

COUNTY OF YUBA
CALIFORNIA CHILD AND FAMILY SERVICES REVIEW
AB636 OUTCOMES AND ACCOUNTABILITY



2010 SYSTEM IMPROVEMENT PLAN
FOR
CHILD WELFARE SERVICES AND JUVENILE PROBATION DIVISION

FINAL REPORT

OCTOBER 2010

B. Part I. CWS/Probation Cover Sheet – California’s Child and Family Services Review System Improvement Plan

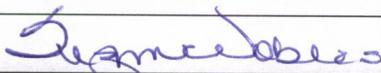
**California’s Child and Family Services Review
System Improvement Plan**

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| County: | Yuba County |
| Responsible County Child Welfare Agency: | Yuba County Child Welfare Services |
| Period of Plan: | October 1, 2010 through October 30, 2013 |
| Period of Outcomes Data: | CWS Outcomes System Summary 6/30/2010 Time Period 26-Apr 10 (Q3 09) Time Period 25-Jan 10 (Q2 09) |
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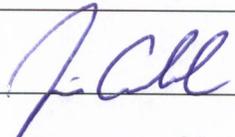
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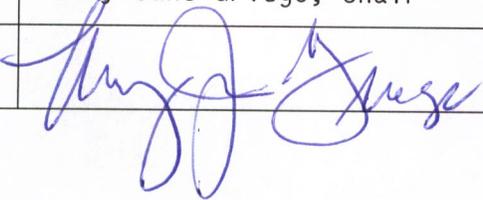
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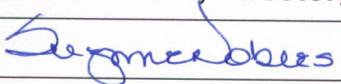
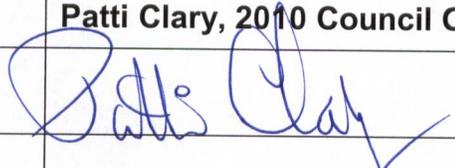
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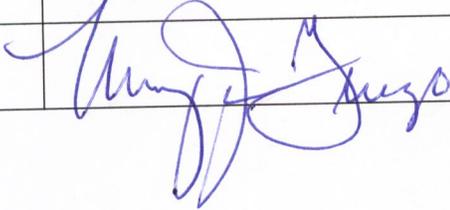
Board of Supervisors (BOS) Approval

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| Signature: |  |

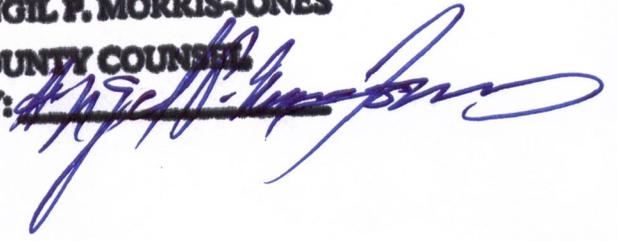
1. CAPIT/CPCAP/PSSF Coversheet

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**APPROVED AS TO FORM
ANGIL P. MORRIS-JONES
COUNTY COUNSEL
BY:**



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Executive Summary

The Yuba County Health and Human Services Department, Child Welfare Services (CWS) Division and Yuba County Probation Department, Juvenile Division are pleased to report the completion of the 2010 Yuba County System Improvement Plan (SIP). The journey over the last year has been fast paced and exciting as we assessed our practices, services, systemic factors, etc., and sought ways to effectively plan and to make the needed improvements.

The 2010 SIP outlines the strategies that CWS and the Juvenile Probation Department plan to implement over the next three years to improve outcomes for children and families. The 2010 SIP incorporates the findings of 2010 County Self Assessment (CSA) and 2009 Peer Quality Case Review (PQCR) as mandated by AB636 and will be operational from October 30, 2010 through October 30, 2013. Modification to this three-year plan will occur at annual updates.

Outcomes needing improvement were selected based on Yuba County's performance against federal standards and findings and recommendations from 2009 PQCR and 2010 CSA processes. The following five outcomes were selected as the SIP outcome measures and improvement goals:

1. S1.1: No Recurrence of Maltreatment.
2. C1.4: Reentry Following Reunification.
3. C4.3: Placement Stability (Over 24 Months in Care).
4. C3.1: Exit to Permanency for Those Children in Care Over 24 Months.
5. C3.3: Children Emancipating Who Have Been in Care For 3 Years or Longer.

The following outlines goals and strategies in the 2010 SIP for improving the above outcome measures:

1. No Recurrence of Maltreatment

Goal 1: Increase No Recurrence of Maltreatment by 5.5 percent to reach the national standard of 94.6 percent.

Goal 2: Supplement social worker's knowledge and skills in engaging families by using the Signs of Safety (SoS) model.

2. Reentry Following Reunification

Goal 1: Decrease Reentry Following Reunification by 7 percent within three years to reach the national standard of 9.9 percent.

Goal 2: Enhance the quality and availability of visitation services.

3. Placement Stability (Over 24 Months in Care)

Goal 1: Reduce placement disruption and multiple foster care placements by 19.2 percent to reach the national goal of 41.8 percent.

- Goal 2:** Reduce placement disruption and multiple foster care placements by increasing the number of appropriate local relative/non-related extended family member (NREFM) and licensed county foster homes.
- Goal 3:** Improve identification for mental health and developmental services for children by early screening.

4. Exit to Permanency for Those Children in Care Over 24 Months

- Goal 1:** 35 percent of all youth on probation will be placed in a permanent living arrangement.
- Goal 2:** Increase termination of probation for youth prior to 18th birthday by 50 percent.

5. Children Emancipating Who Have Been in Care for Over 3 Years Or Longer

- Goal 1:** Increase number of probation youth who graduate from high school by 50 percent.
- Goal 2:** Increase number of probation youth who have gained employment by 50 percent.

CAPIT/CBCAP/PSSF

The SIP process also shaped how the CAPIT/CBCAP/PSSF funds will be utilized over the next three years. California Department of Social Services (CDSS) and Office of Child Abuse and Prevention (OCAP) consultants worked closely with the CWS staff, community partners, and stakeholders in the development of the 2010 SIP.

As a result of these efforts, it is anticipated that procurement will be initiated at the end of this year to align System Improvement Plan's three-year planning process. The procurement will respond to the needs highlighted in the PQCR, CSA, and the priorities established by the SIP.

During the next three years, the CWS Division and Probation Department will diligently work towards improving outcomes for children and families who receive services through the CWS and Probation systems. A SIP Core Committee will continue to meet and monitor progress during the period covered by the 2010 SIP.

We look forward to working with our staff, parents, caregivers, the Court, other public agencies, community partners, service providers, and communities to ensure that children are protected, families receive services to prevent child abuse, reunify with children who have been removed from their homes, if appropriate, and Yuba County youth are provided with appropriate services and permanent homes.

A. CWS/Probation SIP Narrative

Yuba County CWS and Juvenile Probation conducted the third SIP in July/August 2010. As with the previous SIP, Yuba County focused on obtaining extensive input from our public and private partners, knowing that the combined knowledge and experience was critical in improving our performance and service delivery.

1. The Process

Many individuals from a variety of disciplines and organizations, as well as parents, care takers, and former foster youth contributed to the development and completion of the SIP. The Core SIP Committee functioned as a focal point for planning the PQCR, CSA, and SIP and consisted of Program Managers from CWS and Probation Department, supervisors from CWS and Probation Department, CWS analysts and a Deputy Probation Officer. The Core SIP Committee identified and invited representatives who are experts in their fields for the SIP Oversight Committee, based on the SIP Process Guide provided by CDSS. Yuba County used a participatory model for the SIP by involving SIP team members directly in the integration of information from the CSA and PQCR to:

- a. Identify specific areas of performance and systemic factors that are targeted for improvement during the cycle review.
- b. Establish measurable goals for improvement for each target.
- c. Develop strategies and milestones for accomplishing change.

The CWS Program Manager facilitated all of the SIP meetings and was responsible for bringing together the planning committee, scheduling the meetings and guiding the process. Many of the SIP Oversight Committee members were involved in the PQCR and CSA processes and had a firm grasp of the overall California Child and Family Services Review (C-CFSR) process.

SIP Oversight Committee Composition

The Yuba County SIP Oversight Committee team composition included representatives from a number of county agencies and departments and private and nonprofit service providers. The Yuba County SIP Oversight Committee included members from the following agencies:

- Health and Human Services Department (Child Welfare Services, Administration and Finance, Public Health)
- Juvenile Probation

- California Department of Social Services
- Child Abuse Prevention Council members
- Yuba Sutter Mental Health
- Foster parents
- Foster youth
- Relative caregivers
- Foster Family Agencies
- Family Resource Centers

The quarterly data reports from the University of California Berkeley and California Department of Social Services (CDSS) and SafeMeasures, combined with the qualitative and quantitative data obtained through PQCR and CSA, provided sufficient data for the children and families served to conduct the SIP.

Literature reviews were used to identify best practices and evidence-based strategies within the five outcome areas. This information was shared with the SIP Oversight Committee and served as the blueprint for the Oversight Committee members in developing strategies. The Oversight Committee reviewed these barriers and strategies, brainstormed other strategies that could be implemented, shared how their respective agencies contribute in implementing some of the strategies, identified valuable services as well as service gaps, and helped CWS and Probation Department prioritize strategies to achieve specific and realistic measurable improvements in performance over the next three years, while considering the current budget climate.

The suggested priorities and strategies were presented to the SIP Core Committee, who then narrowed the strategies. That information and the subsequent identified goals, strategies, and milestones are included in this report and will be the basis for the implementation of Yuba County's 2010-2013 County SIP.

Meetings

The SIP process included three meetings to develop improvement goals, establish strategies, define milestones and address CAPIT/CBCAP/PSSF planning.

- July 22, 2010 – Placement Stability (Over 24 Months in Care)
- July 29, 2010 – Reentry to Foster Care and Exit to Permanency for Those Children in Care Over 24 Months

- August 5, 2010 – No Recurrence of Maltreatment and Children Emancipating Who Have Been in Care for 3 Years or Longer

Workgroups were arranged to work simultaneously on every selected outcome. The prevention partners were also represented at each meeting. Each outcome included in the SIP required meeting time for data presentation, discussion, and selection of goals needing improvement, strategies, rationales, and milestones.

2. Outcomes Needing Improvement

Outcomes needing improvement were selected based on Yuba County's performance against federal standards and findings from the PQCR 2009 and CSA 2010 process. The following five outcomes were selected as the SIP outcome measures and improvement goals:

1. S1.1: No Recurrence of Maltreatment
2. C1.4: Reentry Following Reunification
3. C4.3: Placement Stability (Over 24 Months in Care)
4. C3.1: Exit to Permanency for Those Children in Care Over 24 Months
5. C3.3: Children Emancipating Who Have Been in Care For 3 Years or Longer

Peer Quality Case Review (PQCR)

Yuba County conducted its second PQCR in the fall of 2009. The CWS Division focused on placement stability of children who have been in foster care for 24 months or more with two or fewer placements. A representative sample of the cases receiving child welfare services was selected to provide an in-depth, qualitative examination of the social workers' practice in the focus area. CWS cases included all children in foster care during the 12-month period between July 1, 2008 and June 30, 2009 who were in foster care for at least 24 months. Initially, 79 cases were identified. After further review of the cases, six CWS cases were selected for CWS social worker interviews. Of the six cases selected, two were cases in which placement stability was successful (two or fewer placement changes) and four were cases in which placement stability was not successful (three or more placement changes).

The Probation Department focused on transitioning youth to adulthood. The Probation Department selected four cases that were identified where youth had transitioned into adulthood during the 12-month period between July 1, 2008 and June 30, 2009. The youth in two of the cases transitioned into adulthood successfully and two did not.

Structured interview tools were developed to gather information from CWS social workers, probation officers, and supervisors about factors and practices that affect placement stability. Expert social workers and probation officers from Amador, Butte,

Shasta, Sutter, and Nevada Counties, as well as local experts, met with case-carrying Yuba County social workers, probation officers, and supervisors to assess best practices. The resulting qualitative report was used to provide guidance for this SIP. A comprehensive review of the PQCR is presented in the PQCR Executive Summary (see Attachment #1).

County Self Assessment (CSA)

The CSA occurred in the spring of 2010. The CSA was based on results that were presented in the January 2010 C-CFSR Quarterly Data Report. The CSA was submitted to CDSS in June 2010. A comprehensive review of the CSA is presented in the CSA Executive Summary (see Attachment #2). The CSA report was used to provide comprehensive guidance for this SIP.

The CSA process included a literature review that was utilized to identify the best practices and evidence-based strategies within the outcome areas of No Recurrence of Maltreatment, Reentry Following Reunification, Placement Stability (Over 24 Months in Care), Exit to Permanency for Those Children in Care Over 24 Months, and Children Emancipating Who Have Been in Care For 3 Years or Longer.

Measure No Recurrence of Maltreatment

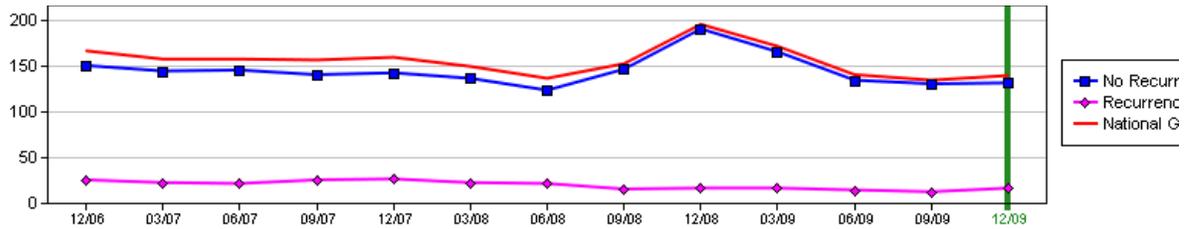
Measure S1.1 No Recurrence of Maltreatment. Of all children who were the victims of a substantiated maltreatment allegation during the six month period, what percent were not victims of another substantiated maltreatment allegation within the next six months?

Rationale for Prioritization of No Recurrence of Maltreatment

Factors such as child, parent, family, practice and community issues are found to affect the recurrence of maltreatment. Identifying these factors is important as each factor contains specific problems and conditions that must be considered in order to reduce or eliminate re-abuse/recurrence. In addition, this outcome was selected based on Yuba County's performance against federal standards and as the result of the 2009 PQCR and 2010 CSA process.

Improvement Targets or Goals

Yuba County's performance on this measure for the time period 7/1/09 through 12/30/09 was 91.5 percent, according to the data from SafeMeasures. From a total of 147 children, 131 (89.1 percent) had no recurrence and 16 (10.9 percent) experienced a recurrence of maltreatment. The decision was made to set a goal of 94.6 percent. This would require us to improve by 5.5 percentage points, an average of 1.83 percent per year for the next three years.



Source: SafeMeasures

No Recurrence of Maltreatment Literature Review

According to the literature review prepared by the Northern Regional Training Academy, the following factors contribute to the recurrence of maltreatment:

Child Factors

- Age – younger children are more likely to experience recurrence.
- Gender – some studies found that girls are more at risk for recurrence; however, this finding was not consistent among studies.
- The presence of disability/developmental disorder – children with special needs.

Parental Factors

- Substance abuse.
- Mental health.
- Parental skill – the ability to communicate effectively, understand child development and apply consistent and appropriate discipline.
- Prior history of child abuse as a child.

Family Factors

- Domestic violence or family conflict.
- Family size – an increasing number of children in a household has been found to predict higher levels of recurrence.
- Financial well-being of the family.
- Neighborhood – living in a socially unstable and unsupportive environment contributes to parental and familial stress.

Service Factors

- Case status and recurrence. Is there a correlation between likelihood of re-victimization within first six months and case status (i.e., open vs. closed)? Are families with open cases who experience recurrent maltreatment demonstrating different recurrence rates because they are more closely scrutinized while receiving service or because they inherently have more problems and actually maltreat more frequently?
- Service effectiveness. What is different about the types of families receiving services? Do families who are open for service have different recurrence rates after receiving service compared to families which leave service more quickly? What about the specific types of service are associated with lower rates of recurrence?
- Service targeting. Are interventions designed to address specific children or family issues effective in reducing recurrence? If effective, will the reduction be sufficient to meet your program improvement goals?

Promising Practices

- Emphasis on early intervention. Given the habitual nature of some parenting skills and patterns of family interaction, it suggests that it is critical to disrupt and replace unhealthy trends within the family early in order to prevent them from becoming solidified, and therefore, more difficult to change.
- Voluntary services for unsubstantiated cases. By participating in these services, families in need of intervention may improve on factors that may contribute to future reports or incidents of maltreatment, without having to admit guilt in any reported incidents. In addition, factors such as family poverty or average neighborhood income were potential predictors that could be used as warning signs.
- Substance abuse treatment. Parental substance abuse is a common contributor to child abuse and neglect. Children of parents with substance abuse issues tend to enter foster care at younger ages, remain in foster care longer, are less likely to be reunified with their parents and more likely to reenter the CWS system. It is noteworthy to mention that receiving substance abuse services does not necessarily speed up the reunification process or improve long term outcomes and may require more time before successful reunification can be achieved.
- Parental therapeutic intervention; providing parents with some kind of intense psychotherapeutic intervention designed to change their behavior and parental

practices. Among the various types of interventions are: cognitive behavioral therapy, family therapy or a more general psychodynamic approach. The research suggests that selective therapeutic treatment can lead to improvements in outcomes and that different types of interventions are beneficial for different types of maltreatment.

- Using different assessment tools at different stages of the case.
- Family Preservation services.
- Family Connection Programs. These programs target families with children between the ages of 5 and 11 who are considered to be at risk for child abuse and neglect, but have no current CWS involvement. The programs promote the safety and well-being of children and families by identifying and developing formal and informal supports to address each family's individual needs and to build upon its strengths. Staff members work with families on problem-solving, positive disciplinary methods, coping strategies, developmental social supports and community connections, and opportunities for positive family interactions through community activities.
- Nurse-Family Partnership (NFP). NFP is an evidence-based prenatal and early infancy project that addresses child neglect. The program includes an intensive nurse home-visitation during pregnancy and the first two years of a child's life.
- Parent Empowerment Program. A social support educational intervention targeted to socially isolated and resource-poor teen mothers.
- Project SafeCare. Focuses on three areas of interventions that are particularly relevant to neglect and young parents: home safety, infant and child healthcare, and bonding and stimulation.

Current Activities in Place

Currently, Emergency Response (ER) referrals which are determined to be "Evaluated Out" or are determined to have low to moderate risk (Path 1) by CWS Intake staff are routed to an out-stationed CWS social worker. A community response (Path1) is selected when a family is referred to CWS for child maltreatment and the Structured Decision Making (SDM) hotline tool and social worker's clinical assessment determine that the allegation does not meet the statutory definition of abuse or neglect, yet there are indications that a family is experiencing problems that could be addressed by community service. These families are linked to services in the community through Family Resource Centers (FRC), Community Based Organizations (CBO), or other county agencies. A home visit may be

conducted by community partners to conduct a risk or family service needs assessment.

CWS has fully implemented SDM to better screen out referrals, identify safety related issues, and to develop a safety plan that will address the issues that brought the family to CWS' attention. The supervisory staff monitors the use of SDM tools and social worker decision-making. In conjunction with SDM, staff is using SafeMeasures, a web-based quality assurance system that contains multiple reports that are used to check the status on performance measures, and identify cases that are out of compliance or in danger of failing.

New Activities

CWS will be implementing Path 2 of the Differential Response (DR) program which includes families in which the children are at low to moderate risk of abuse and neglect. Safety factors may be low, but some risk is present. This path is chosen when allegations meet statutory definitions of abuse and neglect, and assessments indicate that with targeted services a family is likely to make needed progress to improve child safety and mitigate risk. This path focuses on voluntary involvement in services through engagement of families. Path 2 DR reports typically include:

- Low or moderate risk of physical abuse.
- Children who are without basic necessities such as food, shelter, or clothing.
- Health and medical needs that, if left unattended can result in harm.
- Concerning or damaging adult-child relationships.
- Educational neglect.

CWS is continuously seeking ways to obtain the benefits of reliable and valid structured assessment while engaging families and promoting family-centered, strength-based practice. We believe by blending "Signs of Safety" with the SDM assessments; we can pursue CWS' intent to promote a more complete/comprehensive assessment of families. An understanding of known family assets or resources can promote a more balanced approach to the family. Just as we seek information regarding danger and harm, we also begin assessing strengths and mitigate those dangers. This model of engagement includes the family view as part of a comprehensive assessment.

Link activities to Outcomes (via a logic model). (See Attachment #3)

Reentry Following Reunification

Measure C1.4 -- Reentry Following Reunification. Of all children exiting foster care to reunification during the selected 12-month period, what percent reentered foster care less than 12 months from the date of discharge?

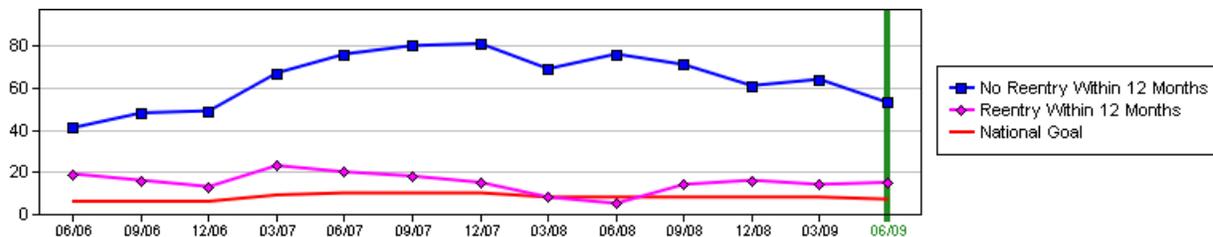
Rationale for Prioritization of Reentry Following Reunification

Consideration for incorporating this outcome measure in the SIP was primarily based on evaluation of CWS performance measures. In addition, this measure was part of Yuba County's 2006 PQCR and SIP. We have made many improvements, but the families with whom we are now working are much more troubled than in the previous years as a result of substance abuse, mental illness, etc. In addition, the current economic situation adds tremendous stress to even well-functioning families and may be the last straw for lower functioning ones.

Data from SafeMeasures reports Yuba County's performance for this outcome measure for the last two reporting periods as follows:

- 01/01/08 – 12/31/08: 77 total children reunified; 61 children (79 percent) with no reentry; 16 children (20.8 percent) with reentry within 12 months. Six families constituted the 16 children who reentered foster care. Two of those families constituted 12 percent of the total reentry.
- 07/01/08 – 06/30/09: 70 total children reunified; 55 children (77.9 percent) with no reentry; 15 (22.1 percent) children with reentry within 12 months.

This data demonstrates that due to the relatively small sample for this measure, one or two families reentering the system can negatively impact the data trend for this measure.



Source: SafeMeasures

Improvement Targets or Goals

The decision was made to set a goal of 9.9 percent. This would require us to improve by 12.2 percentage points, an average of 4 percent per year for the next three years. We are hoping that the county can surpass this goal, but it is possible that the reduction in staff and other resources may make this goal unattainable.

Reentry Following Reunification Literature Review

According to the literature review prepared by the Northern Regional Training Academy, factors associated with reentry following reunification include:

Child Characteristics

- Health issues.
- Mental health.
- Behavioral problems.
- Newborns or children under the age of three were less likely to be successfully reunified.

Family Factors

- Parental substance abuse.
- Parental ambivalence.
- Lack of parenting skills on the part of the parent.
- Lack of social support for the family.
- Parental mental health issues.
- Family household characteristics, such as number of children in the home.
- Poverty.
- Prior involvement with CWS. Previous experience with CWS is among the strongest predictors/also related to other factors such as a history of substance abuse or poor parenting skills.

Agency and Systemic Factors

- Type of out-of-home placement in which children are placed; kinship care, residential treatment centers, group homes and traditional foster care homes.
- Assessments: parents or caregivers who are assessed for their readiness to reunify.
- Provision of concrete services, such as food, day care, utility benefits, and basic home necessities.
- Worker attitude/beliefs.
- Length of time in foster care - short initial stays in foster care.
- Many foster care placements. If a child has many foster care placements, he/she is more likely to reenter.
- Unmet needs or unresolved problems of the parents and/or child.

- Prior child welfare involvement.

Promising Practices

- The importance of family engagement. Strength-based approach that is family centered and involves team-based decision making.
- Providing concrete services and delivering service in the home.
- Pre/post placement services.
- Setting up formal and informal services.
- Decision-making practices during placements.
- Enhancing caregiver skills and competencies.
- Models/Intensive family service.
- Implementing/improving family assessments.

Current Activities in Place

CWS focused on improving our Family Team Conferences (FTC) as a core requirement for this measure to decrease the number of children who reenter. Policies and procedures for FTCs were reviewed and revised in order to identify and implement practices that work most effectively to support the safety, permanency and well-being for the children and families. FTCs are convened for the initial family case planning. This process involves selecting a set of service activities for the family to participate in to resolve issues. Service providers, CBOs, as well as foster parents are encouraged to attend. Parental involvement is essential in the case planning process.

The CWS Visitation Center/Program is now fully operational and is improving parenting skills, increasing family stability, and maintaining family relationships during out of home care. Visits are held in a setting that encourages parents and children to relax and feel comfortable. The parent(s) and staff jointly develop a visitation plan that includes goals and objectives designed to assist the parent in gaining confidence in meeting their child's needs and build on the parent-child relationship. Visits are closely monitored by visitation staff who observe, coach, model appropriate skills and record activities. During planned activities, the parent practices skills acquired in the parent education classes.

Parent training includes:

- Parent(s) practice the skills that are taught in the parenting classes during the structured family visit sessions.
- Life-skills training and instruction in development of a supportive social network is offered before the child is returned to the parent(s) home.

Instruction in basic parenting skills, including life skills such as homemaking, budgeting, communication and anger management, is central in our effort to ensure that our families successfully reunify.

New Activities

Successful intervention requires a high level of family involvement in determining the focus and design of the safety plan(s). Safety plans can take a variety of forms and the family's input is essential in developing the plan. The specific circumstances of each safety plan depend on the individual facts involved in each investigation and the individual needs and circumstances of the family.

The FTC will be used as a forum in which family members, friends, members of the family's faith community and professionals join together and jointly develop individualized plans to strengthen family capacity, to assure safety, stability and permanency and to build natural supports that will sustain the family over time.

Families in which children need protection also require a supportive circle of allies that includes extended family, friends, neighbors, other members of the family's informal support system and community resources like churches and civic organizations, as well as professional supports from a variety of community services. However, they often need assistance in structuring this process and developing a full array of members for the team.

Working together to develop a comprehensive safety plan can contribute to a variety of constructive benefits including:

1. Preventing removal.
2. Strengthening engagement between families and youth.
3. Increasing the variety of options for solutions.
4. Increasing the capacity to overcome barriers.
5. Creating a system of supports that will sustain family over time and provide a safety net during or after agency involvement ends.

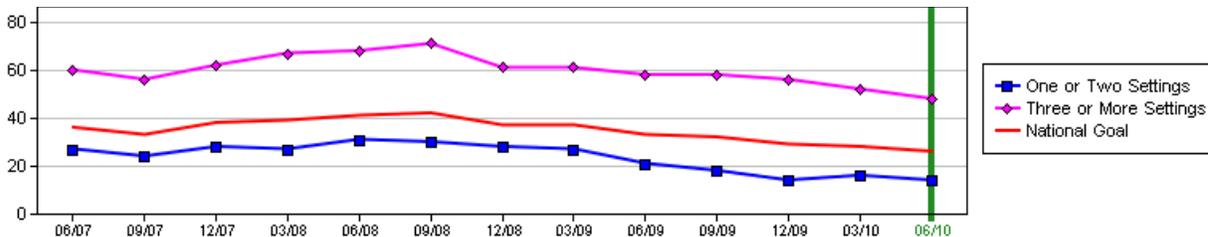
CWS will promote the involvement of parent partners (parents who have been successful in past personal involvement with CWS), juvenile courts and/or drug/alcohol systems to model and support success and to promote parents helping parents. By sharing their experiences and knowledge, these parent partners can give hope to parents involved with CWS. Parent partners can provide valuable support as the families go through what can be a very stressful and confusing time, and provide education and support through example and friendship.

Link activities to outcome improvement via a logic model. (See Attachment #4)

Placement Stability (Over 24 Months in Care)

Measure C4.3 – Placement Stability (Over 24 Months in Care). Of all children in foster care during the selected 12-month period who were in care for at least 24 months, what percentage had two or fewer placements?

Placement stability was the CWS focus for the 2009 PQCR. According to the most recent data from SafeMeasures for the time period 07/01/09 to 06/30/10, 14 children (22.6 percent) had one or two settings. However, 48 children (77.4 percent) experienced three or more settings. The national goal is 41.8 percent.



Source: SafeMeasures

Improvement Targets or Goals

The decision was made to a goal of 41.8 percent. This would require us to improve by 19.2 percentage points, an average increase of 6.4 percent each year for the next three years. We are hoping that the county can surpass this goal, but it is possible that the reduction in staff and other resources may make this goal unattainable.

Placement Stability (Over 24 Months in Care): Literature Review

Children who experience numerous disruptions in their living arrangements suffer from a number of emotional, behavioral and developmental problems that can endure over a lifetime. Many of these negative outcomes could be eliminated or reduced by increasing the stability of foster care placements. According to the literature review prepared by the Northern Regional Training Academy, multiple placement disruptions lead to:

- Profound distress and sense of loss and not belonging.
- Distrust.
- Fear of forming secure and healthy relationships.
- Feeling unsettled and confused.
- Increased school transfers.
- Decreased academic achievement.
- Increased behavioral problems.

In addition, the literature review identified the following factors contributing to and/or obstructing the likelihood of the child’s placement disruption:

- Time in placement.
- Characteristics of the home.

- Type of placement.
- Kinship care.
- Treatment foster care.

- Children placed in the above types of placements, placed in homes with children who are close in age, or placed with foster parents have children under age five demonstrated greater placement stability.

- Other factors that are important include:
 - Foster parents' characteristics.
 - Children's characteristics.
 - Worker and agency characteristics.
 - Worker retention.

- **Promising Practices**
 - Provide support and training for foster parents.
 - Concurrent planning.
 - Provide placement-specific services, such as transportation assistance, respite care and family counseling.
 - Child services.
 - Increase worker retention.
 - Early intervention – providing detailed assessments of children and identifying risk factors.
 - Properly screen and recruit foster parents.
 - Tools to monitor and evaluate placement.

- **Current Activities in Place**

FTC is being used whenever there is a potential placement disruption in order to attempt to stabilize the placement so the child can remain in the current placement. Through joint effort between CWS, Mental Health, the foster family and/or foster family agency and others, problems that can cause potential placement disruptions are identified.

- **New Activities**
 - Placement Preservation

Include preparation in the following areas:

 - Defining types of homes our children need.

- Homes that allow them to stay connected to their families, siblings, schools and communities.
- Homes that understand children's developmental needs and recognize their grief as a normal reaction to the loss of their family.
- Special recruitment efforts for resource families.
- Resource family: foster and adoptive families, relatives or caregivers who share parenting with family as we seek to find permanence, safety and stability for the child. These individuals are willing to provide a permanent connection for the child whether or not the child reunifies with their birth family. They play an active role in linking the child to their past as well as helping promote family relationships in the future.
- Enhance family engagement.
- Enhance/improve concurrent planning: the potential benefits of concurrent planning are significant. Children will experience fewer moves and will be placed with permanent families more quickly.
- Initial placement of the child with a resource family who can, if necessary, become the permanent home.
- Kinship placements have shown us that people can care for and make life-long commitments to children, while at the same time, encouraging and supporting reunification.
- Working toward reunification, while at the same time, establishing and implementing an alternative permanency plan.
- Concurrent rather than sequential planning efforts to more quickly move children from the uncertainty of foster care to the security of a permanent family.
- Diligent search for father and kin.
- Preparing resource parents for potential placement.
- Family information that impacts the safety or the ability of the provider to care for the child.
- The child's assessment and/or treatment plan.
- Must be prepared to meet the developmental needs of the child.
- Match children who have specific disciplinary needs with families best suited to meet those needs.
- Supporting resource parents' professional development.
- Mental Health & Behavioral Screening
 - Adopting best practices are becoming the driving force behind CWS philosophy and practice. Current best practice research has pointed out the positive effects of early intervention in the lives of young children at risk for developmental delay due to various factors such as abuse, neglect, poverty, etc. CWS will make every effort to identify these developmental and social-emotional issues and enhance the linkages between CWS, Public Health, Mental Health, disability

agencies, etc. CWS will begin division-wide developmental and social-emotional screening using Ages and Stages screening tools.

- In addition to Ages and Stages, CWS will be implementing the Child and Adolescent Needs and Strengths (CANS) screening tool for children and adolescents (6-18) with mental or behavioral challenges. The CANS tool will provide the recommended level of behavioral health services based on a child and family's CANS pattern of scores.
- **Link activities to outcome improvement via a logic model framework. (See attachment # 5)**

Exit to Permanency for Those Children in Care Over 24 Months (Probation)

Measure C3.1 Exit to Permanency for Those Children in Care Over 24 Months.

Factors indicate probation youth's out of home care for more than two years, had not reunified with family members and had no permanent living arrangement. The youth were aging out of the system and becoming homeless. They had no support system in place.

- **Rationale for Prioritization of Exit to Permanency for Those Children in Care Over 24 Months**

Factors such as lack of parental and other family member involvement lead to probation youth aging out of the system without a support system. Encouraging a support system will lessen the possibility of the youth being homeless and re-offending.

- **Improvement Targets or Goals**

Thirty five percent of all youth on probation will be placed in a permanent living arrangement.

- **Current Activities in Place**

Currently the probation officer contacts parents of probation youth and encourages them to play an active role in the youth's rehabilitation. The probation officer works closely with placement facilities and ensures youth are offered all available services to assist the youth in being self sufficient.

- **New Activities**

The probation officer will utilize programs to locate extended family members to serve as a placement option or a lifelong connection. The probation officer will develop and facilitate Team Decision Meetings, which will include family members and professionals offering services to the youth. The probation officer will develop and implement awareness programs to recruit relative placements and ensure the relatives have a support system in place.

- **Children Emancipating Who Have Been in Care for 3 Years or Longer (Probation)**

Measure C3.3 - Children Emancipating Who Have Been in Care For 3 Years or Longer. Factors indicate probation youth who had been in care for three years or longer had not graduated high school, were not employed and had no stable living environment. These youth relied on social programs and associates to provide for their livelihood.

- **Rationale for Prioritization of Permanency of Children Emancipating Who Have Been in Care For 3 Years or Longer**

Probation youth who had been in care for three years or longer were uneducated and homeless, which resulted in them becoming victimized or returning to the judicial system. If they completed their education, they were more likely to be self sufficient.

- **Improvement Targets or Goals:**

Increase the number of probation youth who graduate from high school by 50 percent.

- **Current Activities in Place**

Currently the probation officer ensures the youth is attending school with no disciplinary problems and monitors their grades. The probation officer attends Individual Educational Plan meetings when possible and discusses the importance of an education to the youth. The probation officer completes the Independent Living Plan with the youth and encourages them to participate in the Independent Living Program.

- **New Activities**

The probation officer will make extra effort to ensure the youth's parents are involved in the education of the youth. These extra steps will include providing the youth's parents with educational material, providing transportation to

Individual Educational Plan meetings, and encouraging the youth's parents to be more active in the youth's education. The probation officer will ensure the youth is appropriately placed in an educational setting and arrange for tutoring when warranted. The probation officer will establish a means of providing the youth with information for a higher education, job training programs, Independent Living Program and a mentoring program.

- **Integration of County Self Assessment, Peer Quality Case Review and CWS/Probation planning process has been integrated in to the CAPIT/CBCAP/PSSF Plan.**

Unlike previous years, the CAPIT/CBCAP/PSSF planning process is now integrated into the C-CFSR in an effort to minimize the duplicative process, maximize resources, and communication, etc. The Office of Child Abuse Prevention (OCAP) staff from CDSS were involved in the CSA needs assessment and SIP planning development process and in shaping how the CAPIT/CBCAP/PSSF funding will be used for child abuse prevention and intervention in the next three years. Pending the completion of the state budget and allocation of funding, a Request For Proposal (RFP) will be developed by the Yuba County Health and Human Services Department (YCHHSD) for all programs funded by CAPIT/CBCAP/PSSF programs, with services expected to begin February 2011. The competitive bid process will follow the CDSS required procurement method.

CWS will hold all service providers accountable for their participation in a county-community partnership to improve outcomes for child safety, permanency and well-being. To that end, a comprehensive data collection and evaluation system will be implemented to track engagement; short, intermediate, and long term outcomes; and, other statistics required by the OCAP.

Contractors will submit a monthly report that will detail the effort the agency is making in meeting service delivery targets, retaining qualified personnel, and monitoring expenditures. CWS will conduct monitoring visits to each CAPIT and PSSF contractor. During the monitoring visits, in addition to reviewing client case files and other contact records, the CWS representatives will discuss and verify on a random basis the information submitted by the contractor.

All administrative responsibilities for CAPIT/CBCAP/PSSF funds will be managed by the County Fiscal Unit. The YCHHSD Fiscal Unit will maintain complete financial records of all CAPIT/CBCAP/PSSF costs and operating expenses and will provide staff support as needed.

1. CWS/Probation Narrative

SIP guidelines required the selection of two to four performance measures or systemic factors associated with improvement areas identified in our PQCR and CSA.

No Recurrence of Maltreatment

The safety measure, S1.1 No Recurrence of Maltreatment, was selected because it is always a major concern to the CWS Division when a child who has been referred to CWS is later referred again due to repeated abuse or neglect.

For some victims, about 3 percent in Yuba County, who have experienced repeat maltreatment, the efforts of CWS have not been successful in preventing subsequent victimization. Through the Child and Family Services Reviews (C-FSR), the Children's Bureau has established the current national standard for recurrence as 94.6 percent.

During the evaluation of our outcomes in preparation for the CSA, SafeMeasures data determined that our county met or exceeded the national standard for nearly all safety measures but one. CWS exceeded the national standard for No Maltreatment in Foster Care and Timely Investigation of Child Abuse and Neglect (Immediate and 10-Day referrals) and Timely Social Worker Visits. However, we were at three percentage points below the national standard for No Recurrence of Maltreatment. It was also determined that CWS had made great improvement, improving from 80 percent for the time period 12/31/2004 to 91.5 percent for the time period 9/30/2009.

It is the intention of CWS to support and implement the SIP goals, strategies, and milestones and meet the national standard of 94.6 percent. As discussed earlier, this would require us to improve by 5.5 percentage points, an average of 1.83 percent per year for the next three years.

Reentry Following Reunification

Yuba County has a high rate of reunification, and also a relatively high rate of reentry. The national standard for the children who reenter foster care is 9.9 percent. Unfortunately, Yuba County's rate of foster care reentry, after a short decline, has been on an upward trend. As reported in the CSA, Yuba County exceeds the national standard by 17.7 percent and is currently about 22 percent.

It is a major concern to the CWS Division when a child leaves the system to be reunited with his/her family or legal guardian but later returns to foster care. It was the intent of CWS to work together with its partners/stakeholders to formulate goals, strategies and milestones that improve team case planning as a means to achieve an appropriate balance between reunification and reentry that reflects both the best interests of the

children and greater involvement on the part of their communities. Strategies that center on both a decision-making model that involves family, community members, as well as a broad system of support services that will meet the case specific needs of children and family caregivers and foster caregivers.

It is also worth noting that the current economic crisis has had a devastating effect on the Yuba County families and is putting families under tremendous stress, even the well-functioning families. Yuba County's unemployment rate has been consistently higher than the California average, 20.4 percent for January 2010. Yuba County ranked 51st out of 58 counties in unemployment.

Placement Stability (Over 24 Months in Care)

Yuba County implemented its second PQCR in September/October 2009 and focused on placement stability of children who have been in foster care for 24 months or more, with two or fewer placements. The decision to focus on placement stability was made after completion of an extensive study on current CWS performance data including quarterly data reports, SafeMeasures data, and the literature review. During the evaluation of our outcomes in preparation for CSA, SafeMeasures data determined that our county exceeded or showed performance close to the national standard for two out of three measures related to placement stability. However, Yuba County consistently has not met the national goal for measure C4.3-Placement Stability (Over 24 Months in Care). The data reflected the difficulty in finding a stable placement for some children.

Therefore, due to the circumstances delineated, the county feels that it is imperative to develop a conservative plan which we can hope to achieve. Hopefully, during the next three years, if the economic situation permits, it is CWS' and Probation's intention to augment the updated SIP with strategies that were unable to be incorporated at this time.

The best practice piece of the decision to select this outcome is our belief that anything done to impact recurrence, reentry and placement stability will also positively impact all permanency outcomes.

Exit to Permanency for Those Children in Care Over 24 Months

The safety measure, C3.1 - Exit to Permanency for Those Children in Care Over 24 Months, was selected because it has typically been a concern to Probation due to the fact that probation youth are typically close to 18 years of age upon entering foster care and often age out of the system. Historically, these youth do not have a permanent living arrangement.

It is difficult to determine how Yuba County Probation has performed in this measure, as SafeMeasures data is not available. However, the measure has, to some extent, been monitored within the Probation Department.

It is the Probation Department's intent to support and implement the SIP goals, strategies, and milestones to provide better services to probation youth and their families.

Children Emancipating Who Have Been in Care for 3 Years or Longer

The safety measure, C3.3 – Children Emancipating Who Have Been in Care For 3 Years or Longer, was selected because, as is the case with safety measure C3.1, it has typically been a concern to Probation due to the fact that probation youth are typically close to 18 years of age upon entering foster care and often age out of the system. Historically, these youth do not have a permanent living arrangement, have not graduated from high school and are unemployed.

As mentioned above, it is difficult to determine how Yuba County Probation has performed in this measure, as SafeMeasures data is not available. However, the measure has, to some extent, been monitored within the Probation Department.

Again, it is the Probation Department's intent to support and implement the SIP goals, strategies, and milestones to provide better services to probation youth and their families.

Transitioning to Adulthood

During the September/October PQCR, Probation focused on probation youth transitioning to adulthood. The decision to focus on that outcome was made after reviewing cases of youth who were in placement within the last couple of years. It appeared there was a trend of probation youth aging out of the system, instead of having a permanent living arrangement. The majority of those youth had not graduated from high school, were not employed, and subsequently became homeless. The youth who did successfully transition into adulthood had graduated from high school and had a permanent living arrangement and support system. It was clear the probation officer needed to make more of an effort in locating family members to be a lifelong connection and to consistently encourage parents to play an active role in the youth's rehabilitation. It was also clear the probation officer needed to ensure the youth were graduating from high school prior to leaving foster care.

Program Improvement Plan (PIP)/SIP Support

The State Performance Improvement Plan (PIP) provided to the Administration for Children and Families (ACF) identified six strategies:

1. Expand the use of participatory case planning strategies.
 - In performance measure Reentry Following Reunification, Strategy 1.2, CWS will be using FTC/participatory case planning as a strategy to facilitate the development of the safety plan. CWS will continue to build agency and community support for Family Team Conferencing (FTC), making participatory case planning strategies a priority.
2. Sustain and enhance permanency efforts across the life of the case.
 - In performance measure Placement Stability, Strategy 2.2, CWS will enhance concurrent planning so more children will have a planned permanent home. In addition, Strategies 1 and 2 for Placement Stability outcome will continually evaluate and explore the permanency issues.
3. Enhance and expand caregiver recruitment, retention, training and support efforts.
 - For performance measure Placement Stability, CWS is planning to increase the number of appropriate local/relative non-related extended family member (NREFM) and licensed county foster homes. In Strategy 2.1, CWS will improve the process for identification of potential relative/NREFM placement homes at time of initial detention which will have a positive effect on preventing placement disruptions or facilitating timely exit to permanency.
4. Expand options and create flexibility for services and support to meet the needs of children and families.
 - For performance measure No Recurrence of Maltreatment, CWS will fully implement DR program Path I and II and will establish collaboration between staff and FRCs and CBOs.

In addition, in Strategy 3.1 for performance measure Placement Stability, CWS will improve children's mental health and developmental screening by implementing Ages and Stages (0-5) and Children and Adolescent Needs and Strengths (6-18) screening.
5. Sustain and expand staff/supervisor training.

- CWS will train and provide a continuum of trainings for supervisors and social workers in the area of safety planning for the outcome No Recurrence of Maltreatment, and training in the areas of concurrent planning and placement preservation intervention for the outcome Placement Stability.
6. Strengthen implementation of the statewide safety assessment system.
- For performance measure No Recurrence of Maltreatment, CWS will develop a safety plan and integrate the use of SDM and Signs of Safety (SoS) for Strategy 1 and 2 because the outcome places special emphasis on safety assessments. CWS will continue to build agency support for SDM program tools and will integrate SDM with the SOS model to engage families.

CWSOIP Funding

CWS

Yuba County plans to use Child Welfare Services Outcome Improvement Plan (CWSOIP) funding to address outcomes and system improvements identified in the SIP. It will provide additional and temporary resources to allow families to receive services and stay out of the CWS when appropriate.

Currently, CWSOIP funds support two social worker positions to reduce caseloads and provide a higher quality of services to children and their families, particularly in the area of prevention, intervention and visitation.

CWSOIP will be used to provide the following:

- Visitation:
 - Visitation programs that will focus on providing effective parenting skills.
 - Establish visitation program focused on assisting parents in practicing new skills learned in parenting classes.
 - Parent education programs that will focus on providing life skills training program to instruct the clients in areas such as cleaning; cooking; budgeting; bill paying; and resolving housing, education, and medical issues.
 - Develop a support system that will enable families to safely maintain the children in their home.

Probation

The Outcome Improvement Project allocation funds received by the Yuba County Probation Department will be utilized to facilitate reunification services and provide training to the probation officer. Reunification services will consist of transportation costs to and from the group home for family members to participate in counseling sessions and visits with the minor. The families will be provided gift cards to allow the family to enjoy family outings during these visits and during home visits. Monies may also be utilized to purchase bedroom furniture to ensure the minor has a place to sleep and store their belongings upon leaving the placement facility. Gift cards will be purchased at clothing stores to allow the minors to purchase clothes and other items to prepare for job interviews. Monies will be utilized to involve the minor in their education by providing supplies and funding for school activities. Monies will be utilized to provide food and beverages during FTCs. The Probation Department will look at utilizing the funds to purchase a family finding search engine in order to locate family members.

See Attachment #6 for CWS Logic Model for Family Visitation

C. CWS/Probation SIP Matrix

CWS

Outcome/Systemic Factor: S1.1 No Recurrence of Maltreatment

Of all children who were the victims of a substantiated maltreatment allegation during the selected six-month period, what percent were not victims of another substantiated allegation within the following six months?

County's Current Performance:

For the time period 07/01/09 to 12/31/09, 10.9 percent (16) of Yuba County children who had a prior substantiated CWS report experienced recurrence of maltreatment.

Improvement Goal 1.0

Increase No Recurrence of Maltreatment by 5.5 percent to reach the national standard of 94.6 percent.

| | | | |
|--|-------------------------------------|--------------|---|
| <p>Strategy 1. 1</p> <p>Expand and fully implement a Differential Response (DR) program to include Path I and II responses.</p> | <input checked="" type="checkbox"/> | CAPIT | <p>Strategy Rationale</p> <p>Fully implemented DR will allow CWS and CBOs to respond in a more flexible manner to reports of child abuse or neglect based on an assessment of safety, risk, and protective capacity to provide services to families early in order to investigate safety threats and assist in strengthening families.</p> |
| | <input checked="" type="checkbox"/> | CBCAP | |
| | <input type="checkbox"/> | PSSF | |
| | <input type="checkbox"/> | N/A | |

| | | | | | |
|------------------|---|------------------|------------------------------------|--------------------|--|
| Milestone | 1.1.1 Review and revise the current policy and procedure for DR. | Timeframe | November 2010 | Assigned to | Program Manager, ER Supervisors, Out-stationed Social Worker. |
| | 1.1.2 Develop and publish RFP to obtain vendor. | | November 2010 through January 2011 | | Program Manager ER Supervisors Out-stationed Social Worker Administrative Analyst |

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|--|---|--|------------------------------|---|
| | <p>1.1.3 Train CWS social workers and CBOs in DR Path II.</p> | | April 2011 | <p>Program Manager CWS Supervisors</p> |
| | <p>1.1.4 Establish collaboration between staff and contracted CBOs through regular and on-going joint meetings and the development and clarification of related policy and procedures.</p> | | April 2011 through June 2012 | <p>CWS Program Manager CWS Supervisors Out-stationed Social Worker Administrative Analyst</p> |
| | <p>1.1.5 Implement the new DR program. Incorporate the use of the SDM tool specific to DR.</p> | | May 2011 through June 2013 | <p>Program Manager CWS Supervisors</p> |
| | <p>1.1.6 Develop a database for monitoring staff use of DR.</p> | | April 2012 | <p>Program Manager Administrative Analyst CWS Help Desk</p> |

| | | | | | |
|---|--|------------------|--|--|--|
| | 1.1.7 Continue to re-evaluate DR community and staff training needs. | | April 2012 through June 2013 | | Program Manager Administrative Analyst |
| Improvement Goal 2.0 Supplement social workers' knowledge and skills in family engagement activities by using the Signs of Safety (SoS) model. | | | | | |
| Strategy 2. 1 Expand the use of the SoS model to be used by CWS supervisors and social workers. SoS will be integrated with the SDM risk assessment tool. | | | <input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A | Strategy Rationale SOS provides a means to engage families using solution focused methods. This approach will ensure families are involved in development of case planning, improve critical thinking in social workers and enhance safety by indentifying dangers, developing well defined and realistic goals and by building safety networks. | |
| Milestone | 2.1.1 Provide formal training to CWS Core Team. | Timeframe | September 2010 | Assigned to | Program Manager CWS Supervisors |
| | 2.1.2 Develop guidelines for use of SOS model. | | October 2010 | | Program Manager CWS Supervisors Administrative Analyst |
| | 2.1.3 Implement SOS in case staffing between social workers and supervisors. | | November 2010 | | Program Manager CWS Supervisors CWS Social Workers |
| | 2.1.4 Implement SOS for use in field. | | June 2011 | | Program Manager CWS Supervisors |
| | 2.1.5 Assess staff use of SOS tools through regularly scheduled meetings. | | April 2011 through June 2013 | | Program Manager Administrative Analyst |

| | | | | | |
|--|--|--|------------------------------|--|--|
| | <p>2.1.6 Monitor effective implementation of SOS and measure its effect on risk and safety using SafeMeasures data.</p> | | April 2011 through June 2013 | | Program Manager Administrative Analyst |
| | <p>2.1.7 Develop a survey for families and CWS social workers to complete for evaluation purposes.</p> | | September 2011 | | Program Manager CWS Supervisors Social Workers Administrative Analyst |
| | <p>2.1.8 Review and revise current SDM Policy and Procedure to integrate the use of the SDM and SOS applications.</p> | | February 2011 | | Program Manager Administrative Analyst |

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

CWS will enhance the following to reduce the recurrence of maltreatment:

- Improve community partnership.
- Respond to families in a non-adversarial manner, engaging them in the necessary change process.
- Addresses the commitment to prevention and early intervention.
- Determine the appropriate response path and service delivery.
- Customize the response and service delivery to individual family needs.
- Comprehensive family assessments of safety, risk and protective capacity as well as family strengths and needs.
- Focusing the planning process on the changes needed to assure the ongoing protection of children.

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

Staff will need to receive training/coaching for the SOS model and integration with SDM. Also, training is needed for community partners/FRCs in regards to DR.

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

CWS will work closely with community partners/FRCs, CalWORKs and other county agencies (Mental Health and Public Health) on DR and evidence based practices.

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

None

Outcome/Systemic Factor: C1.4 Reentry Following Reunification

Of all children exiting foster care to reunification during the selected 12-month period, what percent reentered foster care less than 12 months from the date of discharge?

County's Current Performance:

For the time period 07/01/08 – 06/30/09, Yuba County had 22.1 percent (15) subsequent reentries within 12 months of a prior exit.

Improvement Goal 1.0

Decrease Reentry Following Reunification by 7 percent within three years to reach the national standard of 9.9 percent.

Strategy 1. 1

Develop safety plan guidelines that will be utilized by CWS staff and the client prior to reunification and/or case closure.

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

Strategy Rationale

Safety planning occurs throughout the life of a case. However, it is essential that when a family is reunifying or a case is being closed that a safety plan be established jointly with the family. Steps taken to establish planned actions and to build a network of formal and informal contacts will assist to ensure that safety goals are maintained after reunification and/or case closure. This plan will reduce the likelihood of reentry into foster care.

| | | | | | |
|------------------|--|------------------|---------------|--------------------|---------------------------------------|
| Milestone | 1.1.1 | Timeframe | November 2010 | Assigned to | Program Manager |
| | Establish a workgroup to develop safety plan policy and procedures that clearly define | | | | Supervisors Administrative Analyst |

| | | | | |
|--|---|--|--------------------------------------|---|
| | expectations, identify requirements, and reinforce family involvement. | | | |
| | 1.1.2 Review the safety plan policy and procedures with CWS staff. | | January 2011 | Supervisor(s) |
| | 1.1.3 Train CWS staff on safety planning. | | January 2011 | Supervisor(s) |
| | 1.1.4 Ensure that clients who are ready to reunify and clients who are ready for case closure have an established safety plan that includes provisions for follow-up services, if needed, and a network to ensure that the family maintains safety goals. | | February 2011 through September 2013 | Supervisors(s) CWS Social Workers |
| | 1.1.5 Supervisors will monitor the use of safety plans in case consultations with the social worker and when reviewing case narrative. | | March 2011 through September 2013 | Supervisor(s) CWS Social Workers |
| | 1.1.6 The process will be evaluated by monitoring the reentry outcome measure using the U. C. Berkeley and SafeMeasures data. | | March 2012 through September 2013 | Program Manager Administrative Analyst |
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| Strategy 1. 2 Expand the use of Family Team Conferencing (FTC) as a | <input type="checkbox"/> | CAPIT | Strategy Rationale |
| | <input type="checkbox"/> | CBCAP | |

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| strategy to facilitate the development of the safety plan jointly with the family. | <input type="checkbox"/> | CAPIT | FTC is an approach designed to work with families as partners in defining family strengths, needs, goals, and to identify services and resources. Increased family involvement, inclusion of community members and personal support people, and the provision of services will provide the family with opportunities for support and change, thus reducing reentry into foster care. |
| | <input type="checkbox"/> | CBCAP | |
| | <input type="checkbox"/> | PSSF | |
| | <input checked="" type="checkbox"/> | N/A | |

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| Milestone | 1.2.1 Revise the FTC Policy and Procedure to include facilitating a safety planning FTC. | Timeframe | January 2011 | Assigned to | Program Manager FTC Facilitator Administrative Analyst |
| | 1.2.2 Social workers will assist families in identifying formal and informal resources and contacts. | | November 2011 through September 2013 | | Program Manager FTC Facilitator Social Workers |
| | 1.2.3 Safety planning will be integrated into the FTCs. | | November 2011 through September 2013 | | Program Manager Supervisors FTC Facilitator |
| | 1.2.4 The FTC supervisor will monitor the implementation process and quality of the family safety plans by reviewing the plans and in discussions with the FTC facilitator. | | January 2011 through September 2013 | | Program Manager Supervisors |

Improvement Goal 2.0
Enhance the quality and availability of visitation services.

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| Strategy 2. 1 Enhance the existing visitation program by incorporating Signs of Safety (SOS) model. | | <input type="checkbox"/> | CAPIT | Strategy Rationale Research has shown that the single most effective service during reunification is visitation between the parent and child. Creating structure in the visit in the form of coaching and modeling appropriate skills will enhance the visitation by empowering the parent with a new set of skills and improving the relationship between the parent and child. Additionally, this gives the parent an opportunity to demonstrate safe behavior while around the child. | |
| | | <input type="checkbox"/> | CBCAP | | |
| | | <input checked="" type="checkbox"/> | PSSF | | |
| | | <input checked="" type="checkbox"/> | N/A | | |
| Milestone | 2.1.1 Provide training/coaching to visitation program staff. | Timeframe | November 2010 through April 2011 | Assigned to | Supervisors |
| | 2.1.2 Assess visitation program staff use of SOS through regularly scheduled meetings (every 60 days). | | January 2011 through September 2013 | | Visitation Staff Supervisor Program Manager |
| | 2.1.3 Evaluate the effectiveness of the visitation program by monitoring the reentry and reunification measure data from U.C. Berkeley and SafeMeasures. | | April 2011 through September 2013 | | Administrative Analyst Program Manager |
| | | <input type="checkbox"/> | CAPIT | | |

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| Strategy 2. 2 Encourage all relative/NREFM caregivers to participate in the in-house parenting education classes. | | <input type="checkbox"/> | CAPIT | Strategy Rationale Research shows that relative caregivers often need more support than non-related foster parents. The provision of parenting classes gives these relatives additional tools they can use to care for the children placed in their home. Additionally, the parenting instruction they will receive is the same information the parent is receiving. This will create consistency for the child, as both the relative/NREFM and parent would be using the same parenting practices. This will assist in decreasing the reentry rate, as the relative can be part of the family network of support by assisting the parent in caring for the children after the family has reunified. | |
| | | <input type="checkbox"/> | CBCAP | | |
| | | <input checked="" type="checkbox"/> | PSSF | | |
| | | <input type="checkbox"/> | N/A | | |
| Milestone | 2.2.1 Ensure that a referral to provide relative/NREFM caregivers with parent education training is completed prior to the child being placed in the home, using the established referral process for parenting classes. | Timeframe | November 2010 through September 2013 | Assigned to | Social Workers Parenting Education Instructor |
| | 2.2.2 Provide the relative/NREFM additional support in the form of in-home instruction or access to the parenting instructor for follow | | January 2011 through September 2013 | | Social Workers Parenting Education Instructor |

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| | up questions after they complete the course. | | | |
| | <p>2.2.3</p> <p>Develop a survey that would be completed by the relative/NERFM no later than 45 days after the completion of the classes to determine level of use of the parenting principles and skills they learned.</p> | | February 2011 through September 2013 | Program Manager Administrative Analyst Supervisor(s) |
| | <p>2.2.4</p> <p>Evaluate the effectiveness by monitoring the reunification and reentry data from U.C. Berkeley and SafeMeasures.</p> | | April 2011 through September 2013 | Administrative Analyst Program Manager |

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

Social workers will need to consistently engage families in the creation of a case plan and safety plan. The safety plan protocol and the integration of FTC and safety plan protocol will need to be developed by the CWS staff. CWS must work more closely with outside agencies and resources in identifying relatives/NREFMs as placement options.

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

Staff will need training/coaching on developing a safety plan, and refresher training on integration of FTC and safety plan.

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

Collaboration, input and data will be necessary from foster family agencies, community partners, and substitute care providers.

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

None.

Outcome/Systemic Factor:

C4.3 – Placement Stability (Over 24 Months in Care)

Of all children in foster care during the selected 12-month period who were in care for at least 24 months, what percent had two or fewer placements?

County’s Current Performance:

For the time period 7/01/90 to 06/30/10, 77.4 percent (48) of Yuba County Children who were in foster care for at least 24 months had three or more placements and 22.6 percent (14) of children who were in care at least 24 months had two or fewer placements.

Improvement Goal 1.0

Reduce placement disruptions and multiple foster care placements by 19.2 percent to reach the national standard of 41.8 percent.

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| Strategy 1. 1 Develop the placement preservation intervention protocol. | <input type="checkbox"/> | CAPIT | Strategy Rationale A placement preservation intervention protocol will increase placement stability of children placed in out of home care by addressing the child and foster parent concerns as early as possible using a multi-disciplinary team approach. The team will assess the circumstances and provide services to preserve the placement. |
| | <input type="checkbox"/> | CBCAP | |
| | <input type="checkbox"/> | PSSF | |
| | <input checked="" type="checkbox"/> | N/A | |

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| 1.1.1 | Establish a placement preservation intervention protocol that describes responsibilities and roles of team members as well as the procedural steps for activating placement preservation team. Include community partners in the planning and the development of the protocol. | November 2010 through January 2011 | Program Manager Supervisor Social Worker Administrative Analyst Community Partners |
| 1.1.2 | | February 2011 | Program Manager Supervisor |

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| | Complete/Finalize the placement preservation intervention protocol document. | | | Social Workers Administrative Analyst Community Partners |
| | 1.1.3 Implement the placement preservation intervention protocol. | | March 2011 | Program Manager Supervisors Social Workers Administrative Analyst Community Partners |
| | 1.1.4 Advise substitute foster care provider of the placement preservation intervention protocol at time of placement and include a printed copy of the protocol in the placement packet provided to substitute care providers at the time of placement. | | March 2011 through September 2013 | Program Manager Supervisors Social Workers |
| | 1.1.5 Expand the use of the FTC to address placement issues for foster youth. | | March 2011 through September 2013 | Program Manager FTC Facilitator Administrative Analyst |
| | 1.1.6 Monitor the outcomes of utilization of the placement preservation intervention protocol on a periodic basis to assess programmatic results. Data tracking measures and tools will be developed, refined, and modified based on ongoing evaluation. | | March 2012 through September 2013 | CWS Program Manager CWS Supervisors Administrative Analyst |
| | 1.1.7 Refine/modify the guidelines and procedures as necessary to improve the process. | | March 2012 through September 2013 | CWS Program Manager CWS Supervisors Administrative Analyst |

Improvement Goal 2.0

Reduce placement disruption and multiple foster care placements by increasing the number of relative/non-related extended family member (NREFM) homes.

Strategy 2. 1

Enhance concurrent planning practices by improving the process for identification of potential relative/NREFM placement homes at time of initial detention.

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

Strategy Rationale

Research has shown that when a child is placed in a kinship placement, they are less likely to experience placement changes. The familiarization with family members helps to decrease separation anxiety and feelings of loss for the child. This sense of stability results in a reduction in problem behavior that often is the cause of placement changes.

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| Milestone | 2.1.1 Assess the current practice related to initial placements with relatives and NREFMs. | Timeframe | November 2010 | Assigned to | Program Manager Administrative Analyst |
| | 2.1.2 Establish practices related to identifying relatives and NREFMs that includes techniques of Family Finding. | | November 2010 through January 2011 | | Program Manager Supervisors Social Workers Administrative Analyst |
| | 2.1.3 Provide training in techniques of Family Finding including the use of an Internet search engines. Provide training on concurrent planning to emphasize the importance of locating prospective permanent homes for foster children. | | February 2011 | | Program Manager Supervisors |
| | 2.1.4 Implement the new process of Family Finding to | | February 2011 through September 2013 | | Program Manager CWS Supervisors |

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| | assist with indentifying relative and NREFM placement homes within the first 30 days of a case. | | | | |
| | 2.1.5 Monitor and track the progress of the new process for identification of relatives and NREFMs through periodic Business Objects reports on the number of relative/NREFM placements. | | June 2011 through September 2013 | | Program Manager CWS Supervisor System Support Analyst |
| Improvement Goal 3.0 | | | | | |
| Improve children's mental health and developmental screening. | | | | | |
| Strategy 3. 1 Implement Ages and Stages (0-5) and Children and Adolescent Needs and Strengths (6-18) so that the social workers can conduct mental health and developmental screening for children in CWS. | | | <input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A | Strategy Rationale Early screening, assessment, and intervention for emotional and behavioral problems for children can help forestall or prevent more serious problems such as educational failure, substance abuse, and placement failures. | |
| Milestone | 3.1.1 Provide training to social workers for administering screening tools. | Timeframe | November 2010 | Assigned to | CWS Supervisors CWS Social Worker |
| | 3.1.2 Complete a screening tool on all children entering CWS system. Provide the results to the case managing social worker. | | November 2010 through September 2013 | | CWS Supervisors Social Worker |
| | 3.1.3 Creating a tracking system to evaluate the number of children receiving early intervention | | March 2011 through September 2013 | | Administrative Analyst Program Manager |

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| | services based on the results of the initial screening. | | | | |
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Describe any additional systemic factors needing to be addressed that support the improvement plan goals.

- Improve the capacity of local foster homes to effectively meet the multiplicity of needs of the children.
- Consistent communication and a team approach will enhance the substitute care providers' understanding of the process that the child and family are involved in and the roles they play in meeting the children's needs.
- Increase the use of existing foster care/kinship care education resources by the local foster homes.

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

Training on concurrent planning, especially regarding children who are placed out of home or are at risk of placement disruption.

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

Will need to work closely with State Adoptions to collaborate on solution.

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

None

Probation

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| Outcome/Systemic Factor: Exit to permanency for those children in care over 24 months. | | | | | | |
| County's Current Performance: | | | | | | |
| Improvement Goal 1.0: | | | | | | |
| Thirty-five percent of all youth on probation will be placed in a permanent living arrangement. | | | | | | |
| Strategy 1. 1 | | <input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A | | Strategy Rationale | | |
| Utilize concurrent planning and start family finding process early in case. | | | | Locating appropriate family members who are able/willing to take youth into care will assist the youth establishing permanent family relationships and help prevent long term out of home placement. | | |
| Milestone | 1.1.1 | Timeframe | June 2011 | | Assigned to | |
| | Train staff on concurrent planning. | | | | | UC Davis |
| | 1.1.2 | | January 2012 | | | Placement Officer |
| | Research family on-line. | | June 2012 | | Placement Officer | |
| | 1.1.3 | | | | | |
| | Make referral to state adoptions at start of case. | | | | | |
| Strategy 1. 2 | | <input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A | | Strategy Rationale | | |
| Develop support group/training program to assist families/relatives who are interested in placement with understanding and dealing with child's issues/behaviors. | | | | Providing support/training to assist relative placements learn how to deal with difficult behaviors of the youth should assist in placement stability for the minor. | | |

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| Milestone | 1.2.1 Research training programs on-line. | Timeframe | June 2011 | | Assigned to | Placement Officer |
| | 1.2.2 Contact promising programs. | | January 2012 | | | Placement Officer |
| | 1.2.3 Utilize services at Victim Witness. | | June 2012 | | | Placement Officer/Juvenile Court Officers |
| Strategy 1.3 Establish Team Decision Meetings (TDM) that include current placement staff, parents, relatives, or any other individual who has ties to the child or family. | | | <input type="checkbox"/> CAPIT | Strategy Rationale Including more people in evaluating placement options for the child will help ensure all areas of concern by interested parties are addressed. | | |
| | | | <input type="checkbox"/> CBCAP | | | |
| | | | <input type="checkbox"/> PSSF | | | |
| | | | <input checked="" type="checkbox"/> N/A | | | |
| Milestone | 1.3.1 Contact agencies who utilize Team Decision Meetings. | Timeframe | June 2011 | | Assigned to | Placement Officer |
| | 1.3.2 Facilitate meetings to increase and improve parent involvement. | | January 2012 | | | Placement Officer |
| | 1.3.3 Ensure all appropriate parties are present and involved in the meetings. | | June 2012 | | | Placement Officer |
| Improvement Goal 2.0: Increase termination of probation for youth prior to 18th birthday by 50 percent. | | | | | | |

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| Strategy 2. 1 | | <input type="checkbox"/> | CAPIT | Strategy Rationale Assist care providers in feeling safe in caring for the child and learn tools on how to effectively deal with the child. | | |
| Develop safety plans for family and child. | | <input type="checkbox"/> | CBCAP | | | |
| | | <input type="checkbox"/> | PSSF | | | |
| | | <input checked="" type="checkbox"/> | N/A | | | |
| Milestone | 2.1.1 Identify appropriate services for caretaker, parent, and child. | Timeframe | June 2011 | | Assigned to | Placement Officer |
| | 2.1.2 Family Team Conference to develop safety plan. | | January 2012 | | | Placement Officer |
| | 2.1.3 Ensure all services have been offered to child. | | June 2012 | | | Placement Officer |
| Strategy 2. 2 | | <input type="checkbox"/> | CAPIT | Strategy Rationale Family setting in local area increases likelihood of strengthening family relationships and learning to function at acceptable level within the community. | | |
| Network with Family Foster Agencies (FFA) to recruit 602 W&I foster homes in the local area. | | <input type="checkbox"/> | CBCAP | | | |
| | | <input type="checkbox"/> | PSSF | | | |
| | | <input checked="" type="checkbox"/> | N/A | | | |
| Milestone | 2.2.1 Contact FFA Administrators. | Timeframe | June 2011 | | Assigned to | Placement Officer |
| | 2.2.2 Develop and implement “awareness” (facts about 602 children) program to be used to recruit families | | January 2012 | | | Placement Officer/Juvenile Court Officers |
| | 2.2.3 Educate probation officers regarding differences between foster homes and group homes. | | June 2012 | | | Placement Officer |

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| Strategy 2.3 Identify and work to develop life-long connections throughout life of case. | | | <input type="checkbox"/> | CAPIT | Strategy Rationale Maintain positive relationships for the youth in order to develop a lifelong support system. | | |
| | | | <input type="checkbox"/> | CBCAP | | | |
| | | | <input type="checkbox"/> | PSSF | | | |
| | | | <input checked="" type="checkbox"/> | N/A | | | |
| Milestone | 2.3.1 Utilize internet search tools to locate identified persons whose whereabouts are unknown. | Timeframe | June 2011 | | Assigned to | Placement Officer/Juvenile Court Officers | |
| | 2.3.2 Contact identified persons. | | January 2012 | | | Placement Officer/Juvenile Court Officers | |
| | 2.3.3 Interview child/family members on a regular basis. | | June 2012 | | | Placement Officer/Juvenile Court Officers | |
| Describe any additional systemic factors needing to be addressed that support the improvement plan goals. None | | | | | | | |
| Describe educational/training needs (including technical assistance) to achieve the improvement goals. Family Finding; Team Decision Making; Family Team Conferencing | | | | | | | |
| Identify roles of the other partners in achieving the improvement goals. Participation of FFAs and family members. | | | | | | | |
| Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. None | | | | | | | |

Probation SIP Component Template

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|--|--|-------------------------------------|--------------|---|---|
| Outcome/Systemic Factor: Children emancipating who have been in care for 3 years or longer. | | | | | |
| County's Current Performance: | | | | | |
| Improvement Goal 1.0: | | | | | |
| Increase number of probation youth who graduate from high school by 50 percent. | | | | | |
| Strategy 1. 1 | | <input type="checkbox"/> | CAPIT | Strategy Rationale To encourage youth to be involved and successful in school. The youth will be more likely to engage in school with the support of their parents. | |
| Parent to be required to actively participate in the youth's education. | | <input type="checkbox"/> | CBCAP | | |
| | | <input type="checkbox"/> | PSSF | | |
| | | <input checked="" type="checkbox"/> | N/A | | |
| Milestone | 1.1.1 Encourage parent to be active in education. | Timeframe | June 2011 | | Assigned to Placement Officer |
| | 1.1.2 Provide parents with updated school documents. | | January 2012 | | |
| | 1.1.3 Provide transportation for parents for IEP meetings. | | June 2012 | | |
| Strategy 1. 2 | | <input type="checkbox"/> | CAPIT | Strategy Rationale To ensure educational needs are addressed in order to prepare the youth for graduation. | |
| Probation officer to monitor the youth's education. | | <input type="checkbox"/> | CBCAP | | |
| | | <input type="checkbox"/> | PSSF | | |
| | | <input checked="" type="checkbox"/> | N/A | | |

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| Milestone | 1.2.1 Monitor youth's attendance in school. | Timeframe | June 2011 | | Assigned to | Placement Officer |
| | 1.2.2 Monitor youth's discipline in school. | | January 2012 | | | Placement Officer |
| | 1.2.3 Attend meetings (IEPs, parent/teacher meetings, etc.) | | June 2012 | | | Placement Officer |
| Strategy 1.3 Ensure youth is not credit deficient. | | | <input type="checkbox"/> CAPIT | Strategy Rationale To ensure educational needs are addressed and that the youth is prepared to graduate. | | |
| | | | <input type="checkbox"/> CBCAP | | | |
| | | | <input type="checkbox"/> PSSF | | | |
| | | | <input checked="" type="checkbox"/> N/A | | | |
| Milestone | 1.3.1 Ensure youth is enrolled in appropriate classes | Timeframe | June 2011 | | Assigned to | Placement Officer |
| | 1.3.2 Refer youth to tutoring | | January 2012 | | | Placement Officer |
| | 1.3.3 Enroll child in community college courses to earn more credits. | | June 2012 | | | Placement Officer |

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| Improvement Goal 2.0: | | | | | | |
| Increase number of probation youth who have gained employment by 50 percent. | | | | | | |
| Strategy 2. 1 | | <input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A | | Strategy Rationale | | |
| Increase probation officer's involvement in ILP. | | | | To ensure the youth's independent living skills are being offered and are appropriate. | | |
| Milestone | 2.1.1 Regular contact with ILP Coordinator. | Timeframe | June 2011 | | Assigned to | Placement Officer |
| | 2.1.2 Review ILP with youth. | | January 2012 | | | Placement Officer |
| | 2.1.3 Obtain ILP progress reports. | | June 2012 | | | Placement Officer |
| Strategy 2. 2 | | <input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A | | Strategy Rationale | | |
| Assist youth in obtaining employment. | | | | To prepare the youth to be self sufficient in the future in order to not depend on social welfare programs. | | |
| Milestone | 2.2.1 Bring youth to job fairs. | Timeframe | June 2011 | | Assigned to | Placement Officer/Placement program |
| | 2.2.2 Refer youth to job training programs. | | Within 36 months | | | |
| | | | January 2012 | | | Placement Officer |

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| | 2.2.3 Assist youth with job applications. | | June 2012 | | Placement Officer/Placement program |
| Strategy 2.3 Professional mentoring program. | | <input type="checkbox"/> | CAPIT | Strategy Rationale To establish a network in the employment industries and obtain employment skills. | |
| | | <input type="checkbox"/> | CBCAP | | |
| | | <input type="checkbox"/> | PSSF | | |
| | | <input checked="" type="checkbox"/> | N/A | | |
| Milestone | 2.3.1 Identify professionals willing to provide on the job training. | Timeframe | June 2011 | Assigned to | Placement Officer/Placement program |
| | 2.3.2 Assist with transportation to and from job training. | | January 2012 | | Placement Officer/Placement program |
| | 2.3.3 Purchase clothing for youth's job training/interviews. | | June 2012 | | Placement Officer/Placement program |
| Describe any additional systemic factors needing to be addressed that support the improvement plan goals. | | | | | |
| None | | | | | |
| Describe educational/training needs (including technical assistance) to achieve the improvement goals. | | | | | |
| Job Fairs/CalWORKs | | | | | |
| Identify roles of the other partners in achieving the improvement goals. | | | | | |
| Community/Business owners. | | | | | |

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

None

1. **CAPIT/CPCAP/PSSF Coversheet**

| CAPIT/CBCAP/PSSF Contact and Signature Sheet | |
|---|---|
| Period of Plan: | October 1, 2010 – October 30, 2013 |
| Date Submitted: | |
| | |
| Submitted by: | Board of Supervisor Designated Public Agency to Administer CAPIT/CBCAP/PSSF programs |
| Name & title: | Suzanne Nobles, Director, Health & Human Services |
| Signature: | |
| Address: | 5730 Packard Ave, Suite 100, Marysville, CA 95969 |
| Fax: | 530-749-6281 |
| Phone & E-mail: | 530-749-6271 E-mail: snobles@co.yuba.ca.us |
| | |
| Submitted by: | Child Abuse Prevention Council (CAPC) Representative |
| Name & title: | Patti Clary, 2010 Council Chair |
| Signature: | |
| Address: | |
| Fax: | |
| Phone & E-mail: | 530-749-4803 E-mail: patti.clary@yubacoe.k12.ca.us |
| | |
| Submitted by: | Parent Consumer/Former Consumer (Required if the parent is not a member of the CAPC) |
| Name & title: | |
| Signature: | |

| | |
|--|--|
| Address: | |
| Fax: | |
| Phone & E-mail: | |
| | |
| Submitted by: | CAPIT Liaison |
| Name & title: | Tony Roach, Program Manager |
| Address: | 5730 Packard Ave, Suite 100, Marysville, CA 95969 |
| Fax: | 530-749-6295 |
| Phone & E-mail: | 530-749-6245 E-mail: troach@co.yuba.ca.us |
| | |
| Submitted by: | CBCAP Liaison |
| Name & title: | Tony Roach, Program Manager |
| Address: | 5730 Packard Ave, Suite 100, Marysville, CA 95969 |
| Fax: | 530-749-6295 |
| Phone & E-mail: | 530-749-6245 E-mail: troach@co.yuba.ca.us |
| | |
| Submitted by: | PSSF Liaison |
| Name & title: | Tony Roach, Program Manager |
| Address: | 5730 Packard Ave, Suite 100, Marysville, CA 95969 |
| Fax: | 530-749-6295 |
| Phone & E-mail: | 530-749-6245 E-mail: troach@co.yuba.ca.us |
| Board of Supervisors (BOS) Approval | |

| | |
|---------------------------|---|
| BOS Approval Date: | |
| Name: | Mary Jane Griego, Board of Supervisors Chair |
| Signature: | |

2. County SIP Composition Team

The System Improvement Plan (SIP) was a collaborative process between the Yuba County Health and Human Services and Probation Departments, California Department of Social Services, and Office of Child Abuse and Prevention (OCAP).

The Yuba County Health and Human Services Department, Child Welfare Services (CWS) Division, and Yuba County Probation Department, Juvenile Division, would like to thank all of the participants for their hard work, commitment and important contributions to this effort. This report would not have been possible without their expertise, commitment and dedication.

| Name | Agency |
|--|--|
| Shotwell, Rob, Deputy Director | Yuba County Health & Human Services |
| Roach, Tony, Program Manager | Yuba County Child Welfare Services |
| Borba, Mary-Ellen, Consultant | California Department of Social Services |
| Pickens, Julie | California Department of Social Services |
| Cotto, Heather | California Department of Social Services, Office of Child Abuse and Prevention |
| Lederer, Kim | California Department of Social Services, Adoptions Services Bureau |
| Wrigley, Kim, Adoptions Supervisor | California Department of Social Services, Adoptions Services Bureau |
| Dove, Theresa | Yuba County Probation |
| Moseley, Tara | Yuba County Probation |
| Burris, Reem, Social Worker | YCHHSD – CWS |
| Clark, Thomas, Supervisor | YCHHSD – CWS |
| Elliot, Penny, Social Worker | YCHHSD – CWS |
| Enriquez, Tracy, CWS Help Desk | YCHHSD – CWS |
| Ghaemian, Kaveh, Administrative Analyst | YCHHSD - Admin/CWS |
| Harvey, John, Supervisor | YCHHSD – CWS |
| Hull-Snowden, Lauren, Administrative Analyst | YCHHSD - Admin/CWS |
| Japhet, Shari, Social Worker | YCHHSD – CWS |
| Mahon, Julie, Supervisor | YCHHSD – CWS |

| | |
|--------------------------------|---|
| Malecha, Drake, Social Worker | YCHHSD – CWS |
| Provencal, Marc, Social Worker | YCHHSD – CWS |
| Runge, Erich, Supervisor | YCHHSD – CWS |
| Such, Susan, Social Worker | YCHHSD – CWS |
| Havens-Marmon, Jeff | Youth Representative |
| Eneix, Leah | Foster Kinship Care Education/Resource Family |
| Adams, Diana | Yuba College, Independent Living Program |
| Floe, John | Yuba Sutter Mental Health |
| Hodges, Linda | Casa de Esperanza |
| Jensen, Craig | Grace Source FRC |
| LeBlanc, Cathy | Camptonville FRC |
| Jones, Jennifer | Harmony Health |
| Ayers, Terri | Yuba County Victim Witness |
| Roper, Jason | Yuba County Probation/Victim Witness |
| Marmon, Shawn | Children’s Hope FFA |
| Moore, James | Youth Representative |
| Turnbull, Sandra | Yuba Sutter Mental Health |
| Pierce, Pamela | Harmony Health |
| Sebo, Rich | Children’s Hope FFA |
| Wilkerson, Tim | Environmental Alternatives FFA |

3. CAPIT/CBCAP/PSSF Plan

A. County SIP Team Composition- See Attachment #7-Sign in Sheets/Rosters

A large collaborative of community partners, Child Abuse Prevention Council (CAPC) members and Health and Human Services staff assisted with the CSA and the SIP. See Attachment #7 for a comprehensive list of meetings and attendees.

B. Child Abuse Prevention Council (CAPC)

The Yuba County Children's Council (YCCC) has been meeting monthly since July 2000 and is comprised of administrators and managers from local provider agencies such as the Yuba County Health and Human Services Department, Yuba Sutter Mental Health, Yuba County Probation, local government, school superintendents, representatives from law enforcement, non-profit organizations, local churches and community members. The Yuba County Board of Supervisors resolved on January 21, 2003 that the YCCC is the primary planning body for the Yuba County CAPC and local child abuse prevention activities. Further, the YCCC also is charged with the administration of the County Children's Trust Fund (CCTF) for Yuba County. YCCC has an organizational structure composed of two levels: the policy or executive level composed of 11 members, each of whom acts as chairperson for a Functional Group and the second level whose task is to accomplish the goals of the Policy Group.

The Policy Group is comprised of members of the community and agency policy makers. Recommendations for voluntary appointment to the policy group emanate from the members of the various functional groups with the concurrence of the individual recommended for appointment.

The purpose of the Council is to provide a forum for review and report on the status of children and families in Yuba County; planning on issues related to children and families in Yuba County; the coordination of policies and programs that impact the children and families of Yuba County; the development of recommendations for the consideration of any or all of the governmental agencies whose scope of governing impacts the children of Yuba County; and the cooperative work to find and obtain funding resources for programs that will benefit children and their families who reside in Yuba County.

The Policy Group convenes as the CAPC immediately following each YCCC meeting in order to work on reaching the goals of the Child Abuse Prevention Council's Priority Action Plan and disseminates Child Abuse Prevention information.

As mentioned above, each Policy Group member serves as chair of a Functional Group, representing child-related interest groups in the community and are charged with five significant tasks: provide a forum for "job-alike" organizations to discuss significant issues related to their organizations; coordinate services, practices, and where possible,

policies related to the Yuba County children and families they serve in their profession; make recommendations to the Council on strategies for improving services and service delivery to the children of Yuba County; select a representative to the Council who will also serve as chair of the Group; and provide a forum for strategic and coordinated planning for that functional area.

The Functional Group significant to this report is the Social Services Functional Group, designated as the CAPC Functional Group. This group meets monthly and is made up of community and agency members whose duties are primarily related to services for children, with special emphasis upon child abuse and neglect prevention and intervention services, and/or whose duties relate to human services. Members encourage and facilitate community support for child abuse and neglect prevention; promote public awareness of child abuse and the resources available for intervention and treatment; and recommend improvements in services to families and victims. Additionally, CAPIT/CBCAP contractor representatives attend the Social Services Functional Group to coordinate and discuss child abuse prevention activities that occur throughout the county.

The YCCC/CAPC successfully released the “Yuba County Children’s Report Card-2007,” a publication that measured how Yuba County did as a community in protecting the health and well-being of children and improving the lives of their families. The YCCC/CAPC has utilized the report card to identify local strengths and weaknesses and develop a plan to build on strengths and design prevention strategies to ameliorate weaknesses. The report card has assisted each of the functional groups in focusing their efforts on measurable goals and working towards improving the lives of children in Yuba County. Yuba County is in the process of the updating the Children’s Report Card to be published in 2011.

Upon researching evidence-based programs, the YCCC/CAPC agreed to implement a well-accepted program/concept entitled the “40 Developmental Assets” to assist the YCCC/CAPC members in their efforts. A “40 Developmental Assets” roll out committee was formed to develop a strategy to blanket Yuba County with the “40 Developmental Assets.” Free asset training has been provided to the YCCC/CAPC, several functional groups and to Yuba County’s CWS Division.

In an effort to enhance public awareness and participation, the YCCC/CAPC began convening annual evening meetings in the foothills of Yuba County in 2006. The YCCC/CAPC held its fourth annual foothills meeting October 2009. Said meeting was well attended and deemed successful, informative and enjoyed by all. The YCCC/CAPC has committed to conducting an evening community-based meeting annually.

- The Yuba County CAPC is funded under Welfare and Institutions Code Section 18983.5 and is an independent organization within county government.
- The CAPC carries out the CCTF activities under Welfare and Institutions Code, Chapter 11.

- The YCCC is designated by the Board of Supervisors to oversee and carry out CAPC activities.
- The Yuba County CAPC is supported by the CCTF.

Funding for CAPC

| Fund | Dollar Amount |
|------------|---------------|
| CAPIT | 0 |
| CBCAP | 0 |
| PSSF | 0 |
| CCTF | 1386.03 |
| Kids Plate | 0 |
| Other: | 0 |

Source: YCCC

C. PSSF Collaborative

In Yuba County there is no PSSF Collaborative. The funds are used to fund an in-house parenting program to Child Welfare clients and the community. Yuba County Health and Human Services serves as the de facto collaborative for PSSF funds.

D. CCTF Commission, Board or Council

The YCCC, which acts as the CAPC, is the planning body and is designated by the Yuba County Board of Supervisors as the council that makes recommendations regarding the CCTF. CCTF information is published in the minutes of the CAPC; expenditures from the fund are approved by Council.

E. Parent Consumers

The engagement of parents in leadership roles and attendance at CAPC meetings has been a weakness for Yuba County over the last several years. Although funding is available to aid parents with mileage and/or provide a Parent/Consumer Stipend to parents who attend CAPC meetings, CAPC Coalition meetings, workshops and/or trainings relevant to child abuse prevention, none have taken advantage of the availability.

Yuba County has a very active Foster Parent Association which consists of foster parents, grandparents, relative caregivers and non-related extended family members. Members of the Foster Parent Association have been invited to attend county sponsored training on a variety of topics, as well as participate in the CSA and the SIP. Foster parents and local foster parent associations actively attend the CAPC monthly meetings and express their needs and concerns regarding the local foster care system of service.

During the SIP process, the idea of starting a Parents Anonymous group was discussed. The group realizes that parents are effective and needed leaders who

shape the direction of their families, programs and communities. Through the implementation of Parents Anonymous, parents and professionals build successful partnerships to share responsibility, expertise and leadership to strengthen families and improve services and communities. With the establishment of Parents Anonymous within Yuba County, parent participation within the community and CAPC may increase and enhance the community collaborative.

F. The Designated Public Agency

On July 27, 2004, the Yuba County Board of Supervisors designated the Yuba County Health and Human Services Department as the administrative public agency for CAPIT/CBCAP/PSSF. Yuba County Health and Human Services Department is responsible for integration of local services, fiscal compliance, data collection, preparing amendments to the county plan, preparing annual reports and outcomes evaluation for the CAPIT/CBCAP/PSSF Plan.

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

The CWS Program Manager acts as the county liaison and is responsible for the overall monitoring of the CAPIT/CBCAP grant and the PSSF data collection. The liaison ensures grant compliance, data collection, and budget expenditures through the subcontractor's monthly reports and invoices; invoices are logged monthly onto a spreadsheet to track expenditures. The CAPC provides technical assistance and support to contractors as needed. The liaison plays a critical role in the CAPC by disseminating prevention information to the YCCC and the CAPC for distribution throughout the county.

Since the CDSS OCAP is the state lead agency for CAPIT/CBCAP/PSSF programs, the liaison will inform the CDSS OCAP of any changes in liaison contact information within 30 days of the change. This information will be submitted via email to the CDSS OCAP consultant for Yuba County.

H. Fiscal Narrative

The CAPIT program is funded by State General Funds and is subject to approval through the annual state budget process. The CBCAP and PSSF programs are federally funded and these funds are subject to the annual federal budget process. All programs operate on the State Fiscal Year (SFY) from July 1 through June 30 and all funds must be expended during the SFY allocated. Funds may not be "rolled over" for expenditures in a different year.

Program and fiscal integrity is established after the RFP process with the development of a budget and invoicing system. The contractor will have the opportunity to work with Health and Human Services staff to develop and understand the processes and reporting required for timely payment. Invoices will be submitted on a monthly basis to the county liaison for signature and review and then forwarded to fiscal staff for further

review and payment. Expenditures will be in line with the stated budget and follow the program requirements for CAPIT/CBCAP.

Collecting reporting data for PSSF funds is done through the administration of a half sheet check box survey. The survey is administered at the start of the ten week parenting class to each participant. The boxes checked on the survey determine which of the four areas of spending it is recorded under. All survey results are input into an Excel spreadsheet and tracked throughout the year to determine if the 20 percent expenditure is being met in the four categories.

The CCTF may be accessed by CAPC members who submit a funding request form to the CAPC and meets the CCTF funding requirements. Upon motion of approval from the CAPC, the request is submitted to the Health Human Services Department, Administration and Finance Division for processing. CCTF information is published in the minutes of the CAPC.

Yuba County does not currently have a funding mechanism for braiding or blending funds. The funds that are made available to the county will be used in the most cost effective manner possible.

CAPIT/CBCAP funds are being released through a request for proposal process where the funds will be available to provide prevention services through a Differential Response (DR) program. Yuba County does not have formal DR program established.

PSSF funds are used to supplement the Yuba County Health and Human Services in-house parenting program to provide this service to the community at large. CAPIT/CBCAP funds are also used to supplement and not supplant funds obtained from the state and local public funds.

In the past, Yuba County Health and Human Services has not met the 20 percent expenditure in the area of adoption promotion and support. CWS staff have conferred about the issue and have made efforts to make contact with and bring in prospective adoptive families and families who have adopted children. With these efforts being made the hope is that future reports will reflect the 20 percent expenditure requirement.

I. Local Agencies Request for Proposal

Yuba County Health and Human Services adheres to the Yuba County Purchasing and Contract Policy manual when going through the competitive bid process and releasing a Request for Proposal (RFP), as well as selecting contractors for service provisions. A formal RFP will be utilized for the services funded through CAPIT/CBCAP and the RFP process will begin in November 2010. Once funds have been awarded, contracts are anticipated to be executed and services to start in February or March of 2011.

Yuba County Procurement Procedures

2.0 COMPETITIVE PURCHASING – GENERAL

- (a) Except as otherwise provided for in this manual or by law, contracts in the amount of \$15,000.00 or more will be made competitive.
- (b) Where dollar volume involved is less than \$15,000.00 purchases may be made by less formal competitive methods, using oral and/or informal written quotes from at least three probable sources.

2.1 Exceptions to Competitive Processes

Except as otherwise directed by law or by the Purchasing Agent, competitive bidding or competitive informal purchasing is not required for the following:

- (a) Wherever State law expressly authorizes execution of services contracts without competitive bidding or for expert and professional services which involve extended analysis, the exercise of discretion and independent judgment in their performance, and an advanced, specialized type of knowledge, expertise, or training customarily acquired either by prolonged course of study or equivalent experience such as accountants, physicians, social service consultants, labor consultants, investigators, attorneys, architects, surveyors and engineers;
- (b) Election supplies. Note: the Elections Department will keep records showing price comparisons and may, at the option of the Registrar of Voters and without placing the security or conduct of an election at risk; attempt to secure the best prices for like elections related materials, commodities and services.
- (c) Legal brief printing, stenographic services, and transcripts;
- (d) Books, publications, subscriptions, recordings, motion picture films, and annual book and periodical contracts;
- (e) Personal property or services obtainable:
 - (1) Through any other governmental agency and owned or provided by such other governmental agency, or
 - (2) From any other governmental agency which has a contract with a vendor which allows such other governmental agency to acquire such property or services and resell them to other governmental agencies, (i.e.: cooperative purchasing agreements), or
 - (3) From any private vendor which has a contract with another public agency and such private vendor produces satisfactory documentation showing:
 - (i) Such other contract is currently in effect, and
 - (ii) Such contract was let through a competitive process, and

- (iii) Such items are of comparable description and quality as the items described in such other contract, and
- (iv) The price of such items to be acquired is not greater than that specified in such other contract.

Note: The department requesting the use of this exception is responsible for verifying that conditions (i) through (iv) above are met. Also, all Yuba County purchase orders issued using this exception must have listed on the purchase order:

- The name of the other public agency, and
 - The contract number assigned by the other public agency to the agreement made between them and the vendor to be used.
- (f) Property or services the price of which is fixed by law;
 - (g) Construction equipment rental;
 - (h) Automotive and heavy equipment repairs;
 - (i) Proprietary drugs and pharmaceuticals, medical supplies and equipment;
 - (j) Training, seminars, classes for County personnel;
 - (k) Sole source procurement, as defined and allowed by Section 8.5;
 - (l) Emergency purchases necessary when unforeseen circumstances require an immediate purchase in order to avoid a substantial hazard to life or property or serious interruption of the operation of a county department, or the necessary emergency repair of county equipment or heavy equipment required for the operation of a county department. Please refer to Section 5.1 (h) and 5.2 (g) for ratification requirements;
 - (m) When the Purchasing Agent or his/her designee determines, with the concurrence of the Board of Supervisors, that it is in the best interest of Yuba County to renew a contract award from the previous contract period, based on satisfactory service and reasonable prices, to avoid the interruption of county business and/or based on good business sense if pursuant to the terms and conditions of the contract;
 - (n) When the commodity/service is needed by the county pending a bid award, and a contractor agrees to provide such commodity/service at the same contract price as a previous award until a new contract has been awarded. Such interim period contracts shall not exceed six months, or until conclusion of a bidder's appeal, whichever is later.
 - (o) Fuel credit cards/purchases.
 - (p) Public Projects under \$125,000 for the total project may be set to contract informal bid procedure.
- ii.-ix. The RFP is open to all community based organizations serving families and children in Yuba County. The RFP is published in the local newspaper as well as on the county's official website. The RFP applications will be reviewed by a RFP review

committee consisting of Child Abuse Prevention Council Members who will evaluate and score the completed application based of predetermined criteria make the funding recommendation to the Child Abuse Prevention Council for consideration. A RFP coordinator will be in charge of the scoring committee and reviewing all application for completeness before the scoring committee evaluation and scoring.

Priority will be given to private, nonprofit agencies with programs that serve the needs of children at risk of abuse or neglect and that have demonstrated effectiveness in prevention or intervention. Agencies will be culturally and linguistically appropriate to the population served by providing culturally sensitive services and bi-lingual services if available. Funded programs will be related to the needs of children and families, especially children under the age of 14. Agencies that receive the CAPIT/CBCAP funds are expected to attend the CAPC meetings where they will receive training and technical assistance through member expertise and trainings offered through the CAPC. Funded agencies will be expected to submit all reports and data electronically to the county liaison.

Before the county enters into any contract, the vendor is screened through the “Excluded Parties List System” (<http://www.epls.gov/>) to make sure they have not been suspended or debarred from participation in an effected program. Proof of the vendor’s eligibility is printed and maintained in the contract, on file with the Finance and Administrative Supervisor.

J. CAPIT Funds

The CAPIT/CBCAP funding streams will be administratively combined and released through the RFP process with priority given to agencies who serve children who are at high risk of abuse and neglect, including those being served by CWS, as well as those referred by other community legal, medical or social services agencies.

Applicant agency shall demonstrate the existence of a 10 percent cash or in-kind match, other than funding provided by the State Department of Social Services, which will support the goals of child abuse and neglect prevention and intervention.

K. CBCAP Outcomes

The following outcomes have been identified and will be built into the CAPIT/CBCAP RFP to ensure reporting.

1. Family Engagement
 - Number of families accepting assessment
 - Number and quality of family conferences

2. Short term - Number of families accepting of services
3. Intermediary- Number of families utilizing services
4. Long term- Family Satisfaction
 - Number of repeat maltreatment reports
 - Worker satisfaction

L. Peer Review

The Yuba County Family Resource Center Network (www.frcnetwork.net) is very active and well attended by the community based organizations. The FRC Network meetings occur bi-monthly with over five FRCs participating in the meetings. The FRC Networks act as an informal review process for various FRC based programs throughout the county. The resource centers share knowledge and regularly work together to support each other with technical assistance and peer review throughout the year.

M. Service Array

Yuba County continues to provide mandated and traditional services for its children and families as it also strives to implement new and innovative programs that are evidence based and will hopefully lead to improved child welfare outcomes. In fact, CWS utilizes a number of best practice initiatives to promote strength-based, collaborative approaches in working with families. The need for services in Yuba County is far greater than the service capacity. Yuba County is service deficient in that if all families truly tried to access the following services locally, the service agencies would not have the capacity to serve them.

Health Care. There are only a few providers who are willing to accept Medi-Cal. Peach Tree Clinic, Harmony Health and Del Norte Clinics are among the very few local providers willing to accept Medi-Cal.

Mental Health. The Mental Health Department does not have the capacity to assess and serve all families needing mental health services. There are few private providers who accept Medi-Cal.

Assessment and Treatment Services for Drug and Alcohol Problems. There are no local residential treatment facilities that will allow the enrollment of children. There are limited local residential facilities. There are limited outpatient services, which have waiting lists. There are no local residential treatment programs which have the transitional housing component for aftercare. Currently, families served by CWS must go to residential facilities which are out of county and are not accessible through the local public transportation system.

Developmental Assessment and Services for Children. Developmental assessments and services are available through Alta Regional and the Early Head

Start programs, and developmental screening is completed by Yuba County CWS for children zero to five years of age.

Domestic Violence Counseling and Shelter Services for Women and Children.

There is currently one shelter, which is a bi-county facility. Services and counseling are limited due to funding issues.

Assistance with Housing. There are very limited resources in this area. The local homeless shelter for families has one transitional housing project, which is comprised of approximately seven dwellings at present. There is limited Section Eight Housing and the waiting lists are long for families, several months at best. Several residential areas in the Linda communities, which were affected by the floods in 1986 and 1997, have not been restored or have been inadequately restored. Environmental Health is kept busy with safe housing issues and some large apartment complexes have been legally shut down due to health and safety concerns.

In-Home Safety Services. Family maintenance services are offered voluntarily or are court ordered. There are home visitors in some of the local FRCs who work with intact families. Three of the FRCs use the California Safe and Healthy Families Program/Family Support Visiting Model (Cal-SAHF).

Emergency Assistance Related to Food, Clothing and Shelter. Other than the resources available through the assistance programs, which Yuba County Health and Human Services Department administers, housing resources are limited. The local Salvation Army, which is a bi-county operation, has limited funds to assist with shelter and clothing. Some of the churches in the local area have formed a food closet and track the referrals to avoid duplication and also to monitor the use of the food closet. Due to limited funds, the network can only provide a three day supply of food and cannot manage any repeat requests from families. This church network also serves two counties.

Early Childhood Development Programs. CWS offers a 10 week parenting class called "Parenting with Positive Discipline," which is funded by PSSF. The class is open to parents involved with CWS, CalWORKs or who are stationed at Beale Air Force Base and in need of new parenting skills. CWS division also has the capability to provide in-home parenting services for a limited number of families.

There are also classes on child development and activities held at the FRCs. For the families in CWS who appear to need more individual attention regarding parenting and child development, in-home parenting is provided by CWS. Parent Child Interactive Therapy (PCIT) is available through the local Victim Witness Program for age appropriate children.

Community Based Family Support Services. There are very few community based family support services other than the four FRCs. The FRCs are very active in their neighborhoods and offer many services.

Linkage to CalWORKs. A large majority of the CWS families are currently receiving CalWORKs or were on CalWORKs prior to the child being removed from the home. The Linkages program is a collaborative between Employment Services and CWS. Although Linkages is not currently being practiced, the concept is being revisited for possible reimplementation.

N. CAPIT/CBCAP/PSSF Services and Expenditure Summary

Yuba County Child Welfare Service Division provides a 10 week parenting class called "Parenting with Positive Discipline." The class is open to parents involved with CWS and CalWORKs; kinship parents; adoptive families; and families stationed at Beale Air Force Base who are in need of new parenting skills. The parenting class meets the Juvenile Court standards of the Welfare and Institutions Code. Class topics include: domestic violence awareness, stress and anger management, communication skills, positive parenting, alternatives to physical punishment, self esteem, cultural differences, safety, nutrition, health and many more. On completion of the class, parents will have a tool bag of skills that will assist them in being kind yet firm parents.

O. CAPIT/CBCAP Funded Program

Yuba County Health and Human Services plans to fund a community based Differential Response (DR) program. Contractors for the program will be chosen through a competitive bidding process. Through funding a community based DR program, CWS will be better able to protect child safety by allowing a broader range of responses to reports of child abuse and neglect. Path 1 and/or Path 2 families who have no/low risk level or moderate risk levels will be referred out to contracted DR provider such as a FRC for services that will help mitigate the issues for which the family was referred to CWS. Services include: home visiting, support groups (e.g., anger management, co-dependency, substance abuse), and parenting classes. Families who participate in the DR program will have individualized responses according to the reported concerns or needs. Strength-based interventions, shared responsibility with communities and broad family involvement will be offered as an alternative approach to child safety for families when appropriate. Yuba County Health and Human Services plans to apply for First 5 funding to help leverage the funding streams.

Glossary of Terms

| Term | Definition |
|---|--|
| AB 636 | The Child Welfare System Improvement and Accountability Act of 2001 (AB 636, Steinberg). Identifies and replicates best practices to improve child welfare service (CWS) outcomes through county-level review processes. Also referred to as California–Child and Family Service Review (C-CFSR). |
| C-CFSR | California-Child and Family Services Review: See AB 636. |
| Children | Under 18 years old. |
| Child Well-Being | A primary outcome for CWS focuses on how effectively the developmental, behavioral, cultural and physical needs of children are met. |
| Child Abuse and Neglect Prevention | Welfare and Institutions Code Section 18951(e) defines “child abuse.” Therefore, we may define “child abuse and neglect prevention” as: The prevention of (1) serious physical injury inflicted upon a child by other than accidental means; (2) harm by reason of intentional neglect, malnutrition, or sexual abuse; (3) lack of basic physical care; (4) willful mental injury; and (5) any condition which results in the violation of the rights or physical, mental, or moral welfare of a child. |
| Child Abuse Prevention Intervention and Treatment (CAPIT) | The Child Abuse Prevention Intervention and Treatment (CAPIT) program was established with the intent to address needs of children at high risk of abuse and neglect and their families by providing funding for child abuse and neglect prevention, intervention and treatment programs. |
| Child Abuse Prevention Councils (CAPCs) | Child Abuse Prevention Councils (CAPCs) of California are community councils appointed by the county Board of Supervisors whose primary purpose is to coordinate the community’s efforts to prevent and respond to child abuse. Their activities include: providing a forum for interagency cooperation and coordination in the prevention, detection, treatment, and legal processing of child abuse cases; promoting public awareness of the abuse and neglect of children and the resources available for intervention and treatment; encouraging and facilitating training of professionals in the detection, treatment and prevention of child abuse and neglect; and recommending improvements in services to families and victims. CAPCs work in collaboration with representatives from disciplines, including: public child welfare, the criminal justice system, and the prevention and treatment services communities. Council participation may include the County Welfare or Child Welfare Services Department, the Probation Department, licensing agencies, law enforcement, the Office of the District Attorney, the courts, the coroner, and community service providers such as medical and mental health services, community based social services, community volunteers, civic organizations, and religious community. |

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| Child Welfare Outcomes Improvement Project (CWSOIP) | CWSOIP funds are intended to support county efforts to improve safety, permanency and well-being for children and families by providing counties with additional resources for activities such as implementing new procedures, providing special training to staff or caregivers, purchasing services to address unmet needs, conducting focused/targeted recruitment of caregivers, or improving coordination between public and/or private agencies or any other activity that addresses an AB636 outcome identified by the county as an area needing improvement. |
| Community Based Child Abuse Prevention (CBCAP) | The Community Based Child Abuse Prevention (CBCAP) program supports community based efforts to develop, operate, expand, enhance and network initiatives aimed at the prevention of child abuse and neglect. CBCAP supports networks of coordinated community resources and activities in an effort to strengthen and support families and reduce the occurrence of child abuse and neglect. CBCAP is intended to foster an understanding and appreciation of diverse populations to increase effectiveness in the prevention and treatment of child abuse and neglect. |
| Concurrent Planning | The process of coupling aggressive efforts to reunify the family with careful planning for the possibility of adoption or other permanency options should circumstances prevent the child from returning home. |
| County Data Report | The County Data Report is a compilation of data provided by CDSS and is the basis of the County Self Assessment. The Report includes: <ul style="list-style-type: none"> • Child Welfare Participation Rates (i.e., rate per 1000 children, e.g., referrals, foster care entries, placement type, etc.) • Outcome Indicators • Process Measures • Caseload Demographics |
| Differential Response | A graduated system for addressing referrals to the child abuse hotline/intake involving an initial assessment designed to identify immediate steps necessary to assure child safety and family engagement in such services as may be required to support them in performance of their parenting responsibilities. |
| Evidence-Based Programs and Practice | Evidence-based programs and practices (EBP) is an approach to social work practice that includes the process of combining research knowledge; professional/clinical expertise; and client and community values, preferences and circumstances. It is a dynamic process whereby practitioners continually seek, interpret, use, and evaluate the best available information in an effort to make the best practice decisions in social work. Valuable evidence may be derived from many sources ranging from systematic reviews and meta-analysis (highest level of evidence) to less rigorous research designs (lower level of evidence). |
| Family Preservation | The term family preservation services means services for children and families designed to help families (including adoptive and extended families) at risk or in crisis to remain intact. These services include: |

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| | <ul style="list-style-type: none"> • Service programs designed to help children, where safe and appropriate, return to the families from which they have been removed; or be placed for adoption, with a legal guardian, or, if adoption or legal guardianship is determined not to be safe and appropriate for a child, in some other planned, permanent living arrangement. • Pre-placement preventive services programs, such as intensive family preservation programs, designed to help children at risk of foster care placement remain safely with their families. • Service programs designed to provide follow-up care to families to whom a child has been returned after a foster care placement. • Respite care of children to provide temporary relief for parents and other caregivers (including foster parents); • Services designed to improve parenting skills (by reinforcing parents' confidence in their strengths, and helping them to identify where improvement is needed and to obtain assistance in improving those skills) with respect to matters such as child development, family budgeting, coping with stress, health, and nutrition. • Infant safe haven programs to provide a way for a parent to safely relinquish a newborn infant at a safe haven designated pursuant to a State law. (42 U.S.C. 629a.) (PQCR) |
| Family Team Conferencing (FTC) | The gathering of family members, friends, and members of the family's community and professionals who work in partnership with the agency to develop individualized plans to strengthen family capacity, ensure safety, stability and permanency and to build natural supports that will sustain the family over time. |
| Family Well-Being | A primary outcome for California's CWS whereby families demonstrate self sufficiency and the ability to adequately meet basic family needs (e.g., safety, food, clothing, housing, health care, financial, emotional, and social support) and provide age appropriate supervision and nurturing of their children. |
| Initial Assessment | The intake function, the focus of which is to learn more about the immediate safety issues for the child, as well as obtain background information about the parent through collateral contacts. |
| Promoting Safe and Stable Families (PSSF) Program | The Promoting Safe and Stable Families (PSSF) program provides grants to states and Indian tribes to help vulnerable families stay together. The PSSF is 100 percent federally funded. In an effort to reduce child abuse and neglect, the PSSF program supports services to help strengthen and build healthy marriages, improve parenting skills and promote timely family reunification in situations where children must be separated from their parents for their own safety. The program works with state child welfare agencies to remove barriers that stand in the way of adoption when children cannot be safely reunited with their families. The Adoptions and Safe Families Act specifies that PSSF funds be allocated at a minimum of 20 percent to each of the following service |

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| | components: Family Preservation, Family Support, Time-Limited Family Reunification, and Adoption Promotion and Support. Strong rationale must be presented if allocations fall below the 20 percent funding level. |
| Peer Quality Case Reviews (PQCR) | A key component of the C-CFSR designed to enrich and deepen their understanding of a county's actual practices in the field by bringing experienced peers from neighboring counties to assess and help shed light on the subject county's strengths and areas in need of improvement within the probation and CWS delivery systems and social work practice. |
| Performance Indicators | Specific, measurable data points used in combination to gauge progress in relation to established outcomes. |
| Permanence | A primary outcome for CWS whereby all children and youth have stable and nurturing legal relationships with adult caregivers that create a shared sense of belonging and emotional security enduring over time. |
| Program Improvement Plan (PIP) (Federal) | A comprehensive response to findings of the CFSR establishing specific strategies and benchmarks for upgrading performance in California in all areas of nonconformity with established indicators. |
| Prevention | Service delivery and family engagement processes designed to mitigate the circumstances leading to child maltreatment before it occurs. |
| Resource Families | Relative caregivers, licensed foster parents, and adoptive parents who meet the needs of children who cannot safely remain at home. Resource families participate as members of the multidisciplinary team. |
| Risk, Safety, and Needs Assessments | After the initial face-to-face assessment, there are subsequent meetings with the family to do a comprehensive assessment of strengths and needs, parental protective capacity, ongoing risks, and continued review of safety plans. If safety is a continuing concern and the case is being handled by the community network, the agency will re-refer the case to CWS. The nature of the case plan that emerges from the comprehensive assessment will differ based on what has to be done to assure safety, what the goals are for the case, and who should be involved in promoting the necessary changes within the family. Safety assessments will be done at multiple times during the life of a case. The first face-to-face assessment will be done when direct information is gathered as to the current safety and risk. Based on this initial assessment, safety plans will be put into place immediately, as needed. By gathering information as to the concerns about the protection of the child, by exploring the protective capacity of the parents, and by preliminarily identifying needs for services, the worker will assess risk. As the case moves forward to comprehensive assessment and service planning, a more thorough understanding will be obtained of family strengths and needs, as well as changes that must be made to assure the ongoing safety and protection of the child. Decisions on case closure will also address safety, risk, and whether necessary changes to assure child safety have been made. |
| Safety | A primary outcome for CWS whereby all children are, first and foremost, protected from abuse and neglect. |

| | |
|-----------------------------------|---|
| Safety Plan | A casework document developed when it is determined that the child is in imminent or potential risk or serious harm. In the safety plan, the caseworker targets the factors that are causing or contributing to the risk of imminent serious harm to the child, and identifies, along with the family, the interventions that will control them and ensure the child's protection. |
| Structured Decision Making (SDM) | SDM is a set of child welfare assessment tools specifically designed to standardize an agency's response to referrals of child abuse or neglect. It includes: Hotline Tool, Safety Assessment Tool, Risk Assessment Tool, Family Strengths and Need Assessment Tool, Risk Reassessment Tool, and Reunification Assessment Tool. |
| System Improvement Plan (SIP) | A key component of the C-CFSR, this operational agreement between the County and the state outlines a county's strategy and action to improve outcomes for children and families. |
| Time-Limited Family Reunification | <p>In general the term time-limited family reunification services means the services and activities described below that are provided to a child that is removed from the child's home and placed in a foster family home or a child care institution. The services and activities are also provided to the parents or primary caregiver of such a child in order to facilitate the reunification of the child, but only during the 15-month period that begins on the date that the child, pursuant to section 475(5)(F), is considered to have entered foster care.</p> <p>The services and activities described for time-limited family reunification include the following:</p> <ul style="list-style-type: none"> • Individual, group, and family counseling. • Inpatient, residential, or outpatient substance abuse treatment services. • Mental health services. • Assistance to address domestic violence. • Services designed to provide temporary child care and therapeutic services for families, including crisis nurseries. • Transportation to or from any of the services and activities described in this subparagraph. (42 U.S.C. 629a.) |

Peer Quality Case Review (PQCR) Executive Summary

Yuba County Health and Human Services Department, Child Welfare Services Division, and Probation Department, Juvenile Division, in collaboration with California Department of Social Services and Northern Child Welfare Training Academy planned, organized and completed the 2009 Peer Quality Case Review.

The Peer Quality Case Review is one of the three activities mandated by the California Children and Family Services Review (C-CFSR) that helps assess the effectiveness of child welfare practices across child safety, permanency and well-being. Child Welfare Services Division (CWS) focused on placement stability of children who have been in foster care for 24 months or more with two or fewer placements.

The PQCR required extensive planning. Over a six month period, Yuba County:

1. Selected a focus area for the PQCR.
2. Selected panelists to conduct the interviews composed of CWS social workers (SWs) and juvenile probation officers from neighboring counties that were performing better in the area of focus.
3. Selected specific cases to be reviewed.
4. Identified social workers (SW) and probation officers to be interviewed.
5. Determined the types of focus groups to convene.
6. Customized and tested interview tools and focus group questionnaires.
7. Conducted county PQCR staff orientation and Interview Team Training.
8. “Hosted PQCR Week,” which included training and orientation of panel members, interviews, focus groups and compilation of interviews and focus group findings.

Case Selection for CWS

A representative sample of the cases receiving child welfare services was selected to provide an in-depth, qualitative examination of the SWs in the focus area. CWS cases included all children in foster care during the 12-month period between July 1, 2008 and June 30, 2009 who were in foster care for at least 24 months. Initially seventy-nine 79 cases were identified. After further review of the cases, six CWS cases were selected for CWS SW interviews. Of the six cases selected two were cases in which placement stability was successful – two or less placement changes -- and four cases in which placement stability was not successful – three or more placement changes.

CWS Interview Team Findings (Social Work Practice)

- All children received formal mental and behavioral health assessments to assist with placement matching and meeting the child's needs.
- SWs were committed to involve families, children and youth as active decision makers in all stages of the case planning process.
- SWs made every effort to plan frequent visits between the child, parents, siblings, family members, close family friends, etc. SWs gave careful consideration and importance to the child's preferences and needs.
- CWS SWs developed strong and appropriate relationships with children and youth through quality contacts and sharing personal life experiences in an appropriate way.
- Placement Support Unit provides pre and post-placement support services to foster youth, care providers and to foster youths' Case Managing Social Workers. Placement Support Unit SWs have greatly supported children in out-of-home care and in maintaining high quality stable placements.
- All CWS SWs were competent, experienced and consistently positive about their jobs and the children/youth they served.

Barriers/Challenges

- Structured Decision Making (SDM) is not being used to its full capacity. For example, in some cases SWs did not use SDM's Family Strengths and Needs Assessment to develop the service objectives of the case plan.
- Except for SDM, no other standardized assessment tools and questionnaires are being used to monitor, evaluate and assist with the efforts to support placement stability.
- Family Team Conferencing (FTC) was not used regularly to engage the family in making critical placement decisions.
- No relative search database/system was used to identify and locate family, potential relatives, etc., who may be able to provide a permanent home for a child.
- In some cases, not enough effort was made by SWs to place children in out-of-home care with willing and available relatives. In addition, relatives were not used

in other roles, such as to provide respite for parents or other care givers, temporary care, etc.

- Decisions for placements are sometimes made on the basis of availability rather than compatibility between the child and family. This is a systemic challenge for other counties as well as Yuba County.
- Some cases indicated a lack of ongoing crisis planning – developing specific objectives and strategies to ensure timely availability of necessary supports and interventions in a crisis situation – and recognizing when a situation is escalating and how to defuse the situation.
- In some cases, court orders were in conflict with CWS recommendations resulting in child’s placement being disrupted or becoming unstable.
- Lack of formal and in depth transfer/communication of case information from one SW to another SW can create inconsistency for families and difficulty in achieving their case plan goals, etc.

Training Issues

- Provide CWS-wide training in Family Team Conferencing.
- Provide more training in SDM.
- Provide training for social workers and supervisors on the Concurrent Planning.
- Provide training on how to use assessments to inform placement practice and on-going risk assessment.
- Provide training regarding children who are failing to stabilize in placement.
- Provide training on strength-based practices.
- Provide training for social workers on working effectively with foster parents to support and maintain stable placements.
- Provide specific training for foster parents and social workers for dealing with challenges and crises that tend to disrupt placements.
- Develop educational seminars/roundtables for children/youth and families to learn about the foster care system.

Recommendations

- Encourage CWS and State Adoptions to improve concurrent planning processes.
- Improve and increase the use of SDM in agency decision-making.

- Expand the use of standardized assessment tools and questionnaires to ensure placement stability for children.
- Expand the use of the FTC to address placement issues for foster youth.
- Target the recruitment of empathic caregivers and trained specialized foster homes.
- Improve the foster placement match process to increase the likelihood of stable placements:
 1. Utilize the placement match functionality in CWS/CMS.
 2. Develop a data collection tool to gather placement home characteristics and preferences.
 3. Develop a placement preservation policy and procedures – placement intervention strategies.
- Increase the number of appropriate relative/non-relative extended family members (NREFM).
- Ensure supervisors conduct systematic case reviews with SWs during regularly scheduled meetings.
- Improve the working relationship between SWs, Probation Officers, and the Court, so SWs opinions and recommendations are considered extremely important for the success of the case plan.
- Begin Concurrent Planning at the time of the initial placement.
- Develop and implement Concurrent Planning standards which include time frames and critical decision making points in case plans.
- Monitor establishment of an appropriate permanency goal for children in a timely manner.
- Implement pre-placement meetings to facilitate smoother transitions.

Probation

Peer Interview Teams

Probation Strengths and Promising Practices

- Independent Living Program (ILP) Referrals Made and Services Provided to the Youth

- Financial Aid for college and employment.
- Youth
 - The youth who were involved with Probation, were all referred to the Independent Living Program upon reaching the appropriate age. All the youth received services through their local Independent Living Program. They were also provided with transitional services, which included Transitional Housing.
- Small Number of Probation Officers
 - Prior to being ordered into out of home placement, the youth had a minimal amount of probation officers, with the exception of one youth. After being ordered into out of home placement, the youth had one probation officer. The placement officer had a good knowledge of the youth's needs, strengths and weaknesses. The consistency of having one placement officer, offered the youth stability and encouragement.
- Few to No Placement Changes
 - The probation officer located placements that best suited the youth's needs. The probation officer ensured the youth stayed connected with extended family members who would support the youth and placement. This also provide the youth with a lifelong connection and somewhere to go on home visits and for the holidays.

Probation Challenges

- Lack of Documentation in File
 - Assessments of the youth's needs and progress reports from the Independent Living Program were not located in the file.
- Youth Placed Out of County
 - Due to the youth's needs, they required specialized care. There were no appropriate placements in the local area. Due to the distance of placements, the youth's immediate family did not participate in the programs.
- Youth Not Fully Engaged in Independent Living Program
 - The youth initially engaged in services provided by the Independent Living Program. However, as they turned 18 years of age and still remained in placement, their involvement discontinued.

Probation Supervisor Interview:

The probation supervisor focus group was comprised of one Probation Program Manager; as she is the only supervisor for the placement unit.

Strengths and Promising Practices Contributing to Transition to Adulthood

- Probation Officer:
 - There is one placement officer who sees all the youths in placement. This provides stability/consistency for the youth. They are able to develop a bond with the placement officer.

- The probation officer conducts monthly visits with the youths in placement. During these visits the placement officer takes extra steps to ensure the youths individual needs are met.
- Independent Living Program:
 - The probation department developed an Independent Living Program that focuses on youths on probation. This program assists youth provide specialize treatment to youth in developing their skills to be self sufficient in adulthood.

Challenges Contributing to Transition to Adulthood

- Placement Facilities:
 - There is a lack of local group home placements. This causes youths to be placed out of the area which makes family contact difficult. This factor may make a youth feel powerless and not have the desire to participate in services offered by the group home.
 - There are not enough group homes that provide specialized treatment to youth with mental health disabilities. Failure to address mental health issues makes the youth more at risk of reoffending.
- School settings:
 - Schools have a Zero Tolerance Policy Youth are suspended for inappropriate behavior which interferes with their ability to recognize the importance of an education.
 - A recent survey for youth receiving services from the probation department indicated 70 percent did not see a need for an education. A lack of an education makes the transition into adulthood difficult.

Overall Recommendations for Probation

- Create a Placement Committee to discuss youth who are potential placement candidates.
- Request Progress Reports from Independent Living Program when youth is receiving services and ensure they are in the file.

Probation Training Needs

- Strategies to engage the youth in ILP and motivate them to apply the tools learned in ILP.
- Engaging parents in reunification services.

Probation – Next Steps and Future Directions

Yuba County's PQCR results suggest some strategies for Probation to prioritize:

- Assessments have been developed and will continue to be utilized (Positive Achievement Change Tool).
- Utilize a portion of the 2009/2010 Child Welfare Services Outcome Improvement Project Allocation for parents of the youth for transportation costs to the placement.
- Independent Living Program training for the probation officer.

County Self Assessment (CSA) Executive Summary

Yuba County Health and Human Services Department, Child Welfare Services Division, and Probation Department, Juvenile Division, in collaboration with California Department of Social Services and Northern Child Welfare Training Academy planned, organized and completed the 2010 County Self Assessment (CSA).

CSA is one of the three activities mandated by the California Children and Family Services Review (C-CFSR) that helps assess the effectiveness of child welfare services across child safety, permanency and well being.

The conclusion drawn from the CSA process includes:

- Significant program development and improvement has been made since the implementation of the System Improvement Plan (SIP) in 2008. Nearly all improvement goals in the SIP have been either met or are at close proximity to be met by Child Welfare Services.
- The most recent SafeMeasures data on child welfare outcomes for Yuba County shows our county meets or exceeds the National Standard for nearly all measures but one relating to safety of children. Currently, CWS is exceeding the National Standard for No Maltreatment in Foster Care; Timely Investigation of Child Abuse and Neglect (Immediate and 10-day Referral) and Timely Social Worker Visits. CWS is within three percentage points to meet the National Standard for Non Recurrence of Maltreatment. Please note, that we are steadily moving in the right direction and CWS has made great improvement in this area improving from 80 percent in 12/31/2004 to 91.5 percent for time period 9/30/2009.
- The most recent statewide data from the Center for Social Services Research, School of Social Welfare, University of California Berkeley, (Jan 2010 – 09Q2) on child welfare outcomes shows Yuba County's performance on permanency measures to:
 - Either exceed or show strong/close performance to National Standard for Reunification measures.
 - Exceed or show close performance for two out of three measures related to Placement Stability. Measure C4.3 Placement Stability (At Least 24 Months in Care) falls below the National Standard. Our Peer Quality Case Review (PQCR) in December 2009 focused on C4.3 measure and established timelines for completion.
 - Exceed or show close performance for Adoption measures.
- Yuba County has an array of community services available for families and children across the county. There are strong public and private partnerships among many stakeholders.
- Attention needs to be given to improving or strengthening the following:

- Record keeping: Clean up and enhance data entry on performance measures – such as ensuring all contacts are recorded, and required fields in the CWS/CMS application completed or are checked.
- Internal communication and information sharing: Facilitate sharing of case information, best practices and regulatory requirements, and improve internal communication across all levels.
- Oversight of social workers: Strengthen oversight and review of social workers performance to ensure best practices are implemented.
- Enhance the use of standardized tools -- SafeMeasures, Structured Decision Making (SDM), etc. -- and procedures for assessing child safety, permanency and well being.
- Needs assessment and use of resources: Develop more effective tools for assessing children and family needs to ensure they get the help they need.
- Recruit, train, and support foster parents.
- Improve partnership with other agencies: Expand the array of services available to families through interagency collaboration and partnerships with community based organizations.
- Improve court processes and relationships: Strengthen relationships with juvenile court through Juvenile Court Judge and social worker trainings and streamlining of interagency processes.

Self Assessment revealed the need to continue to focus on safety and permanency outcomes for children/youth. CWS is planning to focus on the following outcomes for the upcoming SIP.

- S1.1 – No Recurrence of Maltreatment.
- C1.4 – Re-Entry Following the Reunification.
- C3.3 –Permanency -- In Care Three Years or Longer.
- C4.3 – Placement Stability – Children with Two or Fewer Placements (At Least 24 Months).

Yuba County values and will benefit from the wide array of information obtained from the Self Assessment process. The county is scheduled to prepare a new three-year System Improvement Plan using the qualitative and quantitative information gathered in the preceding PQCR and current Self Assessment.

No Recurrence of Maltreatment

| Inputs | Program Development Activities | Outputs | Initial Outcomes | Intermediate Outcomes | Long-term Outcomes |
|--|--|---|--|---|---|
| <ul style="list-style-type: none"> • CWS and Community Partnership (s) to prevent child abuse and neglect. • Training of Staff and Community Partners in policy and procedures. • Communication materials (brochures). • CWS Staff -- ER and Out-Stationed SW. • Funding • Engagement of Community in Prevention Activities. • Family Engagement. • Comprehensive Assessment of family and child -- strengths, risks, maltreatment, protective capacity, service needs • Interagency collaboration. | <ul style="list-style-type: none"> • Clearly define program purpose -- reduction in abuse and neglect, family centered, strength based and outcome driven, community collaboration. • Review current DR Path I and Develop Path II. • Define DR case opening/eligibility criteria/referrals with low risk, etc., cases requiring investigation as opposed to referred to community partners • Screening and Assessment tools CWS and SDM – SDM • Tracking and Monitoring of cases • CWS staffing Roles and Responsibilities • Service Provision and Delivery/Service Array. • DR case Closing Criteria. • RFP for Vendors/Community Partners. | <ul style="list-style-type: none"> • Define recipient population: Families who are referred through a report of Child Abuse and Neglect -- all low risk cases that meet the criteria for DR. • Families are accurately assessed. • The CWS terms and definitions and criteria are used consistently and provide a supporting decision by CWS workers. • Community partners are involved and attend meetings, events and trainings. • CWS staff is confident in their skills, collaborate with families, and intervene effectively in low and high risk situations. | <ul style="list-style-type: none"> • DR Program Model and Development and workflow completed. • DR training curriculum is developed, staffing needs and roles are clearly addressed. • Clear communication between CWS staff and Community Partners is established. • Database and other IT related issues for tracking and monitoring is developed. • Community and CWS roles are identified. • Communication and outreach -- Informational brochures/directories are Developed. • CWS and Providers partnership/actions have resulted in the implementation of an alternative response to reports of child abuse and neglect. | <ul style="list-style-type: none"> • Families with low risk, often poverty related are engaged in the process and are helped by CWS. • Children are safe from maltreatment • Children are safely retained in their homes. • The community addresses local needs for services and families at risk. • Community partners are participating in FTCs and other meetings focused on building family driven, client specific, support networks. • Fiscal and business operations identified and addressed; funding secured, and changes to business practices implemented. | <ul style="list-style-type: none"> • Reduction in the number of reports that are repeat or involve frequently encountered families. • Increase family satisfaction -- assess families' feelings, attitude, etc. • Families have increased access to services and increased retention in services. • Enhance community services system effectiveness and capacity through improving service quality, array, and accessibility. • Increase worker and CBO satisfaction -- measure attitude and experiences with as it relates to their practice and job satisfaction. • Reduce Aggregate CWS expenditures over time. • CWS utilizes strength-based assessment, other best practices. |

Attachment # 4

Reentry Following Reunification

| Inputs | Program Development Activities | Outputs | Initial Outcomes | Intermediate Outcomes | Long-term Outcomes |
|---|---|--|---|---|---|
| <ul style="list-style-type: none"> • Safety Plan mechanisms and philosophy are embedded in practice model • Training Curriculum • CWS staff -- Social Workers • Communication materials (brochures) • CWS Staff -- Social Workers, PAs • Funding • Community based organizations collaboration. • Comprehensive Assessment of family and child -- strengths, risks, maltreatment, service needs. • Interagency collaboration | <ul style="list-style-type: none"> • Clearly define safety plan purpose -- reduction in re-entry following reunification, family centered, strength based and outcome driven, stake holders -- parent, foster care, community, etc. -- collaboration • Safety plan guidelines focused to identify safety threats, etc. • Practice that is focused on developing a support system that will enable them to safely maintain children in their home. • Screening and Assessment tools CWS and SDM , Signs of Safety, Ages and Stages, CANS • Tracking and Monitoring cases • CWS staffing Roles and Responsibilities • Service Provision and Delivery/Service Array • Select services that will most appropriately meet the needs of families and children. • CWS staffing and role clarification, training, and safety mandates. • Case closing criteria -- No safety/risk concerns, CWS and Interagency and community collaborative efforts. | <ul style="list-style-type: none"> • Families are accurately assessed and trained. • The safety plan terms, definitions and criteria are used consistently and provide a supporting decision by CWS workers. • FTC meetings and joint safety planning for developing customized services. • Community partners are involved and attend meetings, events and trainings • CWS staff is confident in their skills, collaborate with families, and intervene effectively. • Data Development -- to track and monitor | <ul style="list-style-type: none"> • Safety planning Model and Development and workflow completed. • Safety planning curriculum is developed, staffing needs and roles are clearly addressed. • Clear communication between CWS staff, parents and other stakeholders is established. • Database and other IT related issues for tracking and monitoring is developed. • Parents, caregivers, Community and CWS roles are identified. • Communication and outreach -- Informational brochures/directories are Developed. • FTC based approach to developing and updating family safety plan. • CWS, parents caretakers, etc., actions have resulted in a solid safety planning model. | <ul style="list-style-type: none"> • Staff are instituting strength-based, solution based while applying risk and safety management strategies. • Children are safe from repeat allegations and maltreatment and are safely retained in their homes. • The community addresses local needs for services and families at risk. • The assessments are reliable, and valid. • Parents, caregivers, community partners, etc., are participating in FTCs and other meetings focused on building family driven, client specific, support networks. • Fiscal and business operations identified and addressed; funding secured, and changes to business practices implemented. | <ul style="list-style-type: none"> • Reduce the number of Reentry Following Reunification cases or in the number of reports that are repeat or involve frequently encountered families. • Increase family satisfaction -- assess families' feelings, attitude, etc. • Families have increased access services and increased retention in services. • Improved CWS and community services system effectiveness and capacity through improving service quality, array, and accessibility. • Increase CWS worker satisfaction measure attitude and experiences wit as it relates to their practice and job satisfaction. • CWS utilize strength-based assessment, outcome based and other best practices. • Planned and purposeful visitation occurs for children and families served by Yuba County. |

Attachment #5

Placement Stability (Over 24 months in Care)

| Inputs | Program Development Activities | Outputs | Initial Outcomes | Intermediate Outcomes | Long-term Outcomes |
|---|--|---|---|---|---|
| <ul style="list-style-type: none"> • Placement Preservation mechanisms and philosophy are embedded in practice model • Training Curriculum • CWS staff -- Social Workers • Communication materials (brochures) • CWS Staff -- Social Workers • Funding • Community based organizations collaboration. • Comprehensive Assessment of family and child -- strengths, risks, maltreatment, service needs. • Interagency collaboration | <ul style="list-style-type: none"> • Clearly define placement prevention protocol purpose -- reduction in placement disruptions, family centered, strength based and outcome driven, stake holders -- parent, foster parents, community, etc. -- collaboration • Placement preservation guidelines focused to minimize placement disruptions threats, etc. • Practice that is focused on developing a support system that will enable them to safely maintain children in their placement. • Screening and Assessment tools CWS and SDM -- SDM, Signs of Safety, Ages and Stages, CANS. • Tracking and Monitoring cases • CWS staffing Roles and Responsibilities • Service Provision and Delivery/Service Array. • Select services that will most appropriately meet the needs of families and children/youth. • CWS staffing and role clarification. • Training, staffing and safety mandates. • CWS and Interagency and community collaborative efforts. | <ul style="list-style-type: none"> • FTC meetings and joint placement decisions for developing customized services • Caretakers, Community partners, etc. are involved and attend meetings, events and trainings • CWS staff is confident in their skills, collaborate with sub care providers, and intervene effectively. • Data Development -- to track and monitor | <ul style="list-style-type: none"> • Placement preservation model, development and workflow completed. • Placement preservation planning curriculum is developed, staffing needs and roles are clearly addressed. • Clear communication between CWS staff, parents and other stakeholders are established and Community Partners is established. • Database and other IT related issues for tracking and monitoring is developed. • Parents, caregivers, Community and CWS roles are identified. • FTC based approach to developing and updating placement issues and plans. • CWS, sub care providers, etc., actions have resulted in a solid placement preservation. | <ul style="list-style-type: none"> • Children and caregivers, stakeholders are engaged in the process. • The community addresses local needs for services. • The assessments are reliable and valid. • Parents, caregivers, community partners, etc., are participating in FTCs and other meetings focused on building family driven, client specific, support networks. • Placement preservation plan is specifically tailored to the particular family/children. • Fiscal and business operations identified and addressed; funding secured, and changes to business practices implemented. | <ul style="list-style-type: none"> • Reduce the number of placement disruptions (two or less). • Increase the number of appropriate local/relative non-related extended family member and licensed county foster homes. • Increase family/caregiver satisfaction -- assess families' feedback, attitude, etc. • Improved CWS and community services system effectiveness and capacity through improving service quality, array, and accessibility. • Increase CWS worker satisfaction, measure attitude and experiences as it relates to their practice and job satisfaction. • Children are placed with empathic caregivers. |

Visitation Program -- CWSOIP

| Inputs | Program Development Activities | Outputs | Initial Outcomes | Intermediate Outcomes | Long-term Outcomes |
|--|--|---|--|--|---|
| <ul style="list-style-type: none"> • Effective parenting skills and expanded support after child (ren) return home mechanisms and philosophy is embedded in CWS practice model. • Visitation program that is supported by research, best practice standards and legal statutes. • Training of staff -- social workers, Program Aids, etc. -- in policy, family engagement, assessment. • Communication materials (brochures) • CWS Staff -- Social Workers, PAs • Comprehensive Assessment of family and child -- strengths, risks, maltreatment, service needs. | <ul style="list-style-type: none"> • Clearly define visitation program purpose -- parenting skills, support after children return, reunify families, reduction in re-entry following reunification, family centered, strength based and outcome driven, stake holders -- parent, foster care, etc. -- collaboration • Visitation program protocol focused on assisting parents in practice and demonstrates new learned skills and behaviors that are needed for them to be safely together. • Program that is focused on developing a support system that will enable them to safely maintain children in their home. • Screening and Assessment tools CWS and SDM -- SDM • Tracking and Monitoring tools • CWS staffing Roles and Responsibilities • Service Provision and Delivery/Service Array • Parenting Education -- program that will most appropriately meet the needs of families and children. • Case closing criteria. | <ul style="list-style-type: none"> • All legal, legislative, and policy related objectives completed. • Define recipient population: Families who meet the criteria for visitation program • Families are accurately assessed. • The visitation program terms, definitions and criteria are used consistently and provide a supporting decision by CWS workers. • Community partners are involved and attend meetings, events and trainings • CWS visitation staff is confident in their skills, collaborate with families, and intervene effectively. • Data Development -- to track and monitor. | <ul style="list-style-type: none"> • Visitation Program Model and Development and workflow completed. • Visitation training curriculum is developed, staffing needs and roles are clearly addressed. • Clear communication between CWS staff, parents and other stakeholders are established and Community Partners is established. • Database and other IT related issues for tracking and monitoring is developed. • Parents, caregivers, Community and CWS roles are identified. • Communication and Informational brochures are developed. • Solution-focused approach to developing and updating family visitation plans. • CWS, parents caretakers, etc., actions have resulted in a solid visitation program. | <ul style="list-style-type: none"> • Support for safe and timely reunification for children with their birth families • Children are safe from repeat allegations and maltreatment. Children are safely retained in their homes. • The assessments are reliable, and valid. • Visitation plan is specifically tailored to the particular family. • Children and caregivers more directly and actively engaged in the process. • Fiscal and business operations identified and addressed; funding secured, and changes to business practices implemented. | <ul style="list-style-type: none"> • Planned and purposeful visitation occurs for children and families served by the Yuba County. • Reduce the number of Reentry Following Reunification cases or in the number of reports that are repeat or involve frequently encountered families. • Parents/guardians, etc. receive support/resource after the children are returned home from interagency and community based organizations. • Increase family satisfaction -- assess families' feedback, etc. • Families have increased access services and increased retention in services. • Improved CWS and community services system effectiveness and capacity through improving service quality, array, and accessibility, thus supporting and promoting lasting change for at risk families. • Visitation Plans and activities are thoughtfully and carefully inked to a uniquely tailored Case Plan that clearly defines the desired outcomes for the family, builds on their strengths and resources, and meets specific child and family needs. • Increase CWS worker and visitation staff -- measure attitude and experiences as it relates to their practice and job satisfaction. • CWS utilize strength-based assessment, outcome based and other best practices. |

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

| Other Direct Service Activity (Provide Title) | Goal |
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| E | F |
| | Identified Families Access Services and Supports |
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Three-year CAPIT/CBCAP/PSSF Services and Expenditure Summary
CAPIT Programs, Activities and Goals
Worksheet 2

SIP Attachment XX

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

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

SIP Attachment XX

(1) COUNTY: YUBA

(2) PERIOD OF PLAN: 10/2/10 thru 10/1/13

(3) YEAR:

(4) FUNDING ESTIMATE:

CAPIT \$210,000.00

CBCAP: \$133,661.00

PSSF:

| Line No. | Title of Program/Practice | SIP Strategy No., if applicable | Name of Service Provider, if available | CAPIT | CBCAP | | | | | |
|----------|------------------------------------|----------------------------------|---|---|---|---|--|---|--|--|
| | | | | Dollar amount that will be spent on CAPIT Direct Services | Dollar amount that will be spent on CBCAP Direct Services | Dollar amount that will be spent on CBCAP Infra Structure | Dollar amount that will be spent on Public Awareness, Brief Information or Referral Activities | Dollar amount of CBCAP allocation to be spent on all CBCAP activities (Sum of columns F1, F2, F3) | Dollar amount of PSSF Allocation that will be spent on PSSF activities (Sum of Columns G2, G3, G4, G5) | Dollar amount of Column G1 that will be spent on Family Preservation |
| A | B | C | D | E | F1 | F2 | F3 | F4 | G1 | G2 |
| 1 | Parenting with Positive Discipline | Visitation strategies -- pg.# 36 | Yuba County Health and Human Services, Child Welfare Services | \$0 | \$0 | \$0 | \$0 | \$0 | \$222,852 | \$55,713 |
| 2 | Differential Response | DR Strategy pg.30 | RFP process will determine service provider. * 10% of the CAPIT will be used for Admin. Services \$21,000. | \$189,000 | \$133,661 | \$0 | \$0 | \$133,661 | \$0 | \$0 |
| 3 | | | | | | | | \$0 | \$0 | |
| 4 | | | | | | | | \$0 | \$0 | |
| 5 | | | | | | | | \$0 | \$0 | |
| 6 | | | | | | | | \$0 | \$0 | |
| 7 | | | | | | | | \$0 | \$0 | |
| 8 | | | | | | | | \$0 | \$0 | |
| 9 | | | | | | | | \$0 | \$0 | |
| 10 | | | | | | | | \$0 | \$0 | |
| 11 | | | | | | | | \$0 | \$0 | |
| 12 | | | | | | | | \$0 | \$0 | |
| 13 | | | | | | | | \$0 | \$0 | |
| 14 | | | | | | | | \$0 | \$0 | |
| 15 | | | | | | | | \$0 | \$0 | |
| 16 | | | | | | | | \$0 | \$0 | |

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

| Line No | Title of Program/Practice | SIP Strategy No., if applicable | Name of Service Provider, if available | CAPIT | CBCAP | | | | | |
|---------|---------------------------|---------------------------------|--|---|---|---|--|---|--|--|
| | | | | Dollar amount that will be spent on CAPIT Direct Services | Dollar amount that will be spent on CBCAP Direct Services | Dollar amount that will be spent on CBCAP Infra Structure | Dollar amount that will be spent on Public Awareness, Brief Information or Referral Activities | Dollar amount of CBCAP allocation to be spent on all CBCAP activities (Sum of columns F1, F2, F3) | Dollar amount of PSSF Allocation that will be spent on PSSF activities (Sum of Columns G2, G3, G4, G5) | Dollar amount of Column G1 that will be spent on Family Preservation |
| A | B | C | D | E | F1 | F2 | F3 | F4 | G1 | G2 |
| 17 | | | | | | | | \$0 | \$0 | |
| 20 | | | | | | | | \$0 | \$0 | |
| 21 | | | | | | | | \$0 | \$0 | |
| 22 | | | | | | | | \$0 | \$0 | |
| 23 | | | | | | | | \$0 | \$0 | |
| 24 | | | | | | | | \$0 | \$0 | |
| 25 | | | | | | | | \$0 | \$0 | |
| 26 | | | | | | | | \$0 | \$0 | |
| 27 | | | | | | | | \$0 | \$0 | |
| 28 | | | | | | | | \$0 | \$0 | |
| 29 | | | | | | | | \$0 | \$0 | |
| 30 | | | | | | | | \$0 | \$0 | |
| 31 | | | | | | | | \$0 | \$0 | |
| 32 | | | | | | | | \$0 | \$0 | |
| 33 | | | | | | | | \$0 | \$0 | |
| 34 | | | | | | | | \$0 | \$0 | |
| 35 | | | | | | | | \$0 | \$0 | |
| 36 | | | | | | | | \$0 | \$0 | |
| 37 | | | | | | | | \$0 | \$0 | |
| 38 | | | | | | | | \$0 | \$0 | |
| 39 | | | | | | | | \$0 | \$0 | |
| 40 | | | | | | | | \$0 | \$0 | |
| Totals | | | | \$189,000 | \$133,661 | \$0 | \$0 | \$133,661 | \$222,852 | \$55,713 |

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

SIP Attachment XX

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

SIP Attachment XX

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

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