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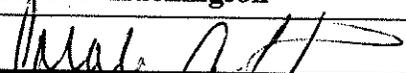
## California's Child and Family Services Review System Improvement Plan

<b>County:</b>	Lake
<b>Responsible County Child Welfare Agency:</b>	Lake County Department of Social Services, Child Welfare Services
<b>Period of Plan:</b>	July 1, 2011 – June 30, 2014
<b>Period of Outcomes Data:</b>	Quarter ending: 4 <sup>th</sup> Quarter 2009
<b>Date Submitted:</b>	June 14, 2011

### County System Improvement Plan Contact Person

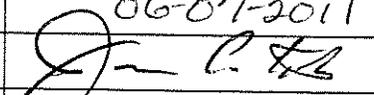
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<b>Name:</b>	Daniel Hurst
<b>Signature:</b>	

### Board of Supervisors (BOS) Approval

<b>BOS Approval Date:</b>	06-07-2011
<b>Name:</b>	
<b>Signature:</b>	Jim Comstock





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**BOARD OF SUPERVISORS, COUNTY OF LAKE**

**STATE OF CALIFORNIA**

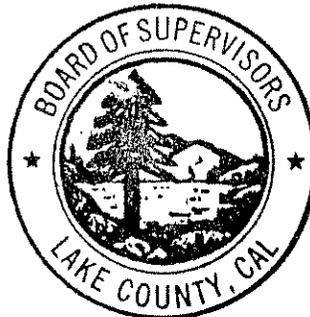
**MINUTE ORDER**

**MEETING DATE: June 7, 2011**

**CONSENT AGENDA ITEM C-19 - Approve the Lake County System Improvement Plan, for the time period July 1, 2011 through June 30, 2014, and authorize the Chair to sign.**

"...Approved the Lake County System Improvement Plan, for the time period July 1, 2011 through June 30, 2014, and authorized the Chair to sign."

Clerk to the Board  
Kelly F. Cox



By: \_\_\_\_\_

*Mireya G. Turner*  
Mireya G. Turner  
Assistant Clerk of the Board



# LAKE COUNTY SYSTEM IMPROVEMENT PLAN

CHILD WELFARE SERVICES AND  
JUVENILE PROBATION

THREE YEAR PLAN  
2011-2014

CHILD ABUSE PREVENTION, INTERVENTION AND TREATMENT  
COMMUNITY BASED CHILD ABUSE PREVENTION  
PROMOTING SAFE AND STABLE FAMILIES

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## A. SYSTEM IMPROVEMENT PLAN NARRATIVE

### 1. System Improvement Plan Process

Lake County Child Welfare Services (CWS), a division of the Lake County Department of Social Services (LCDSS), and the Lake County Probation Department completed the Peer Quality Case Review (PQCR) in May 2010. The County Self Assessment (CSA) was completed, with help from many community agencies and stakeholders, and submitted in January 2011. Many of the same agencies and stakeholders participated in the completion of this document, the Lake County System Improvement Plan (SIP).

The initial SIP meeting included the LCDSS Deputy Director who oversees CWS and CalWORKs Employment Services, CWS Program Manager, Probation Chief, Deputy Probation Officer, Children's Council (local Child Abuse Prevention Council) Chairperson, and the CAPIT/CBCAP/PSSF liaison. Following the initial meeting, a series of meetings and focus groups with various partner agencies, foster youth, and CWS parents were held.

Participating partners and stakeholders included the following: Children's Council chairperson and Executive Committee; Mental Health/Alcohol and Other Drugs Services (AODS); Lake Family Resource Center; LCDSS Employment Services staff; CDSS State Adoptions; Wraparound Executive Committee, which includes, in addition to LCDSS and Probation, Lake County Office of Education and the provider, Redwood Children's Services, Inc., a foster family agency; CWS social workers and supervisors; foster youth; and parents in the CWS system.

Data sources that informed this SIP include the following:

- CDSS Child Welfare Dynamic Report System, [http://cssr.berkeley.edu/ucb\\_childwelfare/](http://cssr.berkeley.edu/ucb_childwelfare/)
- Lake County demographics and other data in the CSA as credited therein (E.g., U.S. Census Bureau, [www.kidsdata.org](http://www.kidsdata.org), Lake County Office of Education, [www.cdss.ca.gov/research/](http://www.cdss.ca.gov/research/))
- Child Welfare Services Case Management System (CWS/CMS) statewide computer system

Decision making was a collaborative effort between Lake County CWS, Probation, and Children's Council (the local Child Abuse Prevention Council) members.

Information obtained from stakeholders and focus groups was incorporated extensively into the PQCR and the CSA, as well as the SIP. Of note, input was obtained through focus groups from CWS clients (parents and foster youth, separately) and incorporated into the SIP.

### 2. Outcomes Needing Improvement

This assessment of outcomes needing improvement is based on outcome measures reported on the CDSS Child Welfare Dynamic Report System at [http://cssr.berkeley.edu/ucb\\_childwelfare/](http://cssr.berkeley.edu/ucb_childwelfare/) and cited in the Lake County Self Assessment (CSA) dated January 2011. Showing the outcome data for the final year reported in the Lake CSA, the following outcomes need improvement:

- S1.1 No recurrence of maltreatment – Federal standard:  $\geq 94.6\%$ 
  - 01/01/09 – 6/30/09 = 86.9%
- C1.1 Reunification within 12 months (exit cohort) – Federal Standard:  $\geq 75.2\%$ 
  - 01/01/09 – 12/31/09 = 46.7%
- C1.2 Median time to reunification (exit cohort) – Federal Standard: 5.4 months
  - 01/01/09 – 12/31/09 = 13.2 months

- C1.3 Reunification within 12 months (entry cohort) – Federal Standard:  $\geq 48.4\%$ 
  - 07/01/08 – 12/31/08 = 33.3%
- C1.4 Reentry following reunification (exit cohort) – Federal Standard:  $\leq 9.9\%$ 
  - 01/01/08 -12/31/08 = 23.1%
- C2.1 Adoption within 24 months (exit cohort) – Federal Standard:  $\geq 36.6\%$ 
  - 01/01/09 -12/31/09 = 7.7%
- C2.2 Median time to adoption (exit cohort) – Federal Standard:  $\leq 27.3$  months
  - 01/01/09 – 12/31/09 = 37.3 months
- C2.5 Adoption within 12 months (legally free) – Federal Standard:  $\geq 53.7\%$ 
  - 01/01/08 – 12/31/08 = 13.3%
- C3.3 In care 3 years or longer (emancipated or age 18 in care) – Federal Standard:  $\leq 37.5\%$ 
  - 01/01/09 – 12/31/09 = 75%
- C4.1 Placement stability (in placement 8 days to 12 months) – Federal Standard:  $\geq 86.0\%$ 
  - 01/01/09 – 12/31/09 = 60.4%
- C4.2 Placement stability (in placement 12 to 24 months) – Federal Standard:  $\geq 65.4\%$ 
  - 01/01/09 – 12/31/09 = 48.3%
- C4.3 Placement stability (in placement for at least 24 months) – Federal Standard:  $\geq 41.8\%$ 
  - 01/01/09 – 12/31/09 = 20.8%

Lake County CWS had exceeded Federal Standards in outcome measure S1.1, no recurrence of maltreatment, until calendar year 2009. CWS has a goal to once again meet the Federal Standards for this outcome measure and selected it as one for the SIP. Also, as the Differential Response program can positively affect this measure and the already strong collaboration between CWS and DR partners will be enhanced, it is expected that this outcome measure will improve.

Although the reunification measures C1.1, C1.1, and C1.3 fall below Federal Standards, research in this area amply supports the proposition that faster reunification times result in higher reentry rates. Therefore, rather than attempt to achieve Federal Standards for reunification and worsen the reentry rates, CWS has chosen to focus on improving measure C1.4, reentry following reunification. In years past, CWS had exceeded the Federal Standard for this measure and has a goal to do so in the period covered by this SIP.

Permanency Measure C3.3, children in foster care for over 3 years, is another area in need of improvement, though not a focus of the SIP. Rather than focus on this measure, it is expected that as services improve in all other areas, this measure also will improve.

The Adoption outcome measures C2.1, C2.2, and C2.5 are below Federal Standards. Improving these measures will be a focus of the SIP. As CWS adoptions are performed by CDSS State Adoptions, Rohnert Park Branch Office, CWS discussed plans with the branch manager to work together to achieve improvements.

In the outcome measures for placement stability, CWS has chosen to focus on measure C4.1, placement stability during the first year of placement. This measure was the focus area for Lake County's PQCR, which yielded some valuable information. Research supports the proposition that stabilizing children in the first year of placement generally results in stability through the life

of the case. Therefore, improvements in the first year (measure C4.1) are expected to produce improvements in stability measures for the second and third years, C4.2 and C4.3 respectively.

The needs assessment of the CSA, conducted with input from a wide array of community partners, and the PQCR findings and recommendations, reached in part with input from various focus groups/stakeholders, inform the choice of focus areas for the SIP. As well, they factor into the choice of practices and programs to address County needs and outcomes needing improvement.

For the record, Lake County CWS meets or exceeds the standards in these outcome measures:

- S2.1 No maltreatment in foster care – Federal standard:  $\geq 99.68\%$
- 2B1 Timely Response, Immediate response compliance – State Standard:  $\geq 90\%$
- 2B2 Timely Response, Ten Day response compliance – State Standard:  $\geq 90\%$
- 2C Timely social worker visits with child – State Standard:  $\geq 90\%$
- C2.3 Adoption within 12 months (17 months in care) – Federal Standard:  $\geq 22.7\%$
- C2.4 Legally free within 6 months (17 months in care) – Federal Standard:  $\geq 10.9\%$
- C3.1 Exits to permanency (24 months in care) – Federal Standard:  $\geq 29.1\%$
- C3.2 Exits to permanency (legally free at exit) – Federal Standard:  $\geq 98.0\%$
- C3.3 In care 3 years or longer (emancipated or age 18 in care) – Federal Standard:  $\leq 37.5\%$

### 3. Improvement Goals

The outcomes goals were selected by a review of the data reports, current practices, County strengths and needs in the CSA, and findings and recommendations in the PQCR. In collaboration with community input, it was determined that CWS and Probation efforts, combined with those of community partners, could have the greatest positive impacts on the chosen outcomes.

#### CWS Improvement Goals

The following outcome measures were targeted for improvement:

1. S1.1 – Of all children who were victims of a substantiated maltreatment allegation during the first 6 months of the year, what percent were not victims of another substantiated allegation within the next 6 month period? Federal Standard is  $\geq 94.6\%$ 
  - 01/01/07-12/31/07 = 100%
  - 01/01/08-12/31/08 = 97.0%
  - 01/01/09-12/31/09 = 86.9%
2. C1.4 – Of all children discharged from foster care to reunification during the year, what percent of children reentered foster care in less than 12 months from the date of discharge? Federal Standard is  $\leq 9.9\%$ 
  - 07/01/06-12/31/06 = 2.9%
  - 01/01/07-12/31/07 = 10.4%
  - 01/01/08-12/31/08 = 23.1%

3. C2.1 – Of all children discharged from foster care to a finalized adoption during the year, what percent were discharged in less than 24 months from the date of the latest removal from the home? Federal Standard is  $\geq 36.6\%$

01/01/07-12/31/07 = 10.4%

01/01/08-12/31/08 = 23.1%

01/01/09-12/31/09 = 0.0%

- C2.2 – Of all children discharged from foster care to a finalized adoption during the year, what was the median length of stay (in months) from the date of the latest removal from home until the date of discharge to adoption? Federal Standard is  $\geq 27.3\%$

01/01/07-12/31/07 = 40.8 months

01/01/08-12/31/08 = 33.3 months

01/01/09-12/31/09 = 33.4 months

- C2.5 – Of all children in foster care who became legally free for adoption during the year, what percent were then discharged to a finalized adoption in less than 12 months? Federal Standard is  $\geq 53.7\%$

01/01/06-12/31/06 = 19.4%

01/01/07-12/31/07 = 18.2%

01/01/08-12/31/08 = 13.3%

4. C4.1 – Of all children served in foster care during the year who were in foster care for at least 8 days but less than 12 months, what percent had two or fewer placement settings? Federal Standard is  $\geq 86.0\%$

01/01/07-12/31/07 = 73.2%

01/01/08-12/31/08 = 71.4%

01/01/09-12/31/09 = 60.4%

The first outcome measure chosen for improvement (number 1 above) is S1.1, no recurrence of maltreatment. The data for this outcome measure show that CWS exceeded the Federal Standard for the first two years reported in the CSA, then decreased the third year. The goal is to improve in this area to once again exceed Federal Standards.

The second outcome measure selected for improvement is C1.4, reentry following reunification. The data for this outcome measure show that CWS was well within the Federal Standard in the first year reported, then only slightly out of compliance the second year reported. The outcome deteriorated the final year reported due to one family of five children reentering. Due to small numbers in the County, a family of five significantly impacts the percentages. Nonetheless, CWS plans to improve, with the goal being to meet Federal Standards.

The third set of three outcome measures all relate to adoptions; hence, all three are grouped together as a set. The County has not been able to achieve the Federal Standards in any of these measures, but with some new strategies and the cooperation of CDSS Adoptions, the goal will be to improve current performance in all three measures by at least 20%.

The fourth outcome measure, placement stability during the first year of placement, was the PQCR focus for both CWS and Probation. As the data above show, the County is not within Federal Standards in any of the three years reported, but fell even farther below in the final year reported. The goal is to at least meet the results achieved in the first year reported and eventually

meet the Federal Standard. As this is a measure that deeply affects the well-being of children in the foster care system, CWS will make diligent efforts to improve placement stability.

#### Probation Improvement Goals

Probation chose to focus on placement stability and increasing protective factors in youth. In the past two years, Lake County Probation (LCP) has had a series of departmental changes toward becoming an Evidence Based Practice (EBP) agency. In each step, LCP has challenged the court system, local law enforcement, and other stakeholders to adjust their attitude and thinking from that of a county which has typically viewed the juvenile justice system as a “catch-all” for juveniles who experience problems at home, at school, or in the community. LCP implemented a validated risk assessment tool to assist in predicting the risk of recidivism, thereby identifying those juveniles most in need of intervention. With the identification of the juveniles who are at a higher risk to reoffend, LCP has taken a pro-active approach in working with these juveniles according to their risk to re-offend. In particular, LCP has implemented family team conferencing with all juveniles who have had a change in status, for example becoming an “imminent risk of out-of-home placement.” Additionally, LCP has noted that family finding efforts have been minimal (and it was also noted in the latest PQCR). As LCP strives toward the goal of being an EBP agency, during this SIP period, equal focus will be on development and implementation of practice as well as procedural guidelines in order to further progress.

#### 4. Summary of Literature Review

The literature reviews used for the selected outcome measures were provided by the University of California at Davis (UC Davis) at the following websites:

<http://academy.extensiondlc.net/file.php/1/resources/LR-PredictingRecurrence.pdf>

<http://academy.extensiondlc.net/file.php/1/resources/LR-ReentryReunificaton.pdf>

<http://academy.extensiondlc.net/file.php/1/resources/LR-PlacementStability.pdf>

#### Recurrence of Maltreatment

A review of the research on recurrence of maltreatment suggests several factors predictive of reabuse. The first factor is time; the probability of reabuse is highest after an initial report of abuse and declines over time. Therefore, provision of services early in the life of a case is a strategy to prevent reabuse.

Other factors that predict recurrence of abuse are age of the child, with younger children, especially in large families, showing high rates of reabuse; children with special needs; parents with substance abuse or mental health issues; parents lacking parenting skills, including ability to communicate effectively with the child and understanding child development; domestic violence; poverty; and parents' prior history with CWS.

Strategies to reduce recurrence of maltreatment include early intervention, provision of voluntary services for unsubstantiated referrals, in-home services, substance abuse treatment, mental health services, parenting education, domestic violence intervention, and economic stabilization of the family.

The strategies support the use of Nurturing Parenting® classes and Differential Response (DR) as programs to reduce recurrence of maltreatment. For example, the DR program offers voluntary services to families in-home. DR service providers refer clients to substance abuse treatment, domestic violence counseling, and mental health services and sometimes transport clients to appointments. DR also helps families with resources, such as referring clients to social services, obtaining food and clothing, and helping to secure housing.

### Reentry into Foster Care

The literature review of reentry into foster care states factors associated with higher reentry rates. Some factors include characteristics of the child. For example, these groups are more like to reenter foster care: infants and teens, emotionally disturbed children, and developmentally disabled children. Family factors that result in higher rates of reentry include parental substance abuse, lack of parenting skills, limited support from family and friends, parents' mental health issues, families with four or more children, poverty, and prior involvement with CWS. Agency factors that contribute to higher reentry into foster care are initial stays in foster care of less than 6 months (i.e., shorter reunification time periods), lack of post reunification services, and reunification of children whose last placement was a group home or who experienced multiple placements.

Strategies indicated by evidence to reduce reentry into foster care include the following: family engagement; motivational interviewing; in-home services; participatory case-planning; effective family visitation; improving parenting skills and competencies; early intervention; careful assessment of families to identify strengths and needs; and post-reunification services.

### Placement Stability

The literature review of placement stability suggests several strategies for improving this outcome measure that will be considered in developing programs and plans for Lake County. These strategies include the following: kinship placements; Intensive Treatment Foster Care (ITFC); training and support for foster parents; concurrent permanency planning; detailed assessment of children; placement of children with severe emotional or behavioral problems in placements without other children; including the family in the placement decision-making process.

## 5. Current Activities That Affect Outcomes

Lake County CWS has instituted several programs and practices that are affecting outcomes. CWS will continue and, in some cases, expand or enhance many of these programs and practices.

One program that CWS proposes to expand is the Differential Response (DR) program. Operating since 2007, DR practices are supported by the evidence in the literature reviews as strategies for reducing recurrence of maltreatment.

CWS plans to continue a continuum of practices developed with the PSSF Meth Regional Partnership Grant, in collaboration with Butte, Tehama, and Trinity Counties. This continuum of services to families entering the CWS system includes administration of the Addiction Severity Index, referral to substance abuse programs when indicated, parent engagement group, in-home life skills/parent coaching, Nurturing Parenting® classes, and parent empowerment group.

Dependency Drug Court (DDC) involves collaboration with Alcohol and Other Drugs Services (AODS), a division of County Mental Health. DDC serves a total of 10 families at any given time, with many families having successfully completed the program.

CWS is screening all children aged 0-5 using the Ages and Stages Questionnaire (ASQ). This tool is a way of engaging caregivers as well as providing early developmental screening of children.

All teens aged 15 ½ and older are offered Independent Living Services (ILP). Data from Safe Measures shows that counting youth for each ILP service received, CWS delivered 283 ILP services in 2010. Another program offered to youth are the transitional housing programs, THPP and THP-Plus.

Family Finding and Engagement has been implemented, especially for youth close to aging out of foster care. CWS plans to expand this service to be performed throughout the life of a case.

Family Team Meetings are being used for participatory case planning, preserving placements, and by Emergency Response for creating safety plans to prevent removal of children.

Recently implemented programs expected to expand to serve more families are Wraparound and Court Appointed Special Advocates (CASA). Foster parent training, which has been presented annually, will be expanded.

The Linkages program has been operational since 2007 and is being expanded. CWS and Employment services staff are continuing regular meetings and monthly supervisory meetings have recently been implemented.

CWS workers will continue to use Structured Decision Making<sup>®</sup> (SDM) at appropriate times throughout the life of a case. Case staffings are also used to make decisions in cases and will be enhanced with the use of Signs of Safety (SoS) procedures.

CWS collaborates with community agencies and stakeholders through regular meetings that have built strong partnerships. These include ICWA representatives, schools, County Mental Health and AODS, foster family agencies, the Multi-Disciplinary Team (MDT), and Lake Family Resource Center.

Finally, internal quality assurance will continue. This includes regular review of outcome data and other reports, individual access to and monthly supervisory review of Safe Measures<sup>®</sup> reports, and individual caseload reviews.

## 6. New Activities Expected to Impact Outcomes

Current activities that will be expanded include DR, Family Finding and Engagement, Linkages, and case staffings. Concurrent planning, which is currently practiced without clear policies and procedures in place, will be formalized, with attention to instituting joint assessments with State Adoptions of all relative placements.

New activities to be implemented, which are expected to impact outcomes, include Signs of Safety (SoS); Nurturing Parenting<sup>®</sup> classes for substitute care providers; enhancing mental health services, especially for clients with co-occurring disorders (substance abuse coupled with mental health issues); formalized mental health screening/assessment of all children entering foster care;

developing parent partners and mentors; creating a forum to obtain regular input from foster youth; aftercare programs for reunified families; and a progressive visitation model.

### 7. Logic Models Linking Activities to Outcomes

Goal 1: Achieve Federal Standard of  $\geq 94.6\%$  children having no recurrence of maltreatment.

Input: Provide additional money to Differential Response (DR) program from PSSF components “Family Support” and “Family Preservation” and, for eligible families, through CalWORKs Linkages. Assign staff time and training to implement Signs of Safety.

Activity/Program	Output
Differential Response (DR) services: <ul style="list-style-type: none"> <li>• home visits</li> <li>• in-home life skills</li> <li>• in-home parenting coaching</li> <li>• referrals to services</li> </ul> Ultimately, DR recipients are encouraged to connect with family and friends and to identify resources and supports on their own.	DR increases protective factors by improving: <ul style="list-style-type: none"> <li>• Social connections – friends, family, community, who provide emotional support and concrete assistance</li> <li>• Knowledge of parenting and child development</li> <li>• Parenting skills</li> <li>• Knowledge and ability to access resources to improve financial security</li> </ul>
Signs of Safety (SoS)	Use of the SoS results in improved: <ul style="list-style-type: none"> <li>• Social worker assessment to determine best interventions for each family</li> <li>• Interventions tailored to family needs</li> <li>• Case planning</li> <li>• Family engagement</li> </ul>

Outcomes: Family functioning improves, as measured by the Family Development Matrix (FDM). The families who receive DR services improved assessments have reduced recurrence of maltreatment, as measured by Child Welfare outcome data for measure S1.1, recurrence of maltreatment. Likewise, tailored services and improved assessments, case planning, and family engagement result in reduced recurrence of maltreatment.

Goal 2: Achieve Federal Standard of  $\leq 9.9\%$  of children reentering foster care following reunification.

Inputs: Staff time and training to implement new activities and to enhance continuing activities; possible collaboration with Alcohol and Other Drugs Services or Children’s Council

Activity/Program	Output
Signs of Safety	Mitigate danger, increase protective factors
Improve access to mental health services	Improved parent and family functioning
Stronger collaboration between CWS and CalWORKs (Linkages)	Increased family economic stability
Formalize a progressive visitation program	Families benefit from visitation and gradually prepare for the reunification

Develop parent mentors	Benefits the mentor Parents who have mentors feel supported
Aftercare programs for reunified families	Parents are supported

Outcomes: Families with improved family functioning, increased protective factors, and solid supports are more likely to succeed at reunification, thereby reducing reentry rates, as measured by Child Welfare outcome data for measure C1.4, reentry following reunification. Additionally focus groups of parents and focus groups of social workers will be used to evaluate satisfaction with services.

Goal 3: Improve adoptions outcomes: increase the number of adoptions within the standard time frames and decrease the median time for adoptions to be completed.

Inputs: Staff time and training; collaboration with CDSS Adoptions staff.

Activity/Program	Output
Formalize concurrent planning procedure with CDSS Adoptions	The child's concurrent plan is determine as early as possible in the case
Conduct Relative/NREFM assessments jointly with CDSS Adoptions specialist	Potential relative/NREFM adoptive placements are found early in the case
Expand Family Team meetings to assist adoptive families	Adoptive families overcome any barriers to adoption and are assisted with completing requirements to finalize the adoption
Enhance Family Finding and Engagement	Children are placed with relatives or non-related extended family members

Outcomes: Children placed with relatives or NREFMs are more likely to be adopted. When Relative/NREFM or other adoptive placements are located earlier in the life of a case, finalization of adoptions will be expedited.

Goal 4: Improve placement stability during the first year of placement.

Inputs: Staff time and training to implement new activities and to enhance continuing activities; create a procedure to receive input from foster youth on a regular basis.

Activity/Program	Output
Enhance Family Finding and Engagement	Increase placements of children with relatives or non-related extended family members
Nurturing Parenting® classes for foster parents and relative/NREFM caregivers	Improve substitute caregivers' parenting skills
Family Team Meetings (FTM) to preserve placements and at any placement change	Preserve placements by working with foster families and foster family agencies
Mental health screening and assessment of all children entering foster care	Connect children with mental health services early in placement to minimize issues which lead to placement disruption
Improve social worker contacts with children and substitute caregivers	Improved assessments of needs and enhanced relationships with children and caregivers

Solicit input from foster youth, FFA staff, and substitute caregivers on a regular basis.	Apply information received to improve staff insight, find solutions to problems, and improve programs and services accordingly
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Outcomes: Placements will be stabilized, as measured by Child Welfare outcome data in the measures for placement stability, in the following ways:

- Increased relative placements, measured by the number of relative/NREFM placements
- Improved substitute care provider parenting, measured by Nurturing Parenting® pre and post “Nurturing Skills Competency Scale” testing and by input from substitute care providers’ focus groups
- Improved concurrent planning, measured by Child Welfare outcome data for placement stability
- Improved working relationships with FFAs, measured by input from FFA staff focus groups

#### 8. Integration of CSA, PQCR, and Planning Process with CAPIT/CBCAP/PSSF Plan

The SIP, containing the three year CAPIT/CBCAP/PSSF plan, is the third stage of the California Child and Family Services Review (C-CFSR) process, following the PQCR and CSA. Information gleaned and analyzed in all three stages of the C-CFSR process (e.g., findings and recommendations from the PQCR, the County strengths and needs assessment of the CSA, suggestions from community partners, and input from parents and youth) was applied to the CAPIT/CBCAP/PSSF plan and informs decisions made on how to use the funds.

Past use of the funds was reviewed in collaboration with the Children’s Council and community partners: what has worked, what has been accomplished, and what needs improvement?

In this way, the three stage C-CFSR process has been integrated into the formation of the CAPIT/CBCAP/PSSF Plan. This process will be discussed in more depth in Part II, which begins on page 37.

## Executive Summary of County Self Assessment (CSA)

One of Lake County's greatest strengths is the collaborative relationships between CWS, Probation, and Community partners. Community partners have embraced and implemented best practices such as Nurturing Parenting<sup>®</sup>, Motivational Interviewing, and Family Team Meetings. Other successful programs, the result of strong collaboration among several partner agencies, include Differential Response (DR), Multidisciplinary Team (MDT), Wraparound, and Dependency Drug Court (DDC).

Nonetheless, gaps in services and unfilled needs were noted as part of the comprehensive needs assessment conducted for the CSA. The County needs more of the following to improve outcomes for children and families: resources for families living in poverty, especially housing, transportation, and child care; adult education programs; mental health services; family therapy; early identification of at risk families; prenatal care and education for high-risk mothers; substance abuse treatment options and aftercare programs for parents who have completed treatment; programs for parents just released from incarceration or probation; parent partners and parent mentors; improved collaboration with law enforcement; foster homes in-county, especially Intensive Treatment Foster Care (ITFC) and adoptive placement homes; and intensified efforts to locate relatives and NREFMs.

Additionally, there is a need to continue and to expand the programs which have had success, such as DR and Nurturing Parenting<sup>®</sup>, to reach more families before CWS intervention becomes necessary.

Taking into account these strengths and needs, CWS and Probation are looking to implement or expand programs as follows: expanding Linkages collaboration between CWS and CalWORKs; involving CalWORKs Employment Services in DR for families in both programs; creating a DR-type model for Probation; in partnership with AODS, developing aftercare services and parent mentoring; working with Mental Health to improve access to services; collaborating with FFAs to improve placement stability, provide Nurturing Parenting<sup>®</sup> training, and recruit foster parents; implementing and integrating Signs of Safety into CWS practice; increasing the use of Family Finding and Engagement and of Family Team Meetings; and filling Wraparound to capacity. The Children's Council has chosen to focus on early intervention by advocating for countywide prenatal screening, developing a "soft hand-off" process for referral to services, and expanding the Mother-Wise program of mentoring parents of newborns, especially mothers with postpartum depression issues.

CWS and Probation look forward to working with partner agencies to continue building on progress made, improving and expanding existing services, and implementing new programs as is feasible.

### Executive Summary of Peer Quality Case Review (PQCR)

The PQCR of Lake County CWS and Probation was conducted in 2010 on May 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup>. The focus area for both CWS and Probation was measure C4.1 Placement Stability: Of all children served in foster care during the year, who were in foster care for at least eight days but less than 12 months, what percent had two or fewer placement settings?

The PQCR recommendations that will be used to develop the CWS System Improve Plan (SIP) in May of 2011 include the following:

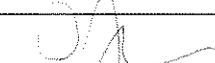
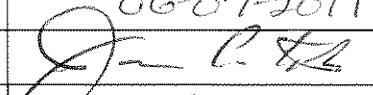
- Develop a centralized placement support unit or identify placement social workers that can conduct family finding and foster home matching to increase appropriate placements.
- Work with the local Foster Family Agencies to develop recruitment methods for new foster parents. For example, send social workers to local fairs and events.
- Identify community partners that may be able to develop a Court Appointed Special Advocate (CASA) program within the county to provide children with more advocacy and supports.
- Establish and implement a policy for Family Team Meetings to be held at every placement change (in addition to current practice of being held at the onset of a case).

Placement stability was the focus of the Probation Department's Peer Quality Case Review (PQCR) in May of 2010. The recommendations that will be used to develop Probation's System Improvement Plan (SIP) for May of 2011 include:

- Increase family engagement by developing a family finding tool and a standard procedure for contacting parents and relatives when the youth are in placement.
- Work with community partners to develop Wraparound services specific to Probation youth to decrease the need for placements and to stabilize placements.
- Enroll Probation Officers in trainings and encourage Probation Officers to receive on-going education and specialized trainings.

**B. PART I – CWS/PROBATION**

1. CWS/Probation Cover Sheet

<b>California's Child and Family Services Review System Improvement Plan</b>	
<b>County:</b>	Lake
<b>Responsible County Child Welfare Agency:</b>	Lake County Department of Social Services, Child Welfare Services
<b>Period of Plan:</b>	July 1, 2011 – June 30, 2014
<b>Period of Outcomes Data:</b>	Quarter ending: 4 <sup>th</sup> Quarter 2009
<b>Date Submitted:</b>	June 14, 2011
<b>County System Improvement Plan Contact Person</b>	
<b>Name:</b>	Toni Jones
<b>Title:</b>	Program Manager
<b>Address:</b>	PO Box 9000, Lower Lake CA 95457
<b>Fax:</b>	(707) 262-0299
<b>Phone &amp; E-mail:</b>	(707) 262-4545 tjones@dss.co.lake.ca.us
<b>Submitted by each agency for the children under its care</b>	
<b>Submitted by:</b>	County Child Welfare Agency Director (Lead Agency)
<b>Name:</b>	Carol J. Huchingson
<b>Signature:</b>	
<b>Submitted by:</b>	County Chief Probation Officer
<b>Name:</b>	Daniel Hurst
<b>Signature:</b>	
<b>Board of Supervisors (BOS) Approval</b>	
<b>BOS Approval Date:</b>	06-07-2011
<b>Name:</b>	
<b>Signature:</b>	Jim Comstock



## 2. CWS/Probation Narrative

The basis for the decisions made regarding the outcomes selected for this part of the SIP, specific to Probation and CWS, was established through the PQCR, the CSA, meetings and focus groups held for the SIP planning, and internal analysis of outcome data, CWS/CMS reports, and quality assurance reports.

The County SIP connects to the State Performance Improvement Plan (PIP) in all six areas. The State PIP identifies these six strategies:

1. Expand the use of participatory case planning
2. Sustain and enhance permanency efforts across the case life
3. Enhance and expand caregiver recruitment, retention, training, and support efforts
4. Expand options and create flexibility for services and supports to meet the needs of children and families
5. Sustain and expand staff/supervisor training
6. Strengthen implementation of the statewide safety system

The activities in this SIP will contribute to achievement of each of the six PIP strategies, as follows:

1. CWS currently uses Family Team Meetings at the onset of a case to create the case plans. Use of Family Team Meetings will be expanded to address children's needs and other issues affecting placement stability.
2. Sustaining and enhancing permanency efforts will occur in at least two ways. One County strategy included in the SIP is to expand Family Finding and Engagement to occur throughout the life of the case. A second is to improve concurrent planning from the outset of a case, especially by working with State adoptions earlier in the concurrent planning process.
3. County's plans to present Nurturing Parenting<sup>®</sup> training to foster parents, collaboration with FFAs to improve recruitment, and locating more relative caregivers connect to PIP strategy three.
4. Expanding options and creating flexibility for services to meet the needs of children and families is found in the County's DR, Linkages, and Wraparound programs.
5. Sustaining and expanding staff and supervisor training is part of the in-house CWS quality assurance process, and provide a way to determine and provide for training needs.
6. Lake County CWS continues to strengthen the statewide safety system through use of SDM and the implementation of Signs of Safety included in the SIP.

The process used to develop outcome goals, strategies, rationales and milestones included the CWS SIP team's review of the County's CSA, PQCR, and outcome data; review of the SIPs of other counties posted on the CDSS website; input from CWS social workers and supervisors; collaboration with community partners and stakeholders; and input from focus groups of CWS parent and youth "consumers." Literature reviews and logic models contributed to the analysis of the programs and activities continuing and proposed to positively impact outcome measures.

Outcomes that need to be prioritized were based on findings from the CSA and PQCR, data from the quarterly data reports, and a review of progress from the County's previous SIP.

C. CWS/PROBATION SIP MATRIX

**CHILD WELFARE SERVICES**

<b>Outcome/Systemic Factor:</b>			
S1.1 No recurrence of maltreatment Of all children who were victims of a substantiated maltreatment allegation during the 6-month period, what percent were not victims of another substantiated maltreatment allegation within the next 6 months?			
<b>County's Current Performance:</b> During 2007 Lake County Child Welfare was at 100.%, in 2008 at 97.0%, and in 2009 at 86.9%			
<b>Improvement Goal 1.0</b> The national standard of 94.6% or more			
<b>Milestone</b>	<b>Strategy 1.1</b> Integrate Signs of Safety (SoS) into Structured Decision Making (SDM) and case staffings to identify the best intervention for each family	<b>Strategy Rationale</b> SoS strategies improve social workers' assessments of the best intervention for each family, including DR, voluntary family maintenance, or court involvement	
		<input type="checkbox"/> CAPIT	Assigned to CWS Program Manager CWS Supervisors CWS FTM Facilitator CWS Program Manager CWS Supervisors CWS FTM Facilitator Staff Services Analyst CWS Program Manager CWS Supervisors CWS Social Workers CWS FTM Facilitator Staff Services Analyst Deputy Director CWS Program Manager CWS Supervisors Staff Services Analyst
		<input type="checkbox"/> CBCAP	
		<input type="checkbox"/> PSSF	
		<input checked="" type="checkbox"/> N/A	
Current and ongoing			
1.1.1 Train staff in SoS practice methodology	<b>Timeframe</b>	Current and ongoing	Assigned to CWS Program Manager CWS Supervisors CWS FTM Facilitator CWS Program Manager CWS Supervisors CWS FTM Facilitator Staff Services Analyst CWS Program Manager CWS Supervisors CWS Social Workers CWS FTM Facilitator Staff Services Analyst Deputy Director CWS Program Manager CWS Supervisors Staff Services Analyst
1.1.2 Develop policy and procedure		Current and ongoing	
1.1.3 Implement and monitor		Current and ongoing	
1.1.2 Review outcomes and revise program practices as needed		April 2012 and ongoing	
<b>Strategy 1.2</b> Enhance Family Team Meetings (FTMs) with the use of Signs of Safety (SoS)	<b>Strategy Rationale</b> SoS strategies improve family engagement and communication of family strengths and needs		Assigned to CWS Program Manager CWS Supervisors CWS FTM Facilitator Staff Services Analyst Deputy Director CWS Program Manager CWS Supervisors Staff Services Analyst
	<input type="checkbox"/> CAPIT	Assigned to CWS Program Manager CWS Supervisors CWS FTM Facilitator Staff Services Analyst Deputy Director CWS Program Manager CWS Supervisors Staff Services Analyst	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A		

<b>Milestone</b>	<b>1.2.1</b> Train staff how to use SoS in FTMs	<b>Timeframe</b>	Current and ongoing	<b>Assigned to</b>	CWS Program Manager CWS Supervisors CWS FTM Facilitator Staff Services Analyst
	<b>1.2.2</b> Develop policy and procedure		Current and ongoing		CWS Program Manager CWS Supervisors CWS FTM Facilitator Staff Services Analyst
	<b>1.2.3</b> Implement and monitor		Current and ongoing		CWS Program Manager CWS Supervisors CWS Social Workers FTM Facilitator Staff Services Analyst
	<b>1.2.4</b> Review outcomes and revise policy and procedures as needed		April 2012 and ongoing		Deputy Director CWS Program Manager CWS Supervisors Staff Services Analyst
	<b>Strategy 1.3</b> Expand and enhance DR services through a partnership with CalWORKs		<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input checked="" type="checkbox"/> PSSF <input type="checkbox"/> N/A		<b>Strategy Rationale</b> Coordination of resources will increase the number of families served and will add CalWORKs services to promote self-sufficiency, thereby reducing poverty, a risk factor especially for neglect
<b>Milestone</b>	<b>Timeframe</b>	Current and ongoing	<b>Assigned to</b>	Deputy Director CWS Program Manager CalWORKs Program Manager Staff Services Analyst DR Partner Agencies' staff	
<b>1.3.1</b> Develop plan of action with DR partner agencies, CWS, and CalWORKs. Create DR staff position in CalWORKs.		<b>Timeframe</b>	Current and ongoing	<b>Assigned to</b>	Deputy Director CWS Program Manager CalWORKs Program Manager Staff Services Analyst DR Partner Agencies' staff
<b>1.3.2</b> Begin DR/CalWORKs pilot program			Current and ongoing		Deputy Director CWS Program Manager CalWORKs Program Manager CalWORKs Supervisor CalWORKs DR Social Worker DR Partner Agencies' staff

	<p><b>1.3.3</b> Cross train participating staff, including training in Family Development Matrix and Nurturing Parenting® facilitation</p> <p><b>1.3.4</b> Update contracts with DR partner agencies</p> <p><b>1.3.5</b> Develop written policy and procedure</p> <p><b>1.3.6</b> Develop methodology for gathering and analyzing DR data</p> <p><b>1.3.7</b> Review data, monitor program, and revise as needed</p>		Current and ongoing	<p>CWS Program Manager CalWORKs Program Manager CalWORKs DR Social Worker DR Partner Agencies' staff</p> <p>LCDSS Director Deputy Director Staff Services Analyst Board of Supervisors DR Partner Agencies</p> <p>Deputy Director CalWORKs Program Manager Staff Services Analyst</p> <p>Deputy Director CalWORKs Program Manager Staff Services Analyst DR Partner Agencies</p> <p>CWS Deputy Director CWS Program Manager CalWORKs Program Manager Staff Services Analyst DR Partner Agencies</p>
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<p><b>Describe any additional systemic factors needing to be addressed that support the improvement plan goals.</b></p> <p>High rates of poverty, unemployment, and substance abuse issues contribute to family stress, which in turn contributes to child abuse and neglect. The county lacks jobs (especially well-paying ones) and decent, low cost housing. The County's geography presents transportation difficulties. Mental health services, especially to treat co-occurring disorders, are limited. Funding issues forced the closure of one residential treatment facility and the County's only clean and sober living facility.</p>
<p><b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b></p> <p>SoS training for CWS staff is being provided by UC Davis.</p> <p>Cross training between CalWORKs and partner agencies for DR collaboration will be conducted in-house.</p> <p>Training will be arranged for using the Family Development Matrix and facilitating Nurturing Parenting® classes.</p> <p>Technical help may be needed to develop methodology for gathering DR data to directly measure DR outcomes and efficacy.</p>
<p><b>Identify roles of the other partners in achieving the improvement goals.</b></p> <p>DR partner agencies will collaborate with CalWORKs staff. In addition to the agencies contracted to provide DR case management services (LCOE and LFR) the following agencies will also provide services and oversight: Regional Center, Public Health, Mental Health, and Alcohol and Other Drugs Services (AODS).</p>
<p><b>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</b></p> <p>Improved Medi-Cal funding and access to services, especially mental health services for adults, would positively impact outcomes.</p>

<b>Outcome/Systemic Factor:</b>			
C1.4 Reentry following reunification (exit cohort) Of all children discharged from foster care to reunification during the year, what percent reentered foster care in less than 12 months from the date of the earliest discharge to reunification during the year?			
<b>County's Current Performance:</b> During 2006 Lake County Child Welfare was at 2.9%; in 2007, 10.4%; and in 2008 increased to 23.1%, due to reentry 5 children of one family who reunified by judge's order against the recommendation of CWS.			
<b>Improvement Goal 2.0</b> The national standard of 9.9% or less			
<b>Strategy 2.1</b> Use of Signs of Safety methodology in risk assessment and safety planning prior to reunification	<input type="checkbox"/> CAPIT	<b>Strategy Rationale</b> Using SoS provides a more comprehensive assessment and decision making process. It creates improved case plans to enhance safety and to support successful reunification by promoting long lasting change.	Assigned to
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A		
	Current and ongoing		
<b>Milestone</b>	<b>2.1.1</b> Develop policy and procedure in the use of SoS	Current and ongoing	CWS Program Manager CWS Supervisors Staff Services Analyst
	<b>2.1.2</b> Train staff in SoS methodology and effective use of interview and engagement tools	Current and ongoing	CWS Program Manager CWS Supervisors Staff Services Analyst
	<b>2.1.3</b> Implement and monitor	Current and ongoing	CWS Program Manager CWS Supervisors CWS Social Workers
	<b>2.1.4</b> Review practice and revise as needed	July 2012 and ongoing	CWS Program Manager CWS Supervisors Staff Services Analyst
<b>Strategy 2.2</b> Improve access to mental health services to include couples and family counseling, and to address co-occurring disorders (substance abuse plus mental health issues)	<input type="checkbox"/> CAPIT	<b>Strategy Rationale</b> Improved parent and family functioning	Assigned to
	<input type="checkbox"/> CBCAP		
	<input checked="" type="checkbox"/> PSSF		
	<input type="checkbox"/> N/A		
	July 2011 – December 2011		
<b>Milestone</b>	<b>2.2.1</b> Explore local resources and treatment models	July 2011 – December 2011	Deputy Director CWS Program Manager Staff Services Analyst Mental Health and AODS partners Deputy Director
	<b>2.2.2</b> Develop plan and funding sources	July 2011 – December 2011	Deputy Director





<b>Milestone</b>	2.5.1 Research and analyze programs, models, and costs. Develop white paper.	<b>Timeframe</b>	April 2012	<b>Assigned to</b>	Deputy Director CWS Program Manager CWS Supervisors AODS Deputy Director Children's Council Staff Services Analyst	
	2.5.2 If feasible, create proposal for implementation				October 2012	Deputy Director CWS Program Manager AODS Deputy Director Children's Council Staff Services Analyst
	2.5.3 If proposal is accepted, implement, monitor and revise as needed				January 2013	Deputy Director CWS Program Manager CWS and AODS staff Staff Services Analyst
	<b>Strategy 2.6</b> Explore the feasibility of creating an aftercare program in collaboration with AODS for reunified families				<input type="checkbox"/> CAPIT	<b>Strategy Rationale</b> Parents have continued support after their family is reunified
<input type="checkbox"/> CBCAP						
<input type="checkbox"/> PSSF						
<input checked="" type="checkbox"/> N/A						
April - September 2012						
<b>Milestone</b>	2.6.1 Research aftercare programs, models and costs	<b>Timeframe</b>	April - September 2012	<b>Assigned to</b>	Deputy Director CWS Program Manager AODS Deputy Director Staff Services Analyst	
	2.6.2 If feasible, create proposal for implementation				October 2012 – April 2013	Deputy Director CWS Program Manager CWS Supervisors AODS staff Staff Services Analyst
	2.6.3 If proposal is acceptable, implement, monitor and revise as needed				April 2013 and ongoing	Deputy Director CWS Program Manager CWS and AODS staff Staff Services Analyst

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

The County lacks mental health services, especially for treatment of co-occurring disorders and family/couples counseling. In-county residential substance abuse treatment is limited, especially with the recent closure of a facility for women due to funding issues. Also, the County's only clean and sober living facility closed recently. Recruiting and sustaining parent partners has been challenging.

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

SoS training for CWS staff is being provided by UC Davis. Also through UC Davis, CWS expects to arrange training on progressive visitation. Linkages training will be conducted in-house. Also, managers and supervisors will attend a statewide Linkages conference in July 2011. If a parent partner or parent mentoring program is implemented, the parents will need training. Training in aftercare models and implementation may be needed.

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

AODS and the Children's Council might partner with CWS to develop and sustain a parent partners/mentoring program. AODS may partner with CWS to create aftercare programs.

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

Improved Medi-Cal funding and access to services, especially mental health services for adults, would positively impact outcomes.

**Outcome/Systemic Factor: (3 measures for Adoptions are listed together as the same strategies apply to all three)**

**C2.1 Adoption within 24 months**

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

**C2.2 Median Time to Adoption**

Of all children discharged from foster care to a finalized adoption during the year, what was the median length of stay (in months) from the date of the latest removal from home until the date of discharge to adoption? Federal Standard is  $\geq 27.3\%$

**C2.5 Adoption within 12 months (legally free)**

Of all children in foster care who became legally free for adoption during the year, what percent were then discharged to a finalized adoption in less than 12 months?

**County's Current Performance:**

C2.1 In 2007 Lake County CWS measured 33.3%; in 2008, 21.4%; and 2009, 0.0%. The most recent measure (10/1/09-9/30/10) is 10.0%

C2.2 In 2007 median time to adoption was 40.8 months; in 2008, 33.3; and 2009, 37.3. The most recent measure (10/1/09-9/30/10) is 45.3

C2.5 In 2007 Lake County CWS measured 18.2%; in 2008, 13.3%. The most recent measure (10/1/08-9/30/09) is 14.3%

**Improvement Goal 3.0**

C2.1 To improve current performance of 10% to at least 20%. (Federal standard is  $\geq 36.6\%$ )

C2.2 To improve the best CWS performance (2009, 37.3 months) by at least 20% to 29.8 months. (Federal standard is  $\leq 27.3$  months)

C2.5 To improve the best CWS performance outcome (2007, 18.3%) by at least 20% to 21.9% (Federal standard is  $> 53.7\%$ )

Strategy 3.1 Formalize a concurrent planning procedure with CDSS Adoptions	Strategy Rationale			
	CAPIT	CBCAP	PSSF	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	January 2012 – December 2012			
	Assigned to			
	CWS Program Manager CWS Supervisors Staff Services Analyst CWS Placement Specialist CDSS Adoptions			
	CWS Program Manager CWS Supervisors Staff Services Analyst CWS Placement Specialist			
	CWS Program Manager CWS Supervisors Staff Services Analyst			
	CWS Program Manager CWS Supervisors Staff Services Analyst			
	February 2013			
	Timeframe			
3.1.1 Collaborate with CDSS Adoptions through regular meetings to develop protocols to include joint relative/NREFM assessments				
3.1.2 Develop policy and procedure, and train staff				
3.1.3 Implement and monitor				

					CWS Placement Specialist CWS Social Workers CDSS Adoptions
<b>3.1.4</b> Include CDSS Adoptions Specialist participation in Family Team Meetings (FTM) for concurrent planning (PSSF funds)		February 2013 and ongoing			CWS Program Manager CWS Supervisors CDSS Adoptions Specialist CWS FTM Facilitator
<b>3.1.5</b> Review and revise as needed		February 2013 and ongoing			Deputy Director CWS Program Manager CWS Supervisors CWS FTM Facilitator Staff Services Analyst CDSS Adoptions

<b>Strategy 3.2</b> CWS Family Team Meetings (FTM) will be expanded and formalized to occur for adoptive placement families to overcome barriers to adoption and to assist them with completing the adoption process	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<b>Strategy Rationale</b> Participation of all parties involved with the child fosters cooperation in making the best placement and case planning decisions.		
		July 2012	Assigned to	
		September 2012		
		October 2012 and ongoing		
<b>3.2.1</b> Develop policy and procedure, and train staff				CWS Program Manager CWS Supervisors Staff Services Analyst FTM Facilitator
<b>3.2.2</b> Implement and monitor				CWS Program Manager CWS Supervisors Staff Services Analyst FTM Facilitator
<b>3.2.3</b> Review and revise as needed				CWS Program Manager CWS Supervisors Staff Services Analyst

<b>Strategy 3.3</b> Enhance Family Finding and Engagement	<input type="checkbox"/> CAPIT	<b>Strategy Rationale</b> Increase relative placements with potential for adoption
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	

		<input checked="" type="checkbox"/> N/A	
<b>3.3.1</b>	Formalize policy and procedure, and train staff	October 2011	<b>Assigned to</b>
<b>3.3.2</b>	Implement and monitor	November 2011	
<b>3.3.3</b>	Review and revise as needed	January 2012 and ongoing	
		<b>Timeframe</b>	
			CWS Program Manager CWS Supervisors CWS Placement Specialist Staff Services Analyst CWS Supervisors CWS Placement Specialist CWS ILP Coordinator Staff Services Analyst CWS Placement Specialist Case Carrying Social Worker CWS Supervisors CWS Program Manager

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

The County lacks concurrent planning foster/adopt homes.

Because adoptions are handled by CDSS Adoptions, CWS has no control over finalization of adoptions.

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

Staff will be trained in-house in Family Finding and Engagement and in concurrent planning with State adoptions. Also, UC Davis offers training in Family Finding and Engagement, which may be utilized.

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

CDSS Adoptions will participate in Family Team Meetings and will collaborate with CWS on concurrent case planning and on assessments of relative/NREFM placements.

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

Relative/NREFM placement is often precluded by a statutory scheme that is unforgiving of criminal history, regardless of the circumstances.

<b>Outcome/Systemic Factor:</b>		C4.1 Placement stability (8 days to 12 months in care)		Of all children served in foster care during the year who were in foster care for 8 days to 12 months, what percent had two or fewer placement settings?	
<b>County's Current Performance:</b>		During 2007 Lake County CWS measured 73.2%; in 2008, 71.4%; and 2009, 60.4%. The most recent measure (10/1/09-9/30/10) is 87.0%			
<b>Improvement Goal 3.0</b>		To maintain the Federal Standard of at least 86% of children having 2 or fewer placements in their first year in foster care			
<b>Strategy 4.1</b>	CWS to work with the local Foster Family Agencies to enhance collaboration	<input type="checkbox"/> CAPIT	<b>Strategy Rationale</b> Improve and increase placement resources, to better enable matching of children with foster parents		
		<input type="checkbox"/> CBCAP			
<input type="checkbox"/> PSSF					
<input checked="" type="checkbox"/> N/A					
		July 2011			CWS Program Manager CWS Supervisors CWS Placement Specialist Staff Services Analyst FFA management
<b>4.1.1</b> Begin meeting monthly with FFA staff to coordinate case management, address concerns, verify available resources, and match children's needs with foster parents' skills		October 2011			CWS Director Deputy Director CWS Program Manager Staff Services Analyst FFA management
<b>4.1.2</b> Develop a Memorandum of Understanding with each FFA		January 2012			CWS Placement Specialist Case Carrying Social Worker CDSS Adoptions Specialist FFA management
<b>4.1.3</b> Formalize pre-placement meeting practices as appropriate for each child		January 2012 and ongoing			Deputy Director CWS Program Manager CWS Placement Specialist Staff Services Analyst FFA management
<b>4.1.4</b> Monitor, review, and revise as needed					
		<b>Timeframe</b>		<b>Assigned to</b>	
<b>Strategy 4.2</b>		<input type="checkbox"/> CAPIT	<b>Strategy Rationale</b> Improving parenting skills of substitute care providers will enable them to maintain placement of the children in their care.		
Provide Nurturing Parenting® training to foster parents and relative/NREFM caregivers (This is not the CAPIT funded program offered to the public; this series will be arranged		<input type="checkbox"/> CBCAP			
		<input type="checkbox"/> PSSF			
		<input checked="" type="checkbox"/> N/A			
		<b>Milestone</b>			

specifically for caregivers.)				
<b>Milestone</b>	4.2.1 Train additional CWS staff to facilitate Nurturing Parenting® classes	May 2011		CWS Program Manager CWS Social Worker
	4.2.2 Determine appropriate Nurturing Parenting® curriculum	July 2011		CWS Program Manager CWS Placement Specialist Staff Services Analyst
	4.2.3 Work with FFA and CWS staff to develop selection and referral process	October 2011		CWS Program Manager CWS Placement Specialist Staff Services Analyst FFA Staff
	4.2.4 Schedule and publicize the classes	October 2011		CWS Placement Specialist FFA Staff
	4.2.5 Conduct the classes	January 2012 and ongoing		CWS Social Worker FFA Staff
<b>Strategy 3. 3</b> Enhance Family Finding and Engagement			<b>Strategy Rationale</b> Increase relative placements and create family connections for children in care and for emancipating youth	
<b>Milestone</b>	3.3.1 Formalize policy and procedure, and train staff	October 2011	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	CWS Program Manager CWS Supervisors CWS Placement Specialist Staff Services Analyst
	3.3.2 Implement and monitor	November 2011		CWS Supervisors CWS Placement Specialist CWS ILP Coordinator Staff Services Analyst
	3.3.3 Review and revise as needed	January 2012 and ongoing		CWS Placement Specialist Case Carrying Social Worker CWS Supervisors CWS Program Manager
<b>Strategy 4. 4</b> Implement mental health screening/ assessments within 30 days of entry for children entering foster care			<b>Strategy Rationale</b> Information about children's mental health needs will enable social workers to match children's needs to foster parents' skills and to arrange appropriate services early in the case.	

<b>Milestone</b>	<b>4.4.1</b> Collaborate with Lake County Dept. of Mental Health to determine best tool	<b>Timeframe</b>	January – July 2012	<b>Assigned to</b>	Deputy Director CWS Program Manager Lake County Mental Health Staff Services Analyst	
	<b>4.4.2</b> Develop protocols with Mental Health		July 2012 – December 2012		CWS Program Manager CWS Supervisors Lake County Mental Health Staff Services Analyst	
	<b>4.4.3</b> Develop CWS policy and procedure, and train staff		December 2012		CWS Program Manager CWS Supervisors Staff Services Analyst	
	<b>4.4.4</b> Implement and monitor		December 2012		CWS Program Manager CWS Supervisors Lake County Mental Health Staff Services Analyst	
	<b>4.4.5</b> Review and revise as needed		December 2012 and ongoing		CWS Program Manager CWS Supervisors Lake County Mental Health Staff Services Analyst	
<b>Milestone</b>	<b>Strategy 4.5</b> CWS Family Team Meetings (FTM) will be expanded and formalized to address placement issues and case planning throughout the life of a case	<b>Timeframe</b>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<b>Strategy Rationale</b> Participation of all parties involved with the child fosters cooperation in making the best placement and case planning decisions.	CWS Program Manager CWS Supervisors Staff Services Analyst FTM Facilitator	
			July 2012			CWS Program Manager CWS Supervisors Staff Services Analyst FTM Facilitator
			September 2012			CWS Program Manager CWS Supervisors Staff Services Analyst FTM Facilitator
			October 2012 and ongoing			CWS Program Manager CWS Supervisors Staff Services Analyst

<b>Strategy 4.6</b> Develop protocols for social worker contacts with children and substitute caregivers	<input type="checkbox"/> CAPIT	<b>Strategy Rationale</b> Improve assessment and information gathering between social workers and children and substitute caregivers. Enhanced relationships with children and their caregivers, and providing opportunity for their input, will improve placement stability.	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A		
<b>Milestone</b>	July 2011	CWS Program Manager Staff Services Analyst	
<b>4.6.1</b> Research best practices for social worker contacts		<b>Assigned to</b>	
<b>4.6.2</b> Develop policy and procedure, and train staff	September 2011		CWS Program Manager CWS Supervisors Staff Services Analyst
<b>4.6.3</b> Monitor social worker contacts through currently existing quality assurance reviews	October 2011 and ongoing		CWS Program Manager CWS Supervisors Staff Services Analyst
<b>Strategy 4.7</b> Solicit input from foster youth and substitute caregivers on a regular basis through focus groups and/or questionnaires	<input type="checkbox"/> CAPIT	<b>Strategy Rationale</b> Information obtained from youth and caregivers will be used to help develop strategies for social workers to improve social work practice	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A		
<b>Milestone</b>	January 2012	CWS Program Manager Staff Services Analyst	
<b>4.7.1</b> Research best practices for obtaining foster youth and caregiver input		<b>Assigned to</b>	
<b>4.7.2</b> Develop a plan for obtaining foster youth and caregiver input and implement	February 2012		CWS Program Manager Staff Services Analyst CWS Placement Specialist CWS ILP Coordinator
<b>4.7.3</b> Use the information obtained to train staff to improve casework practice	March 2012		CWS Program Manager CWS Supervisors Staff Services Analyst

<p><b>Describe any additional systemic factors needing to be addressed that support the improvement plan goals.</b>  Community care licensing does not assist with recruitment and licensing of foster care homes in Lake County. As reported in the CSA, Lake County has only seven State licensed homes.  The County also lacks group homes and concurrent planning fost/adopt homes. (There is one level-10 group home. Children requiring higher levels of care are placed out-of-county.)  Because adoptions are handled by CDSS Adoptions, CWS has no control over finalization of adoptions.</p>
<p><b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b>  Additional CWS social worker(s) will be trained to facilitate Nurturing Parenting® classes.  Staff will be trained in-house in Family Finding and Engagement and mental health screening and assessments  Also, UC Davis offers training in Family Finding and Engagement, which may be utilized.</p>
<p><b>Identify roles of the other partners in achieving the improvement goals.</b>  Foster Families Agencies will collaborate with CWS to coordinate case management, address concerns, verify available resources, and match children's needs with foster parents' skills.  Mental Health will collaborate with CWS to provide mental health screening and assessments of foster children.</p>
<p><b>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</b>  Relative/NREFM placement is often precluded by a statutory scheme that is unforgiving of criminal history, regardless of the circumstances.</p>

[http://calswec.berkeley.edu/CalsWEC/SIP\\_Template.doc](http://calswec.berkeley.edu/CalsWEC/SIP_Template.doc)

**PROBATION**

<p><b>Outcome/Systemic Factor:</b> Improve Placement Stability for Probation Juveniles</p>	
<p><b>County's Current Performance:</b> During the time-period 07/01/2010 – 02/28/2011, the Probation Department conducted over 80 intake, 30 detention, and 99 dispositional reports where less than 25% of the reports produced family findings other than the parents.</p>	
<p><b>Improvement Goal 1.0</b> To increase family findings during intake, detention, and dispositional interviews in order to identify, investigate, and locate all adult relatives of juveniles who are detained by the Probation Department.</p>	
<p><b>Strategy 1.1</b> Develop Family Finding procedures for Juvenile Probation Division to provide optimal placement options for Probation juveniles.</p>	<p><b>Strategy Rationale</b> Existing law directs whenever a juvenile is taken into custody, efforts to identify, investigate, and locate all adult relatives of juveniles who are detained and report (excluding those with domestic violence issues) to the court the efforts in order to provide optimal placement options for those juveniles.</p>
<p><b>Timeline</b></p>	
<p><b>1.1.1</b> Meet to develop a family finding template for probation officers to use during intake, detention, and dispositional interviews. Develop training on family mapping and its use.</p>	<p>May 2011</p>
<p><b>1.1.2</b> Finalize Family Finding Template.</p>	<p>June 2011</p>
<p><b>1.1.3</b> Format the inclusion of family finding efforts into court reports and review the results with the Chief Probation Officer.</p>	<p>July 2011</p>
<p><b>1.1.4</b> Implement family finding template and assess for improvements.</p>	<p>July-September 2011</p>
<p><b>1.1.5</b> Review results of the family findings and implement additional changes as necessary.</p>	<p>September 2011 - ongoing</p>
<p><b>Assigned to</b></p>	
<p>Supervisors and Line Staff of Juvenile Division</p>	
<p>Chief Probation Officer and Supervisors of Juvenile Division</p>	
<p>Chief Probation Officer and Supervisors of Juvenile Division</p>	
<p>Supervisors and Line Staff of Juvenile Division, and Juvenile Correction Officers (as directed)</p>	
<p>Supervisors of Juvenile Division</p>	
<p><b>Milestone</b></p>	

<p><b>Describe systemic changes needed to further support the improvement goal.</b>          Juvenile Probation Officers have to change their previous practice of not seeking other family members and family friends because of the concern over juvenile confidentiality.</p>	<p><b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b>          Existing Placement Officer should attend Placement CORE and Placement Supervisor should attend Placement Supervisor CORE between 07/01/11 – 06/30/12.</p>	<p><b>Identify roles of the other partners in achieving the improvement goals.</b>          Probation would like to meet with CWS and Mendocino County Juvenile Probation to see how their family finding efforts are carried out. It would be beneficial for local schools, tribal community agencies, and other resources to provide us with any information they may have on potential family findings.</p>	<p><b>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</b>          None known.</p>
<p><b>Outcome/Systemic Factor:</b>          To improve the Facilitation of Family Team Conferences to Increase Protective Factors in Juvenile Probationers Positive Achievement Change Tool (PACT) Assessments.</p>	<p><b>County's Current Performance:</b>          The Probation Department currently uses Family Team Conferences (FTC) when a juvenile probationer's status level and/or the PACT risk level changes. The FTC facilitator assists family, friends of the family, and support agencies to identify anti-social and pro-social (or protective factors) behaviors of the juvenile and his/her family. This information is then used to devise a case plan to assist the juvenile in achieving and maintaining a higher level of success while on probation.</p>	<p><b>Improvement Goal 2.0</b>          To increase protective factors identified in PACT assessments by developing appropriate strategies during the family team conference.</p>	<p><b>Strategy 2. 1</b>          Develop Comprehensive Family Team Conference Procedures to coincide with PACT assessment results.</p> <p><b>Strategy Rationale</b>          During the time-period 07/01/2010 – 02/28/2011, the Probation Department conducted 15 family team conferences where PACT risk levels were noted but not specifically addressed as a means to increase protective factors for those juveniles. Evidence based practices indicate increasing protective factors can have a positive, lasting effect on juvenile probationers. There have not been any follow up reporting procedures to document the success or failure rate of the FTC's.</p>

Milestone	Task	Timeframe	Assigned to	Facilitators
2.1.1	Meet to develop Family Team Conference (FTC) procedures to optimize the efforts of FTC.	June 2011		Supervisors and FTC Facilitators
2.1.2	Implement FTC procedures.	July 2011		Supervisors and FTC Facilitators
2.1.3	Assess FTC procedures and recommend changes as necessary.	July – September 2011		FTC Facilitators
2.1.4	Monitor results of FTC and record in case notes.	FTC results will be reviewed every six months in accordance with the associated PACT requirements		Supervisors and Line Staff of Juvenile Division, FTC Facilitators
2.1.5	If FTC review indicates the juvenile has been unsuccessful, a follow-up FTC will be scheduled.	6 month intervals		Supervisors and Line Staff of Juvenile Division, FTC Facilitators
<b>Describe systemic changes needed to further support the improvement goal.</b> None known.				
<b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b> Juvenile Probation Officers should attend updated motivational interviewing and facilitators training on a yearly basis.				
<b>Identify roles of the other partners in achieving the improvement goals.</b> Local school districts, tribal community agencies, mental health agencies, substance abuse agencies, and many other resources are critical members in family team conferencing to help build a successful family plan.				
<b>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</b> None known.				

<p><b>Strategy 2.2</b> Develop FTC facilitator worksheet.</p>	<p><b>Strategy Rationale</b> During the time-period 07/01/2010 – 02/28/2011, the Probation Department conducted 15 FTC's. At each conference there was not a consistent format in which the FTC was conducted, thereby incurring more preparation time and less consistent information given and gathered. If Probation utilized a facilitator worksheet, the entire event would be better organized and produce greater results.</p>		
<p><b>Milestone</b></p>	<p><b>2.2.1</b> Meet to develop and implement a FTC facilitator worksheet to use during FTC's that will incorporate PACT protective factors and criminogenic needs, input from family members, friends, and support agencies, and court orders.</p>	<p><b>Timeframe</b> June 2011</p>	<p>Supervisors and FTC Facilitators</p>
	<p><b>2.2.2</b> Finalize FTC facilitator worksheet.</p>	<p>July 2011</p>	<p>Supervisors and FTC Facilitators</p>
	<p><b>2.2.3</b> Implement FTC facilitator worksheet and assess for improvements.</p>	<p>July – September 2011</p>	<p>Supervisors and FTC Facilitators</p>
	<p><b>2.2.4</b> Assess FTC facilitator worksheet and recommend changes as necessary.</p>	<p>October 2011 – ongoing</p>	<p>Supervisors and FTC Facilitators</p>
	<p><b>Describe systemic changes needed to further support the improvement goal.</b> None.</p>		
<p><b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b> None.</p>			
<p><b>Identify roles of the other partners in achieving the improvement goals.</b> None.</p>			
<p><b>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</b> None.</p>			

## D. CWSOIP NARRATIVE

CWS plans to use its CWSOIP funds to continue its Differential Response (DR) program. It is believed that DR is having a positive impact on measure S1.1, recurrence of maltreatment, which addresses this question: Of all children who were victims of a substantiated maltreatment allegation during the first 6 months of the year, what percent were not victims of another substantiated allegation within the next 6 month period?

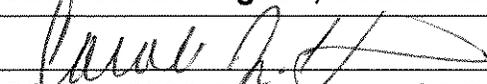
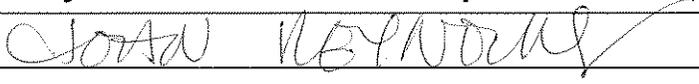
While CWS services are provided to families in nearly all cases when children are removed, DR is a primary mechanism for providing services to families where removal is not warranted, but the family is nonetheless beset by issues that may be resolved or alleviated with targeted services. Although voluntary services may be provided through the CWS voluntary family maintenance caseload, for many families, DR is a preferable alternative.

The decision to continue the use of CWSOIP to fund DR was reached in collaboration with DR partners in regular meetings. Planning included review of the County's participation rates and outcome data, the CSA strengths and needs assessment, and data in DR reports compiled by the service providers. As well, analysis of the literature review on recurrence of maltreatment supports the strategies employed and services provided by the DR program.

Probation, in collaboration with one of CWS's DR partners (Lake County Office of Education – Healthy Start), plans to use its CWSOIP allocation to start a DR-type program for Probation youth and families.

E. PART II – CAPIT/CBCAP/PSSF

1. CAPIT/CBCAP/PSSF Cover Sheet

<b>CAPIT/CBCAP/PSSF Contact and Signature Sheet</b>	
<b>Period of Plan:</b>	July 1, 2011 – June 30, 2014
<b>Date Submitted:</b>	June 14, 2011
<b>Submitted by:</b>	<b>Board of Supervisor Designated Public Agency to Administer CAPIT/CBCAP/PSSF programs</b>
<b>Name &amp; title:</b>	<b>Carol J. Huchingson, Director LCDSS</b>
<b>Signature:</b>	
<b>Address:</b>	PO Box 9000, Lower Lake, CA 95457
<b>Fax:</b>	(707) 995-4294
<b>Phone &amp; E-mail:</b>	(707) 995-4260 <a href="mailto:carol@dss.co.lake.ca.us">carol@dss.co.lake.ca.us</a>
<b>Submitted by:</b>	<b>Child Abuse Prevention Council (CAPC) Representative</b>
<b>Name &amp; title:</b>	<b>Joan Reynolds, Healthy Start Program Director and Lake County Children's Council Chairperson</b>
<b>Signature:</b>	
<b>Address:</b>	1152 S. Main St., Lakeport, CA 95453
<b>Fax:</b>	(707) 263-0197
<b>Phone &amp; E-mail:</b>	(707) 262-4146 <a href="mailto:jreynolds@lakecoe.org">jreynolds@lakecoe.org</a>
<b>Submitted by:</b>	<b>Parent Consumer/Former Consumer (Required if the parent is not a member of the CAPC)</b>
<b>Name &amp; title:</b>	Please see page 41, first full paragraph
<b>Signature:</b>	
<b>Address:</b>	
<b>Fax:</b>	
<b>Phone &amp; E-mail:</b>	

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

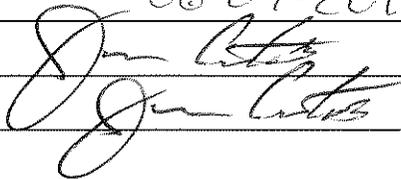
<b>Submitted by:</b>	<b>PSSF Collaborative Representative, if appropriate</b>
<b>Name &amp; title:</b>	<b>Joan Reynolds, Lake Co. Children's Council Chairperson</b>
<b>Signature:</b>	
<b>Address:</b>	<b>1152 S. Main St., Lakeport, CA 95453</b>
<b>Fax:</b>	<b>(707) 263-0197</b>
<b>Phone &amp; E-mail:</b>	<b>(707) 262-4146 <a href="mailto:jreynolds@lakecoe.org">jreynolds@lakecoe.org</a></b>

<b>Submitted by:</b>	<b>CAPIT Liaison</b>
<b>Name &amp; title:</b>	<b>Leila Haddad, LCDSS Staff Services Analyst</b>
<b>Address:</b>	<b>PO Box 9000, Lower Lake, CA 95457</b>
<b>Fax:</b>	<b>(707) 262-0299</b>
<b>Phone &amp; E-mail:</b>	<b>(707) 262-4542 <a href="mailto:lhaddad@dss.co.lake.ca.us">lhaddad@dss.co.lake.ca.us</a></b>

<b>Submitted by:</b>	<b>CBCAP Liaison</b>
<b>Name &amp; title:</b>	<b>Leila Haddad, LCDSS Staff Services Analyst</b>
<b>Address:</b>	<b>PO Box 9000, Lower Lake, CA 95457</b>
<b>Fax:</b>	<b>(707) 262-0299</b>
<b>Phone &amp; E-mail:</b>	<b>(707) 262-4542 <a href="mailto:lhaddad@dss.co.lake.ca.us">lhaddad@dss.co.lake.ca.us</a></b>

<b>Submitted by:</b>	<b>PSSF Liaison</b>
<b>Name &amp; title:</b>	<b>Leila Haddad, LCDSS Staff Services Analyst</b>
<b>Address:</b>	<b>PO Box 9000, Lower Lake, CA 95457</b>
<b>Fax:</b>	<b>(707) 262-0299</b>
<b>Phone &amp; E-mail:</b>	<b>(707) 262-4542 <a href="mailto:lhaddad@dss.co.lake.ca.us">lhaddad@dss.co.lake.ca.us</a></b>

**Board of Supervisors (BOS) Approval**

<b>BOS Approval Date:</b>	<b>06-07-2011</b>
<b>Name:</b>	<b>Jim A. Stock</b>
<b>Signature:</b>	



## 2. CAPIT/CBCAP/PSSF Plan

a. Lake County SIP Team participants include the following:

Name	Title	Agency
Kathy Maes	Deputy Director	LCDSS and Children's Council Executive Committee member
Toni Jones	Program Manager	CWS
Leila Haddad	Staff Services Analyst II CAPIT/CBCAP/PSSF Liaison	CWS
Barbara Thompson	Social Worker Supervisor	CWS
Sheila Rockwell	Social Worker Supervisor	CWS
Patti Powell	Social Worker Supervisor	CWS
Ken Rehard	Social Worker Supervisor	CWS
Michele Dibble	Program Manager	LCDSS Employment Services
Tavi Granger	Social Worker Supervisor	LCDSS Employment Services
Daniel Hurst	Probation Chief	Lake County Probation
Terri Rivera	Deputy Probation Officer	Lake County Probation
Joan Reynolds	Children's Council Chair Healthy Start Director	CAPC Chairperson Lake County Office of Education
Tom Jordan	Director, First Five	First Five Lake County, Children's Council Executive Committee
Diana Loretz	District Manager	CDSS Adoptions
Stephanie Lily	Deputy Director - Programs	Lake Family Resource Center
Laura Solis	Deputy Director	Alcohol and Other Drugs Services (Lake County Mental Health Dept.)
Linda Morris	Treatment Coordinator	Alcohol and Other Drugs Services
Robyn Rosin	Counselor	Alcohol and Other Drugs Services
Jim Gessner	Counselor	Alcohol and Other Drugs Services
Jane McLean	Nursing Director	Public Health
Sherylin Taylor	Public Health Nurse	Public Health
Terry Rooney	Deputy Director	Mental Health
CWS parents	Confidential (see pg. 41)	
Foster Youth	Confidential	

#### b. CAPC Structure and Role

The Lake County Child Abuse Prevention Council (CAPC) is known as the Children’s Council. The Lake County Office of Education – Healthy Start was designated as the Children’s Council and County Children’s Trust Fund (CCTF) Commission in Lake County in 2002 after a lengthy, community-based planning process. Healthy Start has the capacity and commitment to continue with the successful interagency, multidisciplinary, collaborative approach to implement and provide child abuse prevention activities throughout the County. The Healthy Start Collaborative brings together representatives from all children’s services agencies in Lake County, plus teachers, parents, consumers, and businesses. The Children’s Council is considered independent from County government, including LCDSS and the County Board of Supervisors.

Meetings of the full Children’s Council membership are held quarterly. Additionally, an Executive Committee (comprised of the Healthy Start Director of Programs, LCDSS Deputy Director, a representative from Lake Family Resource Center, and Lake County First Five Director) meets quarterly and as needed. The Executive Committee met to assist with the CAPIT/CBCAP/PSSF plan. Other Children’s Council members participated through the SIP meetings and focus groups held as part of the SIP process.

Funding for the Children’s Council is shown in the table below.

Fund	Dollar Amount
CAPIT	0
CBCAP	27,630
PSSF Family Support	0
CCTF	3,906
Kids Plate	1,660
Other:	0

#### c. PSSF Collaborative

The County does not have a formal group acting as the PSSF collaborative. Instead, the Children’s Council serves in this capacity.

#### d. CCTF Commission

The Children’s Council acts as the CCTF Commission. CCTF funds are provided to the Children’s Council for its activities. Most of the community partners who participated in CSA and SIP meetings are Children’s Council members.

Children’s Council funding information, including the CCTF monies, is distributed to the membership at meetings. Meetings are open to the public.

#### e. Parent Consumers

The Children’s Council continues its efforts to develop parent partners. A plan has been developed to include the parent partners of member agencies, such as Mental Health, AODS, and Redwood Children’s Services, Inc., a foster family agency. In addition to these parent partners being members of the Children’s Council themselves, they will assist with developing other parent partners and mentors. Some funds of the Children’s Council are used for parent partner stipends to attend meetings and training. Additional parent partners will be developed by CWS,

possibly in collaboration with AODS, in a plan to have parent mentors to serve in aftercare programs for reunified families.

For purposes of SIP planning a group of 15 CWS parents participated in a focus group. Their suggestions for program improvements are incorporated in the SIP. Another group of CWS parents contributed to the CSA strengths and needs assessment. Additional “consumer” input included in the PQR and SIP came from foster youth who attended focus groups.

Additional parent input occurs when parents who receive services (e.g. Nurturing Parenting classes offered in the community) fill out feedback forms evaluating and assessing services.

#### f. Designated Public Agency to Administer CAPIT/CBCAP/PSSF

The Lake County Department of Social Services (LCDSS) is the public agency designated by the County Board of Supervisors to administer CAPIT/CBCAP/PSSF. LCDSS issues requests for proposals from contractors, monitors the resulting contracts and contractors, ensures fiscal compliance, collects data from contractors, prepares the County plan and necessary amendments, prepares annual reports to CDSS, and evaluates outcomes.

#### g. Role of the CAPIT/CBCAP/PSSF Liaison

The CAPIT/CBCAP/PSSF Liaison attends meetings of the Children’s Council and regular meetings with the CAPIT/CBCAP/PSSF contractors. The liaison coordinates programs; monitors contracts and payments; collects, compiles and analyzes contractor data; prepares and submits reports. As well, the liaison monitors compliance with CAPIT/CBCAP/PSSF requirements.

The liaison disseminates prevention and program information to the Children’s Council and to contractors. The liaison also serves as the connection/contact between the Children’s Council and CDSS/OCAP.

#### h. Fiscal Narrative

LCDSS conducts oversight and monitoring activities of CAPIT/CBCAP/PSSF and CCTF funds.

i. The CAPIT/CBCAP/PSSF liaison receives and approves all invoices for payment. The liaison forwards the invoices to the LCDSS fiscal department, which in turn reviews the invoices and forwards them to the County Auditor for payment. All three maintain records of all contracts and invoices. Revenues are monitored by LCDSS accounting and the Auditor. Expenditures claimed through time studies are tracked by LCDSS accounting staff, who files the quarterly County Expense Claim. When revenues such as CCTF and CBCAP are received, LCDSS accounting staff notifies the liaison, who ensures that the Children’s Council then submits invoices to have the funds transferred.

ii. Funding will be maximized through leveraging of funds for establishing, operating, or expanding community-based and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect by using existing agencies with services and pooling resources. Children’s Council members represent government and community based agencies with a wide array of services. For example, Lake County Office of Education provides an array of educational services and Lake Family Resource Center provides an array of family services. Both were chosen to provide DR services to Lake County families using their existing services and resources for DR families. The two agencies collaborate with LCDSS to monitor the program.

iii. LCDSS assures that funds received will supplement, not supplant, other State and local public funds and services.

iv. Pursuant to the Adoptions and Safe Families Act of 1997 (PL 105-89) PSSF funds will be used for Family Preservation; Family Support; Time-Limited Family Reunification; and Adoption Promotion and Support at a rate of at least 20% per service category. Exact amounts are shown on the CAPIT/CBCAP/PSSF Services and Expenditure Summary, attached at the end of this report as Attachment 1.

i. Local Agencies – Request for Proposal (RFP)

As the designated public agency, LCDSS makes the following assurances:

i. Assurance that a competitive process is used to select and fund programs. LCDSS complies with State and County regulations for issuing RFPs and selecting contractors.

ii. Assurance that priority was 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.

iii. Assurance that agencies eligible for funding provided evidence that demonstrates broad-based community support and that proposed services are not duplicated in the community, are based on needs of children at risk, and are supported by a local public agency.

iv. Assurance that the project funded shall be culturally and linguistically appropriate to the populations served.

v. Assurance that training and technical assistance shall be provided by private, nonprofit agencies to those agencies funded to provide services.

vi. Assurance that services to minority populations shall be reflected in the funding of projects.

vii. Assurance that projects funded shall clearly be related to the needs of children, especially those 14 years of age and under.

viii. Assurance that the county complied with federal requirements to ensure that anyone who has or will be awarded funds has not been suspended or debarred from participation in an affected program.

ix. Non-profit subcontract agencies have the capacity to transmit data electronically.

For the use of CAPIT funds, LCDSS makes the following assurances:

i. Priority for services shall be given to children who are at high risk, including children who are being served by the county welfare departments for being abused and neglected and other children who are referred for services by legal, medical, or social services agencies.

ii. The agency funded shall demonstrate the existence of a 10 percent cash or in-kind match, other than funding provided by the CDSS.

#### j. CBCAP Outcomes

Contractors/subcontractors/agencies who receive CBCAP funds for child abuse prevention programs will be required to provide engagement, short term, intermediate, and long term outcomes. Progress and effectiveness of programs will be evaluated based on progress reports supplied by services providers, including statistical information and consumer feedback. Reports will be submitted regularly to the CBCAP liaison and will be reviewed by the Children's Council membership at quarterly meetings and by the Children's Council Executive Committee at its quarterly meetings. These include the 4P's Project, the Mother-Wise program, Respite Care, and the Nurturing Parenting Program offered through the schools. Statistical data collection will be developed to show the anticipated outcome that participants in these programs are not referred to CWS for child abuse and neglect, or such referrals are not substantiated.

Additionally, some CBCAP funds, supplemented by the County Children's Trust Fund, are used to cover the Children's Council chairperson's time on outreach and awareness activities, with the outcomes of creating a strong Children's Council with extensive networking among members, collaborative relationships that promote cooperation and pooling of resources, elimination of duplicate services, and positive community building.

Children's Council public awareness activities are expected to produce outcomes of increasing public awareness of child abuse and neglect and community prevention efforts, of improving families' knowledge of and ability to access resources to prevent neglect and abuse, and of reaching out to underserved and underrepresented populations. While measuring the outcomes of these efforts is not really possible, nonetheless the Children's Council has seen increased public participation in these events from one year to the next. As well, CWS expects to see continually reduced rates of substantiation for child abuse and neglect.

#### k. Peer Review

Lake County currently lacks a peer review process. A peer review process for CBCAP programs will be developed contingent upon locating a similar program in the Northern Region.

#### l. Service Array

CAPIT and PSSF funded services are coordinated by LCDSS to make advantageous use of the array of services available in the community. CBCAP funded programs are designated by the Children's Council, with monitoring by LCDSS as the public agency with responsibility for oversight. The Children's Council brings together many service providers in the community and is able to coordinate services to optimize programs and avoid duplication.

The following service array is from the Lake County CSA, with some modifications:

Lake County Children's Council is the local CAPC, funded by CBCAP. Some prevention services are available through CAPC, such as respite care. Some are partially funded by CAPC, such as the postpartum depression project. The Children's Council also serves the community through raising awareness of child abuse and neglect issues and by promoting April as Child Abuse Prevention Month.

Lake County Office of Education (LCOE) operates the Healthy Start program, which is one of the Differential Response (DR) contractors, funded in part by PSSF (Family Preservation component). The DR worker employed by LCOE is bilingual, and a member of the CAPC. The Healthy Start Director chairs the CAPC.

LCOE additionally oversees the Safe Schools program, special education programs, SELPA, tutoring services, and the Foster Children's Liaison. Nurturing Parenting<sup>®</sup> classes offered through the schools are offered in English and Spanish, including all written materials.

Lake Family Resource Center (LFRC) provides a 24-hour hotline; domestic violence (DV) services including support groups and DV Shelter; DR, funded in part by PSSF (Family Support component); counseling and mental health services; rape crisis services; CalWORKs mental health and substance abuse services; Teen Parenting program; Early Head Start Program, both center-based and home-based; and Nurturing Parenting<sup>®</sup> classes funded by CAPIT. LFRC has bilingual staff and all services are available in Spanish. All flyers for LFRC services and community events are published in Spanish and English.

Lake County Mental Health Department (MH) provides services for children, but limited services for adults. The Mental Health Department has paid positions for a parent partner, Hispanic liaison, and Tribal liaison, filled by a member of a local tribe.

Alcohol and Other Drug Services (AODS), a division of MH, provides services to the general population as well as to CWS clients. An AODS grant funds the Dependency Drug Court (DDC), which has promoted successful recovery from substance abuse and family reunification for CWS clients. Additionally, collaboration on DDC had strengthened the working relationship between CWS and AODS.

Hilltop is a residential substance abuse treatment program. They operate separate facilities for men and women.

Equine therapy was provided to some foster youth using SCIAP funds. However, due to the small allocation for SCIAP, these funds are exhausted early in the fiscal year.

First Five initiated the Mother-Wise program, to assist new mothers with postpartum depression, funded in part with a small grant from the CAPC's CBCAP monies.

Migrant Education, providing services in Spanish, is active in Lake County. The program conducted Nurturing Parenting<sup>®</sup> classes at its center for the migrant community, so that families did not have to seek out classes elsewhere.

Head Start provides center based services to preschool aged children and their families in five locations countywide.

North Coast Opportunities (NCO) provides Stage 1 Childcare for CalWORKs families. A small CBCAP grant to NCO provides for respite childcare.

Public Health provides the Child Health and Disability Program (CHDP), Maternal, Child, and Adolescent Health (MCAH), immunization services, clinical services, and other health services. Services are available in Spanish.

Health Leadership Network has sponsored county wide training by Dr. Ira Chasnoff on fetal alcohol spectrum disorders and early detection and prevention through the 4P's screening of pregnant women. Medical clinics in the county have implemented the 4P's screening tool. The Tribal Health Consortium is screening all pregnant women in their clinic.

Multidisciplinary Team has been restructured in the past year. It now includes the Infant Toddler Team and the Child Adolescent Team. Standing members, including CWS, meet monthly to coordinate services to address the needs of children and families at risk.

Wraparound, implemented in October 2010, is a collaborative effort among CWS, MH, and Probation. LCDSS contracts with Redwood Children's Services, Inc. (RCS) to provide the services. The RCS Wraparound program supervisor/facilitator is bilingual.

Children's Therapeutic Services, operated by RCS, provides mental health services for children.

Tribal Health Consortium provides medical, dental, and mental health services to tribal families. The Tribal Health Consortium has instituted the 4P's Program to screen pregnant women for drug and alcohol use and, as needed, to refer them to appropriate services.

Tribal Response to Positive Outcomes (T-PRO) is a DR program funded by CWS. T-PRO provides culturally appropriate services to tribal families to prevent child abuse and neglect.

Local tribes provide an array of other services for tribal families including a preschool, a youth center, Boys' and Girls' Clubs, and parenting classes.

Court Appointed Special Advocates (CASA) expanded in 2010 from neighboring Mendocino County to provide advocacy for Lake County foster children. The program is growing slowly. As of May 2011, four volunteers have been trained and two foster children are receiving services.

LCDSS oversees CalWORKs and Section 8 Housing services. In 2007, LCDSS implemented Linkages, a collaboration between the CWS and Employment Services Divisions of LCDSS. Collaborative case planning supplements CWS funds with CalWORKs funds where appropriate.

Redwood Coast Regional Center provides services to the developmentally disabled and assists with placement of developmentally disabled foster children.

Easter Seals provides assessments of children aged 0-3 years, and provides services to eligible children.

Youth organizations, such as 4-H, Future Farmers of America, and special summer camps organized by community agencies such as LFRC provide positive activities for youth. Also, libraries provide some programs and activities.

FFAs operating in Lake County include RCS, Environmental Alternatives, True to Life (TLC), and Three Angels. FFAs provide substantial support to foster parents, including regular home visits and respite care. CWS contracts with RCS to provide Intensive Treatment Foster Care (ITFC).

CWS provides the following service array: substance abuse assessments using the Addiction Severity Index; Parent Engagement Group; Nurturing Parenting<sup>®</sup> classes; teaching life skills; child developmental screening, assessment and monitoring, using the Ages and Stages Questionnaire; case management; placement services, including THPP and THP-Plus; ILP services; Family Finding and Engagement; sibling and family visitation; and referrals to health, dental, counseling, adoptions, and other services. Services provided by CWS are individualized to meet the unique needs of children and families served.

#### m. CAPIT/CBCAP/PSSF Services and Expenditure Summary

The CAPIT/CBCAP/PSSF Services and Expenditure Summary is attached as Attachment 1.

Following are descriptions of the programs or practices shown on the CAPIT/CBCAP/PSSF Services and Expenditure Summary. Line numbers refer to the lines of the Funding Summary.

Line 1 is Nurturing Parenting® program funded by CAPIT. This is an Evidence Based “promising practice,” which provides classes to improve parenting skills. In addition to class time, parents enjoy mutual support, friendships are formed, and protective factors are strengthened. Activities are provided for children that develop their protective factors. Classes are open to the community, and also by referral. Families considered at risk are targeted. Classes are made available in Spanish, or translators are provided as needed. From the program’s website at <http://www.nurturingparenting.com/home.php>, here is a description:

“The Nurturing Parenting Programs (NPP) are family-based programs for the prevention and treatment of child abuse and neglect. The programs were developed to help families who have been identified by child welfare agencies for past child abuse and neglect or who are at high risk for child abuse and neglect. The goals of NPP are to:

- Increase parents’ sense of self-worth, personal empowerment, empathy, bonding, and attachment
- Increase the use of alternative strategies to harsh and abusive disciplinary practices
- Increase parents’ knowledge of age-appropriate developmental expectations
- Reduce abuse and neglect rates.

NPP instruction is based on psychoeducational and cognitive-behavioral approaches to learning and focuses on “re-parenting,” or helping parents learn new patterns of parenting to replace their existing, learned, abusive patterns. By completing questionnaires and participating in discussion, role-play, and audiovisual exercises, participants learn how to nurture themselves as individuals and in turn build their nurturing family and parenting skills as dads, moms, sons, and daughters. Participants develop their awareness, knowledge, and skills in five areas:

1. Age appropriate expectations
2. Empathy, bonding, and attachment
3. Nonviolent, nurturing discipline
4. Self-awareness and self-worth
5. Empowerment, autonomy, and healthy independence

Participating families attend sessions in a group format with other families. Group sessions combine concurrent separate experiences for parents and children with shared “family nurturing time.” Multiple NPP have been developed for various age groups and family circumstances.”

Line 2, Children’s Council activities, covers ongoing public awareness activities, outreach to diverse populations, and community engagement regarding issues of child abuse and neglect, prevention, and community resources addressing those issues. Additionally, this includes some of the Children’s Council’s chairperson’s time organizing and holding Children’s Council meetings, networking, community building, coordination of services, and referrals. The County Children’s Trust Fund covers these activities.

Line 3 is the Children's Council public awareness April activities. This includes costs associated with the "April is Child Abuse Awareness Month" events, such as publicity, banners, buttons, and handouts. Most materials and labor are donated, but some expenditures are necessary.

Line 4 refers to the first of the Children's Council prevention programs. The Children's Council voted to focus the next three years' prevention efforts on pregnant women and mothers with infants, especially those with substance abuse issues.

The 4 P's Project provides screening and referral of pregnant women. The Children's Council has partnered with Dr Chasnoff and his Children's Research Triangle (information available at <http://www.childstudy.org/irachasnoff.php>) to make Lake County a pilot county for this project, with the goal of substance abuse screening for every pregnant woman receiving prenatal care. Dr. Chasnoff has conducted extensive research on the results of fetal drug and alcohol exposure and on the use of tools he has designed for intervention with substance abusing women in pregnancy. His programs are evidenced-based at the level of supported programs and practices.

The 4 Ps are a set of four simple screening questions to determine substance use. Dr. Chasnoff's program includes tools for intervention when needed. For women that request treatment, information and referrals are provided. The Children's Council will develop local intervention strategies and resources to provide to pregnant women, which are culturally sensitive and accessible. Training for physicians on the 4 Ps will be necessary to reach women early in their pregnancy and to help medical providers make effective referrals.

By halting substance abuse during pregnancy, the Project aims to improve infant health and strengthen maternal bonding, thereby reducing risk factors that contribute to child abuse and neglect.

Line 5 is the Mother-Wise program, a locally designed initiative to address Post Partum Depression (PPD) for new mothers. It was started by a local collaborative of health and human service agencies and concerned citizens, who recognized that there were no local resources for new mothers experiencing PPD. The goal of the program is reduce PPD and increase bonding for new mothers. Research indicates that 20 – 25% of mothers with newborns can demonstrate PPD to an extent that impairs bonding. Increasing attachment will decrease child abuse and neglect, not only in the early years of the child's development, but throughout their life.

The Mother-Wise program trains local volunteers to provide in-home support to new mothers, health education, peer counseling and referrals to clinical services if needed. The volunteers are supervised by clinical staff (several therapists from local agencies, one with a specialty in "Perinatal Mood Disorders"). Outcomes are measured by supervisors and are related to clinical issues and medical referrals. Staff members are creating a training manual and other documents to better describe the practice and theories of the program. Regarding Evidence Based Practices, this program would be rated among "emerging programs and practices." A logic model will be developed.

An additional outcome of the program is the increased awareness of the importance of Attachment and the issue of Post Partum Depression for new mothers. Local articles in the press and radio interviews with the Program Coordinator have heightened awareness of this issue and the need for intervention with these new moms.

Line 6 is Respite Care, another prevention program funded by the Children's Council. This program is made available to families on an emergency basis. Although not an Evidence Based

Program, it is a reasonable strategy to prevent child abuse and neglect by reducing family stress and ensuring that children receive care from appropriate caretakers during a family emergency. As an example, a family that was assisted in the past included three children with their grandmother caretaker who was unexpectedly hospitalized for a short period of time.

Line 7 is for Nurturing Parenting® classes funded in part by the Children’s Council. This series of classes is the Infants and Toddlers series provided to teenagers at the Aspire School for pregnant and parenting teens and their children. The Nurturing Parenting Program® is described above in “Line 1.”

Line 8 is the Children’s Council parent partner stipend and training funds. The parent partner attends training and conferences paid for with the fund. As well, the Children’s Council is discussing bringing training locally to develop more parent partners; this fund could be used to cover costs of holding local trainings

Line 9 is for Children’s Council administration. This covers some overhead for Lake County Office of Education (LCOE) – Healthy Start, which administers the Children’s Council.

Lines 10 and 11 are the Differential Response (DR) programs funded in part by PSSF. LCOE – Healthy Start provides DR services to families with school aged children. Lake Family Resource Center provides DR services to families of younger children. DR is an alternate way of responding to families that have been referred to CWS for allegations of child abuse or neglect. If the allegations do not meet legal standards for CWS intervention, but the family is experiencing difficulties or has risk factors, they are referred to DR (with the family’s consent). As such, DR fills a vital need in the community of preventing child abuse and neglect that rise to the level requiring CWS intervention. DR provides services as varied as in-home life skills, help accessing financial resources such as CalWORKs or job finding, help with housecleaning, transportation, and referrals to other services. Both LCOE and LFRC provide a wide array of services at large, also available to DR families. By making use of existing services and programs, DR is able to maximize funds and resources.

Line 12 is provision of family therapy for families receiving CWS family reunification services using the PSSF Time Limited Family Reunification component. CWS anticipates providing therapies not easily available, such as couples counseling, family group therapy, and therapy for co-occurring disorders. The need for this was cited many times by stakeholders, and specifically by parents who participated in the SIP planning process.

Line 13 is Family Team Meetings (FTM) for adoptive families using the PSSF Adoptions component. The goal is to use FTM to assist adoptive families with the adoptive process or to save threatened adoptions. CWS is planning to include the CDSS Adoptions Specialist as a participant in FTMs whenever adoption is the concurrent plan for the child. This plan is included in the SIP Matrix, strategy 3.6.

3. Attachments follow this page as set forth below:

Attachment 1 – CAPIT/CBCAP/PSSF Services and Expenditure Summary

Attachment 2 – BOS resolution approving the SIP

Attachment 3 – BOS resolution establishing the CAPC

Attachment 4 – BOS resolution identifying the CCTF administrator

Attachment 5 – CAPC Roster

Attachment 6 – BOS Notice of Intent (Appendix D)

Attachment 7 – OCAP Checklist

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

(1) COUNTY: LAKE (2) PERIOD OF PLAN: 7/1/11 thru 6/30/14 (3) YEAR: 1, 2, 3  
 (4) FUNDING ESTIMATES — CAPIT: \$70,000.00 CBCAP: \$27,630.00 PSSF: \$50,278.00 OTHER: \$77,305.00

Line No.	Title of Program / Practice	SIP Strategy No., if applicable	Name of Service Provider, if available	CAPIT				CBCAP				PSSF				OTHER SOURCES	NAME OF OTHER	TOTAL
				Dollar amount that will be spent on CAPIT Direct Services	Dollar amount that will be spent on CBCAP Indirect Services	Dollar amount that will be spent on CBCAP 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 G1, G2, G3, G4, G5	Dollar amount of Column G1 that will be spent on Family Preservation	Dollar amount of Column G1 that will be spent on Family Support	Dollar amount of Column G1 that will be spent on Time-Limited Reunification	Dollar amount of Column G1 that will be spent on Adoption Promotion & Support						
A	B	C	D	F1	F2	F3	F4	G1	G2	G3	G4	G5	H1	I	J	K		
1	Nurturing Parenting Program®		TBD by RFP	\$70,000			\$0	\$0								\$70,000		
2	Children's Council (CC) activities		Children's Council		\$100		\$100	\$0								\$5,656		
3	CC public awareness - April events		Children's Council			\$4,000	\$4,000	\$0								\$4,000		
4	4 P's		Children's Council	\$8,400			\$8,400	\$0								\$8,400		
5	Mother-Wise		Children's Council	\$3,500			\$3,500	\$0								\$3,500		
6	Respite Care		Children's Council	\$5,000			\$5,000	\$0								\$5,000		
7	CC Nurturing Parenting® classes		Children's Council	\$3,000			\$3,000	\$0								\$3,000		
8	CC parent partner stipend & training		Children's Council		\$1,000		\$1,000	\$0								\$1,000		
9	CC administration		Children's Council		\$2,630		\$2,630	\$0								\$2,630		
10	Differential Response	1.3	LCOE - Healthy Start				\$0	\$15,083	\$15,083							\$35,874		
11	Differential Response	1.3	Lake Family Resource Center				\$0	\$15,083	\$15,083							\$30,957		
12	Family Therapy	2.2	TBD by RFP				\$0	\$10,056		\$15,083						\$33,875		
13	Family Team Meetings w/CDSS Adoptions	3.2	LCDSS CWS social worker				\$0	\$10,056				\$10,056				\$10,056		
14							\$0	\$0								\$0		
15							\$0	\$0								\$0		
16							\$0	\$0								\$0		
17							\$0	\$0								\$0		
<b>Totals</b>				\$70,000	\$3,730	\$4,000	\$27,630	\$50,278	\$15,083	\$15,083	\$10,056	\$10,056	\$10,056	\$77,305	\$0	\$225,213		









COUNTY OF LAKE  
Clerk of the Board  
Courthouse-255 North Forbes St.  
Lakeport, CA 95453  
Telephone (707) 263-2368

**BOARD OF SUPERVISORS, COUNTY OF LAKE**

**STATE OF CALIFORNIA**

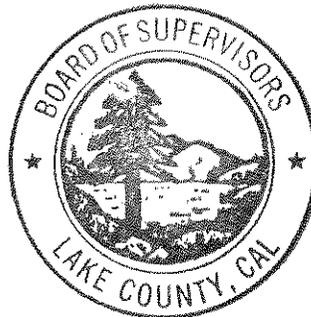
**MINUTE ORDER**

**MEETING DATE: June 7, 2011**

**CONSENT AGENDA ITEM C-19 - Approve the Lake County System Improvement Plan, for the time period July 1, 2011 through June 30, 2014, and authorize the Chair to sign.**

"...Approved the Lake County System Improvement Plan, for the time period July 1, 2011 through June 30, 2014, and authorized the Chair to sign."

Clerk to the Board  
Kelly F. Cox



By: *Mireya G. Turner*  
Mireya G. Turner  
Assistant Clerk of the Board

Soc Serv

BOARD OF SUPERVISORS, COUNTY OF LAKE, STATE OF CALIFORNIA

RESOLUTION NO: 2003-51

RESOLUTION DESIGNATING THE LAKE COUNTY CHILD ABUSE PREVENTION COORDINATING COUNCIL AND CHILDREN'S TRUST FUND COMMISSION

WHEREAS, the State of California, in Sections 18965 et seq. of the Welfare and Institutions Code, authorized counties to establish voluntary commissions, boards, or councils to prevent child abuse and neglect and to establish Children's Trust Funds from which to fund their activities; and

WHEREAS, the State of California, in Sections 18980 et seq. of the Welfare and Institutions Code, authorized counties to designate child abuse prevention councils for the purpose of coordinating community efforts to prevent and respond to child abuse and funded same from the children's trust fund; and

WHEREAS, the County of Lake formed a child abuse prevention coordinating council as an independent organization within county government, as set forth in Board of Supervisors Resolution No. 92-165; and

WHEREAS, the County of Lake established a county Children's Trust Fund, with the authority to collect fees pursuant to Section 103625 of the Welfare and Institutions Code, as well as to receive funds from other sources, as set forth in Section 18966 of the Welfare and Institutions Code; and

WHEREAS, the County of Lake intends to withdraw the designation of the body established pursuant to Board of Supervisors Resolution No. 92-165 and to designate an independent body, specifically, the Lake County Healthy Start Collaborative, to serve as the County of Lake child abuse prevention coordinating council and as the Children's Trust Fund Commission;

NOW, THEREFORE, BE IT RESOLVED, that the Lake County Board of Supervisors hereby withdraws the designation of the body originally established and designated pursuant to Resolution 92-165 and hereby rescinds Resolution No. 92-165; and

BE IT FURTHER RESOLVED, that the Lake County Board of Supervisors hereby designates the Lake County Healthy Start Collaborative for the purposes of Sections 18965 and 18980, et seq. of the California Welfare and Institutions Code, to serve as the County of Lake child abuse prevention coordinating council and as the Children's Trust Fund Commission, with all of the rights, duties, and responsibilities set forth in the applicable statutes.

RECEIVED

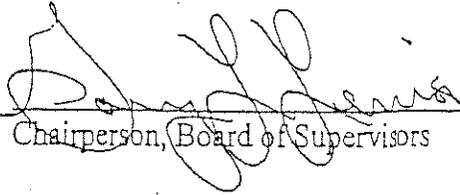
MAR 05 2003

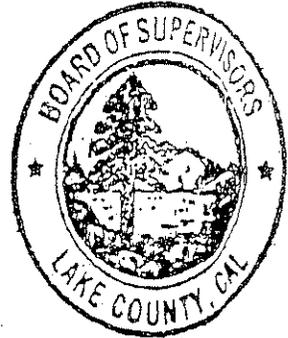
This Resolution No. 2003-51 was passed and adopted by the Board of Supervisors of the County of Lake, State of California, at a regularly called and held meeting thereof on March 4, 2003, by the following vote:

AYES: Supervisors Robey, Smith, Farrington, Brown and Lewis

NOES: None

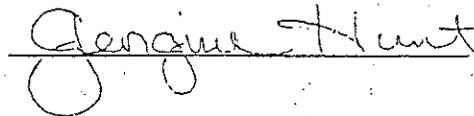
ABSENT OR NOT VOTING: None

  
Chairperson, Board of Supervisors



ATTEST: KELLY COX  
Clerk of the Board of Supervisors

By:

  
Georgine Hunt

APPROVED AS TO FORM:



CAMERON L. REEVES  
County Counsel

BOARD OF SUPERVISORS, COUNTY OF LAKE

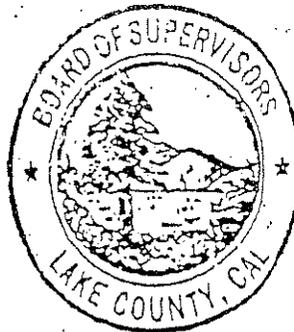
STATE OF CALIFORNIA

MINUTE ORDER

MEETING DATE: JANUARY 26, 1999

Consent Item C-1 "..... Approved transfer of responsibility for administration of the Children's Trust Fund, and the programs financed through that fund, from the Board's Administrative Office to the Social Services Department."

KELLY F. COX  
Clerk of the Board



BY: Georgine Hunt  
Georgine Hunt  
Assistant Clerk of the Board

/gch

**2010-11 Lake County Children's Council Roster**

<b>Member</b>	<b>Agency</b>	<b>Email</b>
Anthony Farrington	Board of Supervisors	<a href="mailto:lakeco.bosanthonyf@co.lake.ca.us">lakeco.bosanthonyf@co.lake.ca.us</a>
Bonnie Bonnett	Easter Seals	<a href="mailto:bbonnett@noca.easterseals.com">bbonnett@noca.easterseals.com</a>
Camille Schrader	Redwood Children Services	<a href="mailto:camille@rcs4kids.org">camille@rcs4kids.org</a>
Chris Thomas	LCOE	<a href="mailto:cthomas@lake-coe.k12.ca.us">cthomas@lake-coe.k12.ca.us</a>
Claudette Langley	Parent Partner - RCS	<a href="mailto:langleyc@rcs4kids.org">langleyc@rcs4kids.org</a>
Dan Hurst	Lake County Probation	<a href="mailto:danielh@co.lake.ca.us">danielh@co.lake.ca.us</a>
Dennis Skinner	LCMH	<a href="mailto:denniss@mhlake.co.ca.us">denniss@mhlake.co.ca.us</a>
Doreen Gilmore	LCOE – Foster Youth Svs.	<a href="mailto:dgilmore@lakecoe.org">dgilmore@lakecoe.org</a>
Ellie Frank	Yuba College	<a href="mailto:efrank@yccd.edu">efrank@yccd.edu</a>
Gina Griffin	LCOE Child Development	<a href="mailto:ggriffin@lake-coe.k12.ca.us">ggriffin@lake-coe.k12.ca.us</a>
Gloria Flaherty	Lake Family Resource Ctr.	<a href="mailto:gloriaf@lakefrc.org">gloriaf@lakefrc.org</a>
Guadalupe Ramirez-Carrillo	Region II Migrant Ed.	<a href="mailto:gcarrill@bcoe.org">gcarrill@bcoe.org</a>
Helaine Christiansen	LC Public Health	<a href="mailto:helainec@co.lake.ca.us">helainec@co.lake.ca.us</a>
Jaelyn Ley	Motherwise	<a href="mailto:jaelyn@motherwise.org">jaelyn@motherwise.org</a>
Jane MacLean	LC Public Health	<a href="mailto:janemac@co.lake.ca.us">janemac@co.lake.ca.us</a>
Jean McNally	RCS	<a href="mailto:mcnallyj@rcs4kids.org">mcnallyj@rcs4kids.org</a>
Jillian Barna	Redwood Children's Svs.	<a href="mailto:barna@rcs4kids.org">barna@rcs4kids.org</a>
Joan Reynolds	Lake County Office of Ed	<a href="mailto:jreynolds@lakecoe.org">jreynolds@lakecoe.org</a>
Joyce Elmer	SS/HS – LCOE	<a href="mailto:jelmer@lake-coe.k12.ca.us">jelmer@lake-coe.k12.ca.us</a>
June Culbertson	Redwood Children's Svs.	<a href="mailto:culbertsonj@rcs4kids.org">culbertsonj@rcs4kids.org</a>
Karen MacDougall	Consultant	<a href="mailto:karenmac@jps.net">karenmac@jps.net</a>
Kathleen Shekells	Lake Family Resource Ctr.	<a href="mailto:kathleens@lakefrc.org">kathleens@lakefrc.org</a>
Kathy Herdman	Parent Partner, LCMH	<a href="mailto:kathyh@co.lake.ca.us">kathyh@co.lake.ca.us</a>
Kathy Maes	DSS - CWS	<a href="mailto:kmaes@dss.co.lake.ca.us">kmaes@dss.co.lake.ca.us</a>
Laura Solis	AODS	<a href="mailto:lauras@co.lake.ca.us">lauras@co.lake.ca.us</a>
Mari Valdez	LCOE - Healthy Start	<a href="mailto:mvaldez@lakecoe.org">mvaldez@lakecoe.org</a>
Michy Brown	Lucerne Elem.	<a href="mailto:michyb@lucerne.k12.ca.us">michyb@lucerne.k12.ca.us</a>
Nicole McKay	NCO	<a href="mailto:nmckay@ncoinc.org">nmckay@ncoinc.org</a>
Patricia Levine	Lake County Public Health	
Phil Mascari	Environmental FFA	<a href="mailto:pmascari@ea.org">pmascari@ea.org</a>
Rachel LaMell	Redwood Children's Svs.	<a href="mailto:lamellr@pacific.net">lamellr@pacific.net</a>
Sherylin Taylor	LC Public Health	<a href="mailto:shert@co.lake.ca.us">shert@co.lake.ca.us</a>
Stephanie Lilly	Lake Family Resource Ctr.	<a href="mailto:stephaniel@lakefrc.org">stephaniel@lakefrc.org</a>
Susan Jen	HLN	<a href="mailto:s.jen@mchsi.com">s.jen@mchsi.com</a>
Shelly Mascari	Child Care Planning Co.	<a href="mailto:smascari@lakecoe.org">smascari@lakecoe.org</a>
Sheryn Hildebrand	CASA - Mendocino	<a href="mailto:shildebrand@mendocinocasa.org">shildebrand@mendocinocasa.org</a>
Tammy Alakszay	AmeriCorps	<a href="mailto:talakszay@lake-coe.k12.ca.us">talakszay@lake-coe.k12.ca.us</a>
Terry Rooney	LCMH	<a href="mailto:terryr@co.lake.ca.us">terryr@co.lake.ca.us</a>
Thomas Leon Brown	LCMH	<a href="mailto:thomaslb@co.lake.ca.us">thomaslb@co.lake.ca.us</a>
Tom Jordan	First 5 Lake	<a href="mailto:tjfirstfivelake@sbcglobal.net">tjfirstfivelake@sbcglobal.net</a>
Vicki Hays	First 5 Lake	<a href="mailto:firstfivelake@sbcglobal.net">firstfivelake@sbcglobal.net</a>

Appendix D: BOS Notice of Intent

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

NOTICE OF INTENT
CAPIT/CBCAP/PSSF PLAN CONTRACTS
FOR LAKE COUNTY

PERIOD OF PLAN (MM/DD/YY): 07/01/11 THROUGH (MM/DD/YY) 06/30/14

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

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

The County Board of Supervisors designates Lake County Dept. of Social Services as the public agency to administer CAPIT and CBCAP.

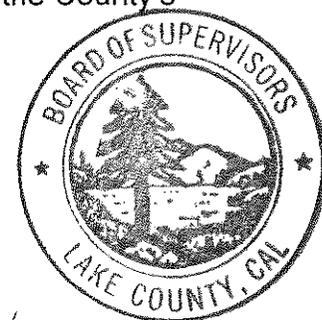
W&I Code Section 16602 (b) requires that the local Welfare Department shall administer PSSF. The County Board of Supervisors designates Lake County Dept of Social Services as the public agency to administer PSSF.

Please enter an X in the appropriate box.

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

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

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



Handwritten signature of Jim Constock
County Board of Supervisors Authorized Signature

06-07-2011
Date

Jim Constock
Print Name

Chair, Board of Supervisors
Title

The checklist is required to be submitted to the OCAP with the draft and final version of the SIP to expedite the review process .

County Name: LAKE

Start date of the System Improvement Plan: 7/1/2011

End date of the System Improvement Plan: 6/30/2011

No.	Page in Guide	Element	Element Present (provide page no.)	Element Not Present	Element N/A
<b>CONTACT INFORMATION</b>					
1	21	Name, mailing address, e-mail address and phone number of lead agency (BOS Designated Public Agency to administer CAPIT/CBCAP/PSSF programs).	37-38		
2	21	Name, mailing address, e-mail address and phone number of CAPIT liaison.	38		
3	21	Name, mailing address, e-mail address and phone number of CBCAP liaison.	38		
4	21	Name, mailing address, e-mail address and phone number of PSSF liaison.	38		
<b>APPROVALS</b>					
5	21	Evidence that the plan was approved and signed by the BOS	Att 2		
6	21	Evidence that the plan was approved and signed by the BOS designated public agency to administer CAPIT/CBCAP/PSSF	37		
7	21	Evidence that the plan was approved and signed by CAPC representative.	37		
8	21	Evidence that the plan was approved and signed by parent consumer/former consumer if the parent is not a member of the CAPC.	37, 41		
9	21	Evidence that the plan was approved and signed by PSSF Collaborative representative, if appropriate.	38		
<b>CAPC</b>					
10	22	Description of the structure and role of the local CAPC.	40		
11	22	Proposed dollar amount from CAPIT, CBCAP, PSSF Family Support, CCTF, KidsPlate, or other funds that will be used to support the local CAPC.	40		
<b>Promoting Safe and Stable Families (PSSF) Collaborative</b>					
12	23	Description of the membership or the name of the agency, commission, board or council designated to carry out this function. If the county does not have a PSSF collaborative, description of who carries out this function.	40		
<b>County Children's Trust Fund (CCTF) Commission, Board or Council</b>					
13	23	Description of the CCTF membership or identification of the name of the commission, board or council designated to carry out this function.	40		
14	23	Description of how and where the county's children's trust fund information will be collected and published.	40		
<b>PARENTS/CONSUMERS</b>					
15	23	Description of activities and training that will be implemented to enhance parent participation and leadership.	41, 48		
16	23	Description of how parents will be involved in the planning, implementation and evaluation of funded programs.	41		
17	23	Description of any financial support that will be provided for parent participation.	48		

		<b>FISCAL NARRATIVE</b>			
18	24	Description of processes and systems for fiscal accountability, including the established or proposed process for tracking, storing, and disseminating separate CAPIT/CBCAP/PSSF and Children's Trust Fund fiscal data as required.	41		
19	24	Description on how funding will be maximized through leveraging of funds for establishing, operating, or expanding community-based and prevention-focused programs and activities.	41		
20	24	Assurance that funds received will supplement, not supplant, other State and local public funds and services.	42		
21	24	Does the attached CAPIT/CBCAP/PSSF Expenditure Summary demonstrate a minimum of twenty (20) percent to each service category for PSSF funds? If not, a rationale is provided. A plan of correction is also provided to meet compliance in this area.	Att 1		
		<b>LOCAL AGENCIES – REQUEST FOR PROPOSAL (Narrative regarding the following is present in the SIP)</b>			
22	25	Assurance that a competitive process was used to select and fund programs.	42		
23	25	Assurance that priority was 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.	42		
24	25	Assurance that agencies eligible for funding provided evidence that demonstrates broad-based community support and that proposed services are not duplicated in the community, are based on needs of children at risk, and are supported by a local public agency.	42		
25	25	Assurance that the project funded shall be culturally and linguistically appropriate to the populations served.	42		
26	25	Assurance that training and technical assistance shall be provided by private, nonprofit agencies to those agencies funded to provide services.	42		
27	25	Assurance that services to minority populations shall be reflected in the funding of projects.	42		
28	25	Assurance that projects funded shall clearly be related to the needs of children, especially those 14 years of age and under.	42		
29	25	Assurance that the county complied with federal requirements to ensure that anyone who has or will be awarded funds has not been suspended or debarred from participation in an affected program. (For specifics visit: <a href="http://www.epls.gov/">http://www.epls.gov/</a> )	42		
30	25	Indicates that non-profit subcontract agencies have the capacity to transmit data electronically.	42		
31	25	For the use of CAPIT funds, assurance that priority for services shall be given to children who are at high risk, including children who are being served by the county welfare departments for being abused and neglected and other children who are referred for services by legal, medical, or social services agencies.	42		
32	26	For the use of CAPIT funds, assurance that the agency funded shall demonstrate the existence of a 10 percent cash or in-kind match, other than funding provided by the State Department of Social Services.	42		
		<b>CBCAP Outcomes:</b>			
33	26	Description of the plan to evaluate Engagement Outcomes.	43		
34	26	Description of the plan to evaluate Short Term Outcomes.	43		

35	26	Description of the plan to evaluate Intermediate Term Outcomes.	43		
36	26	Description of the plan to evaluate Long Term Outcomes.	43		
		<b>Peer Review</b>			
37	26	Description of intended CBCAP peer review activities.	43		
		<b>Service Array</b>			
38	26	Description of how CAPIT/CBCAP/PSSF funded services are coordinated with the array of services available in the county.	43-45		
		<b>CAPIT/CBCAP/PSSF SERVICES AND EXPENDITURE</b>			
39	26	Submits an <b>electronic copy</b> in excel format of the CAPIT/CBCAP/PSSF Services and Expenditure Summary that contains a comprehensive expenditure plan for CAPIT/CBCAP/PSSF.	Att 1		
40	26	Submits a <b>hardcopy</b> of the CAPIT/CBCAP/PSSF Services and Expenditure Summary that contains a comprehensive expenditure plan for CAPIT/CBCAP/PSSF.	Att 1		
41	27	CAPIT/CBCAP/PSSF Services and Expenditure Summary contains the cross reference to the CSA of the unmet need for each of the planned programs and/or activities.	Att 1		
42	27	CAPIT/CBCAP/PSSF Services and Expenditure Summary provides an inventory of the planned programs/strategies.	Att 1		
43	27	A half page description for each of the planned programs is attached to the SIP.	45-48		
		<b>CBCAP Services and Expenditure Summary Sheet</b>			
44	excel worksheet	The level of evidence-based or evidence-informed using the Program Assessment Rating Tool (PART) has been determined for programs/ practices funded by CBCAP.	Att 1		
45	excel worksheet	Identification on whether the logic model exists for CBCAP funded programs or whether it will be developed.	Att 1		
		<b>BOS RESOLUTIONS</b>			
46	28	Board of Supervisors (BOS) resolution approving the SIP is attached.	Att 2		
47	28	BOS resolution establishing a Child Abuse Prevention Council (CAPC) is attached.	Att 3		
48	28	BOS resolution identifying the Commission, Board or Council for administration of the County Children's Trust Fund (CCTF) is attached.	Att 4		
		<b>ROSTERS</b>			
49	28	Copy of the Child Abuse Prevention Council (CAPC) roster is	Att 5		
50	28	Copy of the PSSF Collaborative roster, if appropriate, is attached.	38, 40		
51	28	Copy of County Children's Trust Fund (CCTF) roster is attached.	40		
52	28	Copy of the SIP Planning Committee roster. List should contain the name, title and affiliation of the individuals involved in SIP planning process. List includes parents, local nonprofit organizations and private sector representatives. Roster identifies the required core representatives.	39		
		<b>ASSURANCES</b>			
53	28	Attach the "Notice of Intent" letter identifying the public agency(s) to administer CAPIT/CBCAP/PSSF programs. The letter also confirms the county's intent to contract.	Att 6		