



**Trinity County
System Improvement
Plan
2010-13**

**Trinity County System Improvement Plan (SIP)
2010**

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A. The SIP Narrative

- i. Process for Conducting the Trinity County System Improvement Plan
 - a. The SIP Planning Process and Team Membership

The Trinity County Department of Health and Human Services (HHS) conducted a System Improvement Plan (SIP) meeting for planning purposes at the onset of the SIP process. A diverse group of agency personnel and community members were invited to attend the meeting to provide input into the upcoming three year plan. The mandatory core team representatives attended the meeting on April 21, 2010 at the Probation Department conference room in Weaverville. Those also in attendance were representatives of CAPIT/CBCAP/PSSF for funding planning for the integrated three year SIP.

Many of the SIP team representatives comprise what is known as the Mid-level Management Team (MLMT). The representatives are managers from CPS, Probation, Human Response Network CBO (HRN), Behavioral Health Services (BHS), Trinity County Office of Education, and Alcohol and Other Drug Services (AODS). The MLMT meets at least monthly at the Probation Department conference room to identify and coordinate services for children and their families. The cases are generally children with higher level service and/or placement needs. All team members share in the critical decisions made in this multi-disciplinary forum.

SIP Team Core Representatives include:

- CPS/HHS
- Probation
- Trinity County Office of Education
- Trinity County Office of Education SELPA
- Human Response Network Community Based Organization
- First Five
- Behavioral Health Services
- California Department of Social Services
- Foster Parent
- Parent/Consumer
- CAPC
- County Board of Supervisor designated agency to administer CAPIT/CBCAP/PSSF Programs
- Children's Trust Fund
- Northern Region Training Academy
- Tribal TANF (representing all Trinity County Tribes)

The SIP team reviewed information that was gathered from the Peer Quality Case Review (PQCR), the first process in the continuous quality improvement cycle, in June 2009. There has been a shift from compliance to a continuous quality improvement system. Information from the recent County Self Assessment (CSA), the second process in the continuous quality improvement cycle, in March 2010 was also included in the SIP planning.

b. Data Sources

Data was acquired from the CWS Outcomes System Summary Reports published by UC Berkeley Center for Social Services Research (CSSR) and Safe Measures during the PQCR and CSA process. The January 2010 CWS Outcomes System Summary (Q2 2009) data was provided to the team members to assist in the decision making necessary for the SIP planning process. The team reviewed both quantitative and qualitative information from the PQCR and CSA.

Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Glasser, T., Williams, D., Simmerman, K., Simon, V., Putnam-Hornstein, E., Frerer, K., Cuccaro-Alamin, S., Winn, A., Lou, C., & Peng, C. (2009). *Child Welfare Service Reports for California* for Trinity County. Retrieved from University of California at Berkeley Center for Social Services Research website.
URL: http://cssr.berkeley.edu/ucb_childwelfare

Children's Research Center Safe Measures Data, Trinity County
CWS/CMS Reports from Children's Research Center website.
URL: www.safemeasures.org/ca

c. Decision Making

Decision making was a collaborative process with the SIP team members. The majority of those same team members were also part of the PQCR and CSA process in TC. Priorities for the SIP were determined by the team. Due to the small size and rural nature of the county, team members represent multiple roles and functions within the county. The CPS supervisor and staff analyst took the lead roles in the planning and drafting of the SIP. The Tribal TANF Coordinator represented the three Tribes Federally recognized in Trinity County for the PQCR and the CSA. The Tribal TANF Coordinator will continue to represent the Trinity County Tribes throughout the three year SIP process. Discussion occurred at multiple levels and at different intervals with team members in consultation with California Department of Social Services staff representing the Outcomes and Accountability branch as well as the Office of Child Abuse Prevention (OCAP).

Child welfare outcome data, available local services, and current performance of CPS and Probation were all considered in determining the plan for the next three years.

ii. Outcomes Identified for Improvement

- a. The outcomes and accountability system has established core child welfare outcomes that are foundational to promoting best practice and providing for the needs of children in California. The California Child and Family Services Review (C-CFSR) data indicators are specific to the safety, permanency and well-being of children in the child welfare system. The County Data Profile consists of outcomes that are measured by specific indicators.

The **Peer Quality Case Review (PQCR)** conducted in June 2009 revealed areas where improvement was indicated related to Measure C 1.1, 2, and 3 related to reunification and the length of time in placement. The focus area was the same for both CPS and Probation. It was noted that prior to twelve months of a child entering foster care, CWS indicated that the practice was to house youth and provide parents with services, but the goal of reunification and returning the child home was not being adequately addressed. Policies and practices were part of the review and included in the findings.

Focus Area for both CPS and Probation: Of all children discharged from foster care to reunification during the year who had been in foster care for 8 days or longer, (1) what percent were reunified in less than 12 months from the date of the latest removal from the home? (**Measure C1.1**), (2) what was the median length of stay (in months) from the date of latest removal from home until the date of discharge to reunification? (**Measure C1.2**) and, (3) what percent were discharged from foster care to reunification in less than 12 months from the date of latest removal from home? (**Measure C1.3**)

The PQCR case reviews, informant interviews and focus groups identified many areas of *strengths and promising practices* for both CPS and Probation, such as:

- Children/youth held an active role in discussing their placement options and preferences.
- Efforts were made to establish communication with family members
- Efforts were made to search for suitable family members of the child/youth
- Placements were made with siblings when possible or within close proximity
- Child/youth training and support was provided early on in a case when services were available
- Supportive work environments and good cross-agency collaboration

The PQCR case reviews, informant interviews and focus groups identified areas of *challenge* for both CPS and Probation, such as:

- Lack of local in-county services, resulting in delayed or no services
- Out-of-county placements
- History of unsuccessful reunification/lack of staff training
- Foster parent training needs
- Placement disruptions affecting educational stability
- Difficulty in engaging biological parents, particularly with AOD issues
- Maintaining consistent visitation with incarcerated parents
- Consistent implementation of Team Decision Making (TDM) meetings or Placement Review Team (PRT) meetings
- Collaboration challenges between CPS and Court
- Probation families are at times uncooperative with the Probation system and do not participate in the development of the case plan
- Probation families do not always understand the juvenile court process and Probation system
- Delays in implementing concurrent planning
- The need for transitional living programs and more ILP services, including after care services once the youth is returned to the community

- b. The **County Self Assessment (CSA)** was completed in March 2010. The child welfare areas needing improvement were, as follows:

S1.1 No recurrence of maltreatment-federal standard>94.6%

Of all children who were victims of a substantiated maltreatment allegation during the first six months of the year, what percent were not victims of another substantiated allegation with the next 6-month period?

In Q2 2009 the county's no recurrence rate was 77.8% or 28 out of 36 children were not victims of another substantiated allegation. The county performance fell below the federal standard of 94.6% and the state's performance of 98.4% for the same time period. This measure has been identified for the SIP.

C1.3 Reunification Within 12 Months (Entry Cohort)-Federal Standard >48.4%

In Q2 2009 TC's performance was 40% vs. the federal standard of 48.4%. By ethnicity, TC met the standard for all ethnicities except Hispanic and Caucasian children, who reunified at 42.9% and 33.3% respectively. This measure was not selected for the SIP because the county performance for the Reunification Composite is 150% vs. the federal standard of 122.6%. The county's performance for Q3 2009 for this measure also showed a vast improvement to 50% vs. the county performance of 40% for Q2 2009.

C2.1 Adoption within 24 months (exit cohort)-Federal Standard>36.6%

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

In Q2 2009 TC fell below the federal standard with the county's performance of 14.3%. TC has been improving steadily with this measure over the last five year period with an average of 52.86%. This is not a measure that TC is choosing to select for the SIP because the average performance exceeds the state and federal requirements.

C2.4 Legally free within 6 months (17 months in care)-Federal Standard>10.9%

Of all children in foster care for 17 continuous months or longer and not legally free for adoption on the first day of the year, what percent became legally free with the next 6 months?

TC has not met the federal standard 8 out of 11 years due to the lack of adoptive homes available to children. The branch for California State Adoptions is located in Arcata, California. The distance to the Arcata Branch poses challenges to obtaining adoptive homes available to TC children. The county continues to make efforts to obtain permanency for all children waiting adoptive placements.

C3.2 Exits to permanency (legally free at exit)-Federal Standard>98%

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

The Q2 2009 performance for TC was 88.9%, below the federal standard of 98% and the state's 96.9%. The ten-year average for TC was 93.61%. Although this specific measure was not identified for the SIP, the measures selected in the section following will have a positive impact on this permanency outcome.

C3.3 In care 3 years or longer (emancipated or age 18 in care)-Federal Standard<37.5%

Of all children in foster care during the year who were either discharged to emancipation or turned 18 while still in care, what percent had been in foster care for 3 years or longer?

TC has failed to meet the <37.5% standard in Q2 2009. TC's rate for the quarter was 50%, better than the statewide rate of 60.6%. Based on eleven year data, TC's average was 57.35% and only met this standard once in that time period. In addition, based on the ten year average, Native American children had the highest in-care for three years or longer rate with 50%, followed by Caucasian children with 49.3%. No other ethnicities were represented in the data...

This measure was selected for the SIP because of the agreed upon concerns by the SIP team members due to the importance of achieving permanency for all youth in the CPS and Probation systems. As a priority, the Tribal representative will be included in discussions regarding strategies to reduce the time in care for Native American children. Family Search and Engagement efforts will be one strategy implemented to impact this measure.

C4.3 Placement stability-Federal Standard>41.8%

Of all children served in foster care during the year that were in foster care for at least 24 months, what percent had two or fewer placement settings?

The county's performance was 36.8% in Q2 2009 and less than the federal standard. TC's performance has been trending downwards and this measure has been selected for the SIP.

c. Outcomes Selected by SIP Team Members for 2010-2013 SIP:

The outcome selection was prioritized by SIP team members from the overarching themes of safety and permanency from the PQCR and the CSA, as well as in consideration of the C-CFSR findings and Performance Improvement Plan (PIP). The outcome areas and associated measures that were not selected will continue to be monitored. TC will continue to be accountable to holding those areas where standards have been met as well as striving to improve measures that fall below the standards.

❖ **Selected SIP Outcome-Safety: Measure S1.1 No recurrence of maltreatment**

Rationale for Selection of S1.1: TC's data in the safety measures exceeded federal standards except in S1.1 Recurrence of Maltreatment. As reunification data improved in TC, recurrence of maltreatment data declined. The actual small numbers represented in TC may not be statistically significant, however, the enormity of the potential consequences to children warrant the inclusion of this safety outcome in the SIP.

Improvement Targets or Goals for S.1: Q2 2009 data was 77.8% 12.4% below the federal standard of 94.6% and 16.2% below the state rate. CPS is experiencing social worker vacancies and staff turnover, plus the decline in resources as a result of budget restrictions. The target was selected considering the staffing and fiscal environment. An increase of 4.2 over the three year SIP for a total of 82% is the goal. This goal will be reviewed at the Annual SIP Update and revised if indicated.

❖ **Selected SIP Outcome-Permanency (Long Term Care Composite): Measure C3.3 In care 3 years or longer (emancipated or age 18 in care)**

Rationale for Selection of C3.3: TC has only met the standard one time in eleven years. Permanency for children/youth is a paramount concern for both CPS and Probation. This cohort most impacted by this outcome tends to be older youth. The longer a child/youth is in care and the more times that a child moves it becomes less likely that the child will achieve permanency. By focusing on permanency, and not just placement stability, it is anticipated that there will be improvements in the other permanency outcomes.

Probation has not had the ability to track this outcome data, however, beginning October 1, 2010, they will begin entering their data in CWS/CMS so analysis will then be available.

Improvement Targets or Goals for C3.3: The federal standard is <37.5%, the state performance is 60% and TC's Q2 2009 performance was 50%. TC's performance for Q3 2009 was also 50%. To state this more precisely, this data reflects a total of four children/youth in placement. Two of them have been in care three years or longer and two of them have been in care for less than three years. It is important to stress the significance of a small data set which represent the actual number of children/youth in a county this size. The standard may or may not be met by the variation of only *one* child in a small county. The target for improvement is 12.5% for the three year plan with a review of this target and the permanency strategies at the Annual SIP Update.

❖ **Selected SIP Outcome-Permanency: C4.3 Placement stability (Placement Stability Composite)**

Rationale for Selection of C4.3: TC did not meet the federal standard and was lower than the state's performance in Q2 2009, although the standard was met in the eleven year average. Hispanic children had the highest placement stability rate, followed by Caucasian children. No other ethnicities were represented in this data.. Research reveals that the longer a child/youth is in care without a permanent plan, the more likely this child/youth will have multiple placement changes. TC is committed to developing strategies to address placement stability and permanency.

Improvement Targets or Goals for C4.3: TC with 36.8% in Q2 2009 has nearly met the federal standard of >41.8% and has exceeded the state performance of 33.4%. The TC Q3 2009 data of 40% edged closer to the standard. Although the county's performance is near meeting the standard, this measure embodies the permanency improvements desired by both CPS and Probation. The goal is to meet the standard of 41.8% in the three year plan with review of the improvement in the Annual SIP Update.

d. Literature Reviews

Recurrence of Maltreatment (S1.1)-Literature Review, Predicting and Minimizing Recurrence of Maltreatment, (prepared by the Northern Training Academy, UC Davis, Extension, The Human Center for Services, August 2009).

Type and Severity of Abuse

- The literature indicates that children with a history of maltreatment are six times more likely to have recurrence than children who have not experienced maltreatment and the risk of recurrence increases after each maltreatment event.
- Families that experience neglect have a 32 to 53% higher likelihood of recurrence of maltreatment.
- Families that experience multiple types of abuse have a higher likelihood of recurrence of maltreatment.
- The more severe the abuse the more likely there will be recurrence.

Child Factors that Contribute

- Age: younger children, age 0 to 5 years, are more likely to experience recurrence while children 12 to 17 years old are less likely.
- Children with developmental disabilities are more likely to experience recurrence, including children with learning disabilities.

Parent Factors that Contribute

- Families where substance abuse was a presenting problem, particularly alcohol, were more likely to experience recurrence of maltreatment.
- In families where domestic violence was a presenting problem the families were 1.5 times more likely to experience recurrence of maltreatment.
- In families that presented where the parent(s) had a history of mental health problems the families were more likely to experience recurrence of maltreatment.
- In families where the caretaker was emotionally disturbed the families were 1.7 times more likely to experience recurrence of maltreatment.
- Families with a stepparent who has never been married and has no history of maltreatment of a child were more likely to experience recurrence of maltreatment.
- Single parent families were more likely to experience recurrence of maltreatment.
- The more children in the family the higher the likelihood of maltreatment.

Family/Environment Factors that Contribute

- Families that have had a child previously placed with child welfare in out of home care were more likely to experience recurrence of maltreatment.

- Children living in a rural and/or economically depressed area were more likely to experience recurrence of maltreatment.
- Families who had a lack of social support and high family stress were more likely to experience recurrence of maltreatment.
- If families were unable to engage in agency services in previous maltreatment events, they were more likely to experience recurrence of maltreatment.
- The longer families engaged in services previously was associated with less recurrence of maltreatment.
- Families experiencing poverty were positively associated with recurrence of maltreatment.
- Compliance with service plans is associated with lower rates of recurrence.

Agency Factors

- Agencies often have data reporting issues when collecting information on recurrence of maltreatment. A review of how an agency collects data often impacts their outcomes in this area.
- The use of accurate, reliable risk and safety assessments and planning tools that have been well implemented throughout the agency appears to decrease recurrence of maltreatment by 28%.
- The use of a diversified response system decreases recurrence of maltreatment.
- Family involvement in service planning increased family engagement which decreases the likelihood of recurrence.
- When agencies do multi-factor and prioritized assessments that identify interventions specifically targeted at risk and safety factors recurrence of maltreatment decreases.

Exits to Permanency (C3.3) for Child Welfare- Literature Review, Exits to Permanency: A Review of Current Literature, (prepared by the Northern Training Academy, UC Davis, Extension, The Human Center for Services, June 2009).

- Early initial assessments of children, parents and their needs lead to better placement matching and services delivered that support well-being and lead to permanency.
- Thorough assessments of children and parents including: mental health/behavior, education, development and substance use/abuse lead to better service delivery that support healthy families and lead to permanency.
- Older children when placed in foster care are more likely to stay in foster care (age 12 years and up).
- Children who are placed in kin care are more likely to achieve permanency and experience less placement moves.
- Children in long-term foster care often have emotional, educational, behavioral, health and social problems.
- The longer a child is in long-term foster care and the more time that a child moves make it less likely that they will achieve permanency.
- Every time a child moves placements it increases the likelihood that they will move again.
- Children and youth do better in all child well-being outcomes if they are placed in a home like environment (group care has the poorest outcome for permanency).
- The sooner a child has permanency the more likely that they will be able to sustain it.
- If families are involved and engaged in case planning they are more likely to succeed.
- Working with strengths increases family engagement.
- Children who have a range of permanency options from the beginning are more likely to have permanency.
- The more that concurrent planning is built into every aspect of the case the more likely the child is to find permanency.
- Exploring options for permanency early and often leads to success.
- With older adolescents exploring family members again is often successful (revisiting reunification).
- With older adolescents exploring their often conflicting feelings about permanency supports success.
- Exploring caregiver concerns and conflicting feelings about permanency leads to success.
- Youth who age out of foster care have the best outcomes if they stay connected with foster families.
- Youth who maintain relationships with their sibling have better outcomes in early adulthood.

- The less school moves the better youth do academically.

Long-Term Care Effective Permanency Services for Probation (C3.3)-Literature Review, Long Term Issues in Foster Care, (prepared by the Northern Training Academy, UC Davis, Extension, The Human Center for Services, February 2010).

- Completing a comprehensive assessment of the parent's and child's strengths, problems, needs and resiliency traits supported the development of a targeted case plan that supported sustainable permanency.
- Involving the family in the assessment, decision-making and planning when the child first becomes involved with Probation was associated with successful permanency.
- Assessment of the child's future goals and keeping those at the forefront of the work with the child was associated with early permanency.
- The earlier that planning for transition from out of home placement happens the better the outcome.
- When a team approach was used to engage the youth to promote positive behavior change outcome was improved.
- When a team approach was used that involved all providers, staff, family, youth and stakeholders to develop a targeted aftercare plan the outcome was positive.
- The development of a positive relationship between the youth and the probation officer and the family and the probation officer, where the probation officer could stay with the youth through the transition period of returning home, was associated with successful outcomes.
- Having services that addressed the special needs of the youth once they return from care was associated with positive outcomes.
- Having consistency of planned services with many adults involved, once a youth returns home was associated with positive outcomes.
- Having immediate consistency of structure and rules, with immediate consequences for non-compliance was associated with positive outcomes.
- Holding youth accountable for their behavior and consequences of their behavior was associated with positive outcomes.

A Literature Review of Placement Stability in Child Welfare Services: Issues, Concerns, Outcomes, and Future Directions (prepared by the Northern Training Academy, UC Davis, Extension, The Center for Human Services, August 2008.)

- *It is important to minimize the number of changes children experience.*
- *Some key components for improving practices for increasing the probability for placement stability include:*
 - *Strong tracking and case planning to ensure that "foster drift" is avoided to achieve permanence.*
 - *Early intervention.*
 - *Increasing the availability and use of placement choice.*
 - *It is essential that children are moved because of their identified needs, not because of unavailability of placements.*
 - *Increasing multi-agency support.*
 - *There is strong and conclusive evidence that providing support to foster parents (and kin) reduces the likelihood that placement disruption will occur.*

iii. Summary of Current Activities in Place or Partially Implemented

Beginning in SFY 2008-09, TC made significant changes to the Differential Response (DR) Program. *Nurturing Parents*, an evidence-based home visiting program was required from *all* contract providers to ensure consistency and continuity within the county. All contracted providers were required to complete and submit to CPS staff standardized monthly feedback reports of client progress, the length of case management changed from three months to six months, allowing case managers to work closely with families for a longer period of time, and the target population shifted from all Path One and Two families to providing intensive case management to targeted Path Two (when assessment of the case is such that there is low to moderate risk of harm to children 0-5 years of age and/or an allegation of abuse or neglect has been substantiated and CPS is not opening a case for services) with a hand-off from CPS staff. Information and referral is provided to Path One families, where the assessment of the case is such that there is low or no risk of harm to child, and the child appears to be safe.

To ensure availability of services in the community, CPS regularly reviews the CPS contract list to ensure contracted providers have capacity to serve, can meet client needs in a culturally appropriate manner, are in high need communities through regionalization of service delivery, can engage families, and can conduct quality assessments. Contract monitoring includes review of reports, regular communication with providers, technical assistance and occasional site visits.

CPS updated the Alcohol and Other Drug Services (AODS) referral forms and clarified the referral process in a joint planning meeting with AODS Managers to ensure clients are referred in a timely manner and receive the services they need. Additionally, policies and procedures were developed for AODS referral, information sharing, and the joint role of the Substance Abuse Specialist between departments.

In the fall of 2009 CPS in TC initiated *Motivational Interviewing (MI)*, a method of interviewing clients to assist them through resistance, ambivalence and the process of changing behaviors that brought them to the attention of CPS and/or AOD. MI is an evidence-based practice in working with AOD clients and for child welfare clients it is identified as a best practice. More research is needed for it to be acclaimed an evidence-based practice in child welfare. All of the CPS staff and the co-located AOD specialist are trained in MI. They are all using MI strategies and being coached individually on a monthly basis by MI Coaches from Northern Region Training Academy to strengthen their skills.

iv. New Activities

In addition to the current activities and the partially implemented activities listed above, there are many new activities planned for the next three years to assist TC in achieving improvements in safety and permanency outcomes in child welfare, both CPS and Probation. New activities will be more fully detailed in the SIP Matrix as the strategies to be implemented to meet the improvement goals of the SIP.

Research supports the practice of *Participatory Case Planning (PCP)* for better family engagement for better outcomes in many child welfare areas. TC CPS and Probation are

committed to engaging the parents and children/youth in the development of the case. It has too often been past practice that the case plan was developed by the social worker or the probation officer with minimal input from the family in the planning process. There is a Structured Decision Making (SDM) tool, the Family Strengths and Needs Assessment (FSNA), which will be consistently and correctly used by the social workers as part of the case planning process. This tool is not available to probation officers.

Family Group Meetings (FGM) will be instituted in CPS for better family participation and inclusion at all significant decision making junctures of the case. CPS has been a Family to Family (FTF) County since their origination as one of the 11 CWS Redesign Pilot counties. Team Decision Making (TDM) is one of the core strategies of FTF) and has been used in TC CPS, but not in a consistent manner and the TDM model is designed for placement decisions only. By moving to a FGM model, a very similar process can be used for all significant decisions of the referral or case that is family centered and encourages their participation.

There are several new activities being planned in the area of permanency and youth transitions. One activity planned is the development of an *Emancipation Conference* model. Youth in both Probation and CPS will participate in this youth-centered process to review educational and career goals, identify significant people in their lives for resources during in home care as well as at the time of exit, identify relatives for possible placement or other resources, and other transitional living planning. CPS will have the initial conference when the youth turns 16 years old. Probation will initiate this new practice when the youth turns 17 years old.

Foster parent recruitment, retention and training activities are planned to promote permanency outcomes in TC. There are no group homes in TC. State Community Care Licensing (CCL) does the foster home licensing for the county and there is not a district office conveniently located. There is only one state licensed home in the county. There are two foster family agency certified homes in the county. Most placements for CPS occur out of county and all Probation placements for group homes, their usual level of placement, are out of the county. Out of county placements create a myriad of issues for county staff, families and children/youth which have a negative impact on child welfare outcomes.

The SIP planning team members have identified several activities over the course of the next three years to address foster parent training, recruitment and retention. In addition, *Family Finding* activities will be initiated to more quickly locate relatives and non-related extended family members at the time of placement and throughout the life of the case for both placement and resource purposes.

v. Link Between Activities and Outcome Improvement

See Attachments B and C for the Logic Models linking activities and outcome improvements in TC.

vi. Integration Between CSA, PQCR, CWS/Probation Planning Process and CAPIT/CBCAP/PSSF Plan

The information gathered during the PQCR and CSA for CPS and Probation were considered and integrated as appropriate with the CAPIT/CBCAP/PSSF plan for the upcoming three year SIP. The funding was included in the SIP planning process with the SIP team members. The unmet child welfare needs will drive the funding over the next three years in TC. CPS has designated a Staff Services Analyst to oversee the CAPIT/CBCAP/PSSF contracts that are administered through HHS. The Analyst represents HHS at CAPC and the CAPC Executive Committee meetings. Some of the Analyst duties include, monitoring invoices, tracking utilization, providing technical assistance, reviews funding goals, collecting reports, and submitting all necessary quarterly and annual reports. The Analyst and CPS Supervisor together ensure that all the funding source requirements are met.

All contractors develop outcomes with quantitative and qualitative evaluation tools to ensure that the child welfare needs identified by CPS and Probation are being met within the community. Contractors report on the outcomes quarterly for CAPIT and annually for CBCAP and PSSF. Technical assistance is not only available through the Analyst, but also the OCAP liaison. Corrective Action Plan documents are being developed for the oversight process along with a formalized review process.

The services funded by CAPIT/CBCAP/PSSF support families and families are the best permanent plan for children. The funded services also decrease the likelihood of future maltreatment of children/youth from abuse or neglect. Families are stronger with more skills and community supports to deal with youth who have entered the Probation system or are at risk of doing so.

CAPIT/CBCAP/PSSF funded programs provide intervention services to families who are involved with CPS and prevention services to preclude families from coming into CPS and the Probation systems in the first place. Services include in home services, parent education, individual and group counseling, parent involvement program, support groups for adolescents and crisis intervention for students, teachers and principals, and information and referral. These services are provided by contractors, HRN and CPS. The SIP Matrix and Part II of the SIP Report provides additional information on the planned use of these funds over the next three years.

The RFP competitive bid process for the CAPIT funding is conducted by HHS with the HHS Deputy Director and CPS Supervisor reviewing all proposals. The CBCAP funding is reviewed by the CAPC Executive Committee which is designated by the Board of Supervisors. The Children's Trust Fund funding is nominal and is administered through the County Auditor's Office and funds spent at the discretion of the CAPC for local prevention activities.

Please see Attachments A and B for the PQCR and CSA Executive Summaries.

B. Part I-CWS/Probation

i. CWS/Probation Cover Sheet

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**California's Child and Family Services Review
System Improvement Plan**

County:	Trinity
Responsible County Child Welfare Agency:	Trinity County health and Human Services/ Child Protective Services
Period of Plan:	June 11, 2010-June10, 2013
Period of Outcomes Data:	Quarter ending: Q2 2009
Date Submitted:	

County System Improvement Plan Contact Person

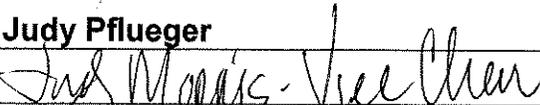
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Submitted by each agency for the children under its care

Submitted by:	County Child Welfare Agency Director (Lead Agency)
Name:	Linda Wright
Signature:	

Submitted by:	County Chief Probation Officer
Name:	Terry Lee
Signature:	

Board of Supervisors (BOS) Approval

BOS Approval Date:	6/1/2010
Name:	Judy Pflueger
Signature:	

ii. CWS/Probation Narrative

The PQCR and CSA findings were discussed as part of the SIP planning process. The Executive Summaries for them are attachments to this plan. Permanency outcomes for both CPS and Probation have been identified for the current SIP. Improvements will be made in the measures related to long term foster care and placement stability. In addition, CPS will strive for improvement in the outcome area of safety, more specifically in the area of recurrence of maltreatment: Measure S1.1.

Data from the Center for Social Services Research, University of California at Berkeley, website was reviewed, including the Composite Planner feature of the website. The data was used to inform the needed strategies, rationales and milestones for the three year plan which are described in detail in the SIP Matrix. The county's performance relative to the national standard and the State PIP baseline were considered in the review of this data. TC met or exceeded the national standards for Q2 2009 for Safety Indicator (Measure S1.2), and the Permanency Composites 1, 2, and 4, but did not meet the standards for Safety Indicator 2 (Measure S1.1) and Permanency Composite 3. Only Measure S1.1 did not meet the California PIP in Q2 2009.

Safety outcomes were considered foremost in protecting children in the community. The data review was a consideration in the decision to select this outcome, but the overwhelming rationale from SIP team members was their stated priority of keeping children safe and protected at all times within their county. Safety is a basic essential goal of any community. TC CPS is committed to improving performance related to Safety Outcome Measure S.1.

The selection of permanency outcomes related to long term care placements and placement stability were common areas of improvement desired for children/youth in both CPS and Probation. These improvement goals parallel the intended outcomes of the State PIP in permanence for all children/youth. Sustained and enhanced permanency efforts will be made across the life of the case to improve outcomes. As previously mentioned, strategies such as Family Finding and Participatory Case Planning will be implemented. Concurrent planning will be more effectively and quickly implemented in the case. Recruitment efforts will be made to identify and license family foster homes within the county. Additional foster family agencies certified homes will be encouraged. Relative and non-related extended family member (NREFM) homes will be identified and approved to keep children/youth within their own community to facilitate reunification and other permanency services. Out of county placements drain county staff resources and funding both in CPS and Probation due to the time and expense involved in travel.

The themes and strategies identified by the SIP planning team members for achieving outcome goals include:

- Family engagement
 - Family Strengths and Needs Assessment (FSNA)
 - Participatory Case Planning (PCP)
 - Family Group Meetings (FGM)
 - Visitation in home/in community
- Permanency and Youth Transitions
 - Family Finding

- After Care Transition Plan
- Emancipation Conferences
- Independent Living Services (ILP)
- Transitional Housing for Youth in Care and After Care (THP Plus/THPP)
- Kinship and Foster care Support
 - Recruitment of foster homes
 - Orientation/resource manual
 - Foster parent and relative/NREFM training
 - Support and family activities
- Community Connections
 - Targeted advertising
 - Differential Response
 - Recruitment
 - Mandated Reporter Trainings
 - Community Public Service Announcements (PSA)
 - Birthday Drive for CPS and Probation Children/Youth
 - Sponsor-A-Child Activities for Holidays for CPS and Probation Children/Youth

The above-mentioned strategies will enhance permanency and improve placement stability. Placement stability is enhanced by family engagement strategies, Participatory Case Planning, and Family Group Meetings. Enhanced placement stability leads to more timely permanence for children and a more effective delivery of transitional independent living services. Early identification of relatives/NREFM's for both CPS and Probation children/youth improves placement stability, resulting in more timely reunification or another permanent plan for the child should reunification efforts be unsuccessful.

The connection between TC's SIP and the State PIP:

- TC's plan to fully implement Participatory Case Planning and other family engagement practices correlates with the **PIP Strategy 1: *Expand use of participatory case planning strategies.*** Parents and youth will be more successful with case plans they have developed. Services will be tailored to address their own specific needs; they will be measurable and achievable. Family Group Meetings will be the process used for case planning and other significant child welfare decision-making events.
- TC's SIP permanency planning strategies, including Family Finding and Emancipation Conferences, that have been outlined in the narrative and SIP Matrix correlate with **PIP Strategy 2: *Sustain and enhance permanency efforts across the life of the case.*** Family engagement efforts will be utilized in all applicable SIP strategies. Research supports that there are better outcomes when the family is successfully engaged with the social workers, probation officers, and other service providers.
- TC's plan to recruit, retain and train foster families, including relatives/NREFM's correlates with **PIP Strategy 3: *Enhance and expand caregiver recruitment, retention, training and support efforts.*** See the narrative and SIP Matrix for more detail of those strategies.
- TC's PSSF Regional Partnership Grant on Meth Prevention addresses PIP Strategy 4. Since it is an established and on-going service it was not specifically addressed in the three year plan goals. However, TC's CAPIT/CBCAP/PSSF three year plan that is integrated into the SIP correlates with **PIP Strategy 4: *Expand options and create flexibility for services and support to meet the needs of children and families.*** Differential

Response, in-home parenting education, and supervised visitations are included in the goals.

- TC will continue to build support for the use of Structured Decision Making (SDM), the statewide safety assessment. The correct and consistent use of the SDM tools will be monitored and reinforced, particularly the Family Strengths and Needs Assessment (FSNA) tool, which was mentioned previously in this SIP as a goal. The needs of the family will be better identified and addressed so the most effective interventions can be applied. This correlates with **PIP Strategy 6: *Strengthen implementation of the statewide assessment system.***

iii. CWS/Probation Matrix

Outcome/Systemic Factor: Safety Indicator 1

S1.1 No recurrence of maltreatment-Of all children who were victims of a substantiated maltreatment allegation during the first 6 months of a year, what percent were not victims of another substantiated maltreatment allegation within the next 6-month period?

County's Current Performance:

Trinity County's performance was 77.8% in Q2 2009; the federal standard is >94.6 while the state average is higher at 98.4%.

Improvement Goal 1.0

The goal is to improve to a rate of 8% of No recurrence of Maltreatment. This represents an increase of 4.2%.

Strategy 1.1

Send referrals to Human Resource Network (HRN) for prevention/intervention services (In-Home Parenting)

<input checked="" type="checkbox"/>	CAPIT
<input type="checkbox"/>	CBCAP
<input type="checkbox"/>	PSSF
<input type="checkbox"/>	N/A

Strategy Rationale

Intervention is necessary to change the behavior according to research. Nurturing Parent, the curriculum used by HRN, is an evidence based program with researched positive outcomes.

Milestone	Timeframe		Assigned to
<p>1.1.1 CPS staff will submit referrals to HRN (Differential Response Path 1,2,3) as appropriate</p> <p>1.1.2 CPS staff will receive monthly reports from HRN on client's progress with open referrals or cases</p> <p>1.1.3 CPS and HRN staff will meet quarterly to evaluate program success and completion of goals.</p>	Monthly basis beginning July 1, 2010	CPS Supervisor and HRN Prevention Director	
	Monthly basis beginning July 1, 2010	CPS Social Workers	
	Quarterly (first month of each quarter)	CPS Supervisor, CPS Staff Services Analyst and HRN Prevention Director	

Strategy 1.2 Engage families and youth 10 years old and over, in Participatory Case Planning (PCP)		<table border="1"> <tr> <td><input type="checkbox"/></td> <td>CAPIT</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	<input type="checkbox"/>	CBCAP	<input type="checkbox"/>	PSSF	<input checked="" type="checkbox"/>	N/A	Strategy Rationale Research indicates that families that participate in their own case planning substantially achieve and sustained their goals because they participated in the process. It is a strength-based approach with good success in minimizing recurrence of maltreatment.
<input type="checkbox"/>	CAPIT										
<input type="checkbox"/>	CBCAP										
<input type="checkbox"/>	PSSF										
<input checked="" type="checkbox"/>	N/A										
Milestone	Timeframe	Assigned to									
1.2.1 Ensure that all CPS and Probation staff receives Participatory Case Planning training.		Training to be completed by June 30, 2011. (New staff is anticipated in the next fiscal year.)	CPS Supervisor, Probation Chief, and Northern Training Academy (UC Davis)								
1.2.2 CPS staff will correctly utilize the SDM tool, Family Strengths and Needs Assessment (FSNA), as part of the PCP process. This will become an expectation for staff.		On-going basis	CPS Supervisor will monitor proper use of FSNA tool by using SDM Case Reviews and Safe Measures reports on a weekly basis.								
1.2.3 Probation staff will continue to use the PACT tool to complete risk and needs assessment for Probation youth. This is already an expectation for staff and in progress..		On-Going basis	Chief Probation Officer or designee, will monitor each case for completion of the PACT tool.								
Strategy 1.3 Increase staffing capacity of Human Resource Network (HRN) for delivery of Differential Response Services		<table border="1"> <tr> <td><input type="checkbox"/></td> <td>CAPIT</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 type="checkbox"/></td> <td>N/A</td> </tr> </table>	<input type="checkbox"/>	CAPIT	<input type="checkbox"/>	CBCAP	<input type="checkbox"/>	PSSF	<input type="checkbox"/>	N/A	Strategy Rationale HRN is at capacity for providing services. Additional staff is needed to meet the child welfare needs of the county.
<input type="checkbox"/>	CAPIT										
<input type="checkbox"/>	CBCAP										
<input type="checkbox"/>	PSSF										
<input type="checkbox"/>	N/A										
Milestone	Timeframe	Assigned to									
1.3.1 CPS will contract with HRN for a half-time staff person to conduct additional DR services		July 1, 2010 contract will be implemented	CPS Staff Services Analyst and CPS Supervisor								
1.3.2 New half-time position will be supervised by HRN and job expectations collaboratively determined with CPS to meet child welfare needs		July 1, 2010	CPS Supervisor and HRN Prevention Director								

Outcome/Systemic Factor: Permanency/Long Term Care

C3.3 In Care three years or longer (emancipated or age 18 in care)-Of all children in foster care during the year who were either discharged to emancipation or turned 18 while still in care, what percent had been in foster care for three years or longer?

County's Current Performance: The federal standard is <37.5%, the state performance was 60% and Trinity County's performance was 50% for Q2 2009. Safe Measures reports reveals the county performance as 33.3% for Q4 2008, the only period of time the county has met the standard over an eleven year period. The raw numbers are few with a total of four children represented in the Q2 2009 data. There were two children or 50% in foster care less than three years and two children or 50% in foster care for three years or more. The data can be easily misrepresented without adequate explanation.

Improvement Goal 2.0

The goal is to meet the federal standard of <37.5%.

Strategy 2.1

CWS will implement Family Group Meetings (FGM) replacing Team Decision Making Meetings (TDM) to expedite permanency planning and Participatory Case Planning.

Strategy Rationale

TDM's have been utilized in the county since 2003, however, they are limited to placement decisions only and they do not meet the needs of a small, rural county with extremely limited staff and resources. FGM's can follow a similar model and expand to other critical points of the referral/case when child welfare decisions must be made. FGM's are client-centered and strength based bringing family to the decision-making table.

Milestone

- 2.1.1 Determine the FGM model to be used and develop an agency protocol, utilizing Family to Family values and principles.
- 2.1.2 Train CPS staff and service providers on FGM model and how to incorporate with Participatory Case Planning
- 2.1.3 Train staff on proper documentation of FGM's and family finding efforts (FFE's) in CWS/CMS.

To be completed by December 1, 2010

Assigned to

CPS Supervisor and Northern Training Academy (UC Davis)

CPS Supervisor, CPS Staff Analyst, and Northern Training Academy (UC Davis)

CPS Supervisor and Northern Training Academy (CWS/CMS Instructor) will provide training. Supervisor will monitor through Safe Measures reports on a weekly basis.

Strategy 2.2

Implement Family Finding and other "diligent search" activities.

Strategy Rationale

Children reach permanency sooner when Family Finding efforts are made to locate family and other significant people in the

CAPIT

CBCAP

PSSF

<input type="checkbox"/> N/A	child's life at the onset of removal for purposes of placement and support. The process of finding "lifelong connections" must be a continuous process.	
Milestone	<p>2.2.1 Implement a Family Finding protocol as one of the permanency protocols for Trinity County for both CPS and Probation.</p> <p>2.2.2 Explore other family finding strategies being utilized by other counties or states and implement protocol appropriate for both CPS and Probation.</p> <p>2.2.3 Consider the possibility of non-social worker/probation officer staff to perform family finding tasks to preserve social worker/probation officer time for other Division 31 activities. Explore other staff resources for these tasks.</p>	<p>To be completed by July 1, 2011</p> <p>To be completed by July 1, 2011</p> <p>To be completed by July 1, 2011</p> <p>Assigned to</p> <p>CPS Supervisor, Probation Chief, and CPS Staff Analyst</p> <p>CPS Supervisor, Probation Chief, and CPS Staff Analyst</p> <p>CPS Supervisor, Probation Chief, HHS Director, and CPS Staff Analyst will review staff resources for possibility of assignment to support staff.</p>
Milestone	<p>Strategy 2.3</p> <p>Initiate Emancipation Conferences for youth turning 16 years old for CPS and 17 years old for Probation youth</p>	<p>Strategy Rationale</p> <p>Youth-driven Emancipation Conferences ensure more positive permanency outcomes in education, career planning, family planning, mental and physical health, and the general well-being of the youth. Lifelong connections are identified, relationships are re-established with family members absent from the youth's life for extensive periods of time, and natural supports are identified.</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>
Milestone	<p>2.3.1 Develop an Emancipation Conference model and protocol.</p> <p>2.3.2 Train CPS and Probation staff on Emancipation Conference model and protocol.</p> <p>2.3.3 Fully implement the Emancipation Conference model at both CPS and Probation as part of the ILP process. Documentation will be in CWS/CMS for both CPS and Probation.</p>	<p>To be completed by February 1, 2011</p> <p>To be completed by April 1, 2011</p> <p>To be completed by May 1, 2011 and will be a consistent practice for SIP years 2 and 3.</p> <p>Assigned to</p> <p>CPS Supervisor, Chief Probation Officer, and CPS Staff Analyst</p> <p>CPS Supervisor, Probation representative, and CPS Staff Analyst</p> <p>CPS and Probation staff with oversight by Chief Probation Officer and CPS Supervisor will monitor through CWS/CMS documentation.</p>

					<p>Evaluation will be done through evaluating educational outcomes by review of data, such as graduation rates, and other permanency outcomes.</p>
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Outcome/Systemic Factor: Permanency/Placement Stability

C4.3 Of all children served in foster care during the year that were in foster care for at least 24 months, what percent had two or fewer placement settings?

County's Current Performance:

Trinity County's performance was 36.8% in Q2 2009, the federal standard is >41.8%, and the state performance was 33.4%. The county performance exceeded the state performance, but still was 5% below the federal standard.

Improvement Goal 3.0

The goal is to meet the federal standard of >41.8%, a 5 percent increase. Children in foster care during the year for at least 24 months will have two or fewer placement settings.

Strategy 3.1

Recruit, train, and support foster parents, including relatives and NREFM's to minimize placement disruptions and maintain children in their own community.

- CAPIT
- CBCAP
- PSSF
- N/A

Strategy Rationale

There are many adverse reactions to multiple moves and the trauma of removal. Transitions, when necessary, are often not done well in CWS. Kinship placements are 70% more stable according to one study. Trained and supported foster parents and relatives have more reasonable expectations and more skills. Children experience less trauma upon removal if they remain in their own school, neighborhood, nearby family to increase reunification efforts, etc.

Milestone	Timeframe	Assigned to	
<p>3.1.1 Recruit one foster family home or (FFA) certified home through targeted advertising and other outreach efforts.</p>	<p>July 1, 2011</p>	<p>CAPC liaison, MLMT members, community members, Probation staff, and CPS.</p>	
<p>3.1.2 Identify support activities through phone surveys or questionnaires for foster families and relative/NREFM caretakers throughout the fiscal year, such as appreciation events, BBQ's, etc. Consider other locations in county, too, such as Hayfork.</p>	<p>Bi-annual beginning December 1, 2010 and a minimum of twice per calendar year.</p>	<p>CPS</p>	
<p>3.1.3 Offer one series of mini-training for foster parents, and relative/NREFM caretakers. One topic area for training has been identified as</p>	<p>Topic areas to be completed by January 1, 2011 and training to</p>	<p>Community Care Licensing regional office, or CPS and Northern Region</p>	

	<p>dealing with children/youth experiencing trauma. Other topic areas will be determined with foster families and relative/NREFM's through phone surveys or questionnaires. The series of training will be developed once topic areas are selected.</p>	<p>be completed by June 30, 2011. Training for SIP years 2 and 3 will be completed using the same process.</p>	<p>Training Academy (UC Davis) will provide and monitor the training. The Academy will evaluate through written evaluations from participants of training.</p>								
<p>3.1.4 Train Probation staff on relative/NREFM approval process</p>		<p>December 1, 2010</p>	<p>CPS and Probation</p>								
<p>3.1.5 Develop orientation/resource manual for foster parents and relative/NREFM caretakers.</p>		<p>January 1, 2011</p>	<p>CPS</p>								
<p>Strategy 3.2 Family Group Meetings (FGM) will be conducted to minimize placement disruptions, including the appropriate-age child/youth, current foster parents/relative caretakers, family members and other appropriate agency staff.</p>		<table border="1"> <tr> <td data-bbox="673 871 714 1171"><input type="checkbox"/></td> <td data-bbox="673 871 714 924">CAPIT</td> </tr> <tr> <td data-bbox="714 871 755 1171"><input type="checkbox"/></td> <td data-bbox="714 871 755 924">CBCAP</td> </tr> <tr> <td data-bbox="755 871 795 1171"><input type="checkbox"/></td> <td data-bbox="755 871 795 924">PSSF</td> </tr> <tr> <td data-bbox="795 871 912 1171"><input checked="" type="checkbox"/></td> <td data-bbox="795 871 912 924">N/A</td> </tr> </table>	<input type="checkbox"/>	CAPIT	<input type="checkbox"/>	CBCAP	<input type="checkbox"/>	PSSF	<input checked="" type="checkbox"/>	N/A	<p>Strategy Rationale FGM's/TDM's research indicates placements can be stabilized using solution-focused strategies and a shared decision-making model. Supports and services are put in place to maintain and stabilize the placement. Initial placements using this same approach helps to ensure that the best placement possible is selected in initially.</p>
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<input checked="" type="checkbox"/>	N/A										
<p>Milestone</p>	<p>3.2.1 FGM's will be scheduled at critical transition points.</p> <p>3.2.2 Staff training will be completed after FGM model is identified and protocol developed.</p>	<p>Beginning September 1, 2010. The existing TDM model can be used until new FGM model is developed and implemented.</p> <p>FGM model to be identified and protocol developed with staff training to be completed by January 31, 2011.</p>	<p>CPS Supervisor</p> <p>CPS Supervisor and Northern Training Academy (UCD)</p>								

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

The CPS Supervisor and CPS Staff Analyst have developed a Quality Assurance process by utilizing the available data through UC Berkeley, Efforts to Outcomes (ETO) for TDM data, and Safe Measures. Data is reviewed on a weekly basis to monitor improvements and areas where improvement is needed. Safe Measures data extracts are done twice a week. Social worker staff has also been trained on the use of Safe Measures. Probation data will be input into CWS/CMS effective 10/01/10 which will then provide the opportunity for analysis of their data.

The CPS Supervisor is currently reviewing the full and correct utilization of CWS/CMS by each social worker. A comprehensive review process is currently in place in conjunction with Northern Region Training Academy to ensure that data is recorded properly into CWS/CMS. It is an excellent way to determine training needs and workload issues of each social worker so assistance can be provided.

The current economic climate has had a significant impact on the county, resulting in declining services, rising unemployment rates, increased drug/alcohol abuse, housing instability and domestic violence. Out of home placements have dramatically increased in the last fiscal year, driving up caseloads and workloads within CPS. Probation has faced dramatic cuts to their staffing levels that have impacted client services. Modest improvement goals were targeted considering the fiscal environment forecast for the next two to three years.

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

CPS and Probation staff is committed to best practices, to the extent possible. CPS staff highly value best practices such as Motivational Interviewing, Signs of Safety, Participatory Case Planning, Family Group Meetings, and other family engagement approaches. They are committed to working with the Northern Training Academy and other service partners to learn best practices, receive coaching to reinforce and practice those skills, and implement them in daily practice. With the current fiscal constraints, the services and training available from the Northern Training Academy are significant. Other training, policy and technical assistance is needed as new laws/appellate cases are enacted, such as Greene vs. Camreta, providing the needed direction to the counties.

CPS staff may need additional training on the basic tenets of concurrent planning to ensure that it is fully understood as a means, as well as a legal requirement, to achieving permanency earlier. The benefits of concurrent planning can be observed early on in a case.

Probation staff will need timely training for them to begin CWS/CMS data entry by October 1, 2010. There will be technical assistance issues arising from such a conversion. The NYTD database and CWS/CMS Aftercare cases will also require considerable technical assistance and training from CDSS. Those new requirements for the county are rapidly approaching. This statewide effort fits well with the county's permanency goals.

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

Trinity County returned the foster home licensing function to CDSS/Community Care Licensing in 2009. However, training by CCL in the county has not been available due to the potentially small numbers of people to be trained as foster parents. Travel expenses and time constraints make it difficult, if not impossible, for potential foster parents to travel outside of the county for licensing appointments and training. Support from CCL in overcoming these barriers would be helpful to attract more foster parents within the community. Out of county placements are not in the best interest of the children, their families, nor are they cost effective or time efficient for child welfare staff.

Some of the same issues apply to Adoption Services within the county. The Adoption Composite data is impacted by delayed adoptions as 366.26 hearings are not scheduled until an adoptive family has been identified, as required by law, to avoid the possibility of a "legal orphan."

Resolution to some of the above issues impacting our partners would move the county towards its improvement goals and better outcomes for children and families. It is important that CPS, Probation, Adoption, and CCL have a shared vision and common commitment to the improvement goals for children and families.

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

See Above.

C. CWSOIP Narrative

- i. Probation has utilized the CWSOIP funding in the last year for the costs associated with the use of the PACT tool. This tool is a risk and needs assessment administered through the website, *Assessment.com* and it is used by the probation officers in consistently assessing their youth. The \$10,000 annual funding covers the maintenance and fees associated with this assessment tool. It is Probation's plan to use the CWSOIP funds in the same manner for the upcoming year.

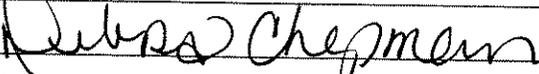
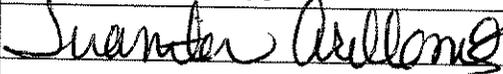
CPS has utilized the CWSOIP funds in a variety of ways, including direct services to child welfare families. Those services include:

Expanded/additional Visitations (Human Resource Network)

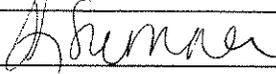
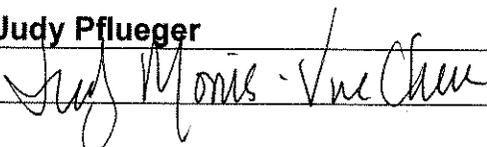
- Differential Response Services (Human Resource Network)
- Third Degree Communications Forensic Training
- Nurturing Parent Materials and Training(Evidence-Based)
- In-Patient AODS
- Mental Health Therapy Services
- Drug Testing
- US Search (Family Finding) Fees

D. Part II-CAPIT/CBCAP/PSSF

i. CAPIT/CBCAP/PSSF Cover Sheet

CAPIT/CBCAP/PSSF Contact and Signature Sheet	
Period of Plan:	June 11, 2010-June 10, 2013
Date Submitted:	June 11, 2010
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Submitted by:	Child Abuse Prevention Council (CAPC) Representative
Name & title:	Debra Chapman, Chair-Trinity CAPC
Signature:	
Address:	P.O. Box 1362 Weaverville, CA 96093
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Submitted by:	Parent Consumer/Former Consumer (Required if the parent is not a member of the CAPC)
Name & title:	Juanita Arellanes
Signature:	
Address:	P.O. Box 309 Junction City, CA 96048
Fax:	n/a
Phone & E-mail:	530-623-5344 arellanesjuanita@yahoo.com

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

Submitted by:	PSSF Collaborative Representative, if appropriate
Name & title:	Laurie Sumner, Child Welfare Supervisor/PSSF Collaborative Member
Signature:	
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	CAPIT Liaison
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	PSSF Liaison
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Board of Supervisors (BOS) Approval	
BOS Approval Date:	6/1/2010
Name:	Judy Pflueger
Signature:	

ii. CAPIT/CBCAP/PSSF Plan
 a. SIP Team and Plan Overview

The Trinity County SIP planning team includes members from the CAPC, CBCAP Executive Board, PSSF Collaborative, and other key agencies and individuals involved in the Children's services county-wide. The CAPC and PSSF collaboratives both envision a county-wide network of services, appropriate to the needs of children and families, designed to prevent child abuse.

The Planning Team met and reviewed existing Needs Assessments, and discussed known gaps and overlaps in services when planning for the CAPIT/CBCAP/PSSF 3-year plan. The needs assessments included the System Improvement Plan and assessments used for First Five, Head Start, and also the Trinity Kids First "Child Health Indicator Reports". The Health Indicator reports reflect county-wide data. There were several meetings to discuss unmet needs, and how they could be covered. At the end of the planning sessions, the needs eligible to be met by CAPIT/CBCAP that could not be met with other funding were:

- Home-based services facilitated by a trained Home Visitor (CAPIT). These services will be provided to families referred by Child Welfare staff, as well as families who "self-refer". They will be provided throughout the county, in the family's home, or other location designated by the family.
- Parent/youth skill building and leadership activities, identified as a focus for CBCAP. Priority will be given to activities that include the more remote areas of the county, and which address children and families identified as being at risk, including but not limited to:
 - Children with unmet basic needs (food, clothing, housing, medical/dental)
 - Children exposed to alcohol/substance abuse
 - Children exposed to domestic violence
 - Adolescent parents
 - Geographically isolated families
- For PSSF, the services are as follows:

Outcome	Services Provided	Service Site	Target Population
1. Reduce the recurrence of child abuse and/or neglect	a) Up-front services, including but not limited to: housecleaning, training in household budgeting, garbage removal, vouchers for emergency gas, food and supplies, respite care, arranging for pool passes and camp enrollments for children	Family's home or Health and Human Services Offices.	Families at risk of having children removed from the home.

Outcome	Services Provided	Service Site	Target Population
	<p>b) Refer families to appropriate services, including but not limited to: parenting skills classes, family and individual counseling, Alcohol and Other Drugs, Anger Abatement, Employment Services</p> <p>c) Referrals to Public Health when appropriate – e.g., child is failing to thrive.</p>	<p>Family's home or counseling site.</p> <p>Families home or Public Health Department</p>	<p>Families at risk of having children removed from the home.</p> <p>Families at risk of having children removed from the home</p>
2. Reduce the incidence of child abuse and/or neglect in foster care.	<p>a) Provide training to foster parents in the areas of child development and what is child abuse.</p> <p>In addition to on-site training, the county is developing a resource center for foster parents, including videos and books that cover areas foster parents have indicated interest in – such as fetal alcohol syndrome, methamphetamine addicted children, Attention Deficit Disorder, etc.</p>	Health and Human Services Office	Foster Parents
3. Increase permanency for children in foster care.	<p>a) Provide reunification services to families to enable children to return to their homes.</p> <p>b) Provide concurrent planning services to youth and caregivers if reunification will not happen within the mandated time-frame. These services might include transitional visits when moving a child into a concurrent home, travel costs to take children to meet prospective families, counseling services, etc.</p>	Family's home or counseling sites	Children in out of home placement.
4. Reduce time in foster care to reunification without increasing re-entry.	a) Work with families while children are out of the home in order to meet their basic needs – e.g. counseling, AODS services, household budgeting, homemaker to model housekeeping techniques. Once the family is stabilized, continue working with the family in voluntary family maintenance or court ordered family maintenance.	Families home or Health and Human Services	Families whose children have been detained.
5. Reduce time in foster care to adoption	a) To increase the number of potential adoptive homes, the county is developing an "Adoptions Resource Center" that will provide information to Foster Parents and other interested people on various adoptions issues.	Health and Human Services	Potential adoptive parents.
6. Increase placement stability	a) Social workers work with foster parents to make them aware of the special needs of the children. Social	Health and Human Services offices	Children in out of home placement.

Outcome	Services Provided	Service Site	Target Population
	Workers assist in supporting foster parents, e.g. they take kids to counseling as needed.		
7. Reduce placements of young children in group homes or institutions	Social Workers work with foster parents to make them aware of the special needs of the children. Social Workers assist in supporting foster parents, e.g. they take kids to counseling as needed.	Health and Human Services Offices	Children at risk of being placed in a group home or institution

The Planning Team issued invitations, via e-mail or request at another meeting, to the CAPIT/CBCAP/PSSF planning meetings to many individuals and representatives from agencies that assist children and families. The core group that participated in the meetings included representatives from CAPC, as well as a parent/former consumer. This group reflected several geographic areas of the county.

In its 2010-13 CAPIT plan, Trinity County has decided to focus on home-based services to increase the life skills of families with children who have either been required to participate in these services as part of their case plan, or who have self-referred for these services. An evidence-based curriculum will be used.

For its 2010-13 CBCAP plan, Trinity County has decided to focus on funding programs which increase the skills, leadership abilities and self-esteem of parents and youth, as well as family and youth activities that help to reduce the risk of abuse and neglect.

Both CAPIT and CBCAP funds will be awarded based on a competitive bid process.

For PSSF, the county will concentrate on providing up-front services, such as garbage removal, vouchers for emergency gas or food, substance abuse treatment, anger management and respite care; or referral to services such as Alcohol and other Drugs. As in prior plans, the county will meet the 20% PSSF Requirement.

1. CAPC

The CAPC consists of an Executive Board, with members appointed by the Board of Supervisors (BOS), and a general membership Family Violence/Child Abuse Prevention Council.

The Executive Board includes representatives from the County Child Welfare Services unit, County Behavioral Health Department, a parent, the President of a local cooperative Pre-school, the County School's Office and a member of the BOS.

The general membership is open to any interested community member, but meetings are regularly attended by representatives from Probation, Sheriff's Office, a local community based organization serving children and families, District Attorney, Court Judges, Behavioral Health, and Health and Human Services.

There is no paid position for CAPC staff, so all funds go to provide direct services and prevention work.

Relevant funding for CAPC below:

Funding	Dollar Amount
CAPIT	---
CBCAP	Unclaimed funds from direct services will go to support other CAPC direct services and prevention projects.
PSSF	---
CCTF	---
Kids Plate	\$363
Other	---

2. PSSF Collaborative

The planning body for PSSF is the Mid-Level Management Team. This team combines the management representatives from CPS, Probation, Schools, Behavioral Health and a local CBO that works with children and families.

This team also acts as the supervisory body for the Family to Family project. It provides a well-balanced assessment of the needs of the families we work with.

3. CCTF

The County Children's Trust Fund is held by the County Auditor's office for the Trinity County CAPC, who is the BOS identified body to administer the CCTF. The CBCAP allocation, Children's Plate revenue, and other Donations are held in trust in this account. This funding source is used for the awards of CBCAP grants, and the balance is for use in general prevention activities as overseen by the CAPC Executive Board.

The CCTF information will be collected annually in preparation for the annual report for OCAP and will subsequently be published in the local paper for 2 weeks and available to the public upon request.

4. Parent/Consumer Involvement

The CAPC Executive Board has 2 parent/consumer members as part of the core team. These members are involved in awarding CBCAP funds and general prevention activities of the CAPC. They are also involved in the CSA and SIP processes and other system analysis and improvement activities. These parent representatives will be offered opportunities to attend free of cost in county trainings offered by the Child welfare office, other community partners and opportunities to attend the state convening and other trainings that are offered through the Regional Child Abuse Prevention Coalition. The goals of these trainings will be to increase their understanding of child abuse prevention, their leadership abilities, and their role in the local prevention community.

5. Designated Public Agency

i. Role of Designated Agency

Trinity County Health and Human Services is the County Local Government Agency responsible for CAPIT/CBCAP/PSSF program administration. The Agency will appoint a staff member to act as the CAPIT/CBCAP/PSSF liaison. Recipients of CAPIT and CBCAP funds are chosen via an RFP process. The Director of Health and Human Services and her designees review applicants for CAPIT funding, and CBCAP applications are reviewed by the CAPC Executive Board. This Board selects CBCAP applications to refer to the BOS for funding.

Subcontractors have the capacity to transmit data electronically.

Funding for Liaison and consumers to attend training is provided by our CWS allocation or other appropriate sources. CAPIT/CBCAP funds are used for direct services.

6. CAPIT/CBCAP/PSSF Liaison Role

The Liaison acts as the agent for the collaborative to draft the RFP, accept grant applications, offer technical assistance, keep CAPC Executive Committee minutes, write contracts and supporting documentation for BOS review, and collect outcomes and evaluation Date. The data will be compiled and reported annually in the OCAP Report. The liaison will also act as the SPOC for grantees to submit their claims for reimbursement.

Technical training and assistance is provided one-on-one to contractors who request it. If the Liaison can not meet their needs, she arranges for others to provide assistance.

7. Fiscal & Outcomes Narratives

i. Fiscal Narrative

Trinity County assures that the funds received will supplement, not supplant, other State and local public funds and services provided. CAPIT/CBCAP/PSSF funds are not used by Trinity County to directly leverage other funds. CAPIT and CBCAP are awarded to eligible agencies (e.g. non-profit or educational agencies) in response to an RFP to provide the services identified in the needs assessment. PSSF funds are used by the County to provide direct services to eligible children or families.

The fiscal unit tracks expenditures via PIN codes, and report CAPIT and PSSF expenditures on the County Expense Claim. CBCAP payments are approved by the CAPC and the Board of Supervisors, and are paid from the County Children's Trust Fund via the county claim form.

ii. RFP Process

Competitive Bid Process for Service Delivery

CAPIT/CBCAP funds are used to fund services throughout the county. They are not used to fund Family Resource Centers, but the services funded are identified as ones that fill geographic or service gaps.

Agencies requesting CAPIT/CBCAP funding are required to provide letters of support, showing community support for the proposed services.

When applications for CAPIT/CBCAP are reviewed, priority is given to agencies that show that they are using a curriculum that is evidence-based, e.g. home visiting by trained staff, or that can show they have provided successful programs before (even if funded by other sources).

The county will assure that technical assistance and trainings will be developed and offered to grantees in order to help them achieve the goals and standards required by OCAP. Training will be provided by a non profit when available and by CWS when no non-profit is available.

- a. The CAPIT Liaison will advertise a Request for Proposal in February of each year. The RFP will include the activities specified in the 3-year plan, including evaluation. Proposals will be due within two weeks of opening the RFP. They will be evaluated by the Health and Human Services (HHS) Director, or

designee, and other HHS staff designated by the HHS Director. This will NOT include the CAPIT Liaison.

Proposals will be compared to criteria set forth in the RFP, and one or more appropriate proposals will be chosen for funding for the following fiscal year. The RFP states the County may award all or a portion of the amount requested.

The HHS will generate a contract, to be signed by all appropriate parties, in time to begin July 1 of the applicable year.

- b. The CBCAP Liaison will advertise a Request for Proposal each year after the State Budget is approved. The RFP will include, but not be limited to, the activities specified in the 3-year plan, including evaluation. The RFP will state what the maximum amount granted will be, which is expected to be \$8,000.

Proposals will be due in December or early January. They will be evaluated by the Executive Board of the Child Abuse Prevention Council. Proposals will be compared to criteria set forth in the RFP, and appropriate programs will be chosen to recommend to the County Board of Supervisors (BOS) for funding. For agreements approved by the BOS, HHS will generate an agreement, to be signed by all appropriate parties, in time to begin July 1 of the applicable year.

- c. PSSF funds are spent by HHS on the services identified in the plan.

iii. Priority Populations

Trinity County has deemed that the priority populations to be served are youth and families at high risk of abuse or neglect, impoverished families, families with limited access to services, and those with disabilities. This targets families and youth with children 14 and under. The County assures that the selected group is culturally and linguistically appropriate to the population served. The county's population is primarily white and almost entirely English speaking, while broadly falling within the category of impoverished.

The needs of the major minority populations, Native Americans and Hispanics, were considered. The needs for these populations were considered to be the same as the needs as the total population, and minority populations are included in the services funded by CAPIT/CBCAP.

iv. Outcomes Goals/Outcomes/Evaluation

Engagement goals will be measured by the number of individuals initially asking for or accepting the home-based services.

Short-term goals will be measured by the number of families continuing with the service after initially accessing services.

Intermediate goals will be measured by the number of families whose skills are increased, or whose children are returned to the home, as a result of participating in home-based services.

Long term goals will be measured by looking for a decrease in the number of families who re-enter the CWS system, after participating in home-based services; and the number of families who voluntarily access the services and who never enter the CWS system.

County CAPIT/CBCAP/PSSF Program Accountability and Oversight

The County will oversee and monitor the CAPIT grantee(s) via a contract which specifies certain activities, and by quarterly reporting. There is a final report at the end of the grant period, which is completed in the format requested by OCAP.

CBCAP programs are generally short-duration (less than 3 months), and monitoring is done by specifying activities in the agreement, and receiving a written narrative and statistical report at the conclusion of the program. This is measured through pre and post tests, focus group feedback, and consumer satisfaction surveys that may measure a change in knowledge. A Peer review process will be developed and implemented for CBCAP that will include the grantees reviewing outcomes and providing feedback for other grantees prior to the next application cycle to improve services and outcomes. This information will also be reviewed by the CAPC.

In both CAPIT and CBCAP, one of the activities grantees are expected to report on is consumer satisfaction, or changes in skills due to participating in the funded program.

For PSSF, the county will track expenditures for services provided using PIN codes; and will track the numbers of:

- Children detained
- Children in voluntary placement
- Detained children reunified within 15 months
- Children in voluntary placement who are reunified
- Children receiving voluntary family maintenance services
- Families receiving voluntary family maintenance services

County Reporting

Both the RFP and the contract for CAPIT and CBCAP will include reporting requirements, both data collection in the format chosen by OCAP, and narrative questions intended to extract short and long-term outcomes. The CAPIT/CBCAP Liaison will compile the data received from the grantees and send it to OCAP each year, in accordance with OCAP's instructions.

The recipient of CAPIT funds is expected to report the numbers served, and any other pertinent information regarding the funded program, to HHS on a quarterly basis.

For PSSF, the county tracks the number of children and families in each category, e.g. number of children detained. To review progress, the social workers review written case plans, and meet with the families to ensure that appropriate services are being provided.

All grantees must have the ability to transmit data electronically.

v. Service Array

HHS provides a network of services and resources through collaborations with community providers and other County agencies. Direct services, including emergency housing assistance, crisis intervention, and family support services are offered directly through the agency. Additional services are offered through community based organizations, such as Human Response Network, Food Pantries, faith based supports, TCOE, BHS, AODS, and other various support programs/organizations. Services include, but are not limited to: housing, transportation, child or respite care, parenting or life skills education and classes, Nurturing Parenting, in home supportive services, nutritional support/food assistance, case management, Therapeutic Behavioral Services, individual or family counseling, substance abuse treatment, Adoptions Assistance Wraparound services, Kin Gap Program, etc.

TCOE, Head Start, and Early Head Start provide prevention and early intervention social services at multiple school sites in TC. HHS staff works in collaboration with several school districts, County government, First Five Commission, and local non-profit agencies and foundations to increase parent involvement in their children's education, with the hope of improving the health, safety, and academic, social, and emotional success of children from pre-Kindergarten to third grade.

CPS provides Independent Living Program services (ILP) to qualified foster youth in order to assist them in developing life skills that will better prepare them for successful emancipation. ILP has a one on one approach, providing services to each youth that are tailored to fit their individual needs, rather than a class based program format. Topics youth may be assisted with include, but are not limited to: education, employment and life skills, college placement and financial aid, social skills, financial skills, money management, health/nutrition issues.

CPS administers the Transitional Housing Placement Plus Program (THP-Plus) which provides affordable housing and a wide range of supportive services, including job training, educational support, financial planning, and counseling. CPS provides the scattered site housing model where youth reside in an apartment or on campus. THP-Plus pays their rental expenses and each youth receives a monthly stipend living subsidy, with a portion going into a saving account for when they exit the program, while the youth receives training on money management and other skills.

Post emancipated youth, whether enrolled in a housing program or not, are offered the following aftercare support and services: employment services to help them with job preparation, interviewing skills, resume writing, matching with mentors, providing linkages, etc.; and an ILP case manager who provide the fifteen State-required services (case management, utilities and rent, job readiness, food and allowances, education advocacy and support, post-high school training, individual and group therapy, family and community connections, mentoring, apartment furnishings, emancipation fund, post-program housing assistance and alumni services). Two of the main objectives of the ILP Program are to help youth develop a savings pattern and support their efforts in achieving long-term, viable self-sufficiency.

With CAPIT/CBCAP/PSSF funding, HHS provides a myriad of child abuse prevention and intervention services to ensure the health and well-being of children and families. Prevention services designed to keep families from getting involved in the Child Welfare System and which enable at-risk children to remain with their families include: evidence-based parenting classes; Nutritional Outreach Workshops; several smaller family oriented classes that target pre-school parent involvement and parent education that address multiple risk factors for children at risk of abuse and neglect; parent involvement programs to improve student learning and overall educational success; youth activities that engage youth and support prevention in high risk communities or with high risk populations; and raising awareness of the risk factors for and indicators of child abuse, legal reporting requirements, and referral procedures.

Other prevention services are individualized to meet the unique needs of children and families such as information and referral services; counseling services; inpatient rehabilitation services; etc.

CAPC, as the Child Abuse Prevention Council of Trinity County, provides education and outreach to the community such as conducting presentations on topics of interest to parents, providing speakers on child abuse prevention at community meetings, community outreach at fairs, events, etc. CPS also provides mandated reporter training (MRT) to school personnel, child care providers, probation officers, etc. throughout the County.

Health care services are provided for uninsured County residents through the

Department of Health and Human Services via MediCal or CMSP. There are three clinics located throughout the County, and regional HHS offices accept applications for the MediCal and Healthy Families programs.

The County's Behavioral Health Services (BHS) provides a broad range of services to people with mental illness in the county. Priority populations include seriously mentally ill adults and children, older adults at risk of institutionalization, children in special education or at risk of out-of-home placement, and people of any age in major crisis. Due to high demand, most adults have only group therapy options available. This department is responsible for providing needed mental health services to all individuals who are eligible for Medi-Cal or have health insurance.

AODS offers a continuum of services for the prevention and treatment of drug and alcohol problems. AODS provides substance use consultation, assessment, Linkages, and referrals to a variety of contracted substance abuse treatment providers. Services are available to all Trinity County residents free of charge.

CPS' DR Program serves families when children are at risk of child abuse or neglect. When referrals are received by the Department, those where little risk to a child exists, often a path 1 or 2, are reviewed by an ER worker and supervisor before being referred out to a DR provider. These providers make contact with the families and provide information, referrals, and connect families to resources that are meant to prevent abuse from occurring within the family.

The HRN, Head Start, WIC, Welcome Baby, and Parenting Education and Support Programs provide support services, training and education to families of young children. Domestic violence and parent crisis hotlines are operated to help families and children in crisis situations.

To serve children with special needs, CPS has a wide array of services that address physical, medical, emotional, educational, and behavioral needs of children. CPS provides Public Health Nurses who assess and track ongoing medical, dental, and mental health needs for all children in out of home care; educational liaisons that coordinate IEP meetings and ensure services are in place as indicated in the IEP evaluation; psychiatric evaluation for children if recommended; and psychotropic medication management through BHS. Additionally, CPS and BHS have partnered with BHS to provide Therapeutic Behavioral Services (TBS) to families with children who have a mental health diagnosis and are at risk of being removed from the custody of their parents and placed in a level 12 – 14 group home. Additionally, CPS is working on implementing a universal screening tool for all children who enter care to look for mental health or developmental challenges that would require further formal assessment.

HHS partners with Far Northern Regional Center (FNRC), which services individuals and families with developmental disabilities. FNRC also provides early intervention services to infants between birth and three years of age who are

developmentally delayed or believed to be at high risk of having a developmental disability. FRNC staff and contractors are assigned to the county and service youth referred by CPS, TCOE, and other agencies and healthcare providers who meet criteria for their services.

TC has a single Tribal TANF office, which offers a variety of cultural supports and events to families. Beyond Tribal TANF, there are limited resources for Native American families. In addition to all social workers and support staff being trained on ICWA, CPS facilitates the inclusion of ICWA experts as witnesses when necessary. Fortunately, TC's neighboring counties have greater resources that TC residents are referred to and can easily access. Northwestern TC (near Willow Creek), services include the Hoopa and Yurok Reservations, which offer a wide spectrum of tribal support services. To the east, there is wide variety of Native American services available through the Redding Rancheria, and through several local tribal offices.

CPS is committed to utilizing evidence-based models in its programs. The Department conducted a study, as part of the Regional PSSF Meth Grant, on national evidence-based parenting classes that would help improve the parenting skills of our clients and to facilitate successful reunification. In FY 2007-08, CPS implemented the Nurturing Parenting Program (NPP). The NPP has a series of different specialized curriculums, including NP for Substance Abusers, NP for Fathers, and NP Parenting Skills, which is an evidence-based life-skills training program designed to increase resilience and reduce risk factors for behavioral, academic, and social problems for children 3-16 years of age, focusing on increasing protective factors by improving family relationships and parenting skills. This program is very successful because it targets its intervention on the individual (i.e., children and parents) as well as the family system.

When DR was initially implemented, there was no requirement as to the home visiting model to be used by contractors' case management staff. However, for the FY 09/10 the Department required new contractors to incorporate evidence-based home visiting models into their program.

CPS also emphasizes to CAPIT/CBCAP/PSSF contractors the need for adopting evidence-based practice models relevant to child welfare in order to ensure that the interventions and services available to families are well tested and supported by research. Evidence-based contracted services maximize resources and help to achieve outcomes that contribute to safety, permanency and well-being.

The most recent CAPIT/CBCAP/PSSF RFP stated that "applicants must demonstrate how their program/project fits within the context of the California Evidence-Based practices model". Applicants were directed to the California Child Welfare Clearing House website for information related to literature searches and review.

Additionally, applicant must demonstrate at minimum of a 10% match that comes from cash or in kind contributions, other than state funding from CDSS. Applicants will not be awarded if they have not been suspended or debarred from participation in the program.

8. Expenditure Summary and Program Summary Attachment
Please see Attachments A1-4 and B.

iii. Required Attachments

a. BOS Resolution Approving SIP

RESOLUTION

IN THE BOARD OF SUPERVISORS

COUNTY OF TRINITY, STATE OF CALIFORNIA

1st DAY OF June, 2010

RESOLUTION NO. _____

RESOLUTION APPROVING THE 2010-2013 SYSTEM IMPROVEMENT PLAN

The following resolution is now offered and read:

WHEREAS, the State of California Department of Social Services requires that the Board of Supervisors must make a resolution approving the counties System Improvement Plan; and

WHEREAS, the System Improvement Plan is a guiding document in the county’s Children’s Systems of Care for the next three years, as part of the states triennial cycle; the document has been created jointly by Child Welfare and Probation in cooperation with other local agencies and CDSS; and

WHEREAS, Trinity County wishes to continue to receive funding for its Child Welfare and Probation programs; and

NOW, THEREFORE, BE IT RESOLVED AND ORDERED that the Trinity County System Improvement Plan 2010-2013 is approved.

Upon motion of Supervisor _____, seconded by Supervisor _____, and on the following vote, to-wit:

AYES:

NOES:

ABSENT:

ABSTAINING:

The foregoing resolution is hereby adopted:

Judy Pflueger, Chairman of the Board
Board of Supervisors, County of
Trinity, State of California

ATTEST:

County Clerk/Recorder, Ex-Officio
County of Trinity, State of California

By: _____

APPROVED AS TO FORM AND LEGAL EFFECT:

Derrick P. Cole, County Counsel,
County of Trinity, State of California

Dated: _____
HHSD/LW:ji

b. BOS Resolution for CAPC

RESOLUTION

IN THE BOARD OF SUPERVISORS

COUNTY OF TRINITY, STATE OF CALIFORNIA

18th DAY OF December, 2001

RESOLUTION NO. 2001-111

RESOLUTION ESTABLISHING A CHILD ABUSE PREVENTION COUNCIL

The following Resolution is now offered and read:

WHEREAS, the Welfare and Institutions Code Division 9, Chapter 12.5 allows the County Board of Supervisors to establish a Child Abuse Prevention Council; and

WHEREAS, the purpose of the Child Abuse Prevention Council is to Coordinate community's efforts to prevent and respond to child abuse; assist in planning for services to families; promote public awareness of child abuse and neglect, and the resources available for intervention and treatment; and promote the coordination of the various programs and services designed to prevent child abuse; and

WHEREAS, Trinity County wishes to establish a Child Abuse Prevention Council; and

NOW, THEREFORE, BE IT RESOLVED AND ORDERED that the Child Abuse Prevention Council be established.

Upon motion of Supervisor ERIKSON, seconded by Supervisor MILLER, and on the following vote, to-wit:

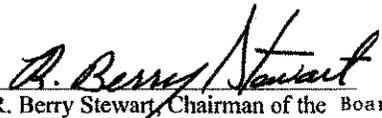
AYES: SUPERVISORS MILLER, ERIKSON, MODINE, REISS AND STEWART

NOES: NONE

ABSENT: NONE

ABSTAINING:

The foregoing resolution is hereby adopted:

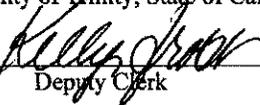

R. Berry Stewart, Chairman of the Board

Board of Supervisors, County of
Trinity, State of California

ATTEST:

DERO B. FORSLUND

County Clerk/Recorder, Ex-Officio
Clerk of the Board of Supervisors,
County of Trinity, State of California

By: 

Deputy Clerk

APPROVED AS TO FORM AND LEGAL EFFECT:


David Hammer, County Counsel,
County of Trinity, State of California

Dated: _____

HHSD/LW:ch

c. BOS Resolution for CCTF

FORM RESOLUTION

IN THE BOARD OF SUPERVISORS

COUNTY OF TRINITY, STATE OF CALIFORNIA

7th DAY OF MAY 2002

RESOLUTION NO. 2002-036

**RESOLUTION ESTABLISHING THE TRINITY COUNTY CHILDREN'S TRUST FUND
AND
DESIGNATING THE CHILD ABUSE PREVENTION COUNCIL TO ADMINISTER THE
TRINITY COUNTY CHILDREN'S TRUST FUND**

The following Resolution is now offered and read:

WHEREAS, Welfare and Institutions Code 18965 et seq. states that the county Board of Supervisors may designate a local commission, board or council to administer the county Children's Trust Fund; and

WHEREAS, the Trinity County Board of Supervisors established the Trinity County Child Abuse Prevention Council on December 18, 2001; and

WHEREAS, if the county Board of Supervisors designates a commission pursuant to Welfare and Institutions Code Section 18965, the Board of Supervisors shall establish a children's trust fund; and

WHEREAS, the children's trust fund shall consist of the fees for birth certificates, any funds appropriated by local governmental entities to the trust fund, grants, gifts or bequests from private sources to be used for child abuse and neglect prevention and intervention programs; and

WHEREAS, money in the county children's trust fund shall be used to fund child abuse and neglect prevention and intervention programs; and

WHEREAS, one of the purposes of the Child Abuse Prevention Council is to assist in planning for services to families to prevent and respond to child abuse; and

WHEREAS, Trinity County wishes to authorize the Child Abuse Prevention Council to administer the Trinity County Children's Trust Fund by submitting claims to the County Auditor for purposes described in Welfare and Institutions Code Section 18967.

NOW, THEREFORE, BE IT RESOLVED AND ORDERED that the Trinity County Children's Trust Fund is established.

BE IT FURTHER RESOLVED AND ORDERED that the Trinity County Child Abuse Prevention Council is designated as the council that administers the County Children's Trust Fund.

Upon motion of Supervisor REISS, seconded by Supervisor STEWART, and on the following vote, to-wit:

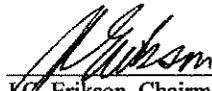
AYES: SUPERVISORS STEWART, REISS, MILLER, MODINE, AND ERIKSON

NOES: NONE

ABSENT: NONE

ABSTAINING: NONE

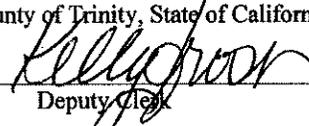
The foregoing resolution is hereby adopted:



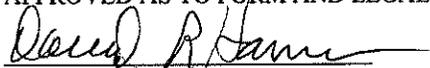
J.G. Erikson, Chairman of the
Board of Supervisors, County of Trinity, State
of California

ATTEST:

DERO B. FORSLUND
County Clerk/Recorder, Ex-Officio
Clerk of the Board of Supervisors,
County of Trinity, State of California

By: 
Deputy Clerk

APPROVED AS TO FORM AND LEGAL EFFECT:



David Hammer, County Counsel,
County of Trinity, State of California

Dated: 5/7/02
HHSD/LW:ch

d. CAPC Roster Executive Board Roster/CCTF Roster

Name	Title	Agency
Noel O'Neil	Director	Behavioral Health
Juanita Arellanes	Parent Representative	n/a
Linda Wright	Director	Health and Human Services
Becky Rose	President	Weaverville Parent Nursery School
Sally Aldinger	Coordinator	Trinity County Office of Education/Kids First Collaborative
Judy Morris	Supervisor	Trinity County Board of Supervisors

e. PSSF Collaborative Roster

Name	Title	Agency
Laurie Sumner	CPS Supervisor	T.C. Health and Human Services
Karen Boltz	SELPA Director	T.C. Office of Education
Ann Houle	Clinical Supervisor	T. C. Behavioral Health
Margie Lee	Director of Prevention Services	Human Response Network
Tami Baudizzon	Probation Officer	T.C. Probation
Alan Sanger	Foster Youth Services Liaison	T.C. Office of Education

f. SIP Planning Committee Roster

System Improvement Plan Steering Committee	NAME	JOB TITLE	AGENCY/DEPT	PARTICIPATION REQUIREMENT
	Terry Lee	Chief of Probation	Trinity County Probation Department	Core requirement
	Linda Wright	Director	Trinity County Health and Human Services	Core requirement
	Noel J. O'Neill	Director	Behavioral Health and Alcohol and Other Drug Services (Mental Health)	Core requirement
	Laurie Sumner	Supervisor	Trinity County Child Protective Services	Core requirement
	Elise Doppelhauer	PHN Director	Trinity County Public Health	Core requirement

Debra Chapman	Director	County Children's First Commission and Chair, Child Abuse Prevention Council	Core requirement
Jessica Iford	Staff Services Analyst	Health and Human Services, Child Protective Services Prevention/Early Intervention CAPIT/CBCAP/PSSF Liaison and member of CAPC Oversight Committee*	Core requirement
Chellie Gates	Consultant	UC Davis Northern Training Academy	Additional Contributor
Juanita Arellanes	Parent/Consumer	Child Abuse Prevention Council Executive Committee	Core requirement
PSSF Collaborative		Mid Level Management Team	Core requirement

SIP Workgroup

NAME	JOB TITLE	AGENCY/DEPT	PARTICIPATION REQUIREMENT
Tami Baudizzon	Probation Officer	Trinity County Probation Department	Core requirement
Angela Benson	Substance Abuse Specialist	Trinity County CPS/AODS/PSSF Meth Grant	Core Requirement
Debra Chapman	Director	County Children's First Commission and Chair, Child Abuse Prevention Council	Core requirement
Ann Houle	Deputy Director for Clinical Services	Behavioral Health Services	Core requirement
Jessica Iford	Staff Services Analyst	Health and Human Services, Child Protective Services Prevention/Early Intervention CAPIT/CBCAP/PSSF Liaison and member of CAPC Oversight Committee*	Core requirement
Laurie Sumner	Supervisor	Trinity County Child Protective Services	Core requirement

Additional Contributors

NAME	JOB TITLE	AGENCY/DEPT	PARTICIPATION REQUIREMENT
Pete Smyth	AODS Administrator	Alcohol and Other Drug Services	Must be consulted/represented
Margie Lee	Prevention Services Director	Human Response Network	Must be consulted/represented
Karen Boltz	Assistant	Trinity County Office of	Must be consulted/

	Superintendent /Director, SELPA	Education	represented
Alan Sanger	Foster Youth Services Liaison	Trinity County Office of Education	Must be consulted/ represented
Mario Angelone	Social Worker	Trinity County CPS	Optional
Elizabeth Hamilton	Social Worker	Trinity County CPS	Optional
Nicole Hays	Social Worker	Trinity County CPS	Optional
Michael Nickerson	Social Worker	Trinity County CPS	Optional
Julie Simpson	Adoptions Social Worker	CDSS Adoptions-Arcata District Office	Optional

*Trinity County's CAPC is the designated County Children's Trust Fund Commission.

PARTICIPANTS IN THE PLANNING PROCESS

Members of Community Advisory Group

Jennifer Ammon, CalWORKS, Supervisor
Kathy Anthonijsz, Probation, Deputy Probation Officer
Johni Atterberry, Eligibility, Eligibility Worker III
Tami Baudizzon, Probation, Probation Officer
Karen Boltz, TCOE, Assistant Superintendent
Peggy Briggs, California Department of Social Services
Debra Chapman, First 5/CAPC, Director/Coordinator
Michael Chapman, Tribal TANF, Coordinator
Arina Erwin, WIC, Program Coordinator
Karen Hibbs, CPS, Social Services Aid
Caligney Hoffmann, Eligibility, Supervisor
Ann Houle, BHS, Clinical Supervisor
Jessica Iford, Child Welfare, Analyst
Debbie Jennings, Eligibility, Eligibility Worker
Margie Lee, HRN, Prevention Director
Terry Lee, Probation Chief
Cindy Merwin, Public Health, PHN/FCN
Alan Sanger, TCOE, Foster Youth Services Liaison
Laurie Sumner, Child Welfare, Program Supervisor
Morgan Talkington, Eligibility, Eligibility Worker III

Community Partners and Their Staff

Human Response Network:
Margie Lee
Angela Berglund
Melinda Gross
Angel Morton
Brandi Nelson

**Health &
Human
Services
Agency
Directors,
Managers
and Staff**

Linda Wright, Director
Letty Nelson, Deputy Director/Chief Fiscal Officer
Laurie Sumner, Child Protective Services Supervisor
Caligney Hoffman, Eligibility Supervisor
Jennifer Ammon, Employment Training Supervisor
Teddy Doppelhauer, Adult Protective Services Supervisor
Elise Doppelhauer, Public Health Nurse Director
Cindy Merwin, Foster Care Nurse
Mario Angelone, Social Worker
Angela Benson, Substance Abuse Specialist
Elizabeth Hamilton, Social Worker
David Hammer, JD, Child Protective Services Council
Nicole Hayes, Social Worker
Pam Hayward, Vocational Assistant
Karen Hibbs, Social Services Aide
Jessica Iford, CPS Analyst, CAPIT/CBCAP/PSSF Liaison
David Logg, Administrative Clerk
Michael Nickerson, Social Worker
Alan Sanger, Foster Youth Services Liaison

g. 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 Trinity COUNTY**

PERIOD OF PLAN (MM/DD/YY): 06/11/2010 THROUGH (MM/DD/YY) 06/10/2013

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 Trinity County Health & Human Services as the public agency to administer CAPIT and CBCAP.

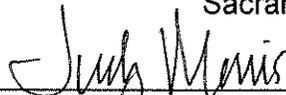
W&I Code Section 16602 (b) requires that the local Welfare Department shall administer PSSF. The County Board of Supervisors designates Trinity County Health & Human Services as the public agency to administer PSSF.

Please check the appropriate box.

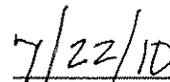
- The County intends to contract with public or private nonprofit agencies to provide services.
- The County does not intend to contract with public or private nonprofit agencies to provide services and will subcontract with _____ County to provide administrative oversight of the projects.

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



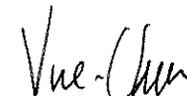
County Board of Supervisors Authorized Signature



Date



Print Name



Title

E. Executive Summaries

i. CSA (March 2010) Executive Summary

Background

In 2001, the State Legislature passed the Child Welfare System Outcomes and Accountability Act (AB 636) which mandates the continual system of improvement for all California counties. The County Self Assessment (CSA) is one of the three required components: the Peer Quality Case Review (PQCR), the County Self-Assessment (CSA), and the System Improvement Plan (SIP).

Trinity County Child Welfare Services and probation are the lead agencies for conducting these system improvement processes. They have the overall responsibility for the completion of the PQCR, CSA and the SIP. In addition, the local Child Abuse Prevention Council (CAPC) and any representative of the County Board of Supervisors' designated commission, board or council whose duties are related to child abuse and neglect prevention and intervention services shall be active participants in the development of the CSA and SIP.

Purpose

The CSA is the next process in the continual system improvement process. It is guided by an analysis of child welfare data. Input is solicited from a wide range of child welfare stakeholders, including community and prevention partners, reviewing the broad range of services from both Child Welfare and Probation within the county. The information that is acquired through this focused process, the quarterly data reports, and the PQCR findings, the CSA then becomes the foundation for the next step of developing the next county three year SIP.

Summary Assessment Findings

The overarching *strengths* identified in both the PQCR and the CSA can be summarized:

- Support of county governance which is critical in acquiring funding and creating collaborative opportunities.
- Family first approach by a more professional CPS staff
- CPS' use of Participatory Case Planning and family engagement techniques
- Specific trainings, such as SDM, ICWA, and Motivational Interviewing have been helpful for CPS staff in providing skills and knowledge to improve performance.
- Concurrent planning is consistently practiced and CPS place the utmost importance on stabilizing children's living arrangements while in care and on achieving permanence for children.
- CPS values its relationships and partnerships with community based organizations and other agencies, striving to maintain collaborations that promote best practice.
- Probation includes youth and their families in the case planning process.

- Probation officers are respectful of families.
- Strong transition plans by Probation are thought out well in advance leading to successful reunification or return to the community.

The overarching *areas for improvement* identified were in summary:

- The difficulty of navigating complex county systems, such as obtaining housing assistance for Juvenile Probation youth.
- Some parents of Probation youth indicated they had difficulty understanding the Court process.
- There is a need for additional mental health services, specifically related to adoption, grief, loss and crisis counseling.
- Substance abuse treatment programs, specifically inpatient services, are in high demand, including sober living facilities for clients graduating from treatment programs. An expansion of AODS services are needed county wide for youth.
- Although placement stability and permanence were also noted as strengths, there remain some areas of improvement needed. The lack of a receiving home is a noted gap in the array of placement services. The use of emergency placement homes would also be an asset to the county.

Strategies

Specific strategies for both CPS and Probation will be identified in the SIP to improve outcomes for those related measures. Those strategies include:

1. Family Engagement
 - a. Family Strengths and Needs Assessment (SDM)
 - b. Participatory Case planning
 - c. Family Group Meetings
 - d. Visitation in home/in community
2. Permanency and Youth Transitions
 - a. Family Finding
 - b. After Care Transition Plan
 - c. Emancipation Conferencing
 - d. ILP
 - e. THPP/THP-Plus
3. Kinship and Foster Care Support
 - a. Recruitment
 - b. Orientation/resource manual
 - c. Training
 - d. Lending Library
 - e. Support and Family Activities
4. Community Connections
 - a. Targeted Advertising
 - b. Differential Response
 - c. Recruitment
 - d. Mandated Reporter Trainings
 - e. The Role of Child Welfare and The Community PSA

- f. Birthday Drive
- g. Sponsor-A-Child

Next Steps

CPS will develop the operational agreement between the county and state with the SIP. This plan will be the guiding organizational plan for both CPS and Probation in Trinity County for the next three years.

ii. PQCR (June 2009) Executive Summary

Background

All counties are mandated to complete a Peer Quality Case Review (PQCR) every three years, as part of the Outcomes and Accountability System effective January 2004. It is an integral extension of the County Self-Assessment (CSA) and the System Improvement Plan (SIP). The purpose is to provide a deep understanding of actual practices in the field by bringing in outside experts to help shed light on the strengths and challenges for CWS delivery systems and social work practices. For Probation, the goal of the PQCR is to identify key patterns of agency strengths and challenges for services for youth in out-of-home care. Both CWS and Probation benefit by using peer reviewers that can offer objectivity to the process and also serve as a training resource to the PQCR county.

The Peer Quality Case Review (PQCR) provided an opportunity for Trinity County CWS and Probation to evaluate strengths and weaknesses related to practice in a qualitative format. The PQCR activities were conducted June 9-June 11, 2009. Trinity County conducted its inaugural PQCR June 19-June 21, 2006.

This PQCR process was a much more user friendly process than in previous years. The safe and honest environment allowed staff and community partners to be more at ease to discuss practices, including strengths as well as challenges. The process was very informative and has impacted planning for quality improvement. It also has affirmed the areas of strength in CWS and Probation practices. There was little discrepancy in the information attained between the interviews and the case file reviews.

PQCR Focus Area-Timely Reunification

For *both* CWS and Probation: Measure C 1.1, 2, & 3

The two departments partnered to study timely reunification in the foster care system within 12 months of entry. Efforts are being made by agencies to achieve consistent compliance with the federal standard for this measure.

Findings

Areas of Reunification Strength for CWS and Probation

PQCR interviews and focus group findings:

- CWS and Probation readily explore Relative/NREFM placement options and children are often placed with relatives/NREFMs, sometimes at the initial placement. Significant relatives and community members are able to maintain contact via visitations and phone calls.
- Visitation with siblings and placement with siblings is also maintained as much as possible.
- Formal child assessments are being conducted on a regular basis. For all the case files reviewed during the PQCR, all of the children/youth had received behavioral/mental health assessments, as well as educational assessments, and were receiving services.

Areas of Reunification Challenge for CWS and Probation

PQCR interviews and focus group findings:

- More helpful information is needed for foster parents, social workers and probation officers to work with children with high behavioral issues or special needs. Foster parents require services and supports to teach them how to effectively handle behavioral issues.
- These youth are more likely to experience multiple moves and be placed out of county in far proximity from family members.

Unsuccessful reunification was cited in several PQCR cases due to:

- Parent substance abuse and failure to complete AOD programs
- Parent incarceration
- Difficulty involving parents in the case planning activities
- Difficulty maintaining consistent visitation between biological family and youth
- Lack of available foster homes within the county. Children/youth often are placed out of county which hinders reunification efforts.

Areas of Strength for Child Welfare

PQCR interviews and focus group findings:

- Revealed efforts to establish communication by the social workers with the family members. Social workers were persistent in establishing family communication.
- CWS assesses and supports individualized services for each family member.
- Efforts were made to search for suitable and stable family members for placement purposes.
- Children/youth of appropriate age to be involved in case planning had an active role in discussing their placement options and preferences.
- CWS is beginning to provide parenting classes and support services for fathers.
- There is a cross-agency collaboration benefit in a small county.

Areas of Challenge for Child Welfare

PQCR interviews and focus groups findings:

- Foster parents need to learn more effective strategies and ways to work with foster children/youth, especially due to issues of PTSD, emotional trauma, and sexual abuse history.
- TDM's were not being implemented in a consistent manner.
- Concurrent case planning was delayed and documentation was often difficult to locate in the case files.
- Structured Decision Making (SDM) tools are not consistently being used for Risk Assessments and Family Needs and Strengths Assessments (FSNA). This process is sometimes used when a child is initially placed, but it does not appear to be an on-going practice in the case.
- There is a lack of local services and support, such as counseling.
- Foster parent training is needed for relatives.

Areas of Strength for Probation

PQCR interviews and focus group findings:

- Probation youth were commonly involved in placement decisions, options, and preferences.
- Probation officers explored and utilized relative placements.
- Probation officers attempted to maintain open communication and support for youth.
- Probation has a positive history in the community and benefits from a high level of trust and credibility.
- Probation officers have a supportive work environment and a sense of trust from higher management to successfully complete their work.

Areas of Challenge for Probation

PQCR interviews and focus group findings:

- Probation youth are not receiving individual counseling and only group therapy instead.
- When youth are returned to their community from group homes, after care and ILP services are limited. Transitional living programs are needed. The ILP program has experienced major budget cuts.
- AOD programs for youth are needed.
- Local services are lacking, as well as in-county group homes, resulting in the need to place youth in out-of-county group homes to obtain the necessary services.

Systemic/Policy Changes and Training Needs

- Early implementation of concurrent planning.
- Visits between children and incarcerated parents need to be facilitated.
- Training for Family Finding to increase relative placements.
- Training for engaging families with substance abuse disorders.

- Increase family engagement strategies by way of participatory case planning.
- Increase the implementation and use of child mental health assessment.
- Training to consistently use TDM practices or family group meetings.

iii. Acronym Guide

AB636	Assembly Bill 636 Child Welfare Outcomes and Accountability Act
AODS	Alcohol and Other Drug Services
APPLA	Another Permanent Planned Living Arrangement
BHS	Behavioral Health Services
CalSWEC	California Social Worker Education Committee
CAPC	Child Abuse Prevention Council
CAPIT	Child Abuse Prevention, Intervention, and Treatment
CBCAP	Community-Based Child Abuse Prevention
C-CFSR	California Child and Family Services Review
CCL	Community Care Licensing
CDSS	California Department of Social Services
CPS	Children and Family Services / Department
CWDA	County Welfare Directors Association
CWS/CMS	Child Welfare System/Case Management System
DR	Differential Response
DV	Domestic Violence
ER	Emergency Response
ETO	Efforts to Outcome
F2F	Family to Family
FFA	Foster Family Agency
FGM	Family Group Meeting

FRC	Family Resource Center
HHS	Health and Human Services/ Agency
ICWA	Indian Child Welfare Act
IEP	Individual Education Plan
ILP	Independent Living Skills Program
LFH	Licensed Foster Home
LGH	Licensed Group Home
LNE	Low Number Event
MDT	Multi-Disciplinary Team
MFI	Medically Fragile Infant
MFT	Marriage and Family Therapist
MH	Mental Health
MHP	Mental Health Plan
MOU	Memorandum of Understanding
MRT	Mandated Reporter Training
NREFM	Non-Relative Extended Family Member
NRCAPCC	Northern Regional Child Abuse Prevention Council Coalition
NTA	Northern Training Academy
NP	Nurturing Parenting Program
PACT	Positive Achievement Change Tool
PEI	Prevention/Early Intervention
PI	Program Improvement
PIT	Point in Time

PQCR	Peer Quality Case Review
PSSF	Promoting Safe and Stable Families
Q2 2009	July 2008-June 2009
QA	Quality Assurance
RCL	Rate Classification Level
SDM	Structured Decision Making
SIP	System Improvement Plan
TBS	Therapeutic Behavioral Services
TC	Trinity County
TCOE	Trinity County Office of Education
TDM	Team Decision Making
THP-Plus	Transitional Housing Program Plus
TILP	Transitional Independent Plan Living
TOL	Transfer of Learning
UCB	University of California Berkeley
UCD	University of California Davis