSA pgs 36-40, 44-48, 48-52 Parents need confidence and competence to mitigate safety and risk factors for abuse.		X	X					X				
2	Parent Child Interaction Therapy	CSA pgs 60-63, 57-60 Parents need specific relationship guidance and coaching when they have previously engaged in child maltreatment behaviors		X										
3	Parent leadership training	CSA pgs 36-40, 44-48, 48-52 Parents need confidence and competence to mitigate safety and risk factors for abuse.		X										

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Three-year CAPIT/CBCAP/PSSF Services and Expenditure Schedule CBCAP Programs, Activities and Goals Worksheet 3

(1) COUNTY: Placer

(2) YEAR: 1,3

Line No.	Title of Program/Practice	Unmet Need	Public Awareness, Brief Information or Information Provided	CBCAP Direct Service Activity							Other Direct Services
				Voluntary Home Visiting	Parenting Program (Classes)	Parent Mutual Support	Respite Care	Family Resource Center	Family Support Program	Other Direct Service	
A	B	C	D	E1	E2	E3	E4	E5	E6	E7	
4	FRC information/referral	CSA pg 19 Families need to be linked to resources to limit risk and safety factors related to child maltreatment	X						X		
5	Incredible Years (Parent education and training)	CSA pg 19 Families need education as to appropriate child development			X				X		
6	Public education and awareness	CSA pg 19 Families need education of child abuse risk factors and available services to mitigate said factors.	X								

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Three-year CAPIT/CBCAP/PSSF Services and Expenditure PSSF Program, Activities and Goals Worksheet 4

(1) COUNTY: Placer

(2) YEAR: 1-3

Line No.	Title of Program/Practice	Unmet Need	PSSF Family Preservation							PSSF Family Support Services (Community Based)								Time		
			Preplacement Preventive Services	Services Designed for Child's Return to their Home	After Care	Respite Care	Parenting Education & Support	Case Management Services	Other Direct Service	Home Visitation	Drop-in Center	Parent Education	Respite Care	Early Development Screening	Transportation	Information & Referral	Other Direct Service	Counseling	Substance Abuse Treatment Services	
A	B	C	D1	D2	D3	D4	D5	D6	D7	E1	E2	E3	E4	E5	E6	E7	E8	F1	F2	
10	Foster Parent Liaison	CSA pgs 42-43, 53-56,60-63,70-72,72-76 Resource and adoptive parents need support and education in order for placements to be appropriate and stable										X					X	X		
11	Substance Abuse services	CSA pgs 36-42,44-48,48-53, Parents need effective treatment for substance abuse issues	X		X			X											X	X
12	Placer Kids Collaborative	CSA pgs 42-43, 53-56 Foster and adoptive services should be coordinated and continuous to support and educate placement providers.																		

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Placer - CBCAP Program Assessment Ratings

CBCAP Program	Checklist Completed?	Level of EIB/EIP	Funding Amount	Logic Model?
Public Education & Awareness	Yes	Level 1	\$ 7,237	Yes
Incredible Years	Yes	Level 4	4,000	Yes
Family Resource Center Information & Referral	Yes	Level 1	8,020	Yes
Administrative Support	No	NA	2,149	No
TOTAL			\$ 21,406	

CBCAP PART Rating Justification

1. Public Information & Education

Yes	No	Program Characteristics	Comments
X		The program can articulate a theory of change which specifies clearly identified outcomes and describes the activities that are related to those outcomes. This is represented through a program logic model or conceptual framework that depicts the assumptions for the activities that will lead to the desired outcome.	Logic model provided
X		The program may have a book, manual other available writings, training materials, OR may be working on documents that specifies the components of the practice protocol and describes how to administer it.	KidsFirst has documented practice protocol related to its public information and education activities.
X		This practice is generally accepted in clinical practice as appropriate for use with children their parents/caregivers receiving child abuse prevention or family support services.	According to the Child Welfare Information Gateway website, public education and awareness activities are an important part of an overall approach to address child abuse and neglect. Such activities have the potential to reach diverse community audiences, including parents and prospective parents, children, and community members. With the broadest reach, these activities are one of the more common

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			<p>approaches to preventing child abuse and neglect. Through various methods including public service announcements, information kits and brochures, and TV/other media content, sponsors of public awareness campaigns can reach a broad audience to promote healthy parenting practices and inform the public about what can and should be done when maltreatment is suspected.⁸ Public education campaigns that increase awareness by delivering steady messages can alter behavior, saving lives and critical resources in the process. (e.g. SBS awareness, AIDS awareness, teen pregnancy, alcohol-related traffic deaths)</p>
YES	NO	Research & Evaluation Characteristics	Comments
X		There is no clinical or empirical evidence or theoretical basis indicating that the practice constitutes substantial risk of harm compared to benefits.	
X		Programs and practices have been evaluated using less rigorous evaluation designs that have with no comparison group, including “pre-post” designs that examine change in individuals from before the program or practice was implemented to afterward, without comparing to an “untreated” group OR an evaluation is in process with the results not yet available.	Few rigorous evaluations have attempted to measure the effect of public education campaigns on preventing child abuse and neglect per se. Instead, impact is most commonly measured by methods designed to measure exposure to the campaign or activity (e.g., telephone surveys asking community members if they remembered seeing campaign materials) and through increased contacts made to the campaign sponsor or designated prevention organization (e.g., increased calls made to prevention and reporting hotlines). For example, an evaluation of a multimedia campaign to promote awareness and understanding of the link between addiction and child abuse was found to be responsible for 62% increase in the average monthly number of calls made to telephone hotline for child abuse and neglect, though the actual impact on abuse and neglect prevention was not assessed. ⁹
X		The program is committed to and is actively working on building stronger evidence through ongoing evaluation and continuous quality improvement activities.	

⁸ U.S. Department of Health and Human Services, Administration on Children, Youth, and Families. *Emerging Practices in the Prevention of Child Abuse and Neglect*. (Washington, DC: U.S. Government Printing Office; 2003. [As of March 2009, available at: <http://www.childwelfare.gov/preventing/programs/whatworks/report/>]

⁹ Andrews, A.B., McLeese, D.G., Curran, S. (1995). "The Impact of a Media Campaign on Public Action to Help Maltreated Children in Addictive Families," *Child Abuse & Neglect*, v19, n8, p921-932.

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2. Information & Referral

Yes	No	Program Characteristics	Comments
X		The program can articulate a theory of change which specifies clearly identified outcomes and describes the activities that are related to those outcomes. This is represented through a program logic model or conceptual framework that depicts the assumptions for the activities that will lead to the desired outcome.	Logic model provided
X		The program may have a book, manual other available writings, training materials, OR may be working on documents that specifies the components of the practice protocol and describes how to administer it.	KidsFirst is a member of the Alliance of Information and Referral Systems (AIRS), an international organization who has developed standards that benchmark every aspect of quality information and referral services.
X		This practice is generally accepted in clinical practice as appropriate for use with children their parents/caregivers receiving child abuse prevention or family support services.	These standards serve as indicators of service quality and effectiveness, aid in the development of new I&R services and can be used to upgrade established services. The standards address all aspects of I&R service operation. They define the information and referral process in concrete terms; establish criteria for database development; mandate support for community planning activities; incorporate a broad view of collaboration at the local level, state or provincial, regional and national levels; include provisions for the socially responsible use of technology; and describe the role of information and referral services in times of disaster.
YES	NO	Research & Evaluation Characteristics	Comments
X		There is no clinical or empirical evidence or theoretical basis indicating that the practice constitutes substantial risk of harm compared to benefits.	
X		Programs and practices have been evaluated using less rigorous evaluation designs that have with no comparison group, including “pre-post” designs that examine change in individuals from before	The overall goal of I&R services and I&R systems is to be able to deliver information that is needed to link inquirers with available and appropriate resources at the lowest cost without duplication of effort. This vision of service delivery involves collaboration in maintaining a classification system and resource

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	<p>the program or practice was implemented to afterward, without comparing to an “untreated” group OR an evaluation is in process with the results not yet available.</p>	<p>database; collecting, analyzing and reporting inquirer data; training I&R staff and others in the community; publicizing the I&R system and each individual I&R service that is a part of the system; ensuring broad access to I&R services; providing information and referral to inquirers; providing advocacy, as needed; and following up with inquirers where possible.</p>
X	<p>The program is committed to and is actively working on building stronger evidence through ongoing evaluation and continuous quality improvement activities.</p>	<p>In 2009, quality indicators were introduced (by AIRS) to determine the degree of adherence to the standards and achievement of quality goals. The indicators are ideals that support and provide a framework for the Standards. Many of the quality indicators have been adopted as requirements for AIRS Accreditation and, in that context, represent practices that need to be in place to measure the level of quality being achieved by the I&R service.</p>

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Prevention/Intervention Logic Model

Program Name: Placer Prevention/Intervention Services

Program Vision: All children live in a safe, healthy and nurturing home.

Population Served (CAPIT):

- Priority for services shall be given to children who are at high-risk, including children who are being served by the child welfare services and others children who are referred for services by legal, medical, or social service agencies
- Services shall address the unmet needs of children, especially those 14 years of age and under
- Services for minority populations shall also be reflected

Population Served (CBCAP):

- General public
- Vulnerable families with children at risk of abuse or neglect

Population Needs to be Addressed by Services: Families experiencing overwhelming stress, poverty or financial hardship

Engagement Outcomes	Short-term Outcomes	Intermediate Outcomes	Long-term Outcomes	Indicators	Measurement	**Services	Resources
CAPIT, CBCAP Families will voluntarily participate in services (CAPIT)	Participants know how to manage child behavior in a nurturing and effective manner (behavior management, discipline). (CAPIT)			<ul style="list-style-type: none"> • # of families served • Engagement rate of referrals from Child Welfare Services • Participants demonstrate knowledge of the importance of positive role modeling. • Participants demonstrate knowledge of realistic expectations for their children's behavior. 	<ul style="list-style-type: none"> • Client records • Keys to Interactive Parenting Scale (KIPS) • Parenting Stress Index, 3rd Ed. (PSI) 	Information/Referral family support Parent education and training: -Parents as Teachers (CAPIT) - Parent-Child Interaction Therapy (CAPIT)	Facilities, staff, volunteers, supplies, equipment

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<p>Participants understand the nature of parent/child attachments (bonding). (CAPIT)</p>	<p>Participants demonstrate knowledge of how healthy parent-child attachments can be developed and maintained.</p>	<ul style="list-style-type: none"> • Parenting Stress Index, 3rd Ed. (PSI) 	<p>- Incredible Years (CBCAP)</p>	
<p>Participants know what to do when their emotions interfere with their ability to parent well. (CBCAP)</p>	<p>Participants demonstrate knowledge of healthy methods to reduce stress.</p>	<ul style="list-style-type: none"> • Parenting Stress Index, 3rd Ed. (PSI) 		
<p>Participants create a violence-free household. (Both)</p>	<p>Participants use nonviolent means of child discipline. (Both)</p>	<ul style="list-style-type: none"> • Parenting Stress Index, 3rd Ed. (PSI) 		
<p>Participants maintain a violence-free household. (Both)</p>	<p>Clients served stay out of the child welfare system (Both)</p>	<ul style="list-style-type: none"> • CWS/CMS 		
<p>Decreased recurrence of maltreatment (CAPIT)</p>	<p>Decrease the rate of first-time victims of child maltreatment (CBCAP)</p>			
<p>CAPIT Parents will</p>	<p>• # of parents participating in</p>	<p>• Client records</p>	<p>Parent Leadership</p>	<p>Facilities, staff,</p>

Placer County System Improvement Plan

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participate in leadership development programs	Parents are prepared to assume a leadership role in developing and implementing program policies and activities (e.g. participation on boards, curriculum development, and evaluation committees).	Parents are actively involved in prevention service activities.	Parents lead prevention efforts and serve as sources of support to other parents	<p>leadership development</p> <ul style="list-style-type: none"> Parents have sufficient knowledge to meaningfully participate on advisory boards and committees. 	<ul style="list-style-type: none"> Client Satisfaction Survey 	Training	volunteers, supplies, equipment
	Parents are involved in the prevention planning, implementation and evaluation of programs.						
CBCAP Information is disseminated countywide to raise awareness of availability of services and how to access services	Participants know how to access formal support systems in their communities.			<ul style="list-style-type: none"> # outreach contacts Participants increase knowledge of the array of services available to them in the community. Participants increase knowledge of how to access needed services available to them in the community. 	<ul style="list-style-type: none"> Outreach records Client Satisfaction Survey 	Public awareness campaigns Brief Information Information Referral	Facilities, staff, volunteers, supplies, equipment

**** Service Assumptions:**

- Prevention programs are most effective when they are tailored to the specific needs of the target population.

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- Providing a multi-faceted approach is generally more effective and especially with parenting education. A number of studies indicate that parent education, to be effective in improving parents child-rearing skills, needs to be offered in conjunction with other services. (Durlak and Wells, 1997).
- Intensity and duration of service intervention matter. The length of time over which the service is provided and the intensity (number of times it is provided during that period) are significant factors in effective programming.
- Programs that used modeling, role-playing followed by feedback and reinforcement, and various self-control interventions (examples of behavioral or cognitive-behavior strategies) were nearly twice as effective as programs that used primarily non-directive strategies such as counseling and group discussion.
- Programs that fostered caring and supportive relationships achieved dramatic positive changes in parenting, family management, bonding, and communication skills, resulting in decreased problem behavior and increased ability of youth to refuse drugs and alcohol (CSAP, 1999).

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Before the Board of Supervisors County of Placer, State of California

In the matter of:

CAPIT/CBCAP/PSSF Three-Year Plan/Application
July 1, 2005 through June 30, 2008

Resolution No: 2005-240

Ord. No.: _____

First Reading: _____

The following Resolution was duly passed by the Board of Supervisors of the County of Placer at a regular meeting held **September 27, 2005**, by the following vote on roll call:

Ayes: SANTUCCI, HOLMES, KRANZ

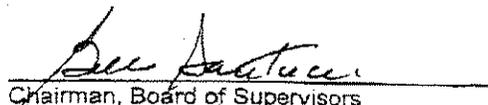
Noes: NONE

Absent: WEYGANDT, GAINES

Signed and approved by me after its passage.

Attest


Clerk of said Board


Chairman, Board of Supervisors

WHEREAS, Placer County has had a long standing working relationship to coordinate community wide efforts to prevent and respond to problems of child abuse and neglect by supporting the operation of a Child Abuse Prevention Council and find it in the best interest of the public to: develop a network of information and referral for child abuse needs; increase the availability and coordination of child abuse treatment intervention and prevention services; and support the establishment of Family Resource Center services for at-risk children/families; and,

WHEREAS, the Child Abuse Prevention Council of Placer County was established in 1988 and has continued to play a major role in the prevention, intervention and treatment of child abuse in Placer County,

WHEREAS, Placer County has an existing Children's Trust Fund to provide revenues for child abuse, treatment, intervention and prevention; and,

WHEREAS, it is Placer County's intent to apply for funding through the Department of Social Services' Child Abuse Prevention, Intervention and Treatment (CAPIT), Community Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) programs to continue support of the County's child abuse prevention and intervention efforts.

NOW THEREFORE, BE IT RESOLVED that the Board of Supervisors of the County of Placer, State of California hereby:

- Approves Placer County Health and Human Services CAPIT/CBCAP/PSSF Three-Year Plan/Application; July 1, 2005 through June 30, 2008, authorizes the Director of Health & Human Services to sign the Notice of Intent for Placer County, and submit the Plan to the California Department of Social Services on behalf of Placer County;
- Reaffirms the establishment of the Child Abuse Prevention Council of Placer County as the designated county Child Abuse Prevention Coordinating Council; and
- Reaffirms the establishment of a Children's Trust Fund to support county wide child abuse treatment, intervention and prevention services.

Placer County System Improvement Plan

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CAPC ROSTER

Appendix E

Kristina Bynum	Sr. Case Manager
Susan Byrne	Therapist
Jessica Cone	Volunteer Coordinator
Mydia Crawford	Case Manager
Judee Daniels	Director Development and Community Relations
Ashley Fitch	Site Coordinator
Darlene Hennings	Community Engagement Specialist
Patricia Kuehl	Program Assistant
Michelle Labrador	Clinical Supervisor
Karla Marquez-Patino	Site Coordinator
Diana Martin	Development Associate
Leticia Martinez	HomeFirst Case Manager
Tilisa McClendon-May	Interim Executive Director
Barbara Meade	Resource Assistant
Rose Oates	HomeFirst Case Manager
Debra Ortiz	Therapeutic Intern
Julia Vander Schaaf	Therapist
Jessica Waterford	Case Manager
Kathe Wilson	Therapeutic Intern
Dana Wyatt	Administrative Assistant

Placer County System Improvement Plan

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PLACER COUNTY SMART POLICY BOARD 2009 (Acting CCTF)

System Management Advocacy & Resource Team (SMART)

Honorable Colleen Nichols, Judge/Chair
Superior Court
101 Maple Street
Auburn, CA 95603
(530) 889-6589 (Tues 7431)
(530) 889-6685 FAX
cnichols@placerco.org
Adm. Sup: Sue Rogers x4812
Erika Meheia x7429

Steve Pecor, Chief Probation Officer
Auburn Justice Center
2929 Richardson Dr. Suite B
Auburn, CA 95603
(530) 889-7915
(530) 889-7993 FAX
specor@placer.ca.gov
Adm. Sup: Verjean Leavitt 889-7929

Dr. Richard Burton, Public Health Officer
& HHS Director
379 Nevada Street
Auburn, CA 95603
(530) 889-7119
(530) 886-1810 FAX
rburton@placer.ca.gov
Adm. Sup: Bobbie Reagan 886-1892

Gayle Garbolino-Mojica
Superintendent of Schools
Placer County Office of Education
360 Nevada Street
Auburn, CA 95603
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(530) 886-5841 FAX
ggarbolino@placercoe.k12.ca.us

Renee Regacho-Anaclerio
Assistant Superintendent – Educational Services
Placer County Office of Education
11700 Enterprise Drive
Auburn, CA 95603
(530) 745-1389
(530) 745-1405 FAX
lmozes@placercoe.k12.ca.us
Adm. Sup: Robbie Farrell 745-1310

Sandi Watson, Alternative Education Director
Placer County Office of Education
11700 Enterprise Drive
Auburn, CA 95603
(530) 745-1484
swatson@placercoe.k12.ca.us

SMART Policy Executive Advisory Council (SPEAC)

Richard Knecht, Director
Children's System of Care/ACCESS
11716 Enterprise Drive
Auburn, CA 95603
(530) 889-6704
(530) 886-2895 FAX
rknecht@placer.ca.gov
Adm. Sup: Lisa Atkinson 886-2848

Honorable Eugene S. Gini, Jr., Judge
Superior Court - Juvenile Delinquency Division
11270 B Avenue
Auburn, CA 95603
(530) 745-2119
(530) 745-2115 FAX
egini@placerco.org
Adm. Sup: Amber O'Brien 745-2110 745-2105 Fax

Commissioner John Ross
Superior Court - Juvenile Dependency Division
101 Maple Street, Dept. 1
Auburn, CA 95603
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(530) 745-2027 FAX
jross@placerco.org
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Tad Kitada, Director
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tkitada@placercoe.k12.ca.us
Adm. Sup: Karen Chapman 754-1305

Michael Cholerton, Asst. Chief Probation Officer
Auburn Justice Center
2929 Richardson Dr. Suite B
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(530) 886-7916
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mcholert@placer.ca.gov
Adm. Sup: Verjean Leavitt 889-7929

Mike Lombardo, Asst. Director
Children's System of Care
11716 Enterprise Drive
Auburn, CA 95603
(530) 889-6719
(530) 886-2895
mlombard@placer.ca.gov
Adm. Sup: Leah Glass 886-2888

Placer County System Improvement Plan

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Appendix D: BOS Notice of Intent

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice of Intent CAPIT/CBCAP/PSSF PROGRAM CONTRACTS FOR Placer COUNTY

PERIOD OF PLAN (MM/DD/YY): 04/13/2010 THROUGH (MM/DD/YY) 04/13/2013

The undersigned confirms that the county intends to contract, or not contract with public or private nonprofit agencies, to provide services in accordance with Welfare and Institutions Code (**W&I Code Section 18962(a)(2)**).

In addition, the undersigned assures that funds associated with Child Abuse Prevention, Intervention and Treatment (CAPIT), Community Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) will be used as outlined in statute.

The County Board of Supervisors Designates Placer County Children's System of Care as the public agency to administer CAPIT and CBCAP.

W&I Code Section 16602 (b) requires that the local Welfare Department shall administer PSSF. The County Board of Supervisors designates Placer County Children's System of Care as the public agency to administer PSSF.

Please check the appropriate box.

- The County intends to contract with public or private nonprofit agencies to provide services.
- The County does not intend to contract with public or private nonprofit agencies to provide services and will subcontract with _____ County to provide administrative oversight of the projects.

In order to receive funding, please sign and return the Notice of Intent with the County's System Improvement Plan:



California Department of Social Services
Office of Child Abuse Prevention
744 P Street, MS 8-11-82
Sacramento, California 95814

County Board of Supervisors Authorized Signature

4-13-2010
Date

Richard J. Burton, MD, MPH
Print Name

Public Health Officer and Department
Title Director, HHS

**Placer County System Improvement Plan
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CAPIT/CBCAP/PSSF Contact and Signature Sheet	
Period of Plan:	March 2010 – March 2013
Date Submitted:	<i>April 6, 2010</i>
Submitted by:	Board of Supervisor Designated Public Agency to Administer CAPIT/CBCAP/PSSF programs
Name & title:	Candyce Skinner
Signature:	
Address:	11716 Enterprise Dr. Auburn, CA 95603
Fax:	(530) 886-2895
Phone & E-mail:	(530) 889-6785 CSkinner@Placer.ca.gov
Submitted by:	Child Abuse Prevention Council (CAPC) Representative
Name & title:	Tilisa May
Signature:	
Address:	7311 Galilee Road, Suite 105, Roseville, CA 95678
Fax:	(916) 774-2685
Phone & E-mail:	(916) 772-2272 TMay@kidsfirstnow.org
Submitted by:	Parent Consumer/Former Consumer (Required if the parent is not a member of the CAPC)
Name & title:	Christi Meng, Program Director UACF
Signature:	
Address:	11716 Enterprise Dr, Auburn, CA 95603
Fax:	(530) 886-2895
Phone & E-mail:	(530) 889-6785 CMeng@Placer.ca.gov

**Placer County System Improvement Plan
March 26, 2010 – March 25, 2013**

CAPIT/CBCAP/PSSF Contact and Signature Sheet (continued)

Submitted by:	PSSF Collaborative Representative, if appropriate
Name & title:	Candyce Skinner, Program Manager
Signature:	
Address:	11716 Enterprise Dr. Auburn, CA 95603
Fax:	(530) 886-2895
Phone & E-mail:	(530) 889-6785 CSkinner@Placer.ca.gov
Submitted by: CAPIT Liaison	
Name & title:	Candyce Skinner, Program Manager
Address:	11716 Enterprise Dr. Auburn, CA 95603
Fax:	(530) 886-2895
Phone & E-mail:	(530) 889-6785 CSkinner@Placer.ca.gov
Submitted by: CBCAP Liaison	
Name & title:	Candyce Skinner, Program Manager
Address:	11716 Enterprise Dr Auburn, CA 95603
Fax:	(550) 886-2895
Phone & E-mail:	(530) 889-6785 CSkinner@Placer.ca.gov
Submitted by: PSSF Liaison	
Name & title:	Candyce Skinner, Program Manager
Address:	11716 Enterprise Dr. Auburn, CA 95603
Fax:	(530) 886-2895
Phone & E-mail:	(530) 889-6785 CSkinner@Placer.ca.gov
Board of Supervisors (BOS) Approval	
BOS Approval Date:	
Name:	
Signature:	

**Placer County System Improvement Plan
March 26, 2010 – March 25, 2013**

CAPIT/CBCAP/PSSF

Table 1

Name	Agency	Representation
Candyce Skinner	Placer County Children's System of Care, Department of Health and Human Services	<ul style="list-style-type: none"> • CWS administrators, managers, and social workers (includes CAPIT/CBCAP/PSSF Liaisons) • County Board of Supervisors designated agency to administer CAPIT/CBCAP/PSSF Programs • County mental health
William (Chuck) Parcher	Placer County Probation Department	Probation administrators, supervisors, and officers
DeAnne Thornton	KidsFirst (formerly Child Abuse Prevention Council of Placer County)	Child Abuse Prevention Council/Children's Trust Fund Commission
Christi Meng	United Advocates for Children/CSOC	Parents/consumers
Kathryn Hart	CASA	Court Appointed Special Advocates
Sandra Boyd	Sierra Forever Families	Provider – Adoptions
Christy Simpson	CSOC	CWS Social Worker
Miranda Long	CSOC	CWS Supervisor
Kristin Siles	CSOC	CWS Senior Practitioner
Laurie Antuzzi	CSOC	Foster Care Licensing
Renee Verdugo	CSOC	County Mental health
Steve Martinson	CSOC	Supervisor, Program Evaluator, Data Expert
Julie Cockerton	CDSS	CDSS representative, technical assistance
Lynn DeLapp	Consultant to CSOC	Davis Consultant Network
Denise Taylor	CSOC	CWS Social Worker
Barbara Powell	CSOC	CWS Supervisor
Anno Nakai	Sierra Native Alliance	Native American Tribes
Tami Brodnik	Unity Care	Independent Living Skills provider
Julie Clavin	CSOC	CWS Adoptions Staff
Theresa Sanchez	CDSS	Office of Child Abuse Prevention

Other Core Representatives

- Resource Families and Caregivers –Not Available
- Juvenile Court Bench Officer - Not Available
- County Health Department – Did not participate.
- PSSF Collaborative – not applicable.
- Youth representative - Although a youth representative did not sit on the workgroup, they were represented by the supervisor of our Independent Living Skills community provider. Youth input was gathered in a focus group conducted during the Peer Quality Case Review process, and through a list of problems gathered by the Youth Transitional Action Team (page 99).

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Child Abuse Prevention Council

Placer County's Child Abuse Prevention Council was established as a non-profit 501(c)3 in 1989. Then known as the "Child Abuse Council," the organization's mission was to prevent child abuse through education and advocacy. In 1999, the Council added "Prevention" to its name to emphasize its commitment to prevention and providing the support to families before harm is done. In 2009, the Council changed its name to **KidsFirst**. Its mission, to prevent child abuse, and its vision, that all children live in a safe, healthy and nurturing home, remain the same. KidsFirst's goals are to:

- Support and create coordinated, community-based prevention services
- Educate the community and raise awareness about child abuse and its prevention
- Assist with integration and development of collaborative relations among services providers

The CAPC employs a staff of 20 and utilizes 70 volunteers per year to advance the mission. Specific programs and services include: family support using the family resource center model; parent education and training; therapeutic treatment for child victims of abuse; health insurance enrollment assistance; hospital-based training for parents of newborns; home-based training for parents with children 0-3; parent coaching and case management; emergency assistance; children's after school programs; public awareness campaigns; technical assistance and training; and referrals to countless community resources.

KidsFirst (Placer's CAPC) is governed by a volunteer board of directors comprised of parents, business and community leaders representing law enforcement, licensing agencies, coroner, courts, medical and mental health, public schools, civic organizations, and community volunteers. The CAPC Board convenes quarterly, but the agency also has established a number of committees to advance the organization's mission. Committees include:

- Interagency coordination committee
- Multidisciplinary personnel teams
- Evaluation teams
- Technical assistance coalition
- Public awareness/communications committee
- Fund development committee
- Special event committees
- Finance and audit committees
- Executive committee

Committee composition includes board members, community volunteers, faith-community, consumers, and community-based organizations. Accomplishment of the CAPC are reported to the County on a quarterly basis and published in its Annual Report.

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There is a much smaller Child Abuse Prevention Council in the Tahoe Truckee area. This agency does not have any full-time employees, but is part of a greater collaborative, the Community Collaborative of the Truckee Tahoe area, and is supported by the executive director and financial staff of the collaborative. Founded in 1978 the Tahoe Truckee CAPC is the primary planning and coordination group for child abuse events in the area. They rely heavily on community volunteers and staff from other agencies for support, and meet on a monthly basis.

For fiscal year 2009-2010 the following OCAP funds were granted to support the CAPC's:

- CAPIT \$78,380
- CBCAP \$21,406 and a one-time supplement of \$17,862
- CCTF \$37,000 to South County CAPC
 \$14,266 to Tahoe Truckee CAPC

It is proposed that the current spending ratios remain in effect for the next triennial cycle.

PSSF COLLABORATIVE

Placer County does not have a PSSF Collaborative. A program manager is assigned to make recommendations as to the use of PSSF funds, as well as monitor that the funds are used as designed. The CSOC director, HHS director and BOS make the final approval as to the use of the funds.

CCTF Board

The Children's Trust Fund in Placer County receives direction under the auspices of the county's SMART Policy board. The policy board consists of the Chief Probation Officer, the Director of Health and Human Services, County Health Officer, the Associate Superintendent of Schools, and the Presiding Juvenile Court Judge, who serves as the Chair of S.M.A.R.T. The Policy Board is the governing body for both ASOC and CSOC.

The policy board has an advisory council which meets monthly, and is comprised of the Juvenile Court Commissioner, the Director of Children's System of Care (Child Welfare Director), the County Office of Education Administrator of Prevention Services, County Office of Education Administrator of Alternative Education, the Deputy Chief Probation Officer and the Parent Program Director, who represents family and public voice to the SPEAC and SMART policy boards.

CTF information is available to the public within the county's published budget documents, each year.

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As it has been a number of years since the CTF process has been reviewed in Placer, SMART policy will be undertaking a comprehensive review and discussion of CTF related duties in the spring of 2010, and will be reviewing its findings with the county Board of Supervisors.

Parents/Consumers

KidsFirst is a partner of Placer County's Campaign for Community Wellness Initiative to transform services in the County by bringing families and youth into positions of partnership, authority, influence, and leadership at every level of the system of care. As such, KidsFirst's strategies to enhance parent participation and leadership are:

Client recruitment & outreach: recruitment is fundamental to establishing and maintaining successful programs. KidsFirst's five principles of recruitment are: Maintain high program standards (to be confident participants are recruited to a program that works); organize before recruiting, make contacts with families well worth their time; the best recruitment is word-of-mouth, satisfied parents will do the best marketing in the community, currently, 34% of new referrals into KidsFirst programs come from satisfied clients; give participants ownership by involving them in recruitment efforts.

Staff time will be dedicated to raise awareness about the availability of the services and enroll participants. **Outreach/education activities** will include dissemination of information at school and community events, through public and private partnerships, to parent-teacher groups; information tables at small, medium and large events; media; newsletter articles; print materials; and using informal opportunities to establish relationships, build trust, raise awareness, and promote parent involvement. KidsFirst's relationships in Placer County's Campaign for Community Wellness, the Placer Collaborative Network, the hospital systems, Placer Consortium on Homelessness, and Latino Leadership Council are all opportunities to recruit participants.

KidsFirst invests substantial resources in reaching underserved populations and disseminates information through outreach activities year-round using a culturally and linguistically skilled approach. Monthly outreach touches a wide array of agencies, churches, service groups, schools, businesses, and community events. KidsFirst's bilingual/bicultural staff collaborates with numerous public and private providers to identify underserved populations, including Latinos, Native Americans, and the disabled. Ongoing assessment of promotion/recruitment activities will ensure that efforts are effective and successful.

Staff Training: KidsFirst has identified ongoing training for management, service providers, and volunteers as a quality assurance and parent engagement measure. An important element of training is to link coaching and technical assistance that supports implementation of the concepts and skills taught to families. Frequent training, coaching, reflective supervision, and technical assistance linked to the operations and service provision builds staff and community capacity and creates a learning environment that is translated into positive outcomes for families. Outreach, engagement and client retention data are routinely analyzed to ensure participation goals are attained. Staff participates in engagement training to learn techniques for engaging clients who reticent, unwilling or lack trust in outside support.

Placer County System Improvement Plan March 26, 2010 – March 25, 2013

Parent Training: To develop parent leaders, KidsFirst's Parent Leadership Academy, *Strong Parents, Strong Communities*, is a 12-month training institute available for parents who want to become more involved in school and community issues. Registration is free and open to all parents. Parents who are identified through other program participation are encouraged to enroll. Two programs are offered per year. The programs are offered in English and Spanish utilizing curriculum from the National Parent School Partnership, a national program designed to train parents and community members to actively participate in children's education. Topics are presented by guest speakers on topics such as: principles of leadership; advocacy; systems navigation; conflict resolution; school involvement; legal rights and responsibilities; structure and function of schools; and the road to the university. Plus sessions on advocacy; banking & finance; health and wellness.

In the past two years, KidsFirst has taken steps to expand volunteerism as a sustainability strategy. Parents and youth are recruited to participate in the various levels of programming: planning, design, implementation, and evaluation. Last year, KidsFirst experienced a 65% increase in volunteerism. Consumers of services not only participate in these activities, parent leadership academy participants will learn to and go on to engage in many school and community activities (e.g. school events, school board, service projects).

PSSF dollars are used to provide a foster/adoptive parent liaison that functions as a support for foster and adoptive parents. In this role, the liaison facilitates a twice monthly support group which allows the group to learn about the system, as well as develop avenues to advocate for their needs as a group. The liaison is a current or former foster/adoptive parent.

Fiscal Narrative

There is one county manager assigned to be Placer's PSSF/CAPIT/CBCAP/CTF liaison. In this role the manager, in partnership with County Community Partners, develops the plan as to how the funds will be spent. In the development of the plan, all agencies are instructed that activities funded by OCAP and CTF dollars are to supplement, not supplant other State and local public funds and services. Activities that appear to supplant other such funded services will not be approved to be part of the plan. Any agency receiving said funds is required to provide a quarterly report as to the progress of the activities. The manager receives said quarterly reports, as well as all invoices related to the funds and ensures the agencies are following the plan and utilizing the funds as accorded.

KidsFirst, the major community recipient of OCAP dollars, has a history of leveraging funding to expand its community-based, prevention-focused programs. KidsFirst has well-established partnerships with many public and private providers and will build upon these relationships to meet the proposed outcomes. KidsFirst is part of Placer's integrated, service delivery system supported through joint servicing, planning, and leveraged funding. This multi-level approach creates a fiscally coordinated infrastructure that integrates services in seamless ways and engages parents and community members alike, leading to a greater transfer of knowledge and sustained results for children.

Placer County System Improvement Plan March 26, 2010 – March 25, 2013

KidsFirst successful twenty-year history is a direct result of its integrated approach to sustainability that combines partnerships, financial strategies and strong community networks. KidsFirst's funding base includes a combination of private and public funds (over twenty different funding sources) that support its activities. Its sustainability plan includes integrated programming; evaluating outcomes, costs and effectiveness; strategic financing—using current funds efficiently and marshalling new funding sources; communicating and collaborating with a range of stakeholders; monitoring trends and environmental changes; staff development; fee-for-service; volunteerism; strategic board recruitment; good public relations; and strong internal systems of control to ensure efficiency and accountability through effective management. KidsFirst's system for sustainability accounts for both depth and breadth by prioritizing lasting program impacts and soundly rooted infrastructure.

As to the utilization of the PSSF funds, the total sum is divided almost equally between all four service categories.

Local Agencies

The agencies who receive PSSF/CAPIT/CBCAP/CTF funds have all shown themselves to be situated in the different areas of the Placer County community, and possess a track record of services devoted to the well-being of children and families. All of the agencies have the means to transmit data electronically, and none of them were noted on the federal web site listing agencies that had been suspended or debarred from participation in an effected program.

Two of the agencies receiving funds are established Child Abuse Prevention Councils; KidsFirst and the Tahoe Truckee Child Abuse Prevention Council. When the funds first became available from the state Office of Child Abuse Prevention some years ago, Placer County polled local CBOs for interest in partnering to receive said funds. The CAPC's were the agencies best poised to perform this function given their mission and proven track record of working in the community to prevent child abuse and better the lives of children and families. The relationship and partnership between Placer and the CAPCs continue today.

KidsFirst has over 20 years of strong community support. The proposed services are supported by the county welfare department (Placer County Children's System of Care), law enforcement (Placer County Sheriff's Office), Placer County District Attorney, Placer County Board of Supervisors, Placer County Department of Health and Human Services, and Placer County Office of Education. Broad-based community support is also evidenced by the number of financial, in-kind and volunteer supporters. In spite of this challenging economy, supporters continue to give their time and resources to KidsFirst. KidsFirst strategically coordinates its services to ensure efficient use of resources and non-duplication of services. In FY09, although the dollar amount of individual donations decreased due to the economic downturn, the number of new donors supporting KidsFirst increased significantly (272%), as did volunteerism (65%). Last year KidsFirst also expanded its collaborative relations with the launch of a new web-based case management system designed to increase coordination of case work among local nonprofits. Six new partners joined the project with a total of 8 agencies currently participating; at least 3 new agency participants are planned for the coming year.

Training and technical assistance (T&TA) is provided by Placer County to and other community organizations receiving OCAP funds. The organizations, in turn, provide T&TA to other non-profits. Topics include but are not limited to: principles of family support; field safety; HIPAA compliance; engagement; case management, principles of lasting adoption issues and other professional development topics.

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The third agency receiving funds is Sierra Forever Families, formerly Sierra Adoption Services. CSOC and Sierra have partnered in Placer County since 1998. The partnership, known as Placer Kids, allows both agencies to combine resources to recruit, license, train and home study families for both foster and adoptive placements. PSSF funds have historically been used in this collaborative to fund a foster/adoptive parent liaison; that individual has been a Placer County employee and the funds have been used internally. However, recent County policy changes have necessitated that this individual now be a Sierra employee. It was decided that, given the long and established partnership and the role of the liaison, the contract would be sole sourced, rather than opened to a competitive process. Sierra Forever Families was established almost thirty years ago, by adoptive parents to assist in the adoption and placement of dependent children who are considered more difficult to place. An emphasis is placed on the recruitment of families to provide care for the diverse need; both cultural and linguistic, of the children needing homes. Additionally, a component of training for all families focuses on the need to care for children reflecting a range of diverse backgrounds.

KidsFirst is the sole recipient of CAPIT and CBCAP dollars. KidsFirst's Community Engagement Specialist based at Child Welfare Services will refer families at high risk to CAPIT funded programs. Priority will be given to these families. Outreach to legal, medical and social service agencies will promote referrals which will also be given priority. The funded agency has secured over \$200K cash from other sources to implement the proposed activities, well-exceeding the required 10% match.

CBCAP Outcomes

The project's evaluation team is comprised of KidsFirst's Program Director, Evaluation Specialist, and Community Relations Director. The Evaluation Specialist will compile and analyze outcome data on a monthly basis and report to the Program and Community Relations Directors. Any areas of concern (e.g. below goal) will be addressed on an ongoing basis. The evaluation team will meet monthly to review evidence demonstrating the degree to which outcomes have been achieved. After reviewing data at each monthly evaluation team meeting, the evaluation team will develop and implement appropriate strategies for improvement, as needed. Progress will be reported quarterly to the County Liaison. The project's strong evaluation component will assist with quality assurance and adherence with project timelines and benchmarks to assure that objectives are achieved on time and within budget. The strong and positive relationship between KidsFirst and Placer County provides the foundation necessary for a successful project.

Engagement Outcomes:

- Information is disseminated countywide to raise awareness of availability of services and how to access services
Indicator: # of media/social media contacts (e.g. website visits, social media contacts, media impressions (print, news, radio), newsletter distribution; estimated number of individuals contact via events and speaking engagements

Outreach data, client activities, participation levels, demographics, and other relevant data will be analyzed on a monthly basis in order to evaluate effectiveness of outreach. The collection of quantitative (service and outreach data) and qualitative data (service descriptions and individual client and staff feedback) will yield rich and relevant data to inform outcome findings and ongoing program improvement.

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Short Term Outcomes:

- Participants know what to do when their emotions interfere with their ability to parent well.
- Participants know how to access formal support systems in their communities.

Indicators:

- Percentage of participants who demonstrate knowledge of healthy methods to reduce stress
- Percentage of participants who increase knowledge of the array of services available to them in the community
- Percentage of participants who increase knowledge of how to access needed services available to them in the community

The following assessments will be used to measure achievement of these outcomes:

Parenting Stress Index (PSI) is a tool designed to identify stressful areas in parent-child interaction. The PSI is particularly helpful in identifying dysfunctional parent-child systems, prevention aimed at reducing caregiver stress, intervention planning in high stress areas and charting reduction in stress triggers. This 36-item assessment will be administered to participants of Incredible Years at program entry and exit. The most recent version of the PSI was found to have high factorial validity, suggesting that the domain scores and subscale scores may be confidently utilized to provide information about specific sources of stress in the parent-child system which should be the focus of further attention and professional assistance.

Satisfaction Survey: KidsFirst has developed a client satisfaction survey inquiring about increased awareness of resources and the quality and usefulness of services. The survey will be administered to a random sample of participants at program exit.

Regular feedback from the program participants and staff will also ensure that services are implemented with sensitivity and relevance.

Intermediate Outcomes:

- Participants create a violence-free household
- Indicators
- Participants use nonviolent means of child discipline.

The following assessments will be used to measure achievement of this outcome:

Parenting Stress Index (PSI) is a tool designed to identify stressful areas in parent-child interaction. The PSI is particularly helpful in identifying dysfunctional parent-child systems, prevention aimed at reducing caregiver stress, intervention planning in high stress areas and charting reduction in stress triggers. This 36-item assessment will be administered to participants of Incredible Years at program entry and exit. The most recent version of the PSI was found to have high factorial validity, suggesting that the domain scores and subscale scores may be confidently utilized to provide information about specific sources of stress in the parent-child system which should be the focus of further attention and professional assistance.

Long Term Outcomes:

- Decrease the rate of first-time victims of child maltreatment
- Participants maintain a violence-free household

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Indicators

- Clients served stay out of the child welfare system

Child welfare services will conduct an analysis of the families referred to KidsFirst to determine the percentage of children who did have a subsequent substantiated report of abuse or neglect following completion of services.

CBCAP Peer Review:

KidsFirst will continue its participation as of the Sierra-Sacramento Coalition of Child Abuse Prevention Councils comprised of 14 Child Abuse Prevention Councils (CAPCs) in northern and central California. The essence of the Sierra-Sacramento Regional Coalition is its collaborative nature and its ability to encourage and support one another to improve practice. The Coalition provides a forum for CBCAP peer review and assists participants to collaborate among themselves and with other key local partners – including parents, community-based organizations, and county providers – as a local, regional and statewide network. This occurs within the framework of the Coalition's meetings, special events, training workshops and conferences, and on-site, local technical assistance -- with the guidance of and technical assistance from the Coalition Coordinator, peers, and other experts in the field.

Service Array

As stated previously, there is one manager assigned to plan, approve and monitor all OCAP funded activities. This manager has other responsibilities within CSOC, to include all CWS system improvement activities, as well as specific programs to manage. These functions allow for the OCAP funded activities to be coordinated with other prevention and support activities. This minimizes any overlap in service array, while at the same time maximizes the use of the funds as the manager can clearly identify unmet needs. Additionally, all of the agencies receiving OCAP funds through Placer County are part of larger community collaborative which are focused on joint planning and a greater pooling of like resources.

Planned Programs

PSSF

Adoption Promotion and Support

Approximately twelve years ago CSOC entered into a partnership with a local, non-profit adoption agency, Sierra Adoption Services, and formed a collaborative known as Placer Kids. CSOC and Sierra join their resources to provide seamless services to include recruitment, training, support and expedited services in the form of collaborative home studies. As a result, there are more families available when a child needs a placement, and more resources available to bring to the children and families when placement challenges arise. PSSF dollars are used to further these goals.

Family Support

Family Support dollars will be used to fund a foster/adoptive family liaison. This liaison will facilitate a bi-weekly support group for foster/adoptive families; assist with the foster parent training; and provide support to perspective foster/adoptive parents as they contemplate their decision to become foster/adoptive parents. The purpose of the liaison is to provide support to placement families to ensure placement stability for dependent children. The liaison will also work with social work staff as issues with placements related to the family arise, with the goal of working through any issues that are related to a lack of understanding by any party involved with the placement. The liaison will also take a lead role in foster/adoptive appreciation events such as the

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foster/adoption picnic held during National Foster Parent Appreciation Month; as well as Placer's adoption day event, held on National Adoption Day. The liaison will also assist in recruitment activities and will assist in representing the Placer Kids collaborative in the community.

Time Limited Family Reunification

Placer County, like many agencies in the nation, has witnessed a rise in the number of children impacted by the substance abuse of their caregivers. In response, PSSF dollars are used to provide substance abuse treatment services to parents when other funding sources are not available. A variety of treatment providers are available to caregivers, depending on the level of care needed, as well as the geographical area of the county. Treatment modalities provided may include: detoxification, in-patient, transitional living, out-patient and perinatal services.

Family Preservation

Placer County, like many agencies in the nation, has witnessed a rise in the number of children impacted by the substance abuse of their caregivers. In response, PSSF dollars are used to provide substance abuse treatment services to parents when other funding sources are not available. A variety of treatment providers are available to caregivers, depending on the level of care needed, as well as the geographical area of the county. Treatment modalities provided may include: detoxification, in-patient, transitional living, out-patient and perinatal services.

County Children's Trust Fund

KidsFirst (South County CAPC)

Operate a Child Abuse Prevention Council: Encourage and facilitate training of professionals in the detection and prevention of child abuse and neglect. Conduct public education and outreach to raise community awareness of child abuse, its prevention, services available, and how to access services. Encourage and facilitate community support for child abuse and neglect prevention through participation in community outreach. Promote collaborative efforts to prevent and intervene effectively in areas related to child abuse and neglect. Recommend improvements in services for families and victims of child abuse.

Tahoe Truckee Child Abuse Prevention Council

Provide bi-annual public forum with community partners and parents to assess, improve and share collaborative efforts in child abuse prevention. Linkage to other local and regional family support groups and CAPC's through shared minutes, e-mail, listserves, and meeting participation to increase communication and awareness of Tahoe-Truckee child abuse issues. Provide professional development trainings and workshops to service providers, parents, and community partners to increase knowledge and leadership skills. Provide multiple, regional family events to increase knowledge of local events and provide parent education. Develop a Parent Advisory Council to provide a parent's voice at Council meetings.

CAPIT

Parents as Teachers – Born to Learn

Parents as Teachers - Born to Learn (PAT) is an early childhood parent education, family support, and school readiness model based on the premise that "all children will learn, grow and develop to realize their full potential." Curriculum and all program materials are available in multiple languages. The target population for the program are families who are pregnant (third trimester) or parents of children up to age 3 across the socio-economic spectrum; priority will be given to isolated families and to those at high-risk referred by child welfare services. At least 20% will be families with special needs children; 35% will be minority populations. KidsFirst

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will utilize the PAT model to conduct a minimum of monthly personal visits to enrolled families. Visits will be carried out by professional staff trained and certified in use of the *Born to Learn* curriculum, which draws heavily on the science of child development, including brain development. Other required model components will include: group meetings (60-90 minutes in length) to foster social networks (held monthly at KidsFirst family resource centers) and a minimum of one health and developmental screening per year, with referrals to a community resource network if needed. PAT has earned a Scientific Rating of 3 for its promising research evidence.

Parent Child Interaction Therapy (PCIT)

PCIT is an empirically supported program for child disruptive behavior and is recommended for physically abusive parents. The skills gained by participating parents will strengthen the parent-child bond; decrease harsh and ineffective discipline control tactics; improve child social skills and cooperation; and reduce child negative or maladaptive behaviors. The program is available in Spanish.

The target population is parents, foster parents, or other caretakers with children ages 3-6 with behavior and parent-child relationship problems. Adaptation is available for physically abusive parents with children ages 4-12. Using the PCIT model, KidsFirst's PCIT-certified therapists will coach parents to teach new parenting skills during one-hour session where parents interact with their child. The average number of sessions is 14, but varies from 10 to 20 sessions. Treatment will continue until the parent masters the interaction skills to pre-set criteria and the child's behavior has improved to within normal limits. PCIT is highly rated on the Scientific Rating Scale (1) and is well-supported with research evidence. PCIT will be offered at two family resource centers (Auburn & Roseville) operated by KidsFirst.

Parent Leadership Academy

The Parent Leadership Academy develops parents' leadership skills. The target population for this program is parents with children 0-18. At least 20% will be families with special needs children; 35% will be minority populations. KidsFirst will offer its Parent Leadership Academy, *Strong Parents, Strong Communities*, a 12-month training institute for parents who want to become more involved in school and community issues. Registration is free and open to all parents; up to 15 may participate per program. Two programs are offered per year with one held at each of the two family resource centers (Auburn & Roseville) operated by KidsFirst. Parents are identified during their participation in other KidsFirst programs and are encouraged to enroll. The programs are offered in English and Spanish utilizing curriculum from the National Parent School Partnership, a national program designed to train parents and community members to actively participate in children's education. Topics are presented by guest speakers on topics such as: principles of leadership; advocacy; systems navigation; conflict resolution; school involvement; legal rights and responsibilities; structure and function of schools; and the road to the university plus sessions on advocacy; banking & finance; health and wellness. Program graduates are invited to participate in future academies as a co-facilitator as well as volunteer in other program capacities.

CBCAP

Public information and education

This component of services will raise awareness of the availability of services and how to access those services. The target population is the general public; vulnerable families with children (0-18) at-risk of abuse or neglect. At least 20% will be families with special needs children; 35% will be minority populations. KidsFirst will

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conduct public education to raise awareness of the services available and how to access those services. Outreach/education activities will include dissemination of information in multiple languages at school and community events, through partnerships, to parent-teacher groups and service clubs; information tables at small, medium and large events; media; social media; publications; print or other promotional materials; and using informal opportunities to establish relationships, build trust, raise awareness, and promote parent involvement.

Incredible Years

The Incredible Years parent training program focuses on strengthening parenting competencies (monitoring, positive discipline, confidence) and fostering parents' involvement in children's school experiences in order to promote children's academic, social and emotional competencies, and reduce conduct problems. The target population is parents of children ages 3-12. At least 20% will be families with special needs children; 35% will be minority populations. Incredible Years (IY) parenting series includes programs targeting parents of high-risk children and/or those displaying behavior problems. The BASIC program emphasizes parenting skills known to promote children's social competence and reduce behavior problems such as: how to play with children, helping children learn, effective praise and use of incentives, effective limit-setting and strategies to handle misbehavior. The ADVANCE program emphasizes parent interpersonal skills such as: effective communication skills, anger management, problem-solving between adults, and ways to give and get support. KidsFirst will implement both the BASIC and ADVANCE curriculum. Each program is 12-weeks in length; each session is 2 hours. The training classes shall be grouped according to child age, including BASIC Early Childhood (3-6 year olds), BASIC School Age (6-12 year olds), and ADVANCE (4-12 year olds). The program will be held at family resource centers or other community-based location.

Information/Referral

Information and referral services will link children and families to community resources. The target population is the general public; vulnerable families with children at-risk of abuse or neglect. At least 20% will be families with special needs children; 35% will be minority populations. KidsFirst will maintain a comprehensive resource database accessible to the public via the internet to retrieve information about community resources. The Resource Directory serves three primary purposes: 1) a real-time, easily updated repository of agency, program and service information across our service area; 2) a resource directory to keep track of agency, program and service information to which clients are referred and defines the services each client receives; 3) provides powerful analytics about available, requested, and utilized resources, as well as the analysis of unmet community needs. The database can also be produced as a printed resource directory and has the ability to filter, sort, and export to mail merge with any existing word processing template. All service categories within the Directory are organized using the AIRS (Alliance of Information Referral System) taxonomy (meeting HUD and 211 call center requirements). The system has the capability to support 2-1-1 information and referral network, case management, elder care, homeless management (HMIS), disaster relief, sheltering, education, workforce, volunteering and more. The data collected can be used to understand the size, characteristics, and needs of populations at the local, state, and national levels. Currently, the database stores information on over 800 services in the Region. Community members looking for resource can access information about services on their own. For citizens who prefer personal assistance, KidsFirst will provide brief information and referrals by phone or in-person at KidsFirst family resource centers. Frequent training keeps staff informed of the services available in the community.