MERCED COUNTY

Human Services Agency
and Probation Department

System Improvement Plan
2011

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California's Child and Family Services Review
System Improvement Plan

County:	Merced County
Responsible County Child Welfare Agency:	Merced County Human Services Agency
Period of Plan:	March 1, 2011 to February 28, 2014
Period of Outcomes Data:	Quarter ending: 12/2009
Date Submitted:	

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Board of Supervisors (BOS) Approval	
BOS Approval Date:	JUN 28 2011
Name:	John Pedrozo, Chairman
Signature:	

A. The System Improvement Plan Narrative

1. Process Used to Conduct the System Improvement Plan (SIP)

Merced County Child Welfare Services (CWS) SIP draws on the knowledge and expertise of the community, findings of the Peer Quality Case Review (PQCR), information from the County Self Assessment (CSA), guidance from the California Department of Social Services (CDSS), and evidence based practice models to identify a plan to increase the capacity of Merced County to provide safety, permanency and well-being to children. The planning process activities covered a 13-month time period that began with the PQCR in March 2010, included the CSA, and concluded with the development of the SIP in March through June, 2011. Community partners were included in each step of the process and information gathered in each step was carried forward into the planning and execution of the next.

The full team membership included representatives from:

- Merced County Human Services Agency (HSA)
- CDSS
- Merced County Probation
- Merced County Sheriff Office
- Family Resource Council
- Merced County Superior Courts
- Merced County Counsel
- Merced County Mental Health
- Merced County Drug and Alcohol
- Merced County Head Start
- Youth Representatives
- Parent Partner
- First 5 of Merced County
- Merced County Library
- Merced County Court Appointed Special Advocates (CASA)
- California State University of Fresno
- Ace Overcomers
- Aspiranet

The full membership is listed below.

Core Representatives	Department
Ana Pagan, Director	Merced County HSA
Laura De Cocker, Deputy Director	Merced County HSA
Jane Norwood, Program Administrator	Merced County HSA
Baljit Gill, Program Administrator	Merced County HSA
Alexandra Pierce, Program Administrator	Merced County HSA
Janet Kasper, Staff Services Analyst	Merced County HSA
Arthur Boyd, CAPIT/CBCAP/PSSF Liaison	Merced County HSA
Kimberly Brown, Social Services Consultant	CDSS
Heather Cotta, Social Services Consultant	CDSS
Joe Frontella, Program Manager	Merced County Probation
Lori Minor, Supervising Probation Officer	Merced County Probation
Scott Ball, Chief Probation Officer	Merced County Probation
Mike Hill, Deputy Sheriff	Merced County Sheriff Department
Dennis Haines, Operations Supervisor	Family Resource Council
Ka Xiong	Family Resource Council
Honorable David Miranda	Merced County Superior Court
Honorable Harry Jacobs	Merced County Superior Court
Kimberly Helms, County Counsel	Merced County Counsel
Manuel Jimenez, Director	Merced County Mental Health
Tabitha Weeda, Manager	Merced County Drug and Alcohol
Jon Masuda, Manager	Merced County Drug and Alcohol
Linda Kaercher, Program Director	Merced County Head Start
Sol Rivis, Manager	Merced County Head Start
Regina DeMello, Manager	Merced County Head Start
Dolores T.	Youth Representative
Maria P.	Youth Representative
Fernie M.	Youth Representative
Ernesto M.	Youth Representative
Angelica G.	Youth Representative
Arista S.	Youth Representative
Dana Jensen	Parent Partner
Debra Abarca	Parent Partner
Brian Mimura, Executive Director	First Five of Merced County
Jacque Meriam, Librarian	Merced County Library
Nancy Young, President	Merced County CASA
Mayko Vang, Instructor	California State University of Fresno
Dave Lockridge, Counselor	Ace Overcomers
Sharon Salaiz, Program Director	Aspiranet

Data sources for all three phases, the PQCR, the CSA, and the SIP, included:

- Center for Social Services Research at the University of California at Berkeley
- SafeMeasures
- Written surveys from social workers, non-profit partners, and deputy probation officers
- Focus groups with community members, government leadership, non-profit organizations, front line social workers, foster youth, substitute care providers, and biological parents
- Case reviews

To accomplish the PQCR, the first step in the SIP, the Merced County HSA, CWS and Probation's Juvenile Services partnered to each review one area of practice for improvement. CWS focused on the permanency outcome of timely adoption: of all children in foster care who became legally free for adoption during the selected 12-month period, what percent were then discharged to a finalized adoption within the following 12 months? An additional focus for HSA was on children who had not been adopted and were under the age of five years old.

In the PQCR process, data was gathered through case reviews, structured interviews with social workers and probation officers, and three focus groups. Focus groups were conducted with social workers, supervisors, and relative caregivers.

After careful examination of the case reviews and feedback from interviews and focus groups, the PQRC team made the following recommendations for CWS:

- Restructure the adoptions team to address high caseloads. Create opportunities for adoptions social workers to access cases sooner. Address timely permanency for children from the time children enter out-of-home care.
- Develop new support and training for relative caregivers in creating permanency for children.
- Develop and implement training for social workers on creating and implementing timely permanency options for children in out-of-home care.
- Restructure the child welfare continuum so the focus is on building positive permanency outcomes for children. Create opportunities for communication and collaboration among social workers particularly during transitions, which include input and solution building with families. Consider the possibility of a family worker who supports the relationships that builds permanency for children.
- Consider creating positions or ways to offer matching between children and relatives and/or foster families that focus on permanency for each child.

- Develop supports and possible roles that would assist relatives and foster families in supporting the growth and development of the new family constellation when a child is placed in out-of home care.

The second step in the SIP process was the CSA. The leadership of CWS and the Probation Department partnered with members of the Child Abuse and Prevention Council (CAPC) to develop and coordinate activities to obtain data from individual and community partner organizations. Merced County convened five separate focus groups with government leadership, non-profit organizations, front line social workers, foster youth, and biological parents. In addition, information was gathered through surveys to social workers, non-profit partners, and deputy probation officers. Community partners included Family Wellness Council, The Blue Ribbon Commission, and Community Violence Prevention Council.

Data for analysis in the CSA was taken from the Quarterly Outcome and Accountability County Data Reports compiled by the University of California, Berkeley Center for Social Services Research (CSSR). Data measures were grouped into five general categories of outcome measures: Child Welfare Services Participation Rates; Safety Outcomes: Permanency and Stability Outcomes, Family Relationships and Community Connection Outcomes. Data from all sources was reviewed, considered, and shared with community partners in the selection of the three measures to target for improvement. Data from focus groups and surveys was used in the development of strategies to improve performance.

The CSA report concluded with identification of eight areas needing improvement. The areas are:

- High rate of referrals
- High rate of substantiated allegations
- Recurrence of maltreatment
- High foster care entry rate and point-in-time rate in placement
- Long time to adoption
- Relatively few relative placements and relatively many Foster Family Agency (FFA) placements
- Compliance with Time Response data entry

After reviewing the information and conclusions from the PQCR and the CSA, CWS county leadership, in consultation with community partners, identified three measures for focus in the SIP. Part 2 discusses the three measures and how themes identified in the PQCR and the CSA are reflected in the selection of measures for improvement.

Process Used to Conduct SIP (Probation)

During the PQCR, Juvenile Probation focused on the permanency outcome of: *identifying and developing lifelong connections.*

After careful examination of the case reviews and feedback from interviews and focus groups, the PQCR team made the following recommendations for Probation:

- Develop risk and needs assessment tools and business processes at intake so that families can be adequately assessed for lifelong connections and permanency options and supported in the process. In addition, determine the accurate level of intervention so that the system is less overwhelmed and can better support comprehensive assessments and engagement of youth and families earlier to help prevent escalation of delinquent behavior.

- Develop collaborative relationships between the County Child Welfare Agency and providers so that there is an open flow of child welfare services. Collaborate with the CWS and consider the dual jurisdiction process and braided funding options to provide services to our community's children, youth, and families. Work to develop Independent Living Program (ILP) services that serve Probation youth and include an emancipation conference. Work to have ILP funding and services for Merced County children placed out of the County.

- Provide training on Evidenced-Based Practices such as; family finding, motivational interviewing, risk and needs assessments, working with children with high level behavioral problems, and advanced collaborative Juvenile Probation practices to support staff development in facilitating healthy change, timely permanency, and lifelong connections for children, youth and their families.

- Work to gain support and create more opportunities to build resources and services for children, youth, and families such as effective substance abuse assessment and treatment, mental health services, and increased availability of family Wraparound services.

2. Outcomes Needing Improvement

After review of the findings of the PQCR and the CSA and in consultation with agency partners, the SIP team identified three specific measures to target. Those measures are:

- C.2.1 Adoption within 24 Months, Exit Cohort
- C.2.2 Median Time to Adoption (more than 24 months), Exit Cohort
- 4.B Foster Care in Least Restrictive Settings

These measures are defined and the rational for their selection is described below.

a. Measure C.2.1 Adoption Within 24 Months, Exit Cohort

This measure computes the percentage of children adopted within 24 months of removal. The denominator is the total number of children who exited foster care to adoption during the specified year; the numerator is the count of these exiting children who were adopted in less than 24 months. The 24-month cutoff to adoption is based on the latest date of removal from the home. Only placement episodes ending in adoption are included.

As reported in April 2011 Quarterly Report, Data Extract Q3 2010, Merced's rate of adoption within 24 months has been falling relative to the baseline, however it is above the California average and the national goal. The SIP Team attributes this performance to recent changes made in configuration of the Adoptions Team. However, given a history of inconsistent performance and the dramatic drop from the baseline period of July 1, 2002, to June 30, 2003, the Team feels that it is important to continue the focus begun in the PQRC and ensure that the improvements become a permanent change to practice and are not merely the result of a "Hawthorne effect" in which improvements are generated for no reason other than that the process and people are the subject of attention.

Time Period	Baseline Merced	October 1, 2009, to September 30, 2010 Merced	October 1, 2009, to September 30, 2010 California	Nation Standard or Goal
C2.1	69.0%	37.2%	32.0%	36.6%

*Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Glasser, T., Williams, D., Zimmerman, K., Simon, V., Putnam-Hornstein, E., Frerer, K., Cuccaro-Alamin, S., Winn, A., Lou, C., & Peng, C. (2009). *Child Welfare Services Reports for California*. Retrieved May 16, 2011, from University of California at Berkeley Center for Social Services Research website. URL: http://cssr.berkeley.edu/ucb_childwelfare.

b. Measure C2.2 Median Time to Adoption (Exit Cohort)

This measure computes the median length of stay (in months) for children discharged to adoption. Length of stay is calculated as the date of discharge from foster care minus the latest date of removal from the home. Only placement episodes ending in adoption are included. This measure contributes to the second permanency composite. The percentage is expressed as the median which is the middle number in a sorted list of numbers). Half the numbers in the list are less, and half the numbers are greater.

As reported in April 2011 Quarterly Report, Data Extract Q3 2010. Merced's median months to adoption has risen since the baseline period of July 1, 2002, to June 30, 2003. It is below both the California median of 30.7 months and is very close to the national standard or goal of 27.3 months.

Time Period	Baseline Merced	October 1, 2009, to September 30, 2010 Merced	October 1, 2009, to September 30, 2010 California	Nation Standard or Goal
C2.2	18.0 months	27.4 months	30.7 months	27.3 months

*Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Glasser, T., Williams, D., Zimmerman, K., Simon, V., Putnam-Hornstein, E., Frerer, K., Cuccaro-Alamin, S., Winn, A., Lou, C., & Peng, C. (2009). *Child Welfare Services Reports for California*. Retrieved May 16, 2011, from University of California at Berkeley Center for Social Services Research website. URL: http://cssr.berkeley.edu/ucb_childwelfare.

The selection of the two adoption-related measures was a natural outgrowth of the selection of timely adoptions as the focus of the PQCR. While Merced County still must work to maintain the performance in the adoption measures, some recommendations from the PQCR have been implemented. The implementation of these recommendations is detailed in Part 5 of the SIP Narrative. It is the opinion of CWS management staff and community partners that Merced County can maintain performance on the two chosen adoption measures. The selection of these two measures builds on the information and recommendations developed in the PQCR and the CSA. Merced's Goal is to sustain the momentum built up with early implementation of some recommendations in the PQCR.

c. Measure F4.B Foster Care in Least Restrictive Settings

This measure reflects the percent of children placed in each type of foster care setting. It is a two part measure.

i. For all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period, what percent were in kin, foster, FFA, group, and other placements at the initial placement?

As reported in April 2011 Quarterly Report, Data Extract Q3 2010, Merced County's performance on initial placements is described in the table below, expressed as a percentage of all children in care.

Initial Placement	Baseline Merced	October 1, 2009, to September 30, 2010 Merced	October 1, 2009, to September 30, 2010 California
Relative	8.4%	7.4%	21.6%
Foster Home	32.0%	10.0%	18.9%
FFA	53.7%	77.2%	45.2%
Group/Shelter	2.2%	1.3%	11.0%
Other	3.7%	4.1%	3.3%

*Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Glasser, T., Williams, D., Zimmerman, K., Simon, V., Putnam-Hornstein, E., Frerer, K., Cuccaro-Alamin, S., Winn, A., Lou, C., & Peng, C. (2009). *Child Welfare Services Reports for California*. Retrieved May 16, 2011, from University of California at Berkeley Center for Social Services Research website. URL: http://cssr.berkeley.edu/ucb_childwelfare.

ii. For all children in child welfare supervised foster care how many were in kin, foster, FFA, group, and other placements at a selected point in time?

As reported in April 2011 Quarterly Report, Data Extract Q3 2010, Merced County's performance on point in time placements is described in the table below, expressed as a percentage of all children in care.

Initial Placement	Baseline Merced	October 1, 2009, to September 30, 2010 Merced	October 1, 2009, to September 30, 2010 California
Relative	23.5%	20.5%	32.8%
Foster Home	14.0%	5.0%	9.8%
FFA	35.0%	52.0%	29.6%
Group/Shelter	4.8%	4.5%	6.8%
Other	22.8%	18.0%	21.0%

*Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Glasser, T., Williams, D., Zimmerman, K., Simon, V., Putnam-Hornstein, E., Frerer, K., Cuccaro-Alamin, S., Winn, A., Lou, C., & Peng, C. (2009). *Child Welfare Services Reports for California.* Retrieved May 16, 2011, from University of California at Berkeley Center for Social Services Research website. URL: http://cssr.berkeley.edu/ucb_childwelfare.

Foster care in the least restrictive setting was targeted for improvement based on the identification in the CSA that relatively few children were placed in relative placements compared to many children placed FFA placements at the time of removal.

The CSA identified barriers to relative placement, especially initial relative placement, that are a result of external factors. These barriers include:

- Many relatives are undocumented and HSA is unable to perform a background check using fingerprints
- Many relatives have criminal histories and cannot be approved
- County foster homes are migrating to FFA

While acknowledging that Merced cannot control external factors, it is possible that performance on this measure can be improved with changes to CWS policy and practice.

These three areas were chosen by the SIP Team because of Merced's relative performance in relation to the state and national goals, and because the SIP team believes that substantial improvement in each measure can be achieved by implementation of the strategies.

d. Probation Review of Findings

After reviewing the findings of the PQCR and CSA and consulting with agency partners, Probation identified the following measures to target.

Improving permanency outcomes; identifying and developing life-long connections.

This measure will reflect the number of children who age out of foster care with an established life-long connection.

Outcome data is not available on this measure; however, probation data will soon be entered into Child Welfare Services/Case Management System (CWS/CMS) which may allow for extraction and analysis of specific information regarding this measure.

As a result of recommendations from the PQCR, the Probation Department has implemented a process for notifying potential relatives of minors suitable for and/or ordered into out-of-home placement. In addition, Deputy Probation Officers are now encouraged to ask about potential family members and/or caring adults in these minor's lives at every level of contact (Intake and supervision). It is anticipated that increased family engagement at every level of probation may increase the number of potential life-long connections for minors in out-of-home placement.

It is anticipated that with the implementation of the listed strategies, the Probation Department can increase the number of life-long connections for each minor exiting foster care and reach or surpass the target improvement goal.

3. Improvement Targets or Goals

- Measure C2.1, Adoption Within 24 Months (Exit Cohort)

  The SIP Team has set a goal to continue to meet the national goal of 36.6%. The aim of the improvement strategies is to reinforce and build on the changes implemented as a result of the recommendations of the PQCR and sustain the momentum.

Year	Goal (%)
1	36.6%
2	36.6%
3	36.6%

- Measure C2.2, Median Time to Adoption (Exit Cohort)

  Merced County's performance is currently 27.4 months, very close to the national goal of 27.3 months. The SIP Team set the national goal as our target. As with C2.1, the team reasons that the national goal is the desired target, and the objective is to stay very close to it.

Year	Goal (months)
1	27.3
2	27.3
3	27.3

In setting these goals, we recognize that the initial numbers during the first year may not be truly reflective of the changes that have already been made to the business processes of the Adoption Team or the additional changes that will result from initiation of the strategies. A positive outcome of the reorganization of the Adoptions Team has been the finalization of a number of cases that have been active for long periods of time. The recent adoptions of children who have been in care over 24 months results in a high median months to adoption number, but in reality reflects the recent impetus in the Adoption Team to seek permanency for children who have been in care a long time. For example, since January 2011, 15 adoptions have been finalized. The 15 included a sibling group of five who had been in care 46 months, a group of two who had been in care 94 months, and another group of two who had been in care 58 months. One child who had been in care 120 months was adopted during this time period. The median months in care is 45.7. While these adoptions have a negative effect on the measures, they are in reality great accomplishments on behalf of children who have, against the odds, found a permanent home.

The team also recognizes that the median is a more volatile measure than the mean, and future changes in the achievement on this measure will have to be measured by a drill down into the data, not just observation of the measure alone.

For Measure 4B, Merced is expressing the goal in terms of the percentage of first placements and point in time placements in relative care. CWS management reached this decision based on review of previous performance and recognizing that the pool of county foster families is shrinking as foster families choose to affiliate with an FFA. Increasing the number of placements in relative care is both good practice and a practical solution to the reality of lack of county foster homes.

As reported in April 2011 Quarterly Report, Data Extract Q3 2010, Merced County's percentage of initial placements of 7.4% is substantially lower than the California performance of 21.6%. In order to achieve an initial relative placement that equals the point in time placement and approaches the state average of 21.6, Merced County will have to increase the percentage by factor of 0.4 in each of the three years of the cycle. Using an incremental approach allows time for the staff to become proficient in new procedures and experience the benefits of family finding early in the case. The annual goals in the table below assume the smallest increases in the first year, a slightly larger increase in the second year and the largest increase in the third year when the family finding approach is fully integrated into the culture and expectations of the agency.

Year	Relative Placements Initial
1	10.4%
2	14.5%
3	20.5%

As reported in April 2011 Quarterly Report, Data Extract Q3 2010, Merced County's percentage of point in time placements of 20.5% is substantially lower that the California performance of 32.8%. Merced chose targets that will incrementally bring us to the state average by the end of the California Child and Family Services Review (C-CFSR) cycle. As the number of initial relative placements increases, the number of point in time placement measures will also increase. The effect on the point in time measure will be cumulative, so we anticipate the greatest increases will occur by the third year. In order to reach a final number close to the state average, Merced County will have to increase its point in time relative placements by a factor of 0.15 in each year of the plan. As with the initial measure, this incremental approach allows for a graduated rate of increase over the three years.

Year	Relative Placements Point in Time
1	23.6%
2	27.1%
3	31.2%

4. Literature Review

Federal law encourages safe and stable homes for children in foster care; however, successful and safe reunification with the birth family is a primary value. While reunification and permanency planning can be competing goals, child welfare agencies are expected to simultaneously plan for both (Becker, Jordan, and Larsen 2007 in Larsen-Rife and Brooks, 2009). Researchers have examined factors and characteristics that relate to exits to permanency, either reunification, adoption, or another permanent situation. The review of literature compiled by Larsen-Rife and Brooks looks at outcomes cited in the literature for the effects of age, ethnicity, gender, siblings, special needs, and placements. For our purposes, we looked primarily at the results of studies that provide information about factors that influence relative placements and adoption.

Studies agree that age is associated with permanency, with older children less likely than younger ones to be adopted. Younger children are less likely than older ones to experience adoption disruptions. Ethnic minority children have lower successful exits to permanency than Caucasian children, including lower rates of adoption, although African American youth have higher rates of kinship adoptions. Gender does not appear to be a significant factor. Studies of siblings are not conclusive on whether being a sibling group has an impact on permanency. For children with special needs, emotional and behavioral disorders or

disabilities have lower rates of reunification and are less likely to be adopted. Children placed in a relative or non-relative foster home were more likely to be adopted than children in other settings (Larsen-Rife and Brooks, 2009).

Two-thirds of adoptions are made to non-relatives, but relative adoptions are the fastest growing type of permanent placement (Testa, 2004 in Larsen-Rife and Brooks, 2009).

In **Achieving Permanency for Children: Timely Adoption Practices in Child Welfare**, Hatton and Brooks (2009), provide best practices for adoptive placements and best practices for adoptive finalization.

Best practices related to adoptive placement are:

- Concurrent planning. Although concurrent planning can create an inherent conflict in simultaneously planning for two different outcomes, it may expedite a timely adoptive placement.
- Address case worker concerns. Agencies should address case workers' beliefs about the adoptability of children and suitability of homes.
- Improve recruitment of adoptive families. While not empirically supported, recruitment may lead to more placements.

Best practices related to adoptive finalization are:

- Concurrent planning. Effectiveness of concurrent planning requires that the agency staff embrace the philosophy and that formal systems are put in place to actively encourage it.
- Consider open adoptions. Open adoptions may be more appropriate for youth who have attachments to their biological family.
- Address issues of transracial adoption. Since, the Multiethnic Placement Act of 1994 there has been an increase in transracial adoptions, but the adoption of African-American and Native American children continues to be lower than other groups. Issues of ethnic identity need to be addressed.
- Post adoptive placement services. Studies have shown that post adoptive services are needed beyond two years after finalization and can be linked to placement stability.

Hatton and Brooks end their literature review with the caution there is a dearth of empirically validated studies and evidence-based programs and services for achieving timely adoptive placements and finalization.

The Child Welfare Information Gateway (www.childwelfare.gov) provides many valuable publications related to adoption, including **Helping Your Foster Child Transition to Your Adopted Child**, designed for foster parents who are adopting their foster child. Foster Parent Adoption, written for professionals, covers trends, benefits, costs, practice issues, pre- and post-adoption services.

Finding a Fit that Will Last a Lifetime: A Guide to Connecting Adoptive Families with Waiting Children is a publication of AdoptUSKids that provides guidance to professionals on setting the stage, preparation and assessment, making the decision, communicating children's information to prospective adoptive parents, and adoption support and preservation services.

The literature on adoption and permanency planning frequently cites the growing trend to relative adoption and foster care adoption.

In 2004, Casey Family Programs sponsored a Breakthrough Series Collaborative (BSC) to improve how child welfare systems support kinship care. The results of the collaborative, in which a number of child welfare agencies identified, implemented reported on the results of interventions, are reported in a series of strategies that promoted the value of kinship care. The strategies address placement, permanency, family relationships, services and supports, constituency engagement, collaboration, self-support, and training. The report provides very specific tools and methodologies for evaluating the status of the agency's practices in regard to kinship care. (Casey Family Programs, 2005)

In conclusion, although this review covers only a fraction of the literature and research on adoption and kinship care, it is clear that the best practices point to concurrent planning, early placement with relatives, and adoption into foster and relative families. Major leaders in the field have accomplished significant work in this area and have made many tools and practice models available as resources for strategic planning.

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Testa, M. F. (2004) in Larsen-Rife, D. &Brooks, S. (2009). When Children Cannot Return Home: Adoption and Guardianship. The Future of Children, 14.

5. Current Activities in Place

Recognizing that Merced County was not performing well in the adoption measures, the county chose to focus the PQCR on adoptions. Some changes that were recommended in the PQCR have been implemented, specifically:

- In July, 2010, the Adoptions Team was relocated and intermingled with all CWS staff. Previously the Adoptions Team was located in a separate area at the opposite end of the building and had little informal contact with other CWS staff. The purpose of this office move was to improve communication and awareness.

- Also in July, 2010, a single Social Worker was assigned to a child or sibling group rather than multiple Social Workers and case managers that were previously assigned to one child or sibling group.

- Experienced MSWs were assigned to the Adoptions Team, replacing less experienced case managers. Six full-time Social Workers are now assigned to the Adoptions Team.

- Adoptions Team Social Workers begin working with the children and adoptive families as soon as reunification services are terminated.

In regard to Foster Care Placements in least restrictive settings, over the past year Merced County has increased efforts to recruit and retain County foster homes through a new and improved Foster Parent Orientation.

6. New Activities that Impact Outcomes

a. Measures C2.1 and C2.2, Length of Time to Adoption

Merced County's plan for reducing the length of time to adoption has two components.

The first component is a business process change with the reorganization of adoptions staff which was accomplished in 2010. The changes have begun to implement a more focused concurrent planning approach. Reorganization of staff was the first and an

important step, but additional changes to practice, training for staff, and ongoing attention will be required to see the full benefit. Additional changes related to business process change will include:

- Restructure the adoptions unit to lower caseloads (partially accomplished).
- Implement a philosophy change within CWS about concurrent planning. Concurrent plan begins at detention and is re-evaluated throughout the life of the case, including court investigations and Family Reunification services.
- Require all court reports; beginning at Detention, to address the concurrent plan in detail, including an ongoing assessment of the placement.
- Working with the Academy, provide training on concurrent planning for new and existing staff.
- At the termination of parental rights, assign one Adoption Social Worker to meet the needs of the entire case. Merced will eliminate the assignment of Family Reunification Social Worker and Case Managing Social Worker simultaneously with the Adoption Social Worker (accomplished). This allows a more focused approach in working with the adoptive family and the child.
- Focus on permanence for all children entering care.
- Review all existing foster care cases for adoption possibility and concurrent planning in each case review.
- Increase the number of concurrent homes.
- Increase the number of children in concurrent homes.

The second component relates to supporting adoptive families as they go through the process of finalizing the adoption. Changes will include:

- Partner with home study providers to support families.
- Seek feedback from families on perception of support with the adoption process.
- Seed feedback from Social Workers on perception of support with the adoption process.
- Identify barriers to adoption for each family and provide services and support to remove barriers that prevent adoption.

b. Measure 4B, Initial and Point In Time

We propose to re-align Social Worker duties and work processes to facilitate early identification of appropriate relatives for initial placements. Specific changes include:

- Assign Social Worker positions to assist primary worker with emergency placements by locating relatives.
- Implement early identification of relative information by Emergency Response (ER) workers.
- Include families in initial case conference.
- Increase ability to certify relative homes for emergency placement.
- Review foster care placements for appropriateness to move to relative and/or concurrent placement.

These changes are in response to the need identified in the PQCR for "a formal assessment process of relatives for their ability and desire to offer permanency to children at the time of initial placement." Merced recognizes that it will require more Social Worker time at the time of the initial placement to implement this recommendation.

CWS management will review our practice to identify ways to involve families earlier in the case, such as including family members in the initial care conference. Although a complete family group conference may not be feasible due to staffing and time issues, we will explore ways to facilitate early inclusion of relatives, youth, and non-related persons important to the family.

It is clear in the literature that an important component of success in including families is the attitude and approach of the Social Workers. CWS management intends to address staff involvement in several ways including staff participation in the detailed planning, highlighting successful stories and celebrating achievements, and providing training and professional development opportunities.

Merced management feels that the changes planned for measures 4B and C2.1 and C2.2 are complimentary. Social Workers who are identifying family members for initial placement can be trained to be mindful of concurrent planning and evaluate the potential for relative adoptions should the reunification plan fail. Social Workers can be aware of the need to consider permanency at every point and offer foster families and relative caregiver's opportunities to consider adoption. In both goals, the key factor is creating a sense of excitement and accomplishment in our staff and encouraging ongoing process improvements.

7. Logic Models

Initial and Point in Time Relative Placements

Program Vision: Children who are removed from their homes will be placed with relatives when relative placement is the best choice for the child.

Population Served: Children removed from their homes and their families.

Population Needs to be Addressed by Services: Children who are removed from their home by the court need to maintain family ties, have a sense of familiarity about their surroundings, and preserve as much continuity as possible in their lives.

Outcomes (Short, Mid, and Long-Term)	Indicators	Measurement	Services **	Resources
Short-Term				CWS policy and procedure Training Date resources Input from staff Input from families Input from youth
• Assign Social Worker positions to assist primary worker with emergency placements by locating relatives. • Implement early identification of relative information by ER workers.	Positions assigned to assist. Relative information is identified by ER workers.	Number of positions assigned. Number of cases in which ER staff identify relatives.		
Mid-Term				
Increase ability to certify relative homes for emergency placement.	Relative home certified from emergency placement.	Number of relative homes certified for placement. Number/percent of children in foster care who are in relative placements.		
Long-Term				
Review foster care placements for appropriateness to move to relative placement and/or concurrent placement.	Children identified for appropriateness to move to relative and/or concurrent placement.	CSFR Measures 4B.		

** Services
- Matching process between each child and family to an appropriate relative placement.
- Streamlined and coordinated process for certifying relative homes.
- Clear information to relatives/families about how the system works and their choices.
- Training for Social Workers and other staff.

Supporting Adopting Families

Program Vision: Children ready for adoption will become a legal member of their adoptive family as soon as possible.

Population Served: Children ready for adoption and the families ready to adopt them.

Population Needs to be Addressed by Services: Families wanting to adopt children in foster care need to know that adoption is an option, what benefits and services they can receive post adoption, what legal requirements must be met, and how to seek help with the process. Families may have unresolved questions or issues with the implications of adoption and may need support in gaining access to community resources and services.

Outcomes (Short, Mid, and Long-Term)	Indicators	Measurement	Services **	Resources
Short-Term				
• Restructure the adoptions unit to lower caseloads. • Create early access to cases for adoption workers.	• Adoptions unit is reorganized. • Caseloads are lower • Adoptions social workers have earlier access to cases.	Caseload numbers.		CWS policy and procedure Adoption agency policy and procedure
Mid-Term				
• Review all foster care cases for adoption possibility. • Increase the number of concurrent homes. • Increase the number of children in current homes.	• Children in foster care for whom adoption is appropriate will be identified. • More concurrent homes. • More children placed in concurrent homes.	• Increase in the number of children identified for adoption. • Increase in the number of concurrent homes. • Increase in the number of children placed in concurrent homes.		Training Data resources
Long-Term				Input from staff
• Excellent customer service for families wishing to adopt. • Partnerships with home study providers to provide better customer service to families wishing to adopt. • Feedback from families on their experience with the adoption process. • Feedback from Social Workers on their experience with the adoption process. • Continuous process improvements.	• Families are satisfied with the adoption process. • Home study providers are satisfied with the process and provide good customer service to families. • Families indicate satisfaction with the process. • Social Workers indicate satisfaction with the process. • Innovation continues to occur.	Improved performance on CSFR Measures C2.1 and C2.2.		Input from families Ideas from literature and best practice.

** Services

Potential Adoptive Families will receive:

- Matching process between each child and family to an appropriate permanent home
- Streamlined and coordinated home study process
- Safe assessment to achieve permanency with relatives
- Clear information to relatives/families about how the system works and their choices
- Training for relatives/families
- Assistance with completion of requirements

Social Workers will receive:

- More manageable workloads
- Improved work process
- Training
- Feedback on performance
- Opportunity to express ideas on process improvement

8. Child Abuse Prevention Intervention (CAPIT)/Community-Based Child Abuse Prevention (CBCAP)/Promoting Safe and Stable Families (PSSF) Plan

a. CAPIT and PSSF

In the CSA process, Merced County identified that the number and rate of child maltreatment referrals decreased but remained above the statewide rate of 47.2 per 1,000 in 2009. The rate of substantiated referrals (10.9%) is higher than the statewide average of 9.1 per 1,000 children in 2009. As was stated in the CSA, the high rate of referrals and substantiated referrals in Merced County may be a direct reflection of the challenges facing the Merced community. For example, there is a high rate of methamphetamine production and use in Merced. Merced County has a high poverty rate, with 21.5% of the population in poverty in 2010 compared to 13.3% statewide. In 2004, the median household income in Merced County was $38,792 compared to $49,894 statewide. The unemployment rate is also high, and has historically been much higher than statewide, in part because of the large number of seasonal jobs and because of the overall the lack of jobs compared to population. Agricultural work accounts for 18% of county jobs compared to 3% statewide. In August 2010, the unemployment rate in Merced County was 18.9% compared to 9.6% statewide and 9.7% in the U.S. (Data reported in CSA.)

In response to high rates of referral and high rates of substantiation, Merced County developed the Home Visitors Program which uses both CWS staff and contracted services. The Home Visitors Program is designed to work with families that have been referred to the Agency because of concerns or issues the family is experiencing. The families may or may not have an open child welfare case. CWS may or may not have had contact with the family prior to a home visitor contacting the family. This program is designed to address issues that may lead to child abuse or neglect so as to significantly reduce child maltreatment within the county.

Merced County contracts with the Merced Lao Family Community (MLFC), a non-profit community-based partner, for home visitor services. CAPIT funds are used to fund home visiting services provided to the west side of Merced County. MLFC is responsible for

hiring, training of the home visitors, and monitoring case contact. MLFC also compiles monthly reports reflecting the number of families served and the services provided.

Merced County HSA uses PSSF dollars to fund a Home Visitors Program that serves families in the city of Merced and adjoining areas. The Home Visitors Program operates the same as the program offered on the West Side of the County through a contract with Lao Families. The home visitors are co-located with Merced County CWS at the main office in Merced and at the Westside Family Services Center (WFSC) in Los Banos, California. Since they are co-located there is a Supervising Social Worker (SSW) on site. The SSW is available for consultation with the home visitors and randomly reviews case notes.

Continuation of the Home Visitors Program is contained in the CAPIT/CBCAP/PSSF Plan.

b. PSSF

It is clear Merced County did not do well in the adoption composites in the past. Merced County's PQCR focused on this area and the HSA has already implemented some measures that were recommended in the PQCR. For example, at one time the entire Adoptions Team was located in the opposite end of the building away from the rest of the CWS staff. In July 2010, after the PQCR, the Adoptions Team was relocated and intermingled with all CWS staff in an effort to improve communication and to assign an Adoptions worker to a child earlier in the life of the case.

Another change, as recommended by the PQCR, was to assign one Social Worker to a child or group of siblings rather than the multiple social workers and case managers that previously were assigned to one child's case. This was implemented in July 2010. More experienced Masters level social workers were assigned to the Adoptions Team and replaced the less experienced case managers. The Adoptions Team now has six full-time social workers that begin working with the children and adoptive families as soon as reunification services are terminated. Additional changes are planned in the SIP matrix. PSSF funds are utilized for Merced County Adoptions Team activities. The funds are utilized to locate homes for children awaiting adoption and to work with concurrent homes that currently have foster children in their home that could become available for adoption.

c. CBCAP

CBCAP funds are used to support the HSA All Dads Matter (ADM) Program, which has the purpose of offering support, encouragement, education, and awareness of the importance of healthy father involvement in the lives of their children and families. The ADM Resource Center provides individual counseling, support, and printed fatherhood materials to help empower fathers to assume their parental responsibilities. ADM also presents throughout Merced County "Boot Camp for New Dads" (BCND) one-day, three-hour workshop to educate first time fathers on their role in the care and nurturing of their new babies. ADM engages in community outreach to educate the public about our

Fatherhood Program, such as by sponsoring the annual "Celebration of Fatherhood" event in collaboration with Merced City Parks and Community Services, with attendance in excess of 1,200. The ADM program responds to the need identified in the CSA for services to prevent child abuse and neglect and lower the rate of referrals to CWS.

B. Part I—CWS/Probation

CWS/Probation Narrative

The chart below compares the performance of Merced County to the statewide performance as reported in the CWS Outcome Systems Summary for California published April 2011. We identified 21 measures in which Merced County is either significantly above or below the state average or trending in the wrong direction. Those measures are identified with "Yes" in the Needs Improvement column of this chart. A measure was identified as a "No" if the trend was in the wrong direction but the performance met or exceeded the California average.

Measure	Performance Merced	Desired Direction?	Performance California	Needs Improvement?
PR	57.6	Yes	47.2	Yes
PR	11.2	Yes	9.3	Yes
PR	5.1	Yes	3.2	Yes
PR	8.4	No	5.5	Yes
S1.1	93.0	Yes	92.9	No
S2.1	99.51	N/A	99.6	No
C1—Reunification Composite				
C1.1	71.5	No	64.8	No
C1.2	7.9	No	8.3	No
C1.3	52.9	Yes	44.2	No
C1.4	10.4	Yes	12.0	No
C2—Adoption Composite				
C2.1	37.2	Yes	32.0	Narrative
C2.2	27.4	Yes	30.7	Narrative
C2.3	13.2	N/A	19.5	Yes
C2.4	6.2	N/A	6.8	Yes
C2.5	30.8	N/A	63.1	Yes
C3—Long-Term Care Composite				
C3.1	14.0	N/A	24.0	Yes
C3.2	95.8	N/A	96.5	No
C3.3	50.0	N/A	59.6	No
C4—Placement Stability Composite				
C4.1	83.1	Yes	83.6	No
C4.2	66.0	Yes	63.2	No
C4.3	31.3	No	32.7	No

Measure	Performance Merced	Desired Direction?	Performance California	Needs Improvement?
Timely Response				
2B	96.9	Yes	97.2	No
2B	92.6	Yes	93.5	No
Timely Social Worker Visits with Child				
2C (1)	90.3	No	92.3	Yes
2C (2)	88.3	No	92.8	Yes
2C (3)	88.5	No	92.3	Yes
Siblings Placed Together				
4A (all)	56.5	Yes	54.3	No
4A (some)	76.1	Yes	73.5	No
Least Restrictive Placement				
4B	7.4	Yes	21.6	Yes
4B	10.0	No	18.9	Yes
4B	77.2	No	45.2	Yes
4B	1.3	No	11.0	No
4B	4.1	No	3.3	No
4B	20.5	No	32.8	Yes
4B	5.0	No	9.8	Yes
4B	52.0	No	29.6	Yes
4B	4.5	Yes	6.8	No
4B	18.0	No	21.0	No
Indian Child Welfare Act (ICWA) Eligible Placement Status				
4E (1)	See narrative	N/A		
4E (2)	See narrative	N/A		
5B (1)	81.0	N/A	87.4	Yes
5B (2)	33.4	N/A	65.2	Yes
5F	1.4	N/A	13.4	No
6B	2.9	N/A	8.0	Yes
8A	50.0	N/A	69.4	Yes
8A	33.3	N/A	30.1	No
8A	100.0	N/A	92.5	No
8A	100.0	N/A	89.4	No
8A	100.0	N/A	93.4	No

Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Glasser, T., Williams, D., Zimmerman, K., Simon, V., Putnam-Hornstein, E., Frerer, K., Cuccaro-Alamin, S., Winn, A., Lou, C., & Peng, C. (2009). *Child Welfare Services Reports for California*. Retrieved May 16, 2011, from University of California at Berkeley Center for Social Services Research website. URL: http://cssr.berkeley.edu/ucb_childwelfare.

- PR Participation Rates—Although our entry rates and in-care rates are higher than the state average, Merced County has worked to develop partners and establish prevention services. The participation rates are likely influenced by the economic conditions, the high rate of methamphetamine use, and other environmental factors outside of our control. Additionally, Merced County investigates every referral, which may result in a higher rate of substantiated allegations.

- S1.1 and S2.1—No recurrence of maltreatment and no maltreatment in foster care. Performance on these measures is satisfactory.

- C1 Reunification Composite—This composite was not selected because the performance is satisfactory.

- C2 Adoption Composite—C2.1 and C2.2 have been selected for targeted improvement. Although the most recent data reports indicate that Merced is above the national standard, Merced has a history of underperformance which led to the selection of adoption as the issue for the PQRC. In the opinion of the SIP Team, it is important to continue focusing on this measure to ensure that the progress made with the reorganization of the Adoption Team is sustainable and not just a short-term spike in improvement generated by the recent management attention to adoptions. The SIP Team has identified a need to implement the additional measures identified in the strategies to continue seeing the benefits resulting from changes to the adoption process.

- C3 Long-Term Care Composite—Although measure C3.1 is below the state average, this composite was not selected because the performance on the other two measures in the composite is satisfactory. In addition, the SIP Team believes that the implementation of family finding and the emphasis on timely adoption will impact the percentage of children who have been in foster care 24 months or longer discharged to a permanent home prior to turning 18. Finally, the most recent change in the data, although resulting in a dramatic change in the percentage, represents only a change in three cases and the SIP Team selected other measures which will impact a larger number of children.

- C4 Placement Stability Composite—These measures were not selected for improvement because the indicators are very close to the state average.

- 2B Timely Response—These measures were not selected for improvement because the performance is satisfactory.

- 2C Timely Social Worker Visits with Child—These measures were not selected for improvement because the performance is very close to the state average. Timeliness of visits can be addressed in routine supervisory oversight and does not require a formal improvement plan at this level of deviation from the standard. Additionally, this appears to be a documentation problem, as Social Workers were not entering monthly visits timely. This area will continue to improve as supervisors are now monitoring timely documentation more closely.

- 4B Least Restrictive Placement—This measure has been selected for targeted improvement.

- 4E Indian Child Welfare Act (ICWA) Eligible Placement Status—Merced County has no recognized Indian tribes. In most recent data, Merced had seven ICWA eligible children in placement, one of whom was placed with relatives. Three were in non-relative, non-Indian SCPs, one was in non-relative SCP missing, and two were in group homes. Fifteen children of American Indian primary or multi-ethnicity were identified. Of this 15, two are placed with relatives, 11 in non-Indian non-relative SCPs, one in non-relative SCP (ethnicity missing), and one in a group home. While we chose not to address this strategy specifically, we will have a greater capacity to place ICWA eligible children with family members as our family finding and relative placement activities are implemented.

- 5B—While the dental exam average is substantially below the state average, we feel this measure can be addressed in routine supervisory conferences and does not require a formal plan. CWS has partnered with Merced County Public Health, a public health nurse, and a clerical staff are now gathering and entering this information into CWS/CMS. The nurse is also assisting foster parents in providing consultation and referrals to dental providers.

- 5F—Authorized for psychotropic medication. This measure was not selected for improvement because performance is below state average. CWS works closely with the Court in obtaining authorization for medication; however it was recently discovered that staff were not entering the correct information into CWS/CMS. This issue has been addressed and supervisors will monitor documentation closely.

- 6B—While the individualized education plan average is substantially below the state average, it is not clear from this data alone that children in Merced County who need an Individual Education Plan (IEP) are not receiving one. CWS will conduct further research at the case level to ensure that an IEP is developed for all children who need one.

- 8A—While rate of foster care youth graduating from high school is below the state average, CWS has implemented Transitional Individual Living Plan (TILP) for every youth in care starting at age 16. These plans include family finding in order to bring additional adult support into the life of youth in foster care and provide a permanent family connection. TILPs are reviewed with the youth every six months, and appropriate support services provided to encourage youth to stay in school. CWS has worked with MCOE to ensure that youth who have attended many schools receive credit towards graduation regardless of the changes in school attendance. Youth who are not interested in college are offered options and information about vocational training.

The process for selection of measures C2.1, C2.2, and 4B and the connection between the selected measures, the PQCR, and the CSA are described in section A2.

The Merced County SIP supports the California Program Improvement Plan (PIP) strategies in the following ways:

- Evidence Based PIP Strategy. Expand the use of participatory case planning strategies. Merced County's plan calls for the early involvement of family members in the planning process in the strategies for both C2.1 and C2.2 and 4B. Biological parents, youth, foster parents, and potential adoptive parents will be involved earlier in the case process and be included in concurrent planning.

- Sustain and enhance permanency efforts across the life of the case. Merced County's plan enhances the use of concurrent planning early in the life of the case and focuses SW's attention on permanency planning beginning at the point of removal.

- Enhance and expand caregiver recruitment, training, and support efforts. Merced County's focus for caregiver recruitment is the identification of relative caregivers and the placement of more children in relative homes both initially and at any given point in time.

- Sustain and expand staff/supervisor training. Merced County's focus for training will be on relative placements, concurrent planning, permanency, and best practices in adoptions.

The outcome goals, strategies, rationales, and milestones are described in Section A3. The selection of these measures was based on the focus of the PQCR on adoptions, the recommendations of the CSA, the early implementation of staffing changes based on the recommendations of the CSA, and our desire to maintain the momentum and direction of the PQCR and the CSA in the planning and implementation of the SIP cycle. The process for arriving at the final decision began with recommendations of selected measures by the CWS management, review of recommendations by the state consultant, and review of the recommendations by community partners. The result of the final process was the removal of one measure from the original proposed list, leaving three measures as the focus of our SIP. The three measures selected for improvement will significantly enhance the well-being of the children in our care and promote the professional growth and development of our Social Worker and management staff.

C. CWS/Probation SIP Matrices

CWS SIP Matrix

Outcome/Systemic Factor: Measure 4B Initial Placement and 4B Point in Time (PIT) Placement.

County's Current Performance: Initial placement with relatives = 7.4%; PIT placement with relatives = 20.5%. April 2011 Quarterly Report, Data Extract Q3 2010.

Improvement Goal 1.0–Increase the percentage of children initially placed with relatives to 10.4% in the first year, 14.5% in the second year, and 20.5% in the third year.

Strategy 1.1–Assign Social Worker positions to assist primary worker with emergency placements by locating relatives.

Strategy Rationale: Identification of appropriate relative placements must be concurrent with removal in order to avoid placing children in a foster home while a relative is located.

☐ CAPIT
☐ CBCAP
☒ PSSF
☐ N/A

Milestone	Time Frame	Assigned To
1.1.1–Identify staff positions to assist with locating relatives	August to December 2011	Program Administrator for ER and Deputy Director
1.1.2–Train identified Social Workers and other staff on locating relatives using family finding methods.	January to February 2012	Deputy Director, Program Administrators, Courts, and Seneca Center
1.1.3–Develop schedule and implement assignments.	March 2012	Program Administrator for ER

Strategy 1.2–Implement early identification of relative information by ER workers.

Strategy Rationale: ER workers can capture information regarding potential relative placements at the initial interview.

☐ CAPIT
☐ CBCAP
☐ PSSF
☒ N/A

Milestone	Time Frame	Assigned To
1.2.1–Develop policy	August to December 2011	Program Administrator for ER
1.2.2–Train ER workers on policy.	January to February 2012	Program Administrator for ER
1.2.3–Implement policy.	March 2012	Program Administrator for ER

Strategy 1.3–Include families in initial case conference.

Strategy Rationale: Including family members early in the process may identify a willing family for initial placement.

☐ CAPIT
☐ CBCAP
☐ PSSF
☒ N/A

Milestone	Time Frame	Assigned To
1.3.1–Identify any needed policy changes and revise if needed.	January to April 2012	Program Administrator for ER and Deputy Director
1.3.2–Train Social Workers on policy and best practices.	April to August 2012	Program Administrator for ER, Seneca Center, and Staff Development
1.3.3–Impement policy.	September 2012	Program Administrator for ER

Improvement Goal 2.0–Measure 4B PIT Placement

Increase the percentage of children placed with relatives at PIT to 26% in the first year, 29% in the second year, and 34% in the third year.

Strategy 2.1.1–Increase ability to certify relative homes for emergency placement.

Strategy Rationale: In order to facilitate timely home assessments for relatives, cross train Social Workers on knowledge and skills required. Cross training eliminates dependency on only a few specialized workers.

☐ CAPIT
☒ CBCAP
☒ PSSF
☐ N/A

Milestone	Time Frame	Assigned To
2.1.1–Train all staff on licensing rules and regulations for relative home approval.	January 2012	Program Administrators, and Home Assessment Team Supervisor
2.1.2–Train home visitors on licensing rules and regulations for relative home approval.	February to March 2012	Program Administrators and Home Assessment Team Supervisor
2.1.3–Develop rotational schedule and implement.	April 2012	Program Administrators

Strategy 2.2–Review foster care placements for appropriateness to move to relative placement and/or concurrent placement.

Strategy Rationale: Children currently in county foster home or FFA homes may have relatives that were not available or able to provide care at an earlier date but who could at the current time.

☐ CAPIT
☐ CBCAP
☐ PSSF
☒ N/A

Milestone	Time Frame	Assigned To
2.2.1–Develop criteria to identify children with potential to move to relative and/or concurrent placement.	May 2012	Program Administrator for Permanency Planning
2.2.2–Develop a schedule or review in coordination with regular case staffing.	June to July 2012	Program Administrator for Permanency Planning
2.2.3–Implement review schedule.	August 2012	Program Administrator for Permanency Planning

Strategy 2.3–Evaluate effectiveness of Strategies.

Strategy Rationale: Ongoing monitoring of cases and monitoring of quarterly outcome report will be required to evaluate effectiveness of strategies.

☐ CAPIT
☐ CBCAP
☐ PSSF
☒ N/A

Milestone	Time Frame	Assigned To
2.3.1–Review quarterly reports.	August 2011 to August 2014	Program Administrator for Permanency Planning
2.3.2–Review initial and Point in Time placements in social worker/supervisor conferences.	August 2011 to August 2014	Program Administrator for Permanency Planning
2.3.3–Revise procedures, provide training, or offer other interventions as required if initial and Point in Time placements with relatives are not increasing.	August 2011 to August 2014	Program Administrator for Permanency Planning

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

Caseloads may impact the ability to implement this plan. However, using cross training and rotating scheduling encourages equalization of work. If the strategies are successful in locating relative placements for initial placements, the workload related to moving children from foster care to relative care would be eliminated.

Software and automation support may be needed to facilitate locating relatives.

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

Family finding training through Seneca Center and Administrative Office of the Court will be needed.

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

CASAs, judges, and FFAs need to be aware of the emphasis on relative placements. Community agencies need to be prepared to respond to referrals of relative families with whom children are placed.

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

None identified at this time.

Outcome/Systemic Factor: Measure C2.1 and C2.2 Adoption less than 24 months and median time to adoption

County's Current Performance: C2.1 currently at 37.2%. C2.2 currently at 27.4 months, April 2011 Quarterly Report, Data Extract Q3 2010.

Improvement Goal 1.0– Maintain the percentage of children adopted with 24 months to 36.6% each year of the three-year plan

Strategy 1.1–Restructure Adoptions Team to lower case loads.
Strategy Rationale: Recommendation from PQCR. Current structure identified as a barrier to timely adoptions.

☐ CAPIT
☐ CBCAP
☒ PSSF
☐ N/A

Milestone	Time Frame	Assigned To
1.1.1–Restructure the work process for the Adoptions Team.	April to October 2011	Program Administrator for Adoptions
1.1.2–Identified changes to policy and procedure for revision and revise.	April to October 2011	Program Administrator for Adoptions
1.1.3–Provide training to staff on policy changes and best practices.	November to December 2011	Program Administrator for Adoptions and Staff Development

Strategy 1.2–At the termination of parental rights, assign one Adoptions Social Worker to meet the needs of the entire case
Strategy Rationale: Merced will eliminate the assignment of FR social worker and case managing social worker simultaneously with the Adoption social worker (accomplished). This allows a more focused approach in working with the adoptive family and the child.

☐ CAPIT
☐ CBCAP
☒ PSSF
☐ N/A

Milestone	Time Frame	Assigned To
1.2.1–Review and revise policy and practice.	April to October 2011	Program Administrators and Deputy Director
1.2.2–Restructure work process to allow for assignment of case to Adoptions worker at termination of parental rights.	April to October 2011	Program Administrators and Deputy Director
1.2.3–Implement policy.	November to December 2011	Program Administrators, Deputy Director, and CWS Supervisor

Strategy 1.3–Focus on permanence for all children entering care.
Strategy Rationale: Permanency needs to be considered at every step of the case.

☐ CAPIT
☐ CBCAP
☒ PSSF
☐ N/A

Milestone	Time Frame	Assigned To
1.3.1–Identify training topics and a trainer appropriate for both technical and motivational aspects of professional development.	April to October 2011	Program Administrators, Deputy, and Staff Development
1.3.2–Schedule training for identified staff.	April to October 2011	Program Administrators, Deputy, and Staff Development
1.3.3–Conduct training and follow-up on transfer of learning activities.	November to December 2011	Program Administrators and Deputy

Improvement Goal 2.0–Maintain the median length of time for adoption at 27.3 months for each year of the three-year plan.

Strategy 2.1–Review all foster care cases for adoption possibility and concurrent planning.
Strategy Rationale: Ongoing attention to the option for adoption will decrease the length of time children spend in foster care.

☐ CAPIT
☐ CBCAP
☒ PSSF
☐ N/A

Milestone	Time Frame	Assigned To
2.1.1–Include placement review in Case Conferencing Group (CCG) meetings and case conference reviews.	September 2011 and forward	Program Administrators and CWS Supervisors
2.1.2–All court reports will address permanency and concurrent planning.	October 2011 and forward	Program Administrators and CWS Supervisor
2.1.3–Train staff on new procedures and implement.	August 2011	Program Administrators, Staff Development, and CWS Supervisors

Strategy 2.2–Increase the number of concurrent homes.
Strategy Rationale: Placing children for whom adoption is the permanency plan in a concurrent home will reduce the time to adopt.

☐ CAPIT
☐ CBCAP
☒ PSSF
☐ N/A

Milestone	Time Frame	Assigned To
2.2.1–ER staff will identify relatives as soon as case is opened and record in Relative Tracking Form in CWS. Social Workers will update form as needed. Supervisors will monitor.	July 2011 and forward	Program Administrators, CWS Supervisors, ER Social Workers
2.2.2–Refer foster homes for adoption study as soon as they are certified.	September 2011 and forward	Program Administrators and Licensing Analyst for County homes
2.2.3–Identify FFA homes with a current adoption home study.	November to December 2011	Program Administrator and Licensing Analyst

Strategy 2.3–Increase the number of children in concurrent homes.
Strategy Rationale: Children in concurrent homes are building bonds with their potential adoptive family and may be adopted sooner.

☐ CAPIT
☐ CBCAP
☒ PSSF
☐ N/A

Milestone	Time Frame	Assigned To
2.3.1–Ensure that each child under age 5 is in a concurrent home by disposition hearing.	August 2011 and ongoing	Program Administrators, Court Team Supervisor, and Home Visitors
2.3.2–Review permanence for each child in care during staff performance conferences.	August 2011 and ongoing	Program Administrators and CWS Supervisors
2.3.3–Review permanence for each child in care as case review and in court reports.	August 2011 and ongoing	Program Administrators, CWS Supervisor, CWS Social Workers, and Home Visitors

Improvement Goal 3.0–Support Adoptive families in completing requirements for adoption finalization to occur.

Strategy 3.1–Partner with home study providers to support families.
Strategy Rationale: In the PQCR relatives identified a problem with being uniformed about the adoption process and what it entails. Communication issues where identified. Comprehensive plan to improve customer service to potential adoptive families needs to include home study providers and Social Workers.

☐ CAPIT
☐ CBCAP
☒ PSSF
☐ N/A

Milestone	Time Frame	Assigned To
3.1.1–Articulate to staff and community partners, including home study providers HSA's vision for supporting families through the adoption process.	January to March 2012	Program Administrators and Deputy Director
3.1.2–Develop MOU with home study providers to articulate a shared vision.	April to June 2012	Program Administrator for the Adoptions Team
3.1.3–Evaluate progress and effectiveness in monthly meetings with home study providers.	November 2012	Program Administrator, Placement Specialist

Strategy 3.2–Seek feedback from families on perception of support with the adoption process.
Strategy Rationale: Supporting families will be an ongoing process that is open to continuous quality improvement.

☐ CAPIT
☐ CBCAP
☒ PSSF
☐ N/A

Milestone	Time Frame	Assigned To
3.2.1–Develop interview tool for use with families to elicit their perceptions of the adoption process and the support they received during the process.	December 2012	Program Administrators
3.2.2–Schedule interviews or focus groups.	January 2012	Program Administrators
3.2.3–Conduct interviews or focus groups.	February 2013	Program Administrators

Strategy 3.3–Seek feedback from Social Workers on perception of support with the adoption process.
Strategy Rationale: Supporting families will be an ongoing process that is open to continuous quality improvement.

☐ CAPIT
☐ CBCAP
☒ PSSF
☐ N/A

Milestone	Time Frame	Assigned To
3.3.1–Develop interview tool for use with Social Workers.	December 2012	Program Administrators
3.3.2–Schedule interviews or focus groups.	January 2012	Program Administrators
3.3.3–Conduct interviews or focus groups.	February 2013	Program Administrators

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

Timelines of court hearings and continuations can delay finalization. Discussions with the Dependency Court Judges and attorneys will begin so that continuation of hearings can be kept to a minimum. HSA staff will work on timely filing of court reports as it is important to reducing time to adoption. Supervisors will monitor staff progress in this area and provide training and support to line staff to achieve this goal.

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

Social Worker training identified in the strategies. Additional training for community partners may be needed. Family finding training through Seneca Center and Administrative Office of the Court is scheduled to begin in 2011 and continue to the end of 2012. Family engagement training for Social Workers using outside consultants and UC Davis.

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

CASAs, judges, line staff, and FFAs need to be aware of the emphasis on faster time to adoption. CASA is partnering to assist with family finding.

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

None identified at this time.

Probation SIP Matrix

Outcome/Systemic Factor: Improving Permanency Outcomes. Identifying and developing lifelong connections.

County's Current Performance: The Probation Department does not currently have a tool to track this performance outcome; although, it is expected that some form of tracking will be established once the department is using CWS/CMS.

Improvement Goal 1.0– To increase efforts in identifying relatives or caregivers/other caring adults as lifelong connections for probation youth in out-of-home placement so that 95% of youth in out-of-home placement have an identified lifelong connection prior to emancipation or aging out of foster care.

Strategy 1.1–To develop risk and needs assessment tools and business processes to assess for lifelong connections and permanency options from initial intake through termination of probation services.

Strategy Rationale: Establishing and improving our process in identifying extended family members and/or non-related extended family members/caring adults will assist with more timely and meaningful reunification and permanency efforts.

☐ CAPIT
☐ CBCAP
☐ PSSF
☒ N/A

Milestone	Time Frame	Assigned To
1.1.1–Determine accurate level of intervention in order to avoid undue placements and/or escalating delinquent behavior.	April 2001 to March 2014	All Juvenile Intake, Field Services and Placement staff, and Juvenile Services Supervising Probation Officers.
1.1.2–Use the Risk and Needs Assessment outcomes in developing relevant and useful case plans.	June 2011 to June 2012	All Juvenile Intake, Field Services and Placement staff, and Juvenile Services Supervising Probation Officers.

Strategy 1.2–To ensure that all relatives and/or caring adults are properly identified at the earliest stage of probation.

Strategy Rationale: Accurate and timely identification of potential family members/caring adults will allow for the least restrictive environments to be used when a minor is being considered for out-of-home placement.

☐ CAPIT
☐ CBCAP
☐ PSSF
☒ N/A

Milestone	Time Frame	Assigned To
1.2.1–Engage families and understand the importance of lifelong connections and family finding for at-risk youth at all levels of the probation stages.	April 2011 to March 2014	All Juvenile Intake, Field Services and Placement staff, and all levels of Juvenile Services Management staff.
1.2.2–Encourage families to identify lifelong connections for at-risk youth by utilizing motivational interviewing techniques.	April 2011 to June 2012 (Motivational interviewing training has been offered and will be offered during current fiscal year and ongoing.)	All Juvenile Intake, Field Services and Placement staff, and Juvenile Services Supervising Probation Officers.

Strategy 1.3–To complete background checks and/or home evaluations on potential relative/caregivers prior to youth having engagement and/or being placed in relative/caregiver's home. Strategy Rationale: Conducting background checks and home evaluations will ensure the department is meeting Division 31 standards and will increase the chances of positive outcomes for permanency.		☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A
Milestone	**Time Frame**	**Assigned To**
1.3.1–Educate staff on the importance of investigating backgrounds and living environments of potential family members/caregivers and ensure staff understands the home assessment and approval process.	April 2011 to December 2012 (Attend NREFM and Relative Assessment training being provided by The Resource Center for Family-Focused Practice this calendar year and ongoing.)	Placement staff initially and all other Juvenile Intake and Field Services staff as permitted, and Juvenile Services Supporting Probation Officers.
1.3.2–Develop policy and procedures for relative home approval which may include collaborating with CWS.	June 2011 to January 2012	Placement Unit Supervisor, Juvenile Services Program Manager, and possibly CWS staff.

Strategy 1.4–To collaborate with CWS to acquire Family Finding search engines and software to aid in the search and potential family members who may serve as lifelong connections for minors in out-of-home placement Strategy Rationale: Conducting extensive searches on potential family members of minors in out-of-home placement may increase the department's ability to identify and develop lifelong connections for minors in out-of-home placement and enhance positive permanency outcomes.		☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A
Milestone	**Time Frame**	**Assigned To**
1.4.1–Research available Family Finding search engine software.	April to December 2011	Placement Unit Supervisor, Juvenile Services Program Manager, and possible CWS staff.
1.4.2–Continue to attend collaboration meetings with CWS and other community stakeholders.	April 2011 to December 2012	Placement Unit Supervisor, Juvenile Services Program Manager, and CWS staff.
1.4.3–Assist with development of County-wide policies and procedures for Family Finding practices.	April 2011 to December 2012	Placement Unit Supervisor, Juvenile Services Program Manager, and CWS staff.

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

Increased family engagement and family finding is a systematic change consistent with the Probation Department's mission and values and is required to identify lifelong connections and increase positive outcomes.

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

Staff will attend training to understand the importance of Motivational Interviewing, Family Finding, Family Engagement, Relative and Non-Relative Extended Family Member Home Assessment training, Independent Living Program and Transitional Housing Plus Program.

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

CWS will collaborate with Probation regarding acquiring Family Finding search engines and software to assist in locating parents, relatives, and other caring adults. Training will be provided by The Resource Center for Family-Focused Practice and other available training organizations.

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

Access to the CWS/CMS may assist the Probation Department in gaining information regarding family backgrounds and possible extended family members/caring adults to help meet this improvement goal.

D. Child Welfare Services Outcome Improvement Project (CWSOIP)

Merced County CWS plans to use CWSOIP funding on the following programs which provide services that would otherwise not be available in Merced County. Services include special training for caregivers and improved coordination between CWS and other public agencies.

1. Parent-Child Interaction Therapy (PCIT)

PCIT is a positive and intensive treatment program designed to help both parents and children. The program works with parents and children together in order to improve the quality of the parent-child relationship and to teach parents the necessary skills for managing children's behavioral problems.

PCIT consists of two components:

- Relationship Enhancement—In the relationship enhancement component of the program, parents are taught and "coached" on how to decrease the negative aspects of their relationship with their children and then to develop consistently positive and supportive communication.

- Strategies to Improve Compliance—In this compliance component of the program, parents are taught and "coached" the elements of effective discipline and child management skills.

In both components of this program, parents are taught specific skills, and are given the opportunity to practice these skills during therapy until mastery is acquired and the child's behavior is improved.

PCIT is appropriate for children who:

- Are between the ages of two and eight years of age

- Are exhibiting chronic behavioral problems at home, school, preschool, or daycare such as:

  - Acting out and disruptive behavior in school settings
  - Aggression toward parents, siblings, and/or other children in the home
  - Sassing back to their parents
  - Refusing to follow directions
  - Frequent temper tantrums
  - Swearing
  - Defiance
  - Oppositional behaviors
  - Currently living with one or both of their parents (the program is also suited for foster and adoptive parents)

- May be on medication to manage their behavioral problems
- Are currently in foster care (treatment can be conducted with biological, foster, or adoptive parents)

PCIT services are provided to families with open CWS cases, families referred as a preventive measure, and adoptive families. Services are provided by a Social Worker trained by the University of California at Davis.

2. Merced Multi-Agency Narcotics Task Force and Gang Violence Suppression Unit

These cooperative arrangements were developed to solve a problem which occurred when children were detained as a result of raids by law enforcement, both the drug and gang taskforce. CWS was notified of the detainment by the police only after the children were detained and the parents were arrested. Although the police may have had many contacts with the parents, the social worker was not involved until after the detention and had no access to the parents. In these emergency situations, the only option was foster care. By placing a social worker with each of these law enforcement teams the social worker was able to meet with the parents and develop a plan for services to avoid detention or, if the first meeting was at the time of detention, work with the family to find relatives or allow the parents to make arrangements for the care of the children. This strategy supports SIP improvement goal of placing children in the least restrictive setting.

3. Helping Other People Ease Sorrow (H.O.P.E.S.)

H.O.P.E.S is an ongoing psycho-educational four-week confidential and free community service for child victims of sexual abuse, ages 3 to 18 and their families. Topics include what is sexual abuse, why does sexual abuse occur, and effects on family members. Representatives from Merced County District Attorney's office, Merced County Mental Health, Victim Witness Program, Valley Crisis Center, and CWS provide information on community resources. The program is open to victims of sexual abuse, non-offending parents, and siblings ages three and over. Participants can begin with any of the four sessions (non-sequential) and interpreters are provided for Spanish, Portuguese, Hmong, Mien, Lao, and America Sign Language.

4. Parent Education Programs

Parenting classes are provided by a collaborative effort between Merced County HSA and Merced County Office of Education (MCOE), Early Education Childhood, and Family Resource Council. These parenting classes are comprehensive education programs incorporating strategies to enhance parent/child relationships.
Some topics learned in each class are:

- Understand age-appropriate developmental behaviors
- Communicate feelings respectfully
- Set limits through family rules
- Give and receive positive recognition

- Develop empathy with children
- Develop routines for meal time, bedtime, and homework

A Social Worker provides pre and post one-on-one case planning with parents in the class to support carry through with the parenting skills learned in class.

E. Part II—CAPIT/CBCAP/PSSF

1. CAPIT/CBCAP/PSSF Cover Sheet

CAPIT/CBCAP/PSSF Contact and Signature Sheet	
Period of Plan:	March 1, 2011 to February 28, 2014
Date Submitted:	
Submitted by:	Board of Supervisor Designated Public Agency to Administer CAPIT/CBCAP/PSSF programs
Name & title:	Merced County Human Services Agency Ana Pagan, Director
Signature:	Ana Pagan
Address:	2115 W Wardrobe, Merced CA 95340
Fax:	(209) 354-2518
Phone & E-mail:	(209) 385-3000
Submitted by:	Child Abuse Prevention Council (CAPC) Representative
Name & title:	Dennis Haines, Operations Supervisor
Signature:	
Address:	1573 West Main Street, Merced, CA 95340
Fax:	(209) 381-5979
Phone & E-mail:	(209) 381-5981 dhaines@mcoe.org
Submitted by:	Parent Consumer
Name & title:	Debra Abarca, Parent
Signature:	
Address:	815 W. 18th Street , Merced CA 95340
Phone & E-mail:	209-669-2577

Submitted by:	CAPIT Liaison
Name & title:	Arthur Boyd, Staff Service Analyst
Address:	2115 W Wardrobe, Merced CA 95340
Fax:	(209) 354-2518
Phone & E-mail:	(209) 385-3000 ext 5143 aboyd@hsa.merced. ca.us
Submitted by:	CBCAP Liaison
Name & title:	Arthur Boyd, Staff Service Analyst
Address:	2115 W Wardrobe, Merced CA 95340
Fax:	(209) 354-2518
Phone & E-mail:	(209) 385-3000 ext 5143 aboyd@hsa.merced. ca.us
Submitted by:	PSSF Liaison
Name & title:	Arthur Boyd, Staff Service Analyst
Address:	2115 W Wardrobe, Merced CA 95340
Fax:	(209) 354-2518
Phone & E-mail:	(209) 385-3000 ext 5143 aboyd@hsa.merced. ca.us
Board of Supervisors (BOS) Approval	
BOS Approval Date:	JUN 28 2011
Name:	John Pedrozo, Chairman
Signature:	

2. CAPIT/CBCAP/PSSF Plan

- CBCAP

  Merced County HSA plans on using CABCAP funds in the administration of the ADM Family Resource Center (FRC). ADM FRC accepts referrals from community-based organizations throughout Merced County, as well as self-referrals/walk-ins. The building that houses the ADM FRC is also home to First 5 of Merced County.

  In collaboration with community partners, ADM FRC staff will provide encouragement, support, and education to the fathers and families of Merced County on the importance of a healthy, nurturing relationship between father and child, and seeks resources to sustain the ADM Program. ADM provides comprehensive support and services by collaborating with public and private community-based organizations such as HSA, Head Start, Women Infants and Children (WIC), First 5, Golden Valley Health Clinics, Livingston Medical Group, and MCOE-FRC.

  ADM FRC will be providing information and referrals, regarding parenting workshops, individual and family counseling, and community events for fathers. Besides the parenting classes, group and individual support services that are provided at the ADM FRC office, staff will travel throughout the county providing information, referrals, and support services to the county's rural areas.

- CAPIT

  Merced County HSA plans on using CAPIT Funds to administer the Westside Home Visitor Program that services the Westside of Merced County. Currently the program is contracted with an outside vendor for services. During the next three years, the services will be provided to families at risk of child abuse or neglect and to families who have experienced child abuse or neglect issues. Home visitors will assist families with developing goals to address child abuse/neglect issues and follow families to meet those needs. Help families identify resources to meet identified needs, home visitors instruct parents in child development, positive parenting skills, and appropriate family interaction.

- PSSF

  Merced County HSA plans on using PSSF funds to administer the Home Visitor Program to families, other than on the Westside of the County, centering on family support, time limited family reunification, and family preservation. Family support will be provided to families receiving this service through home visits, advocacy for families needs, referral to needed resources, as well as numerous modeling activities.

  The Social Services Program Worker (SSPW) will provide time limited Family Reunification to families who have had their children detained and are participating in drug dependency court. The focuses for these families are to stop abusing illegal

substances and reunify with their children. These families have time frames they must meet to work through the steps of the drug dependency court as well as time frames that must be met for reunification. The SSPW will also provide services to families who are at risk of having their children detained. The SSPW is utilized as an extra set of eyes and ears for families in high and very high risk categories when family maintenance services are provided to the family.

- Adoptions

  Merced County HSA plans on using 40% of the PSSF allocation to provide adoption services. HSA adoption workers focus on adoptive placements, home studies, and finalizations.

  In March 2010, the county conducted its PQCR which focused on adoptions as the measure since federal standard was not being met. The department was not finalizing adoptions in a timely manner and so a systems review was necessary to sort out the barriers.

  Some of the recommendations from the PQCR that are specific to adoptions were:

  - Restructure the Adoptions Team to address high caseloads and create more access to cases earlier.
  - Develop new support and training for relative's caregivers to support them in creating permanency for children.
  - Develop and implement training for social workers for creating and implementing timely permanency for children.

a. County SIP Team Composition

Core Representatives	Department
Ana Pagan, Director	Merced County HSA
Laura De Cocker, Deputy Director	Merced County HSA
Jane Norwood, Program Administrator	Merced County HSA
Baljit Gill, Program Administrator	Merced County HSA
Alexandra Pierce, Program Administrator	Merced County HSA
Janet Kasper, Staff Services Analyst	Merced County HSA
Arthur Boyd, CAPIT/CBCAP/PSSF Liaison	Merced County HSA
Kimberly Brown, Consultant	California Department of Social Services
Heather Cotta, Consultant	California Department of Social Services
James Bucknell	Merced County Probation
Lori Minor, DPO	Merced County Probation
Scott Ball, Chief Probation Officer	Merced County Probation
Mike Hill, Deputy Sheriff	Merced County Sheriff Department

Core Representatives	Department
Dennis Haines, Operations Supervisor	Family Resource Council
Ka Xiong	Family Resource Council
Honorable David Miranda	Merced County Superior Court
Honorable Harry Jacobs	Merced County Superior Court
Kimberly Helms, County Counsel	Merced County Counsel
Manuel Jimenez, Director	Merced County Mental Health
Tabitha Weeda, Manager	Merced County Drug and Alcohol
Jon Masuda, Manager	Merced County Drug and Alcohol
Linda Kaercher, Program Director	Merced County Head Start
Sol Rivis, Manager	Merced County Head Start
Regina DeMello, Manager	Merced County Head Start
Dolores T.	Youth Representative
Maria P.	Youth Representative
Fernie M.	Youth Representative
Ernesto M.	Youth Representative
Angelica G.	Youth Representative
Arista S.	Youth Representative
Dana Jensen	Parent Partner
Debra Abarca	Parent Partner
Brian Mimura, Executive Director	First Five of Merced County
Jacque Meriam, Librarian	Merced County Library
Nancy Young, President	Merced County CASA
Mayko Vang, Instructor	California State University of Fresno
Dave Lockridge, Counselor	Ace Overcomers
Sharon Salaiz, Program Director	Aspiranet

b. Child Abuse Prevention Council (CAPC)

The role of the CAPC of Merced County is to:

- Promote, encourage, and facilitate public awareness and support for the prevention of child abuse and neglect of children through local resources responding to these concerns.
- Promote, encourage, and facilitate training of professionals in the detection, treatment, and prevention of child abuse and neglect.
- Recommend improvements in services within communities to families and victims via public and private non-profit agencies.

- Coordinate the training and technical assistance provided by private, non-profit agencies to those agencies funded to provide services that will encompass all of the following:
  - Multidisciplinary approaches to detection of child abuse, prevention, intervention, and treatment.
  - Facilitation of local service networks.
  - Establishment and support of the CAPC.
  - Dissemination of information addressing the issues of child abuse within all of Merced County's multicultural communities, special needs populations, and targeting those who have not found services accessible to them.

The CAPC of Merced County was authorized by the Merced County BOS through Resolution 2005-125. The CAPC is also known as the Child Abuse and Family Violence Prevention of Merced County. The CAPC is required to make yearly reports to the BOS. The purpose, as stated in Article III of the by-laws, is to coordinate the community's efforts in their provision, prevention, detection, and response to child abuse. The primary focus of the CAPC is to coordinate the community's efforts to prevent and respond to child abuse.

The membership of the CAPC, as defined in Article IV of the by-laws consists of:

- Parents of children eligible for programs and services affecting the well-being of children.
- Representatives from social services, health care professions, and other organizations that provide services for children and families. The agency, not a specific individual, will be considered to be the member and will be encouraged to designate a specific individual to be the voting member.
- Representatives from schools and child care services.
- Representatives from ad-hoc committees, standing committees, and community committees.
- Representatives of the Family Resource Council.
- Representatives of Community Resource Councils.
- Community advocates who have an interest in the well-being of children and families. These advocates may include individuals from organized faiths and organizations representing cultural groups.
- Representatives of criminal justice including law enforcement, district attorney, courts, probation, and the coroner.

- Representatives of the prevention/treatment service community including medical and mental health services, and community-based organizations.

- Representatives of the community including community volunteers, civic organizations, and religious communities.

The 2011 membership of the CAPC is reported in Roster A.

CAPC members who served on the SIP Team that developed the CAPIT/CBCAP/PSSF three year plan are:

- Dave Lockridge, Ace Overcomers
- Dennis Haines, Family Resource Council
- Ka Xiong, Family Resource Council
- Brian Mimura, First 5 Merced
- Regina de Melo, Merced County Head Start
- Sol Rivas, Merced County Head Start
- Laura De Cocker, Merced County HSA
- Ana Pagan, Merced County HSA
- Manuel Jimenez, Merced County Mental Health Department

The responsibilities of the Merced County CAPC, as stated in the by-laws, are:

- Provide a forum for interagency cooperation and coordination in the prevention, detection, treatment, and legal processing of child abuse cases.

- Promote, encourage, and facilitate public awareness and support for the prevention of child abuse and neglect of children through local resources responding to these concerns.

- Promote, encourage, and facilitate training of professionals in the detection, treatment, and prevention of child abuse and neglect.

- Recommend improvements in services within communities to families and victims via public and private non-profit agencies.

- To recommend utilization of public or private funds (including donations) made available to the CAPC of Merced and to advise the County Board of Supervisors (BOS) on the selection of child abuse and neglect, prevention and intervention projects, programs, services and special studies funded through AB 2994 Children's Trust Fund monies.

- The CAPC of Merced County shall be designated by the County BOS to receive County Children's Trust Funds (CCTF) which shall be used to fund child abuse and neglect prevention programs operated by non-profits or public institutions of higher education with recognized expertise in their fields related to child welfare.

- The CAPC of Merced County shall collect and publish data in regards to CCTF on:
  - Types of programs and services funded and the population benefiting from these programs.
  - The amount in the CCTF as of June 30, of each fiscal year and the amount disbursed in the preceding fiscal year.
- The CAPC of Merced County shall develop a protocol for interagency coordination of the detection, prevention, intervention, and treatment of child abuse.
- Training and technical assistance will be provided by private, non-profit agencies to those agencies funded to provide services under this article and will encompass all of the following:
  - Multidisciplinary approaches to detection of child abuse, prevention, intervention, and treatment.
  - Facilitation of local service networks.
- Establishment and support of the CAPC.
- Dissemination of information addressing the issues of child abuse within all of Merced County's multicultural communities, special needs populations, and targeting those who have not found services accessible to them.

i. Welfare and Institutions Code (W&IC) Section 18983.5

The Merced County CAPC is funded under W&IC Section 18983.5. It is not incorporated as a non-profit corporation. It is a comparably independent organization as determined by the Office of Child Abuse Prevention (OCAP).

ii. CCTF Activities

The CAPC carries out CCTF activities.

iii. Activities under W&IC, Chapter 11

The CAPC of Merced County complies with W&IC Section 18960 by promoting, encouraging, and facilitating public awareness and support of prevention of child abuse and neglect. Services are also provided in the training of professionals in the detection, treatment, and prevention of child abuse and neglect. Funding provided from the CCTF is used to fund child abuse and neglect prevention programs operated by non-profits or public institutions of higher education having been recognized expertise in fields related to child welfare.

iv. CAPC funding

Fund	Dollar Amount
CAPIT	$0
CBCAP	$0
PSSF Family Support	$0
CCTF	$40,000
Kids Plate	$0
Other	$0

c. PSSF Collaborative

Merced County does not have a separate PSSF Collaborative. The functions of the PSSF Collaborative are carried out by the SIP Planning Team.

d. CCTF Commission, Board, or Council

The functions of the CCTF are carried out by the CAPC. The by-laws specify that the CAPC shall collect and publish data in regards to CCTF funds on:

- Types of programs and services funded and the population benefitting from these programs.
- The amount in the CCTF as of June 30, of each fiscal year and the amount disbursed in the preceding fiscal year.

The CCTF information is published on the county website, Family Resource Council website, county contracts, and e-mail distributions lists.

e. Parent Consumers

Parents are involved in the evaluation of the services provided by home visitors by completing and returning a stamped post card with questions about the quality of the service they received.

Parents are involved as mentors in the ADM Program when graduates of the program return with their babies to serve as role models for the dads whose babies have not yet been born. Returning "veteran" dads do not receive compensation. Dads who return as coaches receive a $200 stipend for coaching one class a month.

Merced's strategic plan for addressing measures C2.1 and C2.2 includes surveys and focus groups for post-adoptive parents to provide feedback and input into changes in practice to improve customer service.

f. The Designated Public Agency

The designated public agency to administer the CAPIT/CBCAP/PSSF programs is Merced County HSA. In order to ensure the integrity of the programs, as well as, maintain fiscal control a database has been developed to track all families receiving home visiting services throughout the entire county. Home visitors are responsible for entering the information into the database and identifying the number of services provided. The database serves as a useful tool for evaluating the quantity of home visitor services. This database is maintained to quantify service delivery however, is limited by the inability to analyze the quality of service. To assess the strengths and needs of service delivery Merced County sends surveys to service recipients and requests feedback on the quality of the services delivered. These surveys are utilized to improve service delivery. Each survey is recorded by home visiting staff and reviewed by contract analysts.

HSA conducts periodic contract reviews of contractor performance to evaluate compliance with the contract terms. Reports of findings are prepared which identify any noncompliance issues and any concerns related to the provision of client services. If contract objectives are not being met a phased approach, beginning with a verbal agreement and ending with possible contract termination, is utilized to improve service delivery. This report analyzes the compliance with the contract and quality of service is reviewed on a case-by-case basis after services have been rendered. Plans are in the works to merge this information into one comprehensive report. HSA works closely with MLFC to resolve any problem areas and to improve effectiveness of services. The process includes analyzing complaints from consumers. Non-compliances are addressed and investigated. Appropriate action is taken based upon the seriousness of the issues using a phased approach. The first phase is a face-to-face contact with MLFC to review the contract objectives and clarify misunderstandings. A verbal agreement is then negotiated to improve service delivery. If objectives still are not met, a more formal written agreement is created and signed by each party. If there still is no resolution of the issue, steps are taken to either amend or terminate the contract. HSA monitors the contract budget through review of the monthly contractor invoices, which must be accompanied with supporting documentation for all expenditures; contractor must obtain HSA's approval for all transfers of funds between contract budget line items.

Home visitors issue postage paid client satisfaction surveys to families at case closure which gives HSA feedback on the quality of services received and ways to make improvements in service delivery.

CBCAP funds are used to support HSA's ADM Program, which has the purpose of offering support, encouragement, education, and awareness of the importance of healthy father involvement in the lives of children and families of our community. Time studies are utilized to capture the hours spent on this CBCAP funded program.

A database is maintained by ADM to track clients and services provided. ADM staff is responsible for entering the client information into the database. Reports on client statistics and program activities can be generated as needed.

Staff assigned to the Home Visitors Program make referrals to several local services, including but not limited to: mental health, drug and alcohol, parenting and nutrition programs. The ADM program refers children's male role models of Merced County to not only the above mentioned programs but also to the Men's Group for family support.

Any amendments to the County plan and the preparation of the annual report for CAPIT/CBCAP/PSSF is completed by the CAPIT/CBCAP/PSSF liaison. The liaison meets with Merced County Human Services staff and contractors for services to gather information and data necessary prior to any amendments or reports being written. Once the amendment or report has been completed they are reviewed by Merced County CWS management staff and the agency's director for input and approval. Once approved the annual report is submitted to OCAP.

After agency approval of any amendments to the County plan, it is scheduled for BOS approval. After BOS approval, the amendment is sent to OCAP accompanied by BOS resolution approving amendment.

g. The role of the CAPIT/CBCAP/PSSF Liaison

The County's CAPIT/CBCAP/PSSF Liaison is the Contracts Staff Services Analyst for CWS. The Analyst prepares all contracts with vendors who receive funding from the OCAP; monitors contractor invoices for appropriate utilization of funds; prepares necessary budget line item revisions; collaborates with fiscal to ensure that OCAP funds are appropriated in accordance with established statutes; performs periodic contract reviews to ensure contractor's compliance with the terms of the contract. In addition, the Analyst works collaboratively with program staff and contractors to ensure data is collected and reports are prepared and submitted timely.

h. Fiscal Narrative

i. The County maintains fiscal accountability of contracted providers receiving funds from the OCAP through contractor reporting requirements and internal Agency checks and balances. The Contract Monitoring Unit (CMU) receives and reviews the monthly activity reports and financial invoices for accuracy and is responsible for the tracking of expenditures of the contracted services. Monthly fiscal reports are provided on prevention expenditures and remaining budgeted balances. After CMU review, invoices are validated as accurate and forwarded to the Fiscal Unit for payment; the Fiscal Unit ensures appropriate disbursement of funds. Fiscal staff is responsible for the storing, preparation, and dissemination of fiscal data required of OCAP funding.

The County also provides in-house child welfare services funded by OCAP. Fiscal staff monitors staff time spent on OCAP services by monthly time studies.

ii. The County contracts child abuse prevention services funded by CAPIT. To leverage funds, the contractor provides a 10% in-kind match as required by CAPIT. The in-kind match is in the form of volunteer staff time.

iii. The County assures that CAPIT/CBCAP/PSSF funds shall not be used to supplant (i.e., take the place of or replace) State or local public funds and services. Funding shall be used only to supplement existing levels of service.

iv. In accordance with Federal guidelines, the County intends to allocate available PSSF funding to reflect the 20% threshold for each of the four service categories: Family Support, Family Preservation, Adoption Promotion and Support, and Time-Limited Reunification services.

i. Local Agencies – Request for Proposal (RFP)

The process for distributing CAPIT/CBCAP/PSSF funds is through a competitive bid process. An issued RFP solicits services that meet County BOS funding philosophy and criteria, and are responsive to the CSA. An RFP is developed and issued as needed to provide prevention, intervention and/or treatment services. Currently, CAPIT/CBCAP/PSSF funding supports services for three contracts. Each RFP developed provides the specific criteria that used to score all proposals and a scoring sheet that matches the scoring information given in the RFP will be used to rate each proposal. Criteria are developed by CWS Staff and evaluation of the submitted proposals is conducted by an Evaluation Committee consisting of representatives of CWS and staff from the Department of Administrative Services – Purchasing Division. In an example taken from the 2008 RFP to obtain Home Visitor Services, selection criteria was 10% on mission, 50% on services, 25% on experience, and 15% on budget.

A minimum of PSSF funding (20%) will be expended in each of the four service components as described by Federal guidelines: Family Preservation, Family Support, Adoption, and Time-Limited Reunification services.

Merced County HSA assures elements of the procurement process for CAPIT/CBCAP/PSSF funds will include, but not be limited to, the following:

- A competitive process is used to select and fund programs.
- Funding priority is given to private, non-profit agencies with programs that serve the needs of children at risk of abuse or neglect and that have demonstrated effectiveness in prevention or intervention.
- Require that agencies eligible for funding submit 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.
- Programs/projects shall be culturally and linguistically appropriate to the populations served.
- Training and technical assistance shall be provided by private, non-profit agencies to those agencies funded to provide services.

- Services to minority populations shall be reflected in the funding of projects.
- Projects shall clearly be related to the needs of children, especially those 14 years of age and under.
- Assure compliance with federal requirements that anyone who has or will be awarded funds has not been suspended or debarred from participation in an affected program.
- Require that non-profit subcontract agencies have the capacity to transmit data electronically.

Specifically, for the use of CAPIT funds:

- Priority given for services 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.
- Funded agencies shall demonstrate the existence of a 10% cash or in-kind match, other than funding provided by the CDSS.

j. CBCAP Outcomes

ADM has established short-term, mid-term, and long-term outcomes in the program logic model.

- Short-Term Outcomes
  - Fathers participate in developing initial case plan
  - Case workers and agency value the contribution of fathers
  - Paternal kin identified and engaged
  - Father satisfaction with peer-led groups
  - Parenting self-assessment (pre-intervention) to establish baseline
  - Agency assessment to establish baseline of father's parenting skills
- Mid-Term Outcomes
  - Fathers participate in ongoing case management
  - Father self-report greater levels of involvement
  - Increased frequency of father/child visitation
  - Case workers and agency value the contribution of fathers
  - Non-adversarial relationship of fathers and caseworkers
  - Parenting self-assessment (post-intervention) and improved parenting skills

- Long-Term Outcomes

  Participating fathers and children will have:

  - Reduced re-occurrence of maltreatment at six months
  - Increase in school attendance
  - Increased academic achievement
  - Decrease in disciplinary reports in school and in home/foster care
  - Increased positive relationships with fathers and paternal kin
  - Improvement in community activities
  - Improved reunification rates
  - Reduced length of stay in foster care at six months
  - Reduced rate re-entry into foster care at six months
  - Reduced rate of termination of parental rights

Pre- and post-testing of participants in the BCND demonstrated the following short-term outcomes achieved:

- Fathers learned new ways to support mother during pregnancy.

- Fathers gained knowledge of ways to work as a team to meet the needs of the new baby.

- Fathers gained knowledge of the importance of bonding with their new baby as well as techniques to facilitate the bond.

- New dads left with a new found confidence in their ability to be competent, caring, and nurturing fathers.

Merced County has hired an epidemiologist to develop a plan to measure the effectiveness of ADM and the achievement of the stated goals.

k. Peer Review

ADM is making efforts to establish peer networking with other organizations in the local area. However, other fatherhood programs within the area are still evolving.

l. Service Array

ADM, Home Visitors, and Merced County Adoptions provide referrals to several different service providers throughout Merced County.

- Minor Parent Program (MPP)

  The MPP is a voluntary program for any teen under the age of 18 who is either pregnant or a custodial parent, who has never been married, who is granted Temporary Assistance for Needy Families (TANF), and who has his/her own

household. The MPP provides home-based and direct services designed to support families, provides education on infant health and development, nutrition, parenting skills, life skills and any other issues determined by CWS to be needed by the teen and his/her family.

- CalLearn

  CalLearn staff work with young teen parents to assist them with finishing school while providing quality care for their child(ren). Until recently, this program was staffed by CWS social workers; it is now under the purview of Employment and Training.

- Boot Camp for New Dads (offered in Spanish and English)

  BCND is designed to offer new fathers access to information about the care of his unborn child through interaction with other fathers. "Rookie" dads are invited to the BCND where "veteran" dads help coach the rookies with understanding the care of infants. Veteran dads bring their babies to allow the rookies the opportunity to hold, feed, diaper, and soothe an infant.

- All Dads Matter Resource Center

  ADM is supported with funds from CBCAP. The Resource Center is staffed with English and Spanish speaking fathers. Nurturing Parenting and the Spanish version, Crianza con Carino are 15-week classes offered to families in Merced and Los Banos. Nurturing Parenting is an innovative approach designed to empower parents and parent educators in creating customized, competency-based parenting programs to meet the specific needs of families.

- Family Strengthening

  Due to the large number of Hmong refugees in the area, MLFC developed a Family Strengthening Program. This program trained Hmong clan leaders to assist families with domestic violence prevention and support services for refugee families. This intervention consists of outreach, mediation, counseling, mentoring, parent workshops, leadership training, information, and referrals.

- Linkages

  Linkages is the collaborative service delivery system between CWS and CalWORKs, helps the family meet its basic needs for food and shelter. Linkages provides case coordination between CWS and CalWORKs, primarily with Family Maintenance cases. Staff from Employment and Training and from Family Services are co-located with CWS staff, and consult regularly regarding clients. They also make home calls.

- Differential Response

  Differential response is a strategy for improving responsiveness to all children and further coordinating services between CWS, CalWORKs, and community partners. Differential response is fully implemented, employing a more comprehensive assessment of family needs. Staff from Linkages plays an integral role in differential response, which uses a number of different resources including home visitors and mental health staff under contract with HSA. The intent is that whenever there is a report to CWS, the family will be assessed and services offered through HSA or a community-based organization.

- Home Visiting

  Home visitors provide services to children and families throughout Merced County. Home visitors work with families that are at risk of child abuse and neglect. They advocate for the families when necessary and refer the families to needed resources. Services to these families are guided by the case plan developed with the family and the home visitor. When the family has achieved all the goals on the case plan, the case is closed. CWS tracks closed cases to determine if substantiated maltreatment of children has occurred in the family after closure of the home visiting case.

- Supportive Ongoing Services (SOS)

  A multidisciplinary team comprised of representatives from public agencies and community-based organizations, including the FRC, CWS, Public Health, Mental Health, Probation, the schools, a foster/adoptive parent representative, and the Central Valley Regional Center. Referrals to this committee can come from any entity, and its purpose is to develop service plans when problems are first identified, to prevent more serious problems (e.g. child abuse) from developing.

- Aspiranet Counselor Located in CWS

  This counselor provides mental health services to individuals and families in the community as well as those in foster care or group care. When youth require greater supervision in a more structured environment, Aspiranet provides the wraparound services that are proven effective to help youth build the skills they need and prepare for their next transition.

- Therapeutic Behavior Services (TBS)

  TBS are available for children and youth up to age 21 who are full-scope Medi-Cal beneficiaries. TBS is one-on-one contact between mental health providers and a beneficiary for a brief period of time to maintain the youth's living situation and prevent psychiatric hospitalization by resolving problem behaviors and achieving short-term goals.

- Helping Other People Ease Sorrow (H.O.P.E.S.)

  H.O.P.E.S. is a four-week psycho-educational group for children who have been victims of sexual abuse and their families. H.O.P.E.S. rotates four individual classes that can be taken individually or separately.

  Classes include:

  - What is Sexual Abuse?
  - Who Molests and Why?
  - Effects on the Family
  - Community's Response (This class includes representatives from Victim Witness who are available to discuss counseling options for families.)

- Challenged Family Resource Center

  A non-profit organization dedicated to serving families who have children with disabilities through parent-to-parent support, advocacy training, and information.

- Do Whatever It Takes – at Home (DoWith)

  A Wraparound Services Project under Senate Bill 163 which provides intensive in-home services to children and families at risk of out-of-home placement in group homes. Once eligibility is determined and DoWith services are approved, the family is assigned to a facilitator who arranges for appropriate client assessments and creates the client's Child and Family Team. The facilitator works with the client's family to arrange a Child and Family Team meeting to develop the Individualized Family Plan. Each Child and Family Team is unique and includes the client, family members, and others invited by the family to participate. The team may also include referring staff from the county and staff from collaborating public agencies, service providers, a peer parent, and others necessary to the plan of care development process.

  The family drives the development process with the other team members providing assistance to the family in assessing their strengths and in creating a gateway to an array of community and natural supports and services that build upon the family's strengths. Families are given the training and tools they need to take ownership of their plans of care, as well as given the opportunity to provide direct feedback on their satisfaction with DoWith wraparound. The Individualized Family Plans assist families in successfully transitioning to natural community supports

- Child Abuse Treatment (CHAT)

  Mental Health has also contracted with HSA to provide one therapist for Child Welfare families. This therapist is paid through CHAT and various other sources. The therapist works with children who have suffered any type of abuse or neglect. The therapist also works with the family of the children around issues caused by the abuse or neglect. Therapists are not allowed to work with alleged perpetrators in the CHAT program.

- Alcohol and Drug Counselor

  A counselor is stationed at CWS and provides assessments and recommendations for services for clients who suffer from substance abuse problems. This counselor is also part of the Linkages team and works to provide expertise and guidance in the referral of families facing substance abuse issues.

- First Steps

  A prevention/early intervention program involving CWS, Public Health, and Mental Health/Drug and Alcohol. This multidisciplinary team works to provide comprehensive assessment and services to mothers who have given birth to babies with special needs. The focus of the team is to engage the mothers in services and prevent the need for removing the children from their care.

- Placement Council

  A collaborative of mid and upper-managers in the Probation Department and HSA who meet once a week with Mental Health Specialists, Education Specialists, Substance Abuse Specialist and specialized community-based organizations to assess possible placement of minors, to ensure that they are appropriately placed, and to prevent placement, whenever possible;

- Transitional Housing Program – plus (THP+)

  A transitional housing opportunity for former foster and probation youth, ages 18-24, who have emancipated from the child welfare system. The goal of this program is to provide a supportive living environment while helping youth achieve self-sufficiency and learn life skills. This program brings needed support service though collaborations with private businesses, community resources and agencies to link youth to services. THP+ currently services a maximum nine youth. THP+ is administered by Aspiranet Foster Family Agency. The maximum time a youth can participate is a 24-month cumulative period.

- High School Assistance Dog Training Program

  Since 2007, HSA has partnered with the California Canine Academy to provide a therapeutic program in which foster youth train assistance dogs for the disabled.

Children who have a history of domestic violence, physical abuse, emotional abuse, and are showing signs of attachment problems are trained to work with the dogs in a year long program. Youth are also taught the basic concepts of character.

- Leadership Skills Training for at Risk Youth

  HSA provides social workers to teach leadership and character skills to high school youth in the small town of Dos Palos. This is a remote community that does not have access to many resources and contains three schools. This is an interactive program that allows youth to develop self-esteem, values, and learn to deal with emotions and relationships.

- Parent Child Interaction Therapy (PCIT)

  An intensive therapeutic treatment program that is designed to help parents (caregivers) and children. The PCIT program works with families to improve the quality of the parent-child relationship and to teach the parents the skills necessary to manage their child's severe behavioral problems. PCIT is appropriate for children between the ages of two and seven who exhibit the following behaviors: difficulty in school, preschool, and/or daycare; aggression towards others; refusing to follow directions; frequent temper tantrums; swearing, and defiance.

- Women's Support Group

  The Women's group is and ongoing open support group for women who are involved with Child Protective Services (CPS). The group covers self-directive topics which include a multitude of areas that are all impactful on the women in the group (self-esteem; advocating for self and children appropriately within the system; taking personal responsibility for CPS involvement; fears surrounding children being in the system and/or transitioning home; parenting sober; being independent of others/relying on self; setting up appropriate support networks). The women are able to share their successes and areas of weakness in a safe environment, while learning new skills in how to address issues impacting them and the reunification with their children. The typical time for attendance was approximately 20 hours of attendance.

  Adoption support groups are available through the Challenged Family Resource Center, funded by a contract with the FRC.

- Independent Living Program (ILP)

  ILP offers services to youth, ages 15.5 to 21, who are in foster care, or who had been in foster care after their 16th birthday. This population includes dependents from CWS and wards from Probation. The goal of ILP is to enable eligible youth to achieve maximum self-sufficiency and independence prior to leaving the foster

care system. This is achieved by independent living skills assessments, education, training, services, and a written TILP to increase the likelihood of a successful transition from foster care to independent and self-sufficiency. Merced County participates in a variety of services including, but not limited to the following: workshops, community resource linkage, incentives, and basic living skills. ILP workshops are held four times a week in Merced and once time a week in Los Banos.

- Westside Family Service Center (WFSC)

  WFSC is located in Los Banos and serves the Westside of the county. It is an outstation of Merced County HSA and is a model for family resource centers to be developed in other areas of the county when resources are identified. A wide variety of services are provided at the WFSC. Services are free to the public and referrals for services can come from a variety of sources. The following is a list of services provided.

  Parent Education

  - Nurturing Parenting English Classes are Tuesday from 10 a.m. to 12 p.m. These are ongoing classes of 15-week sessions.

  - Play and Grow is designed to help parents learn how to enhance children's development through age-appropriate play activities in an environment, which creates positive parent-child interaction. This class can be started at any time if there is room. Class size is limited to five children and parents.

  - Men's Parenting Group focuses on men's parenting issues, domestic violence, and anger management. This class meets on Wednesday 5 to 7 p.m. This is an open-ended group.

  - Teen Lifestyle and Support Group meet on Wednesdays from 1 to 3 p.m. for 12 weeks. The classes are casual and relaxed, and we have fun as we learn.

- Counseling Services

  Provides family-focused crisis intervention services to child abuse victims zero to 18 and their non-offending family members.

  Counseling is also available to deal with the areas of family counseling, stress management, anger management, grief counseling, domestic violence, sexual abuse, crisis intervention, and much more.

- Home Visiting Program

  Provide support to families with children zero to 18. Build on family strengths, focus on child development, and coordinate services provided to families utilizing community resources, information, and referral. Advocate on behalf of families.

- Student Study Team (SST) in Hilmar

  Hilmar is a small town in the northern part of the County and contains four schools within its school district. These schools conduct a SST to address school and personal issues that may impact a child's success at school. CWS has assigned a social worker to these SSTs to offer services, resources and input on children and families.

- Livingston Outstation

  Livingston is a small town in the northern part of the County. The HSA has a full-service outstation in Livingston, complete with Eligibility Services, Employment Services, CWS, and Mental Health services.

- Child Abuse Prevention

  CWS has taken responsibility for training a variety of Mandated Reporters in the County. In 2009 more than 1,700 mandated reporters were trained, including school bus drivers, teachers, day care providers, and animal control officers.

- Health

  CWS enjoys a partnership with the Public Health Department. A social worker is stationed at Pubic Health for the First Steps Program (see page 46) and a Public Health Nurse is stationed at CWS to provide medical information and resources to CWS staff.

  Golden Valley Health Centers partners with CWS to conduct medical and other service outreach to the children and families in Merced.

- The California Endowment, Building Health Communities

  Granted Merced County a grant for Building Healthy Communities. The grant is focused in Southwest Merced/East Merced County, communities steeped in pride yet still struggling with the challenges faced by many rural, agricultural-based counties. Despite this, there is a wealth of opportunity for improvement in the region and leadership is committed to turning ideas into action in order to improve community health.

With its history of cross-sector collaboration on children's issues such as expanding health coverage, universal pre-school, and youth gang prevention and intervention, this level of engagement bodes well for the community's future. Community-based organizations that provide health services are beginning to focus on prevention, and grassroots, resident-led coalitions are emerging to tackle the social, health, and economic challenges within Southwest Merced/East Merced.

Also strong is the public health leadership in the region. Many assets within the community are being developed including workforce development, the establishment of the University of California, Merced, and the creation of a community foundation.

- Engagement, Planning, and Innovation for the Community (Epic Center)

  The Epic Center houses the United Way, the Alliance for Community Research and Development, and Checkmark Data. These three entities fund approximately 20 programs and are committed to the development of the community of Merced.

m. Services and Expenditure Summary

- Proposed Expenditures – Worksheet 1
- CAPIT Programs, Activities and Goals – Worksheet 2
- CBCAP Programs, Activities and Goals – Worksheet 3
- PSSF Program, Activities and Goals – Worksheet 4

Proposed Expenditures – Worksheet 1

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

SIP Process Guide (Version 7.0),
Appendix E

(1) COUNTY: Merced (2) PERIOD OF PLAN: 3/1/11 thru 2/28/14 (3) YEAR: FY 11/12

(4) FUNDING ESTIMATES — CAPIT: $87,168 CBCAP: $20,788.00 PSSF: $302,662.00 OTHER:

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
										From Column H							
				Dollar amount that will be spent on CAPIT Direct Services	Dollar amount that will be spent on CBCAP Direct Services	Dollar amount that will be spent on CBCAP Infra Structure	Dollar amount that will be spent on Public Awareness, Brief Information or Referral Activities	Dollar amount of CBCAP allocation to be spent on all CBCAP activities — sum of columns F1, F2, F3	Dollar amount of PSSF allocation that will be spent on PSSF activities — sum of columns G2, G3, G4, G5	Dollar amount of Column G1 that will be spent on Family Preservation	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	Dollar amount of Column G1 that will be spent on Kinship Guardianship	Dollar amount that comes from other sources	List the name(s) of the other funding source(s)	Total dollar amount to be spent on this Program / Practice — sum of columns E, F4, G1, H1
A	B	C	D	E	F1	F2	F3	F4	G1	G2	G3	G4	G5	H1	H2	I
1	All Dads Matter		Merced County Human Services		$20,788			$20,788	$0							$20,788
2	Adoptions		Merced County Human Services					$0	$121,065				$121,065			$121,065
3	Home Visitors		Merced County Human Services					$0	$181,597	$60,532	$60,532	$60,532				$181,597
4	Home Visitors (Wests co)		Lao Family (through May 31, 2012) Competitive bid process to determine future contractor for services	$87,168				$0	$0							$87,168
5								$0	$0							$0
6								$0	$0							$0
7								$0	$0							$0
8								$0	$0							$0
9								$0	$0							$0
10								$0	$0							$0
11								$0	$0							$0
12								$0	$0							$0
13								$0	$0							$0
14								$0	$0							$0
15								$0	$0							$0
16								$0	$0							$0
17								$0	$0							$0
20								$0	$0							$0
21								$0	$0							$0
22								$0	$0							$0
23								$0	$0							$0
24								$0	$0							$0
25								$0	$0							$0
26								$0	$0							$0
27								$0	$0							$0
28								$0	$0							$0
29								$0	$0							$0
30								$0	$0							$0
31								$0	$0							$0
32								$0	$0							$0
33								$0	$0							$0
			Totals	$87,168	$20,788	$0	$0	$20,788	$302,662	$60,532	$60,532	$60,532	$121,065	$0	$0	$410,618

1 of 1

CAPIT Programs, Activities and Goals – Worksheet 2

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

SIP Process Guide (Version 7.0)
Appendix E

(1) COUNTY: Merced (2) YEAR: 2011

Line No.	Title of Program/Practice	Unmet Need	CAPIT Direct Service Activity														Other Direct Service Activity (Provide Title)	Goal
			Family Counseling	Parent Education & Support	Home Visiting	Psychiatric Evaluation	Respite Care	Day Care/ Child Care	Transportation	MDT Services	Homemakers Teaching & Demonstrating	Family Workers	Temporary In Home Caretakers	Health Services	Special Law Enforcement	Other Direct Service		
A	B	C	D1	D2	D3	D4	D5	D6	D7	D8	D9	D10	D11	D12	D13	D14	E	F
4	Home Visitor Program	Page 52. To identify resources to meet the needs and goals to address child abuse/neglect issues. Continued Need		X	X						X							Families Are Strong and Connected

1 of 1

CBCAP Programs, Activities and Goals – Worksheet 3

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

(1) COUNTY: Merced (2) YEAR: 2011

Line No.	Title of Program/Practice	Unmet Need	Public Awareness, Brief Information or Information Referral	CBCAP Direct Service Activity: Voluntary Home Visiting	Parenting Program (Classes)	Parent Mutual Support	Respite Care	Family Resource Center	Family Support Program	Other Direct Service	Other Direct Service Activity (Provide Title)	Logic Model Exists	Logic Model Will be Developed	EBP / EIP (Identify Level): Program Lacking support	Emerging & Evidence Informed Programs & Practices	Promising Programs & Practices	Supported	Well Supported	County has documentation on file to support Level selected	Goal
A	B	C	D	E1	E2	E3	E4	E5	E6	E7	F	G1	G2	H1	H2	H3	H4	H5	I	J
1	All Dads Matter	Page 53. To offer support, encouragement, education of healthy father involvement. Continuing need	X		X			X	X							X			X	Children and Youth Are Nurtured, Safe and Engaged

1 of 1

PSSF Program, Activities and Goals – Worksheet 4

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

SIP Process Guide (Version 7.0)
Appendix E

(1) COUNTY: Merced (2) YEAR: 2011

Line No.	Title of Program/Practice	Unmet Need	PSSF Family Preservation							PSSF Family Support Services (Community Based)								Time Limited Family Reunification Services							Adoption Promotion and Support Services					Other Direct Service Activity (Provide Title)	Goals
			Preplacement Preventive Services	Services Designed for Child's Return to Their Homes	After Care	Respite Care	Parenting Education & Support	Case Management Services	Other Direct Service	Home Visitation	Drop-in Center	Parent Education	Respite Care	Early Development Screening	Transportation	Information & Referral	Other Direct Service	Counseling	Substance Abuse Treatment Services	Mental Health Services	Domestic Violence	Temporary Child Care/ Crisis Nurseries	Transportation to / from Services / Activities	Other Direct Service	Pre-Adoptive Services	Post-Adoptive Services	Activities to Expedite Adoption Process	Activities to Support Adoption Process	Other Direct Service		
A	B	C	D1	D2	D3	D4	D5	D6	D7	E1	E2	E3	E4	E5	E6	E7	E8	F1	F2	F3	F4	F5	F6	F7	G1	G2	G3	G4	G5	H	I
3.08	Home Visitor Program	Page 52 continuing need	X	X	X		X			X		X				X							X		X			X			Families Are Strong and Connected
2	Adoptions	Page 59 time to adoption																							X	X	X	X			Other

1 of 1

3. Attachments

   a. BOS Resolution approving the SIP

   b. BOS Resolution establishing the CAPC

   c. BOS Resolution identifying the Commission Board or Council for administration of the CCTF

      Note: One resolution both establishes the CAPC and identifies it for the administration of the CCTF.

   d. Executive Summary, Merced County 2010 Peer Quality Case Review Final Report

   Rosters

   a. CAPC roster

   b. PSSF Collaborative roster (same as the SIP Planning Committee)

   c. SIP Planning Committee

   Assurances

   a. Notice of Intent

BEFORE THE BOARD OF SUPERVISORS
OF THE COUNTY OF MERCED,
STATE OF CALIFORNIA

In the Matter of:

CHILD ABUSE PREVENTION, INTERVENTION and TREATMENT (CAPIT) COMMUNITY BASED CHILD ABUSE PREVENTION (CBCAP) GRANTS	))))	Resolution No. 2005-125

WHEREAS, The State of California authorized counties in Section 18965 of the Welfare and Institutions Code, to establish voluntary commissions, boards, or councils to prevent child abuse and neglect, and to establish Children's Trust Funds from which to fund these prevention efforts; and

WHEREAS, The State of California authorized counties, in Section 18980, et seq, to designate child abuse prevention councils for the purpose of coordinating the community's efforts to prevent and respond to child abuse, and funded from the Children's Trust Fund; and

WHEREAS, The County of Merced, in a Board action on 9/30/86, authorized the Child Abuse Coordinating Committee and the Children's Trust Fund to collect fees pursuant to Section 103625 of the Welfare and Institutions Code; and

WHEREAS, The Child Abuse Coordinating Committee has changed its name to the Child Abuse and Family Violence Prevention Council of Merced County (CAFVPCMC); and

NOW, THEREFORE, BE IT RESOLVED that the Merced County Board of Supervisors designates the CAFVPCMC for purposes of California Welfare Institutions Code Sections 18965 and 18980, et seq.

I, DEMETRIOS TATUM, Clerk of the Board of Supervisors of the County of Merced, do hereby certify that the foregoing resolution was regularly introduced, passed, and adopted by said Board at a regular meeting held on the 28th day of June, 2005, by the following vote:

SUPERVISORS

AYES: Jerry O'Banion, John Pedrozo, Mike Nelson, Deidre F. Kelsey

NOES: None

ABSENT: Kathleen M. Crookham

WITNESS my hand and the Seal of the Board the 28th day of June, 2005

DEMETRIOS TATUM, Clerk

By Cathy Gregory
Deputy

MERCED COUNTY

Child Welfare Services and Juvenile Probation Services

2010

Peer Quality Case Review Final Report

Submitted May 26, 2009

On-site Peer Quality Case Review dates:
March 22th – 25th, 2010

Ana Pagan, Director, Human Services Agency
Brian Cooley, Chief Probation Officer, Juvenile Probation

California Child Welfare Outcomes and Accountability System

2010
Peer Quality Case Review

EXECUTIVE SUMMARY

The Peer Quality Case Review (PQCR) is one of three activities mandated by the California-Children and Family Services Review (C-CFSR, 2004) that helps counties assess the effectiveness of child welfare practices across the areas of child safety, permanency, stability, family connections and youth and child well-being. Merced County Human Services Agency's (HSA), Child Welfare Services (CWS) and Probation's Juvenile Services partnered to each review one area of practice for improvement. HSA focused on the permanency outcome of timely adoption: *of all children in foster care who became legally free for adoption during the selected 12-month period, what percent were then discharged to a finalized adoption within the following 12 months?* An additional focus for HSA was on children who had not been adopted and were under the age of 5 years old. Juvenile Probation focused on the permanency outcome of: *identifying and developing lifelong connections.* Findings from the process may be used to inform improvement recommendations for child welfare and probation practice, service capacity and training.

Sample Selection

In order to obtain qualitative information about factors important to timely adoptions, a sample of cases that had not experienced timely adoptions were chosen and reviewed by HSA. Cases chosen and reviewed by Juvenile Probation were cases where youth had emancipated or reunified. Information was gathered on factors that may affect the two focus areas; such as social work and probation practice, policies, procedures, barriers and challenges.

Human Services Agency

Child Welfare Services prioritized their findings as follows:

Social Work Practice

Social workers are family and strengths focused. Social workers treat families with respect; have a community focus and community responsibility philosophy in working with families.

Emergency response social workers are engaged with families, they are helpful, know their cases, and try to understand a family's culture.

Social workers consider the trauma that is caused by moving children from placement to placement and think carefully before moving a child. Children placed in out-of-home -care experience very stable placements in Merced County.

Broader System Issues

There is a need for a comprehensive, holistic, systematized approach to creating permanency for children throughout the child welfare continuum

- A case can flow through as many as 6 social workers who each work separately from each other and often work on one piece of the case. There is a need for more collaboration and better communication processes.
- Because the case does not spend very much time with one social worker, workers can be de-invested in the final outcome for a child.
- Since current practice is compartmentalized, roles need to be clarified to better create permanency for children.
- The continuum of permanency is difficult to understand in Merced County.
- There needs to be a sense of "urgency" for creating permanency for children and a process that adheres to timelines.

There is a need to consider concurrent, permanent homes for children from the moment they enter out-of-home placement or even before.

There is a need to offer more focused attention and services to relatives and foster families at the time of placement so that the family is assisted with creating a nurturing, safe and stable home.

Child Welfare Services prioritized recommendations

- Restructure the adoptions unit to address high caseloads. Create opportunities for adoptions social workers to access to cases sooner. Address timely permanency for children from the time children enter out-of-home care.

- Develop new support and training for relative caregivers in creating permanency for children.

- Develop and implement training for social workers on creating and implementing timely permanency options for children in out-of-home care.

- Restructure the child welfare continuum so the focus is on building positive permanency outcomes for children. Create opportunities for communication and collaboration among social workers particularly during transitions, which include input and solution building with families. Consider the possibility of a family worker who supports the relationships that build permanency for children.

- Consider creating positions or ways to offer matching between children and relatives and/or foster families that focus on permanency for each child.

- Develop supports and possible roles that would assist relatives and foster families in supporting the growth and development of the new family constellation when a child is placed in out-of home care.

Probation Department, Juvenile Services

Findings and Recommendations

Probation Officer Practice

Probation officers understand and accept that lifelong connections are an important component in creating positive adulthood for youth. They are open to all positive family and adult supportive relationships for youth and provide follow-up with any positive and supportive relationships a child may have.

Probation officers are culturally aware and work to understand youth by determining what is important to the child. Officers consider culture in creating lifelong connections and family placements. They work in the child's best interest and support the child's needs in communication and decision making.

Officers involve youth in case planning and other family members when they are available.

The idea of lifelong connections is new and not integrated into current Juvenile Probation practice and business processes. Probation officers desire evidenced-based training and process changes to effectively develop lifelong connections and viable permanency options for youth.

Broader System Issues

Encouraging lifelong connections requires more comprehensive family assessments and case plans that include searching for adult connections. Permanency options should occur earlier in the Probation continuum of services. Assessments should include an accurate Probation intervention level so that youth are served with appropriate case management and services.

There are very limited services for youth and for parents to promote healthy change and growth. There is only one substance abuse provider for youth with a three month waiting list. Drug court budget cuts have further compromised assessments and the number of youth served. Mental health services for youth are limited and there are none for parents. There is a need for an in-county sex offender program.

There is a need to create a more coordinated delivery of services among human service agencies and providers throughout the continuum of all prevention, early intervention and formal child welfare services. Coordination of placement and permanency development between Juvenile Probation and Child Welfare Services would be beneficial. Coordination should include referring youth to the Independent Living Program (ILP) to support youth in-county, in addition to providing services for Merced County children placed out of county.

Juvenile Probation Services prioritized their recommendations as follows:

- Develop business processes that support the use of risk and needs assessment tools so that families can be adequately assessed and supported while building lifelong connections and permanency for children. In addition, staff will be able to accurately determine the level of intervention necessary. In this way the system is less overwhelmed and can better support comprehensive assessments and engagement of youth and families early to help prevent the escalation of delinquent behavior.

- Develop collaborative relationships between Child Welfare Services and community providers so that there is continuity of child welfare services. Consider the dual jurisdiction process and braided funding options to provide services to the community's children, youth and families. Work to develop ILP services that serve Probation youth and include an "emancipation conference." Work to fund ILP services for Merced County children placed out-of-the County.

- Provide Evidenced-Based Practices training such as; family finding, motivational interviewing, risk and needs assessments, working with children with high level behavioral problems and advanced collaborative Juvenile Probation practices. Training will support staff development in facilitating healthy change, timely permanency and lifelong connections for children, youth and families.

- Work to gain support and create more opportunity to build resources and services for children, youth and families such as effective substance abuse assessment, treatment, mental health services and increased availability of family wraparound services.

Next Steps

Merced County will begin the Self-Assessment process with the results of the PQCR included in the overall assessment and recommendations. Once the Self-Assessment has been completed, the CWS and Juvenile Probation will include the recommendations from both processes in the development of the County System Improvement Plan.

California's Child and Family Services Review
Peer Quality Case Review

County:	Merced
Responsible County Child Welfare Agency:	Human Services Agency
PQCR Review Week:	March 22 to 25, 2010
PQCR Final Debriefing:	March 25, 2010
Date Submitted:	May 26, 2010
County Contacts for the Peer Quality Case Review	
Name:	Janice Rector
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Telephone / E-mail:	(209) 385-7568 / jbuckjnell@co.merced.ca.us
Submitted by each agency for the children under its care	
Submitted by:	HSA Director
Name:	Ana Pagan
Signature:	
Submitted by:	County Chief Probation Officer
Name:	Brian Cooley
Signature:	

Family Wellness Council

(Child Abuse Prevention Council)

c/o Family Resource Council, 1573 W. Main St, Merced, CA 95340 * (209) 381-5980 Phone

Full Name	Title	City
ACE Overcomers		Atwater
Lockridge, Dave		
Alcohol and Drug Dept. Merced County		Merced
Jensen, Christopher		
Alliance for Community Research & Development (ACRD)		Merced
Hoskins, Linda	Research Assistant	
Between Friends/ Entre Amigos		Planada
De La Cruz, Irene	Publisher/Editor	
De la Cruz, Luis	Managing Editor	
Boys and Girls Club of Merced County		Merced
Slaton, Tony	Executive Director	
California Health Collaborative		Fresno
Garrett, Debbie		
Ramos, Celeste	Program Coordinator	
Castle Family Health Centers		Atwater
Kieffer, Alice	Outreach	
Central Valley Regional Center, Inc.		Merced
Masters, Julie	Counselor	
City of Merced Parks & Community Services		Merced
Drummond, Eugene	Recreation Supervisor	
ECE Consulting		Delhi
Patton, Marvin	Consultant	
Employment Development Department (EDD)		Merced
Duenas, Martha		
Lira, Irma		
Family Resource Council		Merced
Haines, Dennis	Supervisor	
Xiong, Ka	Grant Support Technician	
First 5 Merced County		Merced
Mimura, Brian	Director	
Golden Valley Health Centers		Merced
Campos, Mayra		
Garcia, Cesar E.	Reach Out and Read Coordinator	
Health Plan of San Joaquin		French Camp
Natividad, Daniel	Membership Development Manager	
Valdez, Julia	Outreach	
LifeLine Community Center		Merced

Full Name	Title	City
LifeLine Community Center		Merced
Grasley, Monika	Director	
Love in the Name of Christ of Greater Merced/ LOVE INC		Merced
Raley, Terry	Executive Director	
MCOE: ECE		Merced
Thompson, Samantha	CEL Supervisor	
MCOE: Merced County Head Start		Merced
de Melo, Regina	Family Support Services Manager	
Kaercher, Linda	Program Director	
Peterson, Ericka	Comprehensive Services Supervisor	
Rivas, Sol	Family Support Services Manager	
Merced College		Merced
Leufgen, Judy		
Merced College Child Development Center		Merced
Scorby, Marilyn	Director	
Merced County District Attorney		
DeSantis, Lisa		
Merced County Food Bank		Merced
Dailey, Marcia		
Merced County Human Services Agency		Merced
DeCocker, Laura	Deputy Director	
Pagan, Ana	Director	
Stum, Karen	Social Worker Supervisor	
Merced County Library		
Meriam, Jacque		
Merced County Mental Health Dept		Merced
Jimenez, Manuel	Director	
Merced County Office of Education		Merced
Lee, See	Community Service Liaison	
Riggs, Gaye	Assistant Superintendent-Early Care &	
Merced County Probation Department		Merced
Bobbitt, Chris		
Merced Lao Family Community Inc.		Merced
Lee, Joua	Job Club/ Job Sarch Instructor	
Merced/ Mariposa County Asthma Coalition		Merced
Kelly-Ortega, Melissa	Program Associate	
Mercy Medical Center-Merced		
Sanchez, Lillian		
Sierra Vista Child and Family Services		Merced
Buer, Jennifer	Clinician	
Total Self Insight		Merced

Full Name	Title	City
Total Self Insight		Merced
Anthony, Valerie	Executive Director	
United Way of Merced County		Merced
Corchado, Claudia	Program Manager-CCROPP	
Hassett, Flip	Executive Director	
University of California Cooperative Extension		Merced
Agundis, Liliana		
Lee, Houa	Program Representative	
Valley Crisis Center		Merced
Bardini, Genevieve		

PSSF Collaborative Roster and SIP Planning Committee

Core Representatives	Department
Ana Pagan, Director	Merced County HSA
Laura De Cocker, Deputy Director	Merced County HSA
Jane Norwood, Program Administrator	Merced County HSA
Baljit Gill, Program Administrator	Merced County HSA
Alexandra Pierce, Program Administrator	Merced County HSA
Janet Kasper, Staff Services Analyst	Merced County HSA
Arthur Boyd, CAPIT/CBCAP/PSSF Liaison	Merced County HSA
Kimberly Brown, Consultant	California Department of Social Services
Heather Cotta, Consultant	California Department of Social Services
James Bucknell	Merced County Probation
Lori Minor, DPO	Merced County Probation
Scott Ball, Chief Probation Officer	Merced County Probation
Mike Hill, Deputy Sheriff	Merced County Sheriff Department
Dennis Haines, Operations Supervisor	Family Resource Council
Ka Xiong	Family Resource Council
Honorable David Miranda	Merced County Superior Court
Honorable Harry Jacobs	Merced County Superior Court
Kimberly Helms, County Counsel	Merced County Counsel
Manuel Jimenez, Director	Merced County Mental Health
Tabitha Weeda, Manager	Merced County Drug and Alcohol
Jon Masuda, Manager	Merced County Drug and Alcohol
Linda Kaercher, Program Director	Merced County Head Start
Sol Rivis, Manager	Merced County Head Start
Regina DeMello, Manager	Merced County Head Start
Dolores T.	Youth Representative
Maria P.	Youth Representative
Fernie M.	Youth Representative
Ernesto M.	Youth Representative
Angelica G.	Youth Representative
Arista S.	Youth Representative
Dana Jensen	Parent Partner
Debra Abarca	Parent Partner
Brian Mimura, Executive Director	First Five of Merced County
Jacque Meriam, Librarian	Merced County Library
Nancy Young, President	Merced County CASA
Mayko Vang, Instructor	California State University of Fresno
Dave Lockridge, Counselor	Ace Overcomers
Sharon Salaiz, Program Director	Aspiranet