



COUNTY OF HUMBOLDT

AGENDA ITEM NO. C-11

For the meeting of: November 13, 2012

Date: October 24, 2012
To: Board of Supervisors
From: Phillip R. Crandall, Director, Department of Health and Human Services
Subject: Approval of California Child and Family Services Review, System Improvement Plan for Humboldt Children & Family Services and Humboldt County Probation Department

RECOMMENDATION(S):

That the Board of Supervisors:

- 1. Adopt Resolution No. 12-90 (Attachment 1) authorizing approval of the System Improvement Plan, recognizing the Child Abuse Prevention Coordinating Council (CAPCC), and identifying the CAPCC to administer the County Children's Trust Fund (CCTF); and
2. Approve the five-year California Child and Family Services Review, System Improvement Plan (2012 to 2017) for Humboldt Children & Family Services and Humboldt County Probation Department (Attachment 2).
3. Authorize the Chair to sign four (4) copies of the System Improvement Plan signatory pages (Attachment 3) and one copy of the Notice of Intent (Attachment 4) as requested by the state; and
4. Direct Clerk of the Board to return one original of the signed Resolution, three (3) signed copies of the System Improvement Plan signatory pages, one signed Notice of Intent and one executed agenda item to the Department of Health and Human Services.

Prepared by Cris Plocher, Administrative Analyst II - SSB

CAO Approval

Army Olsen

REVIEW: Auditor County Counsel Personnel Risk Manager Other Probation Manager

TYPE OF ITEM:

- X Consent
Departmental
Public Hearing
Other

BOARD OF SUPERVISORS, COUNTY OF HUMBOLDT

Upon motion of Supervisor Surebong seconded by Supervisor Bohn
Ayes: Sandberg, Lavesate, Bass, Bohn, Clendenen
Nays
Abstain
Absent

PREVIOUS ACTION/REFERRAL:

Board Order No. D-10

Meeting of: Sept. 22, 2009

and carried by those members present, the Board hereby approves the recommended action contained in this Board report.

Dated: November 13, 2012

By: Tracy Thomas, Clerk of the Board

Board of Supervisors Notice of Intent

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

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

PERIOD OF PLAN (MM/DD/YY): 8/31/2012 THROUGH (MM/DD/YY) 8/31/2017

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

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

The County Board of Supervisors designates Humboldt County Department of Health and Human Services, Children & Family Services as the public agency to administer CAPIT and CBCAP.

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

Please enter an X in the appropriate box.

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

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

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

Virginia Bass
County Board of Supervisors Authorized Signature

11/13/12
Date

Virginia BASS
Print Name

Chair
Title



BOARD OF SUPERVISORS, COUNTY OF HUMBOLDT, STATE OF CALIFORNIA

Certified copy of portion of proceedings, Meeting November 13, 2012

RESOLUTION NO. 12.90

RESOLUTION APPROVING COUNTY SYSTEM IMPROVEMENT PLAN AND AFFIRMING THE ROLE OF THE CHILD ABUSE PREVENTION COORDINATING COUNCIL.

WHEREAS, the Humboldt County Department of Health and Human Services, Child and Family Services Division in collaboration with the Humboldt County Probation Department have developed a comprehensive five-year System Improvement Plan; and

WHEREAS the System Improvement Plan incorporates the Child Abuse Prevention, Intervention and Treatment (CAPIT), the Community Based Child Abuse Prevention (CBCAP), and the Promoting Safe and Stable Families (PSSF) program plans; and

WHEREAS, on May 24, 2005, Resolution No. 05-31 recognized the former Humboldt Child Trauma Council as the Child Abuse Prevention Coordinating Council (CAPCC) authorized in Humboldt County to administer the Children's Trust Fund; and

WHEREAS, Humboldt County Children & Family Services continues to work in collaboration with organizations and individuals from the community in order to sustain its efforts to develop CAPIT, PSSF, and CBCAP program strategies that minimize the effects of abuse on children and families living in Humboldt County.

NOW, THEREFORE, BE IT RESOLVED AS FOLLOWS:

1. That the Humboldt County Board of Supervisors approves the proposed Humboldt County System Improvement Plan, which includes the program plans for CAPIT, PSSF, and CBCAP, effective August 31, 2012 through August 31, 2017.
2. That the Child Abuse Prevention Coordinating Council shall continue to manage the Children's Trust Fund.

PASSED, APPROVED AND ADOPTED this thirteenth day of November, 2012, on the following vote, to wit:

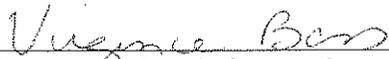
Adopted on motion by Supervisor Sundberg, second by Supervisor Bohn and the following vote.

AYES: Supervisors: Sundberg, Lovelace, Bass, Bohn, Clendenen

NOES:

ABSENT:

ABSTAIN:

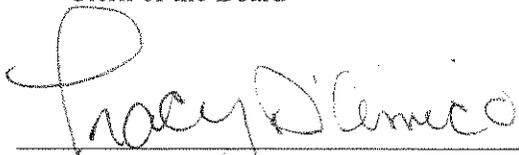


Chair of the Board of Supervisors of the County of
Humboldt, State of California.

(Seal)

ATTEST:

KATHY HAYES
Clerk of the Board

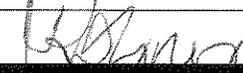
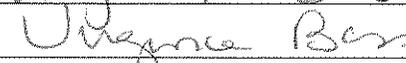


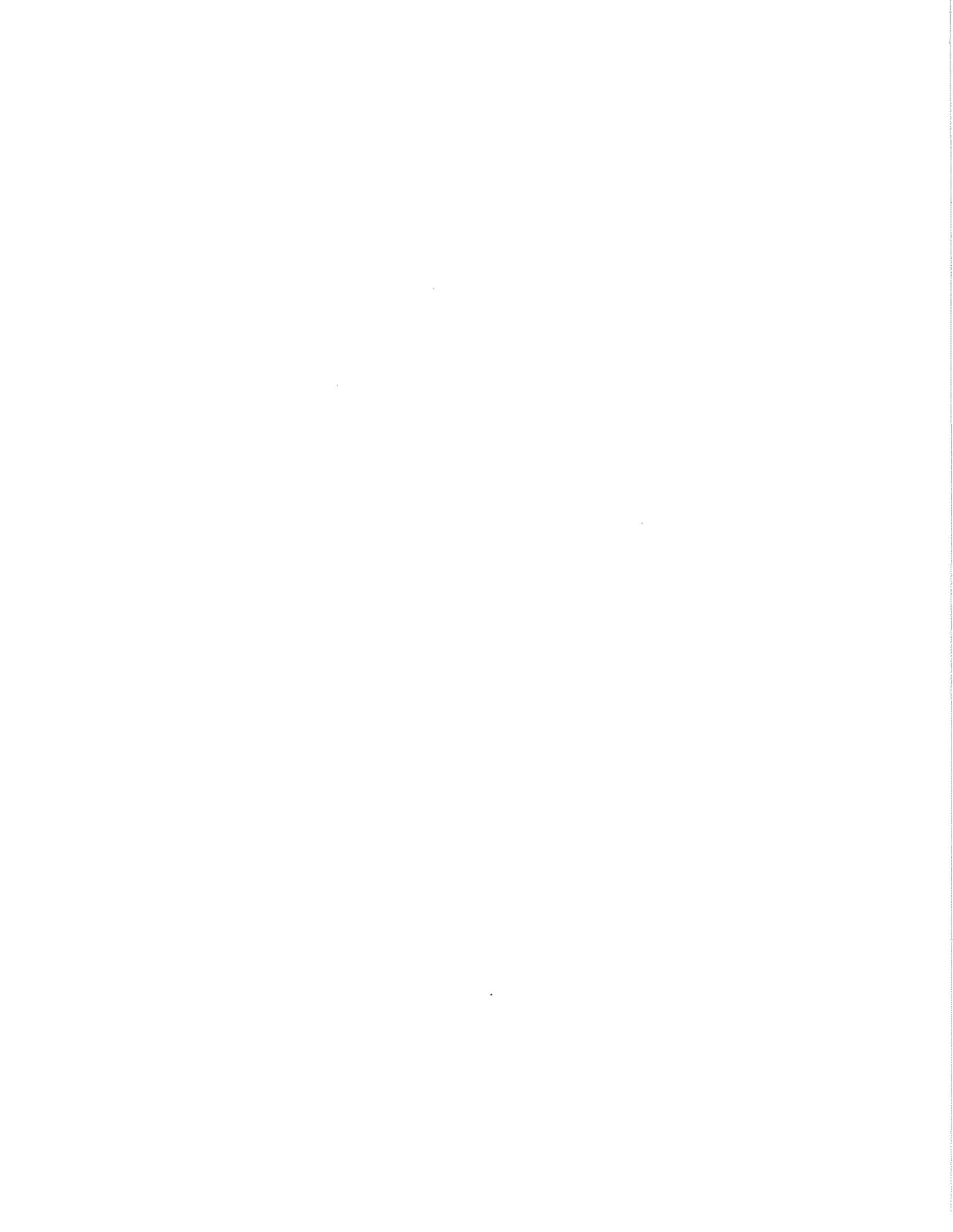
Clerk of the Board of Supervisors of the
County of Humboldt, State of California.



A. System Improvement Planning

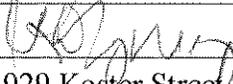
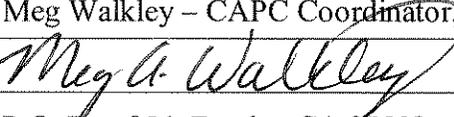
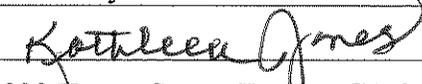
1. Cover Sheet

California's Child and Family Services Review System Improvement Plan	
County:	HUMBOLDT
Responsible County Child Welfare Agency:	Department of Health and Human Services Children & Family Services
Period of Plan:	August 31, 2012 through August 31, 2017
Period of Outcome Data:	<u>April 2012</u>. Data Extract: Quarter 4, 2011
Date Submitted:	<i>October 23, 2012</i>
County System Improvement Plan Contact Person	
Name:	Michele Stephens
Title:	Children & Family Services Program Manager
Address:	929 Koster Street, Eureka, CA 95501
Fax:	(707) 476-1299
Phone & E-mail:	(707) 268-3486; mstephens@co.humboldt.ca.us
Submitted by each agency for the children under its care	
Submitted by:	Humboldt County Department of Health & Human Services, Children & Family Services (Lead Agency)
Name:	Katherine Young, Director of Children & Family Services
Signature:	
Submitted by:	Humboldt County Probation Department
Name:	Bill Damiano, Chief Probation Officer
Signature:	
Board of Supervisors (BOS) Approval	
BOS Approval Date:	<i>11/13/12</i>
Name:	<i>Virginia Bass</i>
Signature:	



B. Part II – CAPIT/CBCAP/PSSF

1. Cover Sheet

CAPIT/CBCAP/PSSF Contact and Signature Sheet	
Period of Plan:	August 31, 2012 through August 31, 2017
Date Submitted:	October 23, 2012
Submitted by:	Board of Supervisor Designated Public Agency to Administer CAPIT/CBCAP/PSSF programs
Name & title:	Katherine Young, Humboldt County DHHS, Director of Children & Family Services
Signature:	
Address:	929 Koster Street, Eureka, CA 95501
Fax:	(707) 441-2096
Phone & E-mail:	(707) 476-4700 / kyoung@co.humboldt.ca.us
Submitted by:	Child Abuse Prevention Council (CAPC) Representative
Name & title:	Meg Walkley – CAPC Coordinator, First 5 Humboldt
Signature:	
Address:	P.O. Box 854, Eureka, CA 95502
Fax:	(707) 445-7349
Phone & E-mail:	(707) 499-6616 / meg@walkley.us
Submitted by:	Parent Consumer/Former Consumer (Required if the parent is not a member of the CAPC)
Name & title:	Kathleen Jones, Parent Partner with Humboldt County Children & Family Services
Signature:	
Address:	929 Koster Street, Eureka, CA 95501
Fax:	(707) 269-4172
Phone & E-mail:	(707) 441-5037 / Kathleen.jones@cws.state.ca.us



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

Submitted by:	PSSF Collaborative Representative, if appropriate
Name & title:	<i>Not Applicable</i>
Signature:	
Address:	
Fax:	
Phone & E-mail:	
Submitted by: CAPIT Liaison	
Name & title:	Michele Stephens, Program Manager with Humboldt County DHHS, Children & Family Services
Address:	929 Koster Street, Eureka, CA 95501
Fax:	(707) 476-1299
Phone & E-mail:	(707) 476-1281 / mstephens@co.humboldt.ca.us
Submitted by: CBCAP Liaison	
Name & title:	Michele Stephens, Program Manager with Humboldt County DHHS, Children & Family Services
Address:	929 Koster Street, Eureka, CA 95501
Fax:	(707) 476-1299
Phone & E-mail:	(707) 476-1281 / mstephens@co.humboldt.ca.us
Submitted by: PSSF Liaison	
Name & title:	Michele Stephens, Program Manager with Humboldt County DHHS, Children & Family Services
Address:	929 Koster Street, Eureka, CA 95501
Fax:	(707) 476-1299
Phone & E-mail:	(707) 476-1281 / mstephens@co.humboldt.ca.us
Board of Supervisors (BOS) Approval	
BOS Approval Date:	11/13/12
Name:	Virginia Bass
Signature:	Virginia Bass

HUMBOLDT COUNTY
CALIFORNIA CHILD AND FAMILY SERVICES REVIEW



Five-Year System Improvement Plan (2012 – 2017)

Outcome Data Period – 2009 to 2011

Humboldt County Department of Health and Human Services Mission:
To reduce poverty and connect people and communities to opportunities for health and wellness.
Vision: People helping people live better lives.

Humboldt County Probation Department Mission:
As an agent of the Court, we reduce the impact of crime in our communities through investigation, prevention, supervision, collaboration, detention, and victim restoration.

Michele Stephens
Department of Health and Human Services
Children & Family Services, Program Manager II

Jody Green
Humboldt County Probation Department
Division Director, Juvenile Services

Cris Plocher
Department of Health and Human Services
Children & Family Services, Administrative Analyst

10/23/2012

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Appendices and Attachments

Appendix A1: OCAP CAPIT/CBCAP/PSSF Funded Programs and Services Summary

Appendix A2: OCAP Five Year Services Expenditure Summary (2013 – 2017)

Appendix B: Summary of County's Community/Family Resource Center Services

Appendix C: Healthy Start, Schools & Communities Partnership Progress Report (2012)

Appendix D: County Self Assessment Strategies Identified for CWS and Probation

Appendix E: Peer Quality Case Review Findings for CWS and Probation

Appendix F: Prioritized Strategies Identified at the SIP Work Group Meetings

Appendix G: Board of Supervisors Resolution Recognizes the Establishment of the CAPCC and Identifies the Council for Administration of the Children's Trust Fund

Appendix H: CAPCC Roster

Appendix I: CAPCC 2012 Annual Report to the Board of Supervisors and 2012/13 Plan

Appendix J: Child Abuse Prevention and Awareness Month Proclamation

Appendix K: CAPIT Agreement (FY12/13)

Appendix L: Acronym List

Attachment: Notice of Intent 2013 - 2017

Attachment: Humboldt County Board of Supervisors Resolution

A. System Improvement Planning

1. Cover Sheet

California's Child and Family Services Review System Improvement Plan	
County:	HUMBOLDT
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Phone & E-mail:	(707) 268-3486; mstephens@co.humboldt.ca.us
Submitted by each agency for the children under its care	
Submitted by:	Humboldt County Department of Health & Human Services, Children & Family Services (Lead Agency)
Name:	Katherine Young, Director of Children & Family Services
Signature:	
Submitted by:	Humboldt County Probation Department
Name:	Bill Damiano, Chief Probation Officer
Signature:	
Board of Supervisors (BOS) Approval	
BOS Approval Date:	
Name:	
Signature:	

2. Child Welfare Services/Probation System Improvement Plan (SIP) Narrative

In 2001, the California Legislature passed the Child Welfare System Improvement and Accountability Act (Assembly Bill 636, Chapter 678, Statutes of 2001, Steinberg). The intent of this legislation is to improve outcomes for children served by the child welfare and probation systems, while holding county and state agencies accountable for the outcomes achieved. This statewide accountability and quality assurance system, known as the California-Child and Family Services Review (C-CFSR), went into effect January 1, 2004, and is in response to the federal CFSR oversight system mandated by Congress that is used to monitor states' performance.

The CFSR is based upon the principle of ongoing quality improvement, interagency partnerships, community involvement, and public reporting of program outcomes. It utilizes the federally established children/family outcome measures to review county/state data reports and trends and to assess local system performance and practices that impact children/family outcomes. The goal is to improve programs, services, and outcomes in safety, well-being and permanency for children and families. The five-year cycle of the C-CFSR involves the County Self-Assessment (CSA) and Peer Quality Case Review (PQCR), which lead to the System Improvement Plan (SIP) and annual SIP updates. These are conducted by the county according to state guidelines.

The county SIP is the operational agreement between the county and the state, outlining county strategies and actions to improve the county's system of care. The SIP is part of C-CFSR state and local accountability system consisting of results-based comprehensive planning, improvement goals, and outcomes measurements. It is much like the Program Improvement Plan (PIP) that the states submit to the federal government. The SIP is designed to assist the state's efforts in achieving the goals of the federal PIP, including how the county activities described in the SIP contribute to the achievement of the PIP.

Humboldt County's five-year SIP goals and strategies are in line with those of the state's PIP. These goals focus on child/family safety, well-being and permanency, achieved through county improvement goals to reduce recurrence of maltreatment, increase family reunification, and reduce reentry following reunification. Several county strategies reflect the state's PIP, aimed to improve these goals. They include: improving engagement with families earlier in the system and increasing family team approach; increasing availability of evidence-based practices for key risk factors and knowledge of trauma on behavior/well-being; increasing support, training and mentoring to care providers; and finally increasing family reunification supports through enhanced training, coaching and teaming of multi-disciplines and community partners.

a. Conducting the SIP Process

The outcome measures, goals, and action steps for the System Improvement Plan (SIP) were developed with input from the SIP Work Group and derived from a culmination of information resources, including the County Self Assessment (CSA) strategies, Peer Quality Case Review

(PQCR) findings, California Partners for Permanency (CAPP) practice elements, and Children & Family Services System of Care (SOC) grant initiatives.

Both the CSA and PQCR (which is incorporated into the CSA report) are integral to a complete review of county practices, services, and outcome measures that inform the county’s System Improvement Plan (SIP). **Refer to the Humboldt County Self Assessment report posted on the CDSS website at www.childsworld.ca.gov/PG1419.** The CAPP goal for Humboldt County is to improve permanency outcomes for American Indian children involved in foster care by implementing a Child and Family Practice Model that includes culturally-sensitive family engagement, empowerment of family, Tribal and community networks, and use of culturally-based healing practices. The SOC one-year planning grant goal is to identify a continuum of care from prevention and early intervention to intensive intervention that will build upon community and agency partnerships.

b. Team Membership

The following introduces the required core planning representatives and recommended stakeholders involved in the Humboldt County System Improvement Planning process, in accordance with SIP state guidelines.

Required Core Representatives

Humboldt County’s SIP was completed with input from core representatives from the following areas:

• Child Abuse Prevention Councils	• American Indian tribes served within the community
• Children’s Trust Fund Commission or CAPC if acting as the Children’s Trust Fund Commission	• Parents/consumers
• County Board of Supervisors designated agency to administer CAPIT/CBCAP/PSSF Programs	• Probation administrators, supervisors, and officers
• County Public Health Branch	• PSSF Collaborative
• County Mental Health Branch	• Care Providers
• CWS administrators, managers, and social workers (includes CAPIT/CBCAP Liaisons)	• Youth representative

The Humboldt County Department of Health and Human Services (DHHS) and the Humboldt County Probation Department extend their gratitude to the following individuals for their participation on the SIP Core Planning Team. The team members participated in the county’s SIP work group meetings to review the county’s Children & Family Services and Probation Department programs, practices and service systems, and also to identify agency strengths, challenges, and strategies for improvement. The Planning Team provided their input, expertise

and dedication in representing their agencies. All this helped make the SIP a successful learning process. **Thank you Core Planning Team!**

Name	Title	Agency
Sheryce Allendorf	Social Worker Supervisor	Humboldt County DHHS - Children & Family Services
Rose Baker	President	New Directions of Humboldt Foster Parent Association
Robert Bohrer	Consultant	Wiyot Tribe
Nico Bragg	Former foster youth	Independent Living Services Program
Suzanne Evola	Social Worker	Two Feathers Native American Family Services
Ashley Franklin	OCAP Consultant	California Department of Social Services, Office of Child Abuse Prevention (OCAP)
Jody Green	Division Director, Juvenile Services	Humboldt County Probation Department
Sue Grenfell	Mental Health Clinician	Humboldt County DHHS – Healthy Moms Program
Donald Henderson	Outcomes & Accountability Consultant	California Department of Social Services, Children & Family Services Division, Outcomes & Accountability Bureau
Peggy Hobbs	Social Worker Supervisor	Humboldt County DHHS - Children & Family Services
Kathleen Jones	CWS Parent Partner (parent representative)	Humboldt County DHHS – Children & Family Services
Nikki Kriger	Deputy Probation Officer	Humboldt County Probation Department
Karen Krumenacker	Supervising Public Health Nurse	Humboldt County DHHS – Public Health
Trystan Landry	Youth Advisory Board member	Humboldt County Transition Age Youth Collaboration
Sheryl Lyons	Program Manager	Humboldt County DHHS - Children & Family Services
Terry Marroquin	Social Worker	Humboldt County DHHS - Children & Family Services
Jamie Monroe	Administrative Analyst	Humboldt County DHHS – Children & Family Services
Brett Moranda	Supervising Probation Officer	Humboldt County Probation Department

Core Planning Team (continued)		
Name	Title	Agency
Tabitha Morton	Foster youth	Foster youth representative
Irma Munoz	OCAP Consultant	California Department of Social Services, Office of Child Abuse Prevention (OCAP)
Shelley Nilsen	C&FS Deputy Director	Humboldt County DHHS – Children & Family Services
Barbara Orr	Director	Two Feathers Native American Family Services
Erika Pixton	Outcomes & Accountability Consultant	California Department of Social Services, Children & Family Services Division, Outcomes & Accountability Bureau
Cris Plocher	Administrative Analyst	Humboldt County DHHS - Children & Family Services
Lisa Rix	Administrative Analyst	Humboldt County DHHS – Children & Family Services
Wendy Rowan	Executive Director	First Five Humboldt
Chiho Sakamoto	Social Worker	Humboldt County DHHS - Children & Family Services
Hilary Salas	Foster Youth	Independent Living Services Program
Jeri Scardina	C&FS Deputy Director	Humboldt County DHHS – Children & Family Services
Keri Schrock	Program Manager	Humboldt County DHHS - Children & Family Services
Geneva Shaw	Assistant Social Services Director	Yurok Tribe
Kim Sousa	Deputy Probation Officer	Humboldt County Probation Department
Michele Stephens	Program Manager	Humboldt County DHHS - Children & Family Services
Johnathan Thomas	Former Foster Youth	Independent Living Services Program
Rochelle Trochtenberg	Coordinator/Liaison, Youth Organizer	HCTAYC, CYC
Meg Walkley	Children & Family Support Specialist/ Coordinating Consultant	CAPC; Children’s Trust Fund Commission; CAPIT/CBCAP/PSSF Representative; First 5 Humboldt
Kelly Winston	O& A Supervisor	California Department of Social Services, Children & Family Services Division, Outcomes & Accountability Bureau

Core Planning Team (continued)		
Name	Title	Agency
Rebecca Wissing	Administrative Analyst	Humboldt County DHHS – Children & Family Services
Tanner Young	Child Victim Advocate	Two Feathers Native American Family Services
Katherine Young	Director of Children & Family Services	Humboldt County DHHS – Children & Family Services (designated agency to administer CAPIT/CBCAP/PSSF)

c. Data Sources, Decision Making and Other Information Used

Three SIP planning team meetings were held, April 30th, May 7, and May 14, 2012. In the first meeting, participants reviewed the SIP process, discussed findings from the County Self Assessment (CSA) and Peer Quality Case Review (PQCR), considered other county initiatives to be incorporated in the SIP process, and reviewed quarterly outcome data for Child Welfare Services (CWS) and Probation trends. Based on this review process, the SIP planning team selected three outcome measures for CWS and an outcome measure for Probation to focus on improvements. CWS measures included: (1) No Recurrence of Maltreatment (S1.1), (2) Reunification Within 12 Months-Exit Cohort (C1.1), and (3) Reentry Following Reunification (C1.4). Probation measures included Reunification Within 12 Months-Exit Cohort (C1.1).

Reference: Needell, B., Webster, D./ Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel M., Glasser, T., Williams, D., Zimmerman, K., Simon, V., Putnam-Hornstien, E., Frerer, K., Cuccaro-Alamin, S., Winn, A., Lou, C., & PEng, C. (2009). Child Welfare Services Reports for California. Retrieved [4/2/12], from University of California at Berkeley Center for Social Services Research website available at <http://www.childsworld.ca.gov/PG1358.htm>.

The second SIP planning meeting selected and prioritized an improvement goal for each of the CWS and Probation outcome measures selected in the prior meeting. The composite planner from the UC Berkeley website at http://cssr.berkeley.edu/ucb_childwelfare/ was used to illustrate the impact of different levels of improvement goals on the outcome measures. Because of the common strategies between the County Self Assessment and the county’s participation in the California Partners for Permanency (CAPP) initiative, the objective is to incorporate the CAPP’s strategies into the county’s next five-year SIP, as well as some strategies from the current SIP that remain to be implemented. Information was reviewed by the planning team on literature and research derived from CAPP pertaining to eight practice elements and the work being done to improve outcomes for American Indian children and families involved in the child welfare system. Based on information reviewed at the SIP planning meetings, the planning team identified and prioritized strategies for each of the improvement goals.

The third SIP planning meeting reviewed prioritized strategies and developed action steps for each of the improvement goals, as well as responsible parties. Milestones and timelines were discussed and the planning team agreed to have CWS and Probation administration develop the

five-year SIP Matrix Schedule of milestones and timelines in accordance to the county's available resources and time factors. **Refer to Section B.3 (Part I) of this report for the CWS/Probation SIP Matrix.**

3. Outcomes Needing Improvement

According to the outcome data available for the four quarters in 2011, the following CWS and Probation performance outcomes were in need of improvement, showing to be below national standard during one or more of the quarters in 2011.

**CWS Outcome Measures Needing Improvement -- Below National Standard
During 2011 (four quarters)**

Bold text represents selected outcome measures for the SIP

		Quarter 1	Quarter 2	Quarter 3	Quarter 4
S1.1	No Recurrence of Maltreatment	X	X	X	
C1.1	Reunification Within 12 Months (exit cohort)	X		X	
C1.2	Median Time to Reunification	X	X	X	X
C1.3	Reunification within 12 months (entry cohort)	X	X	X	X
C1.4	Reentry following reunification (exit cohort)	X	X	X	X
C2.1	Adoption Within 24 Months (Exit Cohort)			X	X
C2.2	Median Time To Adoption (Exit Cohort)			X	X
C2.3	Adoption Within 12 Months (17 Months In Care)	X	X		
C2.4	Legally Free Within 6 Months (17 Months In Care)	X			
C2.5	Adoption within 12 months (legally free)	X	X	X	
C3.1	Exits To Permanency (24 Months In Care)	X	X		
C3.2	Exits To Permanency (Legally Free At Exit)				X
C3.3	Adoption Within 12 Months (17 Months In Care)	X			
C4.1	Placement Stability (8 Days To 12 Months In Care)	X	X		
C4.2	Placement stability (12 to 24 months in care)			X	
C4.3	Placement stability (At least 24 Months in care)	X	X	X	
2B	Timely Response (Immediate. Response and 10-Day Compliance)				X
4A	Siblings (All or Some/All)	X		X	

Probation Measures Needing Improvement -- Below National Standard During 2011 (four quarters)					
Bold text represents selected outcome measures for the SIP					
		Quarter 1	Quarter 2	Quarter 3	Quarter 4
C1.1	Reunification within 12 Months (exit cohort)	X	X	X	X
C1.2	Median Time to Reunification	X	X	X	X
C1.3	Reunification within 12 months (entry cohort)	X	X	X	
C3.1	Exits To Permanency (24 Months In Care)	X	X		
C4.1	Placement Stability (8 Days To 12 Months In Care)			X	X
C4.2	Placement Stability (12 To 24 Months In Care)	X	X	X	

Of the measures above that showed to be below the national standard, three were chosen for CWS and one for Probation to focus on system improvement over the next five years. Not all measures needing improvement were selected, in order to focus limited resources on targeted efforts that are specific, achievable, and measurable. Selected measures for the SIP include:

CWS

- No Recurrence of Maltreatment (S1.1)
- Reunification within 12 months - exit cohort (C1.1),
- Reentry Following Reunification - exit cohort (C1.4)

Probation

- Reunification within 12 months – exit cohort (C1.1)

The focus areas and findings that culminated from the PQCR and CSA guided the SIP Planning Team’s selection of two of the three outcome measures targeted for the SIP. These include Reentry Following Reunification (C1.4) for CWS and Reunification Within 12 Months (C1.1) for Probation. Both the PQCR and the CSA process explored how local program operations, services and systemic factors may affect measured outcomes over time and contributed to the identification and assessment of system strengths, challenges, needs, and strategies for improvement. **Refer to Sections A10 and A11 of this report** for the executive summaries for the PQCR and CSA.

4. Targeted Improvement Goals

Improvement Goal Selection Process

Improvement goals were selected by the SIP Planning Team to be specific, achievable and measurable in increasing the number of CWS youth with no recurrence of maltreatment and reducing the number of youth reentering the CWS system of care, and also increasing

reunification of Probation youth with their family within 12 months. Further detailed focus was placed on improving outcomes for American Indian children and families. The Composite Planner was used to identify the impact of different level of improvement goal scenarios on the number of youth affected by the improvement for each of the selected measures (S1.1, C1.1, C1.4).

Improvement Goals

CWS Measure: S1.1 No Recurrence of Maltreatment

Goal: The improvement goal will be to increase the performance measure from 96% to 97%. National Standard is 94.6%.

CWS & Probation Measure: C1.1 Reunification within 12 Months (Exit Cohort)

Goal: The improvement goal will be to increase the performance measure for CWS from 76.8 to 78.6%, and for Probation from 42.9% to 57% National Standard is 75.2%.

CWS Measure: C1.4 Reentry Following Reunification

Goal: The improvement goal will be to improve the performance measure by decreasing the reentry rate for CWS from 32.2% to 18.6% National Standard is 9.9%.

5. Current Research

Reunification and Re-entry

The County is exploring current research information and literature review from a variety of initiatives to improve outcomes for at-risk children/families and sharing the information among pertinent county staff and the county's stakeholders, including local tribes and community-based service providers. These endeavors seek to inform agency policies, practices, and services of ways to improve outcomes for each of the selected goals that aim to reduce recurrence of maltreatment, increase reunification within 12 months, and reduce reentry following reunification. These research-based initiatives include Transition to Independence practice model, SafeCare model, Safety Organized Practice (including Circles of Support), and California Partners for Permanency (CAPP) grant.

Refer to Section A7 of this report for more information on these county initiatives.

All of these initiatives may address one or more key factors that may contribute to recurrence of maltreatment, reunification delays, and reentry after reunification. The key contributing factors that children and families often need help with include:

- Children having behavioral or health difficulties,
- Parental mental illness and/or substance abuse challenges,
- Lack of physical and community resources (employment, housing, education, skills),
- Inadequate parenting skills
- Insufficient family coping and communication/relationship skills (domestic violence, emotional/verbal abuse, etc.)

References:

Fuller, T.L. (2005). Child Safety at Reunification: A case-control study of maltreatment recurrence following return home from substitute care. *Children and Youth Services Review*, 27(12), 1293-1306.

Wells, K., & Guo, S. (2003). Mothers' welfare and work income and reunification with children in foster care. *Children and Youth Services Review*, 25(3), 203-224.

The CAPP practice model will be implemented by the County starting January 2013. CAPP focuses on improving outcomes for American Indian children and families. In Humboldt County, American Indian children are represented disproportionately throughout the child welfare system. Approximately 40% of the county's CWS children in foster care are American Indian, while American Indian children consist of only 7% of the county's population. Humboldt County is one of four counties granted participation as a pilot county of CAPP. This initiative is one of six federally funded projects through the Permanency Innovations Initiative, which supports the implementation of innovative and effective strategies to reduce long-term foster care. Humboldt County will apply the lessons learned from CAPP's implementation of effective practices to all of the CWS children and families receiving services.

The Child and Family Practice Model that will be utilized by CAPP is a departure from the more traditional child welfare process. This model uses an adaptation of the Signs of Safety framework, which is consistent with the theories of Safety Organized Practices (aka Family Centered Practice or Solution Focused Practice), while acknowledging the impact of social, racial, and historical factors on American Indian families. It builds upon broader cultural experiences and beliefs about family, community and Tribes and it is applied in partnership with supportive communities and Tribes to understand and meet the needs of their children.

The front-line practice approach to be utilized by CAPP will engage a broad network of family, cultural, community and Tribal relationships in an on-going circle of support and sharing of information. The practice approach values family and cultural strengths, and community resources that empower families and keep children safe and well. It applies family-centered practice, solution-based casework, and attends to current and historical trauma and loss in order to support the family and their well-being during and after child welfare system involvement.

There are eight practice elements suggested for the Child and Family Practice Model, as well as four front line practice approaches and twenty-three practice behaviors. The practice behaviors define the interactions between caseworkers and families, children, youth, communities and Tribes. The eight practice elements are:

- Inquiry
- Engagement
- Self-Advocacy
- Advocacy
- Well-Being Partnerships
- Recovery, Safety and Well-Being
- Teaming
- Shared Commitment and Accountability

The four front-line practice approaches consist of:

- Healing Trauma
- Power of Family
- Exploration and Engagement
- Circle of Support

Throughout this ongoing collaboration, the CAPP plans to better understand and address the barriers to permanency experienced by American Indian children and families. The CAPP Implementation Team has begun meeting and discussing the training and coaching techniques that will allow social workers and supervisors to actively participate in the new practice. The next steps are bringing the Signs of Safety training that has been adapted for American Indian Tribes in British Columbia to train staff. Also, integrating the practice behaviors of the CAPP model with our local American Indian values. This work will be done with the CAPP Advisory Team. Implementation of the CAPP Child and Family Practice Model in Humboldt County will begin November 2012.

References:

California Partners for Permanency (CAPP) Implementation Plan, Version 1.0, July 2, 2011, Reducing Long-Term Foster Care.

Turnell A. and Edwards, S. (1999). Signs of Safety: A safety and solution oriented approach to child protection casework, New York: WW Norton.

The Humboldt County Probation Department was recently awarded grant funds to enhance the use of evidence-based practices (EBP) within the Department and the community. According to the literature (referenced below), behavioral issues of youth in care leads to delays in reunification. The Department is using the grant funds to train juvenile probation staff in the use of Effective Practices in Correctional Settings (EPICS). The purpose of the EPICS model is to teach probation officers how to apply the principles of effective intervention and core correctional practices (including relationship skills) to community supervision practices, with the goal of reducing behavioral issues. The Probation Department currently utilizes several EBPs (i.e. Functional Family Therapy, Aggression Replacement Training, Nurse Family Partnership), and continues to work closely with DHHS to identify specific evidence-based practices (EBPs) that would improve service delivery to Probation youth and their parents in an effort to improve offender outcomes and decrease the number of removals from home.

Reference:

Becker, M.A. Jordan, N., & Larsen, R. (2007). Predictors of successful permanency planning and length of stay in foster care: The role of race, diagnosis and place of residence. *Children and Youth Services Review*, 29(8), 1102-1113.

6. Current Activities

The following section describes C&FS and Probation current activities, including current SIP initiatives, evidence-based and best practices, and also community-based services. Most of the current System Improvement Plan (SIP) strategies for 2010-2012 have been implemented. SIP strategies targeted for 2012 are in the process of being developed or will be continued in 2013.

These strategies include:

Improve Reunification within 12 Months (C1.1)

- (1) Increase the frequency and quality of parent/child visitation
- (2) Expand the team approach in case planning
- (3) Engage families in the creation of their case plan and support them in completing the plan

Reduce Reentry After Reunification (C1.4)

- (1) Enhance the effectiveness of the Family Maintenance program
- (2) Develop a community supported plan for the family once the CWS case is closed

Improve Placement Stability (C4.3)

- (1) Improve the foster care matching process
- (2) Develop the skills of care providers to meet the needs of youth in care
- (3) Explore better ways to access and utilize current care provider supports

For more information on the current SIP goals, refer to the county's current SIP report for 2010-2012, Section C.

The above mentioned current SIP strategies are in the process of being incorporated into the county's service delivery offered to children/families for improving parental skills and parent visitation, engaging and empowering families through identifying family strengths and needs (as well as safety and risk), engaging family in case planning, building family supports and after-care supports, and providing parent advocacy. Ongoing staff trainings are provided on policies and procedures of strategies that emanated from the SIP process.

Children & Family Services / CWS Current Activities

Currently, C&FS provides services to approximately 230 children in out-of-home placement. Approximately half of these children and their family receive family reunification services and the other half of these children receive permanency planning in cases where family reunification is no longer viable. Ten foster youth have opted to continue extended foster care past age 18. Another 115 children and their family receive family maintenance services in cases where children are living with their parents. In addition, 71 children are living with a guardian in non-dependency status.

Starting in year 2000, Humboldt County integrated several departments to allow for more coordination in the system of care to deliver comprehensive services that effectively promote the safety, well-being and stability of children and families. The integration involved Social Services, Mental Health, Public Health, Employment Training, Veterans Services, and Public Guardian. to form the Department of Health and Human Services (DHHS). This restructuring has allowed the Branches, via Children & Family Services (C&FS), to work closely together within the DHHS continuum of care. C&FS continues the pursuit of maximizing program integration and ultimately service improvement by way of co-location of multi-disciplinary staff and decentralization of service delivery to rural areas through partnerships with community stakeholders. DHHS has many contracts with community-based organizations to provide services to families as part of the system of care, in addition to direct services provided by C&FS.

C&FS provides a broad spectrum of services to at-risk children and families in the community through partnerships with community service providers, such as Community/Family Resource Centers (FRCs). The purpose is to provide comprehensive services and needed resources to improve child/family outcomes in safety, well-being, and permanency.

Also refer to **Appendix B** for a summary of the services provided by the 12 FRCs and **Appendix C** for the 2011/12 Progress Report by the Family/Community Resource Centers.

C&FS and Probation utilize several evidence-based practices (EBPs) that provide effective treatment and services to children and families addressing key risk factor areas discussed in Section A5. These effective treatments and services include: in-home/hands on parenting skills, parent/child relationships, parenting visitation, family therapy, anger management, dual diagnosis treatment, and trauma-focused cognitive behavioral therapy. Humboldt County DHHS and the Probation Department are committed to using evidence based practices in all prevention, early intervention, and treatment strategies. This long-term strategic decision permeates all aspects of County agency activity, and will continue to extend to community partners and the local Tribes. Evidence-based practices are viewed as a foundation for successful community and family interventions.

EBPs used by both C&FS and Probation include: Functional Family Therapy, Aggression Replacement Training, and Trauma Focused Cognitive Behavioral Therapy. These services are delivered by DHHS Mental Health staff. Probation also utilizes an evidence-based practice for risk/needs assessment called Positive Achievement Change Tool (PACT) for juvenile cases, as well as the Detention Risk Assessment Tool (DRAI) for detention cases. Additional EBPs that are utilized by C&FS include: Incredible Years (IY), Parent Child Interaction Therapy, Nurse-Family Partnership (NFP), and Integrated Dual Diagnosis Training (IDDT). The following describes these EBPs.

Evidence-Based Practices

- **Incredible Years (IY):** Incredible Years is a 12-week prevention program in the form of parent training designed to promote emotional and social competence and to prevent, reduce, and treat aggression and emotional problems in young children 3 to 8 years old. Humboldt implemented IY in October 2004 and introduced it to the Tribes in 2008. Through June 2010, 371 Caregivers with 523 associated children under the age 18 have been served.
- **Parent Child Interaction Therapy (PCIT):** PCIT, launched in October 2004, is an intensive treatment designed to work with parents and children (ages 2-7) together to teach parents the skills necessary to manage their children's behavioral problems. It serves parents/caregivers with children ages two to seven who are risk for maltreatment or exhibiting externalizing behavioral problems. To date, 43 parents/caregivers with 39 children have been served.
- **Nurse-Family Partnership (NFP):** The Nurse-Family Partnership is an evidence-based home visiting program launched in Humboldt County in July 2009. The Nurse Home Visitors begin seeing pregnant mothers before the birth of their first child and follow the family until the child reaches two years old. This preventive model is available to low income pregnant women (first time mothers) between 16 and 28 weeks of gestation.

including Tribal families. Currently, 92 women are enrolled with capacity recently expanded to 125.

- **Functional Family Therapy (FFT):** FFT is a well-established, evidence based family therapy intervention for the treatment of violent, criminal, behavioral, substance use, school, and conduct problems with CWS and Probation youth ages 11-18 years and their families. It was implemented in October 2004 and has served 344 youth through December 2011.
- **Aggression Replacement Training (ART):** Implemented in February 2005, ART is a comprehensive intervention program designed to teach CWS and Probation adolescents to understand and replace aggression and antisocial behavior with positive alternatives using pro-social skills; anger control; and moral reasoning. In Humboldt, ART is implemented for adolescent youth 12 to 18 years old who show or are at risk of aggressive behavior and placed in the North Coast Regional Facility. Informal outpatient ART groups are also occurring with Probation's Healthy Alternatives diversion program (new in late 2010). As of December 2011, 266 youth have participated in ART.
- **Integrated Dual Diagnosis Training (IDDT):** Planning and training for IDDT began in the Spring of 2010. Integrated treatment means that both psychiatric and substance abuse treatment are provided at the same time, at the same place, and by the same team. Specific IDDT components include: multidisciplinary team; partnership with an Integrated Substance Abuse Specialist; stage-wise Interventions; access to comprehensive dual diagnosis services; time-unlimited services; outreach assistance in the community; 14 motivational Interventions; substance abuse counseling; group treatment designed to address both mental health and substance abuse problems; family education and support on dual diagnosis; participation in alcohol & drug self-help groups; pharmacological treatment; interventions to promote health; and secondary interventions for nonresponders such as but not limited to clozapine, naltrexone, or disulfiram or intensive family intervention. The program will serve adults 18+ years with co-occurring disorders.
- **Trauma Focused Cognitive Behavioral Therapy (TFCBT):** TFCBT launched in Spring 2010 to serve CWS and Probation children four to 18 years of age who have serious emotional disturbance and trauma history. DHHS trained over 20 therapists in addition to supervisors and managers to ensure wide dissemination of this model across the children's system of care. To date, 17 clients have been served through the TFCBT model.
- The Probation Department utilizes an evidence-based practice for risk/needs assessment called **Positive Achievement Change Tool (PACT)** for juvenile cases, as well as the Detention Risk Assessment Tool (DRAI) for detention cases. The PACT tool generates a comprehensive Title IV-E compliant case plan for Probation youth and families derived from the static and dynamic risk factors and based on a youth's top criminogenic needs. The DRAI tool generates a risk assessment score for the juveniles to estimate the likelihood of serious criminal reoffending and to estimate the likelihood of appearing for future court dates. The DRAI is only administered to juvenile offenders presented at juvenile hall for booking by law enforcement officers. Use of the DRAI ensures appropriate use of secure confinement for youthful offenders.

All of the best practices described below are available to Probation youth, as well as CWS children/youth, with the exception of a few practices that are specific to CWS, which include Differential Response, Structured Decision Making and Integrated Service Co-Location. They contribute toward improving child/youth and family safety, well-being and stability.

Best Practices

Differential Response (DR) is a prevention/early intervention process used by CWS to promote child safety and family well-being. DR expands the ability of CWS to respond early to reports of child maltreatment. Its focus includes a broad set of responses for working with families that are referred to CWS, involving partnerships with community-based organizations, such as Family Resource Centers (FRC) or multi-disciplinary teams, such as the Alternative Response Team (ART). DR focuses on engaging and empowering families with supportive resources to help identify and implement solutions to challenges families may be facing.

Differential Response offers two responses for ensuring child safety and family well-being:

(1) When a child abuse/neglect report to CWS is screened and determined to not meet statutory definitions of abuse or neglect, the family is evaluated out to a Family Resource Center (FRC) nearest to the family or the Alternative Response Team (ART). This is done when hotline assessments indicate that a family is experiencing problems that could be addressed by referring them to a FRC to access community-based supports or referring them to ART to receive in-home case management services for families with children 8 years or younger. The Public Health Branch administers the ART program, which is a multi-disciplinary team that provides voluntary in-home case management services from Public Health Nursing and mental health services as needed, to help families correct problems at an early stage to avoid further CWS intervention.

(2) When a child abuse/neglect report to CWS is investigated and determined to meet statutory definitions of abuse and neglect, the family is assigned to a multi-disciplinary team consisting of a Social Worker, Mental Health Clinician and/or Public Health Nurse to provide an integrated service approach to working with families, based on child/family strengths, challenges and needs. This is done when hotline assessments indicate that with targeted integrated services, the family is likely to make needed improvements.

Since 2008 CWS referred an average of 30% of all evaluated out referrals to a FRC/ART community response and 70% of referrals to CWS Integrated Team community response.

A standing court order has been signed by the Juvenile Court to allow C&FS communication with all local Tribes at the time of first child abuse/neglect referral received by CWS involving a American Indian child. The purpose is to expand DR partnerships for early prevention and intervention services to Tribal families and cross referral of suspected child abuse reports, in addition to Multi-Disciplinary Team joint response, service provisions, placement decisions, and case planning. The idea is for CWS social workers to engage the Tribal social workers whenever possible when investigating referrals, in order to better support families and prevent child maltreatment. Monthly meetings are conducted to discuss DR issues with the local Tribes, as well as service needs, culturally respectful practices, and strategies to improve children/family outcomes.

Structured Decision Making (SDM) is a model to guide CWS social workers in decision making with children and families about their safety, well-being, and permanency factors. It is used in conjunction with a social worker's education, training, and clinical judgment. SDM goals are to:

- 1) Improve assessment of family situations to better ascertain the protection needs of children.
- 2) Increase consistency/accuracy in case assessment and case management among CWS staff.
- 3) Increase the efficiency of CWS operations by making the best use of available resources.
- 4) Provide management with information on assessment evaluations for planning/budgeting.

SDM consists of tools to determine CWS priority response to child abuse/neglect reports using Hotline Tools, and to assess child safety, risk of future maltreatment, and child/family strengths and needs. SDM tools are also used every six months in conjunction with CWS case plan updates to assess Family Risk Reassessment of in-home cases and Reunification Reassessment for out-of-home placement cases. SDM tools assist with determining case plan goals and services needs, with information provided by the children and family members. Their self-identified strengths and needs are considered when making decisions to develop or update a case plan. Probation uses the risk/needs assessment tool PACT (juvenile cases) for similar purposes.

Family Finding Efforts is an effective intervention to establish youth permanency, which connects CWS or Probation youth with supportive extended family starting at intake and throughout the child's case. Social workers engage and support family members in making permanent connections with the youth.

Motivational Interviewing is a technique to engage, motivate and empower individuals to take action in regards to their particular challenges. This technique has been taught to case workers and used for several years across disciplines to work with children and families in areas of mental health, co-occurring disorders, substance abuse, child welfare, probation and pregnant/parenting women. It is easily incorporated with other evidence-based and best practices. The next step is to move the implementation from project-specific practice to system-wide practice that permeates DHHS staff and community skill sets.

Family-to-Family (F2F) Core Strategies are promoted by the Annie E. Casey Foundation and have been implemented in phases by CWS and Probation since 2006. The F2F model provides communities with a set of tools to assist with developing family resources and a framework to improve CWS and Probation systems using four core strategies: 1) Recruiting, training, and supporting care providers, 2) Building community partnerships, 3) Making decisions with Team Decision Making (TDM), and 4) Self evaluation of results. The county applies these strategies throughout its system of care for foster and probation youth. The Probation Department utilizes CWSOIP funds to partially offset the cost of a full-time probation officer assigned to implement the F2F strategies.

Team Decision Making (TDM), is a significant component of F2F as an early intervention promising practice, utilized by CWS and Probation to keep children safe regarding placement decisions. TDM meetings are facilitated by trained staff and are held for all decisions about a child's placement. The key goal of TDM is for all parties to arrive at consensus on the placement plan and to work toward reunification or youth permanency. Traditionally, CWS

and Probation staff made decisions about a child's placement into foster care. TDM is different in that it involves birth parents, extended family members, other family supports, case workers, and community service providers in the decision making process. Families and children (ten years and older) identify who they would like to participate in the TDM.

Starting in mid 2005, CWS phased in the implementation of TDM over several years. TDM meetings are held in four types of circumstances: imminent risk of removal of a child from their home (25%), emergency placement (27%), placement change (40%), and exit from placement (8%). In 2011 CWS held 298 TDMs with an average of 25 TDMs per month. This is an increase from prior year 2010 with 249 TDMs and year 2009 with 191 TDMs.

The Humboldt County Probation Department was the first Probation Department in the nation to implement F2F. Probation dedicates a full-time probation officer as the F2F coordinator/TDM facilitator. This probation officer also locates placements for youth and participates in care provider recruitment and retention efforts. The number of TDM meetings held each month by Probation varies, depending on the number of placement decisions each month. On average, Probation has approximately six TDMs per month (average 70 per year).

Integrated Service Co-Location involves centralization of administrative and program staff services, as well as co-location of mental health clinicians, case managers, social workers and public health nurses to provide integrated services in emergency response, family maintenance, family reunification, and permanency planning to children and families. This structure allows staff to utilize the professional expertise of their peers in order to meet the needs of the youth and promote wellness and stability. This also provides for joint visits when needed with children/families by a multi-disciplinary team.

- **Public Health Nurses (PHN) at C&FS:** Public Health Nurses at C&FS are available for consultation with all members of the C&FS team. A PHN visits children (ages 0 to 3) placed out-of-home to complete a *developmental screening assessment (Ages and Stages Questionnaire)*. The nurses help obtain the necessary appointments with local health providers and assist social workers in obtaining current medical and dental information on foster children, used to create the Health & Education Passport for each child.
- **Mental Health Clinicians (MHC) at C&FS** often visit foster homes and conduct mental health assessments and therapy with children for their particular mental health needs. Also, evidence-based practices are provided for children and families and/or referrals to community-based providers for children who are Medi-Cal beneficiaries. The clinicians also team with social workers to refer clients for case management and medication services.
- **Mental Health Case Managers at C&FS** are responsible for assisting clinicians and social workers with providing services to families. Tasks include supporting children and parents with pro-social skill acquisition and community resource linkage. Case Managers also help foster families to prepare for potentially stressful situations.
- **C&FS administers the Children, Youth, & Family Services Clinic**, which provides out-patient mental health assessment, treatment, medication support, and case

management for children, youth, and families in the Children's Outpatient Clinic, including youth/family therapy and case management services to youth involved in the Juvenile Justice System at Juvenile Hall. **Therapeutic Behavioral Services (TBS)** are contracted Medi-Cal mental health specialty services for children and youth who meet strict eligibility criteria while receiving other mental health services.

- **DHHS, Alcohol and Other Drugs (AOD) Services**, provides screening, treatment, and referral services for parents and youth (ages 15-24 years). The **Matrix Model** is an intensive out-patient treatment approach for stimulant abuse and dependence. It began in 2007 and is currently part of the curriculum for group treatment for all clients in adult outpatient Alcohol & Other Drugs (AOD) programs and at the **Healthy Moms Program**, which provides alcohol, substance abuse and mental health treatment to women who are pregnant and/or have children less than six years of age. The Matrix Model is also a part of the Regional Facility and adolescent substance abuse treatment program. For adult programs, the model is being replaced with IDDT and for adolescent programs the model is in the process of being replaced with ACRA/ACC, described in **Section A7 of the SIP report**. Both of these practices have broader application and will be implemented with fidelity.

Transition Age Youth Division was established in 2011 as a full-service partnership. It is in the process of co-locating staff from Public Health Nursing, Mental Health and AOD Services, Humboldt County Transition Age Youth Collaboration (HCTAYC), and Social Services Independent Living Skills Program (ILSP) to provide a full-spectrum of community-based services for older youth. **ILSP** is a voluntary program designed to assist youth in the transition from the foster care system to successful independent living. ILSP offers workshops, special events, and individual services. Youth who are in foster care after their 16th birthday are eligible for ILSP services until their 21st birthday.

Humboldt County Transition Age Youth Collaboration (HCTAYC) is a collaboration of California Youth Connection, Y.O.U.T.H. Training Project, and Youth In Mind that work toward improving services youth receive as they transition to adulthood in Humboldt County. HCTAYC ensures youth are receiving timely, appropriate, youth-friendly, efficient, and complete services as they transition to adulthood. To achieve this, HCTAYC has established to main goals:

- To support the leadership development of Humboldt youth and equip them to make lasting improvements to systems of care for transition age youth in the county.
- To develop ongoing mechanisms for feedback about services and opportunities for youth and to partner with service providers in the creation and planning of services.

HCTAYC has a five member Youth Advisory Board composed of transition age youth who are sharing the expertise they gained through their first-hand experiences with various youth services within Humboldt County. To be eligible for HCTAYC, a youth must be between the ages of 16 and 26 years of age and have been impacted by homelessness, foster care, mental health, juvenile justice, alcohol and drug abuse, transitional housing, employment services, or any other services transition age youth utilize.

Family Intervention Team (FIT) is a multi-disciplinary team that facilitates inter-departmental and inter-agency collaboration in providing a community based comprehensive system of care for at-risk children/youth. The purpose of FIT is to ensure that youth in the county receive all necessary services in order to maintain them safely in the lowest level of care. The FIT team consists of representatives from Mental Health, Public Health, CWS, Probation, and Humboldt County Office of Education. The Redwood Coast Regional Center provides representatives on a case by case basis. FIT is the gatekeeper when a youth must be placed out of county in a treatment program, which is a higher level of care than can be provided locally. The team also monitors the youth's progress in the out-of-county treatment program and coordinates the youth's return to the County. FIT utilizes the resources of the family and extended family, and also manages clinical and fiscal considerations, coordinates treatment, and monitors activities and client outcomes.

Wraparound (Wrap) is a planning process that helps children, who are placed or at risk of being placed in a high level residential treatment facility, receive intensive and comprehensive services and the family is helped to reach stability to maintain youth at home. Facilitation, support, and services are provided to children/families by the Wrap Team and facilitator, in collaboration with Mental Health and Public Health, Humboldt County Probation, and community service providers. The Wrap Team looks at child/family needs, strengths, and goals and how the team can assist the youth in meeting those needs and goals. Concerns/needs about life domains are addressed (e.g. family, health, school, emotional, relationships, social, safety, and living arrangement). It is family driven and assists in transitioning the family from service dependency to natural supports.

DHHS Mobile Engagement Vehicle (MEV) is a vehicle equipped to provide integrated children and family services on a routine basis by visiting different site locations throughout the county, including remote areas.

Street Outreach Services is a program of DHHS that provides vehicle outreach to areas needing homeless/mental health/AOD services with linkage to intensive short-term and long-term assistance from Social Services, Public Health, and/or Mental Health supportive services

DHHS Office of Client and Cultural Diversity (OCCD) is devoted to issues regarding client and cultural diversity. Its mission is to strengthen DHHS ability to provide client, family, and community-driven, culturally and linguistically competent services to Humboldt County's diverse population, guided by the values of wellness, recovery, inclusion, respect, and equality. The Client and Cultural Diversity Advisory Committee (CCDAC) works in conjunction with the OCCD. This committee is comprised of employees from Mental Health, Public Health, and Social Services, as well as clients, family members, and other community partners.

When there is a family that has a need related to language or cultural issues, they can be referred to appropriate services within the community. These referrals can be made from our vendors receiving OCAP related funds or within CWS. Humboldt County makes available to every client an interpreter, if needed, when receiving services. Each branch offers a differential to employees who are fluent in other languages. The two primary languages are Spanish and Hmong.

DHHS Social Services Branch administered CalWORKs program is the state version of the federal Temporary Assistance for Needy Families (TANF) program. The program provides temporary cash assistance to children/families and develops a Welfare-to-Work plan to help low-income eligible families become self-sufficient through employment and access to numerous community-based services (e.g. child care, vocational/job and life skills, domestic violence services, transportation, physical and mental health care services, and substance abuse treatment).

An integral part of children and families' needs assessment is to identify specific problems associated with the provision of basic necessities, then make appropriate referrals to available services in the community, and assist families with application procedures and access to these services. Communication and cooperation between CWS and CalWORKs staff (under Linkages) is an important aspect of intervention with families. Mutual activities include identification of families that are clients of both programs, cooperative case management, joint case plan or single case plan development, juvenile court orders that families will comply with, financial assistance requirements, coordination and compliance with Welfare to Work plans.

Community-Based Services

All of the following described community-based services are available to Probation youth, as well as CWS children/youth. They contribute toward improving child/youth and family safety, well-being and stability.

Family Resource Centers (FRC) are one of the many community-based entities that partners with the County to provide services to children and families as a preventative tool from entering the CWS or Probation system. The 12 FRCs throughout the county vary in degree and type of services provided, depending on community need, geographic location and funding. The types of services provided by FRCs may include: playgroups, parenting classes, food and clothing distribution, nutrition and hygiene classes, counseling, case management, job readiness, school support, community building events, and referrals to housing and other community services. CWS and FRCs have identified numerous ways to combine efforts to improve outcomes for families, including: monthly staff meetings; DHHS liaisons and CWS social workers assigned to work with individual FRCs; public health nurses; cross training staffs; key players in the rollout of the Mental Health Services Act programs; and FRCs offering and participating in DHHS-promoted Evidence Based Practice programs.

Multiple Assistance Center (MAC) is operated by Redwood Community Action Agency to provide housing and services to CalWORKs families who lack housing. It provides a continuum of care including a 24-hour staffed transitional housing facility combining shelter with in-depth case management, on-site programs and direct services in one facility.

Changing Tides is a non-profit agency that provides a wide range of services that support children, youth, and families, such as linkage to high quality subsidized child care, financial help with the costs of child care, family resources, mental health services, respite care, or intensive support to families with developmentally disabled individuals.

Environmental Alternatives is a nonprofit foster family agency that assists and provides foster homes to match with foster children.

United Indian Health Services is a non-profit organization, created in 1970 to provide community outreach services to tribal members from every Rancheria and Reservation in Humboldt and Del Norte Counties. The UIHS is a modern, full spectrum health service agency. The use of UIHS mobile services and satellite clinics allows the clinic to provide services to tribal members in rural areas, including visiting community health representatives, dental, and medical services. Along the way UIHS has increasingly realized its goal of incorporating traditional values and customs into daily activities.

Two Feathers Native American Family Services is a tribally chartered entity of Big Lagoon Rancheria, established to serve the needs of all Indian communities. Two Feathers' mission is to promote the stability and security of families, and to protect the best interest of Indian children. Services include: children's culture groups, social work services, advocacy, emergency services, information and referrals, therapy, parenting and cultural education, and Indian Child Welfare Act provisions. The county is committed to collaborating with both Indian and non-Indian agencies and incorporating cultural traditions that encourage a balance of emotional, mental, physical, and spiritual health.

Transitional Housing Program:

- **The Transitional Housing Placement Program (THPP)** is an agreement between Humboldt County DHHS and **Remi Vista, Inc.** to provide one eligible foster youth or probation youth (age 16 to 18) with real-life, concrete opportunities, supported with individualized, strength-based services. These services will enable youth to obtain the skills and abilities necessary for a successful transition to adulthood. Remi Vista, Inc. will provide THPP services to referred, eligible youth, who will reside in one of the program models (e.g., an apartment), under the supervision of Remi Vista, Inc. Currently, one youth is being served by THPP.
- **The Transitional Housing Program-Plus (THP-Plus)** is an agreement between the Humboldt County DHHS and the **Redwood Community Action Agency, Youth Services Bureau (RCAA-YSB)** to provide services for up to five (5) referred young adults (age 18 to 24 years) who were either emancipated dependents or wards of the Juvenile Court. THP-Plus services are similar to those provided to Transitional Housing Placement Program (THPP) participants, and are geared toward this older population's needs. Contracted services with RCAA-YSB include housing, budgeting, education and training, and job search. RCAA-YSB may use the following THP-Plus housing models: single-site permanent, scattered-site transitional, scattered-site permanent, and host family models.
- **The Transitional Housing Program-Plus-Foster Care (THP-Plus-FC)** took effect on January 1, 2012, enacted by AB12 (2010). This allows extended foster care benefits, services and housing to non-minor dependents ages 18 to 21, phased in over the next three years. An Agreement between the Humboldt County DHHS and the Redwood Community Action Agency, Youth Services Bureau (RCAA-YSB) is being considered to provide services via the Transitional Housing Program – Plus –Foster Care (THP-Plus-FC). This program is for eligible young adults (ages 18 to 21 years), who choose to continue in Extended Foster Care (EFC) as dependents or wards of the Juvenile Court. Contracted services with RCAA-YSB may include supervised transitional living housing, budgeting, education/training, and job search. RCAA-YSB may use housing

models such as scattered-site permanent housing, host family models, and independent living arrangements with landlords.

North Coast Rape Crisis Team

- 24-hour crisis counseling, accompaniment, advocacy, and crisis intervention.
- Follow-up support: Short-term counseling, support group, advocacy and accompaniment through reporting process and court proceedings.
- Prevention and education of child sexual abuse and rape prevention programs for groups from preschoolers through senior citizens.
- Sexual assault counseling and prevention

Humboldt Community Switchboard is another resource available and provided to clients and members of the community that include resources for ethnic/minority populations. They offer a comprehensive database of resources that includes culturally appropriate services available in rural areas of the county. This resource also includes a calendar of events.

Redwood Coast Regional Center (RCRC) offers services and supports for children and adults with developmental disabilities who live in Del Norte, Humboldt, Lake, and Mendocino counties. They are a private, not-for-profit corporation providing services through a contract with the California Department of Developmental Services. They provide services to infants and toddlers (ages birth through three years) who are at substantial risk for a developmental disability or who are showing a delay in their development, as well as children and adults throughout their lives. Some of the services provided by RCRC include diagnosis and eligibility assessment, information and referral, individualized planning and service coordination, purchase of necessary services included in a person's individual program plan, advocacy for the protection of legal, civil and service rights, and family support.

Probation Department Current Activities

The Probation Department provides services to approximately 15 youth in out-of-home placements such as relative care, foster care, and residential treatment programs. In addition, approximately 125 youth are supervised on probation as family maintenance cases, and approximately 500 youth each year receive assessment services and are diverted away from the juvenile justice system into more appropriate community services when needed.

The Probation Department also operates a twenty-six bed juvenile hall for the provision of secure detention of juvenile offenders for the protection of public safety and the safety of the youth. At-risk youth remain in temporary custody following a court finding that continuance in the home is contrary to the child's best interest. Prior to admission into the juvenile hall, youth are screened utilizing a detention risk assessment tool – Detention Risk Assessment Instrument (DRAI) to determine whether or not a youth requires detention in a secure facility. If detained, every youth aged 12-17 entering the facility is screened for mental health needs using an evidence-based assessment tool, the MAYSI-2. This screening tool is a self-inventory of 52 questions designed to assist juvenile justice facilities in identifying youths 12 to 17 years old who may have special mental health needs. During periods of confinement a wide spectrum of program and services, including Native American counseling and cultural activities, are provided for detained children and their families.

Humboldt County's Superior Court conducts a Healthy Alternatives (HA) Juvenile Court which is a court-ordered treatment program for youth in the Juvenile Justice system with mental health needs. Youth receive more frequent court reviews, Functional Family Therapy and intensive probation case management and supervision. Healthy Alternatives allows youth treatment in the community through the Court's collaboration with the Probation Department, Humboldt County Office of Education, and DHHS Children's Mental Health. The youth is subject to weekly drug testing by the probation officer and receives coordinated delivery of services that address problems that may contribute to a juvenile's involvement in delinquency. Some of these services include mental health counseling, substance abuse treatment, and education services. A required component of HA is participation in Functional Family Therapy, an evidence based practice. Additionally, participation in Aggression Replacement Training is required for appropriate youthful offenders.

The Probation Department's New Horizons Program is an integrated service program that provides intensive in-custody services. Mental health treatment services are offered by DHHS Children's Mental Health, also year-round school education are provided by the Humboldt County Office of Education, and Independent Living Skills program services are offered by DHHS, all within the secure environment of the 18-bed Northern California Regional Facility for adjudicated youth in the Juvenile Probation system. Treatment services include a combination of medication support, individual group and family counseling, alcohol/drug assessment and counseling, skill development training focused on anger management, moral judgment, the correction of thinking errors, social skills, and victim awareness. Aggression Replacement Training (ART), a research-based skill training system presented in group format, is the centerpiece of the treatment program.

The transition to the after-care phase of the New Horizons Program for youth participants and their family, includes linkage to the county's mental health system of care services, out-patient counseling and medication support, and case management services. New Horizons after-care services are coordinated through the Family Intervention Team multi-agency process. Individualized strength-based youth and family case plans are developed and wraparound services are utilized to support the minor and their family for as long as the youth and family need the wraparound services.

The Probation Department contracts and/or has memoranda of understanding with numerous local agencies to perform specific services related to maintaining probation youth in their homes and reducing delinquent behavior. These entities include local Tribes, Two Feathers Native American Family Services, Boys and Girls Club, AmeriCorps, California Forensic Medical Group, Humboldt County Office of Education, Humboldt County DHHS Mental Health, Public Health, and Social Services Branches.

DHHS Children & Family Services provides assistance to the Probation Department with foster family recruitment and retention activities, in addition to Independent Living Skills Program services and linkage to state/federal programs and community based services for Probation youth (16 to 21 years). The **Public Health Nursing Program** has provided Probation with the support to improve youth's health needs, both physical and dental. Through

the Public Health Branch's outreach, a dental clinic was found to prioritize youth in foster care to ensure that their dental health needs were being met. **Mental Health Services** are provided by C&FS at the Children Youth and Family Services outpatient clinic. The clinic provides individual and family counseling, case management services, and medication support to area youth. Urgent care responder clinicians provide crisis assessment and stabilization, coordination, and linkage to the crisis unit. Services are provided on-site at Juvenile Hall and Northern California Regional Facility and for other youth in the community as needed.

All of the programs listed above have contributed to some degree in helping Humboldt County Probation Department strive to meet federal performance standards.

7. New Activities

The following describes the county's new activities for at-risk children and families that intend to improve child/family outcomes in safety, well-being, and permanency:

Evidence-Based Practices Approved for Implementation Starting in 2012

- **Adolescent Community Reinforcement Approach with Assertive Continuing Care (ACRA/ ACC):** ACRA/ACC will serve adolescents (12 to 22 years) with substance abuse or co-occurring disorders. It is a behavioral intervention that seeks to increase the family, social, and educational/vocational reinforcers to support recovery from substance/alcohol abuse. Assertive Continuing Care (ACC) includes home visits and case management. It stresses rapid initiation of services after discharge from treatment to prevent or reduce the likelihood of relapse. This model has strong research and evaluation results that match local needs.
- **SafeCare:** This is a parent-training curriculum (based on 30 years of research) for parents of children who are at-risk or have been reported for maltreatment. It is a home visitation parent training program designed to reduce child abuse/neglect of children between 0 to 5 years old, promote parenting skills, and increase child/family safety. The program provides 1.5 hour home visits per week for 18-20 weeks. This practice fits with DHHS goals of implementing evidence based programs that promote prevention/early intervention and extends an evidence based skill set to paraprofessional staff who are already in roles that support families at risk. The plan is to blend the Public Health Nursing (PHN) Home-Visit Case Management services (previously known as the Alternative Response Team (ART)) and SafeCare Team effective July 1, 2012 with standardized procedures, such as training for community health outreach workers, client charts, assessments, base frequency of visits and length of service depending on client needs.
- **Risking Connections & Restorative Approach:** This model will serve children placed at the Children's Center shelter. Training will expand to allow families and care providers to more effectively maintain youth at home or in less restrictive family settings. Risking Connections is a trauma training curriculum program rooted in relational and attachment theory. It provides a framework for understanding and healing the wide array of symptoms and behaviors of traumatized people in a wide range of mental health settings. Restorative Approach is a model for congregate care

settings for children/adolescents and fits well with the Children's Center because nearly all the youth at the shelter have a history of trauma.

- **Transition to Independence Process (TIP) Model:** This is an evidence-supported model that will be established within the DHHS Transition Age Youth (TAY) Division. The model is based on studies that demonstrate improvement in self-sufficiency and goal achievement outcomes for youth and young adults with emotional behavioral difficulties. It involves youth, their identified families and other informal key players in a process that facilitates youth exploration of their interests and future in relation to several transition domains: employment and career, education, living situation, personal effectiveness/well-being, and community-life functioning. TIP training will be provided to TAY Division staff to improve engagement, progress and outcomes for youth/young adults (ages 16 – 26) experiencing serious risk associated with transitioning to adulthood functioning. The model is a good fit within the philosophy of DHHS, which includes strong youth voice, system of care principles, peer support, and multiple discipline collaboration toward holistic recovery.

Other Activities

- **California State Adoptions (Arcata District Office)** has been providing adoption services in Humboldt County through an arrangement with the County. Post-adoption services are provided through Adoption Horizons and Wrap services are available through Remi Vista. As of July 1, 2012, Humboldt County assumed program responsibilities pertaining to adoptions of foster youth as part of the state realignment of programs and services to counties. County adoption program services include adoption finalization, court hearing activities, negotiating Adoption Assistance Program rates, and providing crisis intervention.

The county adoption program seeks to provide intensive post-adoption services based on the needs of the family. Priority will be on maintaining children in their home. Crisis intervention may include assessment of needs, referral for services and connection to local resources, home visits by an Adoptions worker in collaboration with a mental health clinician and/or public health nurse as needed, and expansion of Wrap program services to adoptive families. Adoption Workers will also be able to facilitate contact with birth parents and adoptive children/families (in writing or in person) as appropriate. CWS social workers would continue to make sure that placements made throughout the life of the case involve concurrent permanency planning, with an emphasis on family and non-related extended family placements.

- **Quality Parenting Initiative (QPI):** This is an ongoing project since August 2010 that is exploring ways to improve recruitment of high quality care providers. Humboldt County was invited by CDSS to participate in the second round of counties selected for the Quality Parenting Initiative (QPI). This is a collaborative effort among county staff and community stakeholders to develop a “branding” message and action plan to improve recruitment and retention of high quality care providers. A series of on-site and statewide meetings and local work groups, facilitated by the Youth Law Center, were held beginning in mid 2010 and are continuing to meet. As a result, an action plan of short-term goals was developed and implemented by the county, described below. Still to come is the development of a statewide recruitment “branding” message that

targets high quality care providers who can provide quality care for children, youth, and non-minor dependents. QPI accomplishments so far include:

- Development of a welcome-to-the-team letter that includes contact information for the agency to enhance communication methods between agency and caregivers.
- Development of a child placement/transition information form to follow the child from birth parent to care providers in order to meet the child's needs.
- Assessment of care provider training needs to improve training curriculum.
- Expansion of the mentoring program and use of a training guide for the mentoring training.
- Development of facilitated and informal Icebreaker meetings involving social worker or probation officer, parents, foster family, and often the child(ren) to share information and build teamwork for the benefit of the child in care.

Together, CWS and the Probation Department actively recruit prospective care providers. Educational information is provided through orientation meetings, one-on-one meetings, educational presentations and material, and media advertising. Recruitment efforts for new foster homes and educational presentations are provided to a variety of community-based organizations and events, including working with the Family Resource Centers as a community partner in this process.

- **Safety Organized Practice:** This is a practice model that is being explored, based on solution-focused practice (derived and similar to Signs of Safety model which was developed by Steve Edwards and Andrew Turnell in the late 1990's in Australia). Safety Organized Practice is designed to provide skills, techniques, and practice methodology for child welfare workers to help ensure the safety of children while engaging families. It provides a common language and framework (safety mapping) for enhanced critical thinking and judgment on the part of all involved with supporting a family's safety, permanency and well-being.

Safety Organized Practice consists of three main objectives: 1) Family support team engagement with interviewing strategies 2) Critical thinking techniques by family support team stakeholders with safety mapping strategies (e.g identifying child/family good things, worries, and dreams) and 3) Enhancing child/family safety goals, safety networks, and safety planning. This model also complements Structured Decision Making safety/risk assessment tools and strategies.

- **Children & Family Services System of Care (SOC) Grant:** Humboldt County DHHS C&FS received a one-year planning grant (\$403,775) from the Substance Abuse and Mental Health Administration to expand the capacity of the local System of Care (SOC), from prevention to intensive intervention, to address the needs of children and families who are dealing with mental health and substance abuse issues. Mental health and substance abuse are key factors to address when seeking to improve well-being and stability for children and families receiving services from CWS and Probation.

Grant funds have been used to form a comprehensive SOC Planning Team, using a collaborative approach to bring together DHHS staff and community partners throughout the county, and to develop a plan for an expanded System of Care that will

work together to identify solutions for expanding holistic service availability, using the resources that each entity brings to the table. The System of Care (SOCS) grant goals include:

- 1) Develop an educational communication plan for SOC values and guiding principles
- 2) Increase community partnerships
- 3) Develop family voice in policies, programs, and services
- 4) Increased youth outreach and engagement in policies, programs, and services
- 5) Increase access to DHHS services and community based supports regionally

Planning team partners include representatives from primary care; education; juvenile justice; faith based community; Latino and Southeast Asian communities; youth and family members; Family Resource Centers; organizational service providers; Tribes and Tribal health organizations; faith-based groups, child/youth/family-serving community organizations, and others involved with families dealing with mental health and substance abuse issues. The community-focused regional teams will explore strengths and resources, identify barriers through a gap analysis, and then work together to identify solutions with the steering committee.

The relationships and communication patterns built during this planning year will be designed for sustainability so that as funding streams for each organization change over time, there can be continued systematic communication about how to most efficiently and effectively meet community needs in a holistic manner. The SOC grant will address several of the identified challenges identified in this report, including availability of effective substance abuse/mental health treatment, engaging the Tribes in early prevention and intervention processes, and developing/maintaining multi-disciplinary forums for cross-training and brainstorming to improve staff knowledge and service delivery.

- **California Partners for Permanency (CAPP):** This project is one of six federally funded projects through the Permanency Innovations Initiative. It is a new federally funded project to reduce the number of children in long-term foster care. CAPP is led by California Department of Social Services and includes many partners, including four California counties, California Tribes, African American Community Partners from the other counties, Child & Family Policy Institute of California, UC Berkeley Center for Social Services Research, California Child Welfare Co-Investment Partnership, California Social Work Education Center, California Regional Training Academies, California Youth Connection, and Center for the Study of Social Policy).

CAPP focuses on African American and American Indian children who are over-represented in the state's child welfare system and experience disproportionate outcomes. Humboldt County's focus is on the American Indian children and families. In Humboldt County, American Indian children and youth are represented disproportionately throughout the child welfare system. For more information on CAPP, refer to Section A5 of this report.

Probation New Activities

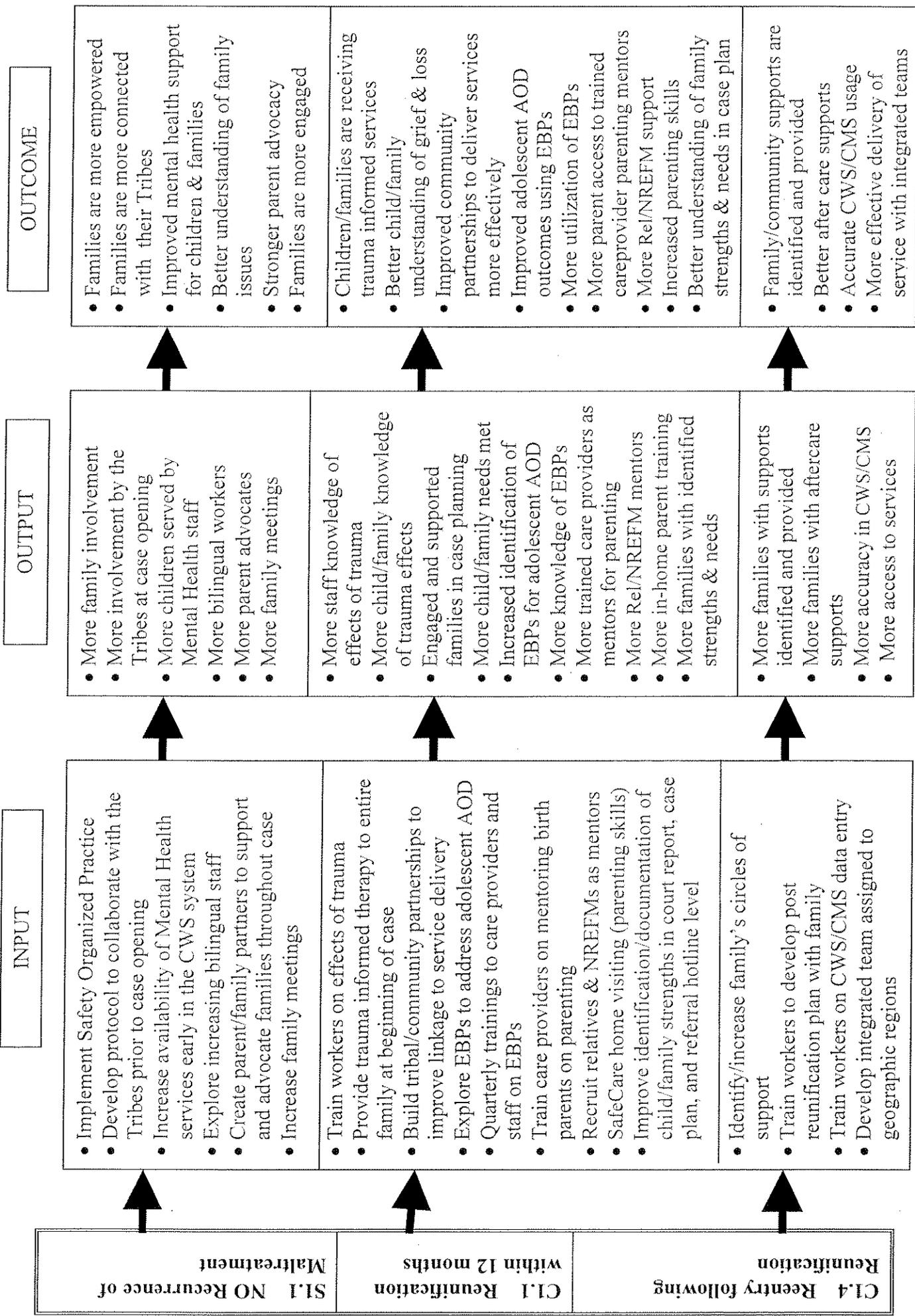
The Humboldt County Probation Department was awarded grant funds in 2009 to examine Disproportionate Minority Contact (DMC) issues in the county. The goal of the DMC project is to reduce the disproportionate number of minority youth entering the juvenile justice system at various contact points within the system. The project entails three phases with one of the phases pertaining to community/stakeholder involvement. Based on local data gathered in the initial phase of the project, it became apparent that American Indian youth were the most over-represented minority population in the juvenile justice system in Humboldt County. Subsequent phases of the project will entail working with stakeholders to develop and implement a plan to reduce this disproportionality.

In 2011, the Department was also awarded a grant to enhance the use of evidence-based practices (EBPs) within the Department and the community. These grant funds will be used to build an internal EBP quality assurance program, improve data capacity, and train officers in the use of Effective Practices in Community Supervision (EPICS). In addition to EBPs currently utilized by the Probation Department (i.e. Functional Family Therapy, Aggression Replacement Training, Nurse Family Partnership), the Department also continues to work closely with DHHS to identify specific evidence-based practices EBPs that would improve outcomes for Probation youth.

The Probation Department is currently using CWS/CMS for entry of client information and is completing implementation of a comprehensive information management system to improve tracking of cases. Efforts are being made by the Probation Department to create a network of support for parents/youth through a team approach, including Team Decision Making meetings, Wraparound services, family engagement and extended family supports. After-care support is recognized to be equally important to preventing re-entry into the system, by identifying and engaging family and community resources, including care providers, to provide support to the child/family.

8. Logic Model

Via the logic model framework on the subsequent page, the outcome improvement activities have been linked to the SIP.



S1.1 NO Recurrence of Maltreatment

C1.1 Reunification within 12 months

C1.4 Reentry following Reunification

9. Integration of Information

The System Improvement Plan and the CBCAP/CAPIT/PSSF plans were developed by the same core planning team. The planning team identified common goals for both plans, the SIP and the CBCAP/CAPIT/PSSF plan. Information gathered through the CSA, PQCR and SIP planning process is incorporated into the RFP guidelines for the CBCAP/CAPIT/PSSF. Prevention and early intervention components of the SIP are also included in the CBCAP/CAPIT/PSSF plan, such as developing family supports, identification of family strengths and needs, parenting skills, behavioral health/drug management, and linkage to community-based resources.

10. Executive Summary for County Self Assessment

The County Self-Assessment (CSA) is the county's opportunity to explore how local program operations and system factors affect measured outcomes. This CSA report tells the story of Humboldt County's demographics, agency characteristics, system of care practices, services and resources available (from prevention through the continuum of care), and the CSA process of assessing performance outcomes, system strengths and trends in child/family safety, wellness and permanency. The CSA also relays the findings from the January 2012 PQCR.

The CSA was conducted by the county in accordance with state guidelines and were used to inform the SIP with community feedback. CSA findings were also used as a needs assessment to plan and coordinate integrated Child Abuse Prevention, Intervention and Treatment (CAPIT), Community Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) programs within the county.

During November 2011 to January 2012, the county held a County Self Assessment (CSA) community convening and participated in several focus group meetings to review CWS and Probation outcome measures and identify agency strengths, challenges and needs, and to gather community feedback on improvement recommendations in child/family safety, wellness and permanency. The CSA core planning team identified existing community meetings where self assessment input could be collected. The CSA involved the participation of community and prevention partners and stakeholders and included CDSS technical assistance and monitoring. The CSA was completed in May 2012.

Humboldt County's Self-Assessment (CSA) for the California – Children Family Services Review (C-CFSR) was completed with input from representatives from the following areas:

- Child Abuse Prevention Councils
- American Indian Tribes served within the community
- CAPC, acting as the Children's Trust Fund Commission
- Parents/consumers, resource families, and other caregivers
- Youth representative
- Humboldt County Department of Health & Human Services, Children & Family Services (County Board of Supervisors designated agency to administer CAPIT/CBCAP/PSSF)
- Probation administrators, supervisors, and officers
- County Health Department and County Mental Health Department
- CWS administrators, managers, and social workers (includes CAPIT/CBCAP Liaisons)

The CSA process identified that CWS improvement is needed in reducing CWS reentry after reunification for children and families and Probation improvement is needed in reunifying more youth with their families. **Refer to Appendix D** for CSA strategies identified for CWS and Probation that could improve safety, well-being, and permanency outcomes for families and children/youth receiving out-of-home placement services. The key strategies focus on: family engagement with cultural awareness and respect, family decision making meetings, community partnerships to strengthen networks of support, linking families/children to community/family circles of support, parent skills development (e.g. parenting, family communication techniques, behavioral counseling, anger management), and EBPS for drug use issues, trauma, grief and loss.

11. Executive Summary for Peer Quality Case Review

The Peer Quality Case Review (PQCR) is part of the County Self Assessment, which comprises the initial phase of the California Children & Family Services Review (C-CFSR) five-year system improvement plan for 2013-2017. The PQCR allowed the opportunity for counties to learn from each other based on actual case scenarios and selected focus areas. The Planning Team that coordinated the PQCR was comprised of staff from Humboldt County DHHS Children & Family Services, the Probation Department, the UC Davis Northern California Regional Training Academy for contracted technical assistance, and the California Department of Social Services (Outcomes & Accountability Bureau) for consultation and facilitation. The PQCR was conducted according to the PQCR state guidelines.

On January 10th and 11th, 2012, Humboldt County held its PQCR. Peer representatives from other counties were invited to participate in Humboldt County's PQCR process as peer team reviewers. Three peer teams (each with three reviewers) conducted 12 case reviews/interviews of Humboldt County's sample selection of **9 CWS cases and 3 Probation cases**.

The PQCR focus area for CWS was Reentry Following Reunification (Outcome Measure C1.4) and the Probation focus area was Reunification within 12 months (Outcome Measure C1.1 and C1.3) and Median Time to Reunification (Outcome Measure C1.2). The focus measures were selected based on a review of agency practices and quarterly outcome data reports and trends for CWS and Probation (using SafeMeasures®) in consultation with California Department of Social Services (CDSS). SafeMeasures® was used to identify five CWS cases that experienced reentry after reunification (*three cases with American Indian ethnicity*) and four CWS cases that did not experience reentry after reunification (*three cases with American Indian ethnicity*).

Peer interviewers were trained in proper interview techniques on January 10th, 2012, during a four-hour orientation/training. Interviews and case reviews were conducted for two days, following the initial training. Nine social workers and one probation officer were interviewed on the selected cases by a peer review team. A final debrief was conducted by UC Davis and CDSS on the second day, to identify the top strengths and challenges discovered throughout the interview process and also to identify ideas and strategies for the county's selected focus area of Reentry and Reunification. UC Davis and CDSS also facilitated a peer county report-out of their findings (strengths, challenges, and needs) to the PQCR planning team and Humboldt County C&FS and Probation administration.

The PQCR findings pertained to: promising practices, barriers and challenges, training needs, system and policy issues, resource needs, documentation trends and use of CWS/CMS, state technical assistance needs, and ideas/strategies/recommendations. Peer counties also identified their county activities and best practices related to focus areas of reentry and reunification. **Refer to Appendix E** for PQCR Findings for CWS and Probation.

B. PART I – CWS/Probation: System Improvement Plan

1. CWS/Probation Narrative

CWS and Probation performance outcomes needing improvement have been identified from a review of the findings and strategies of the County Self Assessment (CSA), Peer Quality Case Review (PQCR), and System Improvement Plan planning process (including current SIP progress). **Refer to Appendix F** for the list of strategies prioritized by the SIP Planning Team during the SIP planning process. As well, the planning team reviewed quarterly data reports and trends for the CFSR federal outcome measures. Outcome measures needing improvement were identified as follows (as noted in the CSA report, Quarter 3, 2011 data):

CWS Areas Needing Improvement

S1.1. No Recurrence of Maltreatment

C1 Reunification Composite

- C1.1 (Reunification Within 12 Months – exit cohort)
- C1.2 (Median Time to Reunification – exit cohort)
- C1.3 (Reunification Within 12 Months – entry cohort)
- C1.4 (Reentry Following Reunification)

C4 Placement Stability unit measures

- C4.2 (12 to 24 Months in Care)
- C4.3 (At Least 24 Months in Care)

8A Emancipated Youth

- High School Completion
- Obtained Employment

Probation Areas Needing Improvement

C1 Reunification unit measures

- C1.1 (Reunification Within 12 Months – exit cohort)
- C1.2 (Median Time to Reunification – exit cohort)
- C1.3 (Reunification Within 12 Months – entry cohort)

C4 Placement Stability unit measures

- C4.1 (8 days to 12 Months in Care)
- C4.2 (12 to 24 Months in Care)

8A Emancipated Youth measures (Probation has one youth in this measure, Q3 2011)

- High School Completion
- Obtained Employment
- Permanency Connection

CWS outcome measure C1.4 (Reentry Following Reunification) and Probation outcome measure C1 (Reunification Composite, except C1.4) continue to be priority areas for improvement, based on a review of the county's performance outcome measures, PQCR

findings, and agency self-assessment feedback. These focus areas are two out of the three goals identified in the county's current System Improvement Plan (SIP), which targets C1.1 (Reunification Within 12 Months-exit cohort), C1.4 (Reentry Following Reunification-exit cohort) and C4.3 (Placement Stability-at least 24 months in care).

During the recent SIP process planning for the next five years, not all of the outcome measures were selected that showed a need for improvement. There were many more strategies identified during the planning process than available county resources. Three top priority goals and outcome measures were selected that best fit the needs and accomplished the most benefits for children/youth and families serviced by CWS and/or Probation, based on achievable and measurable strategies and available resources. CWS Outcome Measures include: No Recurrence of Maltreatment (S1.1) and Reentry Following Reunification (C1.4). Also, CWS and Probation both share having the measure Reunification with 12 Months (C1.1).

Further detailed focus is being placed on improving outcomes for American Indian children and families. In Humboldt County, American Indian children are represented disproportionately throughout the child welfare system and in the probation system as well. Both CWS and Probation are exploring ways to improve safety, well-being and permanency outcomes specifically for at risk American Indian children and families.

Reunification Within 12 Months

CWS efforts to improve reunification are currently being implemented and have shown some improvement in this measure over the last year. Since 2001, the County has been phasing-in co-location of multi-disciplinary staff involving CWS Social Workers, Mental Health Clinicians/Case Managers and Public Health Nurses to promote a team approach to case planning and service delivery. This integrated organizational structure is showing to be an effective way of coordinating access to community-based services and supports that children and families need in order to prevent further involvement in CWS. Another factor that facilitates parent/guardian reunification is the Structured Decision Making model assessment tools, which assess family/child risks, strengths and needs and also helps guide decision making for services needed by children and families. The use of evidence-based practices (such as Incredible Years, Trauma Focused Cognitive Behavioral Therapy, and Functional Family Therapy) and other best practices (such as Wraparound and Family Intervention Team) have also improved successful family reunification. Finally, family team meetings have helped improve family reunification, with Team Decision Making meetings for placement decisions made in the best interest of the child and also family conferencing for other family issues and decisions.

Timely reunification remains a challenge for Probation. Typically, youth who enter foster care through the probation system are older and thus closer to the age of majority and are thus less likely to reunify with parents. By nature of their delinquent status, these youth have externalized behaviors that are challenging to caregivers and parents alike. Probation foster youth frequently have lengthy child welfare histories and may have had previous foster care placements in the CWS system. The Probation youth who enter residential treatment facilities have complex treatment needs including sexual offending and serious alcohol or drug problems. Most juvenile sex offender treatment programs average 12 to 24 months in length.

Reentry Following Reunification

Some of the CWS efforts implemented via the current SIP are still in progress and have not yet had an impact on this measure. The following key strategies have been initiated or implemented to reduce reentry:

- Developing parenting and resiliency skills for parents to meet the needs of their child.
 - Increasing access to EBPs for parents and children and targeting key skills such as positive parenting, cognitive reasoning, anger management, effective family communication, and alcohol & other drug harm reduction, through trainings offered by DHHS (e.g. IY, PCIT, FFT, ART, NFP, and TFCBT).
 - Providing parent/child visitation as frequently as possible that transitions from supervised visitation to unsupervised least restrictive environments, with visit coaches.
 - Educating care providers and biological families about grief and loss issues associated with experiencing abuse/neglect and removal from the home.
- Exploring better ways to access and utilize community supports for children and families
 - Utilizing Family Resource Centers to help encourage a sense of community and developing community supports for parents.
 - Educating parents on how to build community supports that will benefit them during their open case and after care that build on family strengths.
 - Recruiting relative/NREFM and other caregivers as mentors to provide advice to birth parents, inclusive of family and community support.
- Using SDM and TDM techniques to identify family strengths/needs and to engage the family to empower themselves in family decision making
 - Utilizing SDM tools that identify child/family strengths/needs and case plan goals, with input from children and family members, to better access services and reduce the likelihood of reentry.
 - Utilizing TDM to prevent placement disruption of children living with their parents by utilizing consensus decision making in the placement plan. Fewer placement disruptions correlates with timelier reunification so that parents and children can focus on their strengths and addressing their needs, which reduces the likelihood of reentry.

No Recurrence of Maltreatment

CWS efforts to improve no recurrence of child maltreatment has shown improvement over the past year; however, more improvement is needed. This measure was targeted for improvement in the prior SIP. Strategies implemented so far as a result of the SIP process included increasing utilization of culturally appropriate prevention and early intervention activities, expanding the safety net for at-risk children and families, improving access to programs and services, and improving service coordination and integration. The strategies involved include:

- Making IY (or culturally appropriate counterpart) the first parenting class option for 95% of CWS families with children ages 3 to 8 years
- Expanding IY parenting concepts into the home, school, and community
- Developing a process to refer families from one EBP to another as needs dictate in order to maintain continuum of services and encourage prevention and early intervention activities

- Increasing the use of Structured Decision Making (SDM) at all decision points to improve continuance in decision making throughout the case
- Developing a program to meet the needs of families with children birth to 2 years
- Expanding local services to maintain youth in the community whenever possible, so that no child/youth leaves the county due to lack of service availability (while still maintaining safety and appropriate placement)

Placement Stability (At Least 24 Months in Care)

It is possible that CWS efforts implemented to improve placement stability (via the current SIP) have not had sufficient time to effect significant improvements in this measure. Furthermore, with the recent CAPP Advisory Committee meetings, it has come to the county's attention that some local Tribes interpret placement stability differently from the federal definition. Tribal tradition and current American Indian families value the close-knit community upbringing of their children. In general, they are not in support of termination of parental rights. They do not necessarily view a child moving among family and Tribal members as being undesirable, as long as a child is able to maintain a sense of connection and belonging. Therefore, this skews the placement stability results for American Indian foster youth, which comprise approximately 40% of the out-of-home placements.

As a result, CWS has decided to postpone selecting the Placement Stability measure as a goal at this time until further research and analysis can be done with the CAPP initiative. This initiative will help better understand the factors related to this outcome measure. This will also allow more time for recent SIP efforts to improve this outcome measure. Nonetheless, the Placement Stability measure will continue to be monitored and addressed in future SIP updates since all of the goals and strategies selected for the five-year SIP may also positively impact placement stability outcomes.

CWS has implemented a variety of current SIP efforts to improve this measure.

- CWS has encouraged family decision making meetings and expanded use of Team Decision Making to include at-risk removals and emergency placements.
- Relative finding activities are being expanded to Emergency Response (ER) and applied throughout the life of the case to establish family supports.
- The case transfer process from the ER to Ongoing has been streamlined with a policy/procedure that uses a case transfer checklist tool used by social workers at joint-staff case transfer meetings. Further work is needed to ensure implementation.
- Recruitment, training and support for care providers are being improved to seek high quality skilled care providers that are trained to develop skills that meet the needs of difficult to place children, such as older youth and fragile infants.
- Utilizing home study assessments to facilitate a good match when placing children.
- Foster care behavioral health services for youth/families have been expanded to all CWS programs and provided by an integrated multi-disciplinary team.

For Probation improvement in placement stability has occurred during the last three years. However, the Probation Department has a small population of youth, where a small change in the number of youth could impact the outcomes greatly. Local placement options are limited, which is a barrier to active parental participation in reunification services. The longer a youth

needs to stay in out-of-home placement, the more placement changes are likely to occur. Youth are often placed out-of-county in foster homes and residential treatment facilities three to six hours away. While parents are supported monetarily for visits and encouraged by the probation officer to engage in family counseling and other reunification services, the distance to travel makes this impractical for some parents. An even greater barrier seems to be difficulty with parental engagement. Particularly for parents of youth with a lengthy history of behavioral issues, the prospect of having their child removed from their custody can be viewed as a welcomed respite. It is not uncommon for removal from home to come at the request of the parent. These parents can be difficult to engage and their “consequence” for lack of participation is for the youth to remain in care for a longer period of time. A variety of Probation practices and strategies (listed in the next few pages) are in place to improve outcomes in this area, such as Family Intervention Team, Case Management, Team Decision Making and Evidence-Based Practices.

Trends and Quality Assurance

All of the programs and services described above and in **Section A6 of this report** have contributed to some degree in helping CWS and Probation work towards meeting the federal performance standards. **Refer also to the Humboldt County Self Assessment report (April 2012)** for more information on county services and community collaborations.

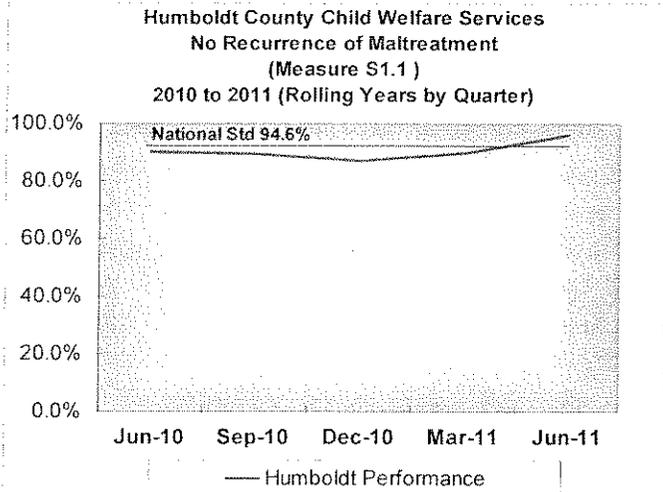
A variety of information database systems and individual case reviews (as needed) are relied upon by Humboldt County DHHS to monitor service trends and review client outcomes as part of the county’s quality assurance system. The information database systems are utilized to generate data reports on a regular basis. Then DHHS releases quarterly a department-wide document called the Integrated Progress and Trends Report. **Refer to the County Self Assessment report (April 2012) Appendix VI** for an excerpt from the Integrated Progress & Trends Report (Autumn 2011 edition). All of the child welfare federal outcomes and accountability measures are reviewed in this Trends report, as well as the C&FS programs, practices and services that impact the performance outcomes. This report provides an analysis of the CFSR (AB 636) outcome and accountability measures for CWS and describes the county services, practices, and systemic factors that impact these performance outcomes.

Reference: Needell, B., Webster, D./ Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel M., Glasser, T., Williams, D., Zimmerman, K., Simon, V., Putnam-Hornstien, E., Frerer, K., Cuccaro-Alamin, S., Winn, A., Lou, C., & PEng, C. (2009). Child Welfare Services Reports for California. Retrieved [4/2/12], from University of California at Berkeley Center for Social Services Research website. URL: http://cssr.berkeley.edu/ucb_childwelfare

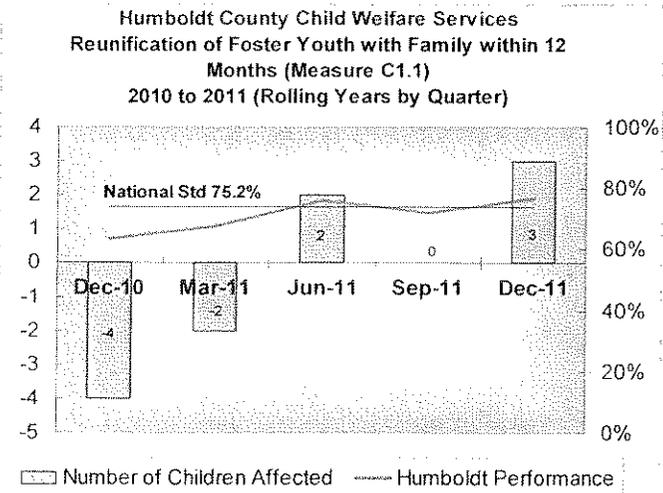
CWS and Probation also rely upon the web-based SafeMeasures database application as part of its quality assurance system. It extracts CWS and Probation case information from CWS/CMS every few days to generate compliance reports on the federal outcome measures and other valuable information that assist with review of case management activities.

Reference: Children’s Research Center SafeMeasures® Data. Humboldt County Childrens Family Services Review from Children’s Research Center website, URL: <https://safemeasures.org/ca/>.

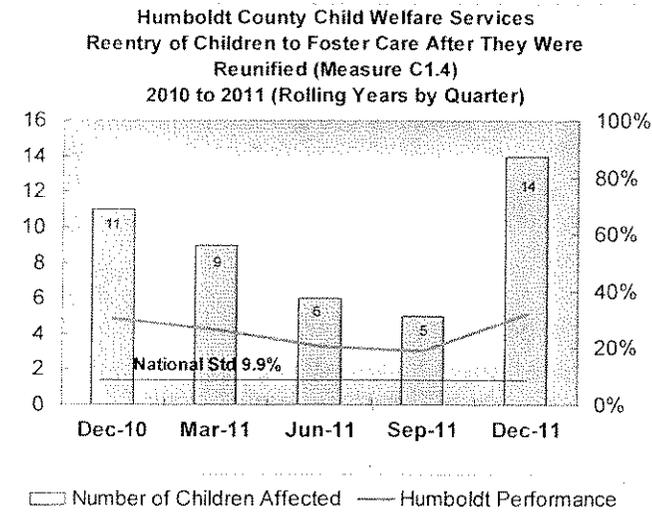
The following three charts demonstrate the trend over the past year for the three selected outcome measures.



Source: UC Berkeley CWS Outcome Summary Quarter 4, 2011 (04/23/2012)



Source: UC Berkeley CWS Outcome Summary Quarter 4, 2011 (04/23/2012)



Source: UC Berkeley CWS Outcome Summary Quarter 4, 2011 (4/23/2012)

2. CWS/Probation: System Strengths and Areas for Improvement

CWS Strengths

CWS has made progress in reducing the recurrence of abuse, ensuring that youth are seen in a timely manner and their health/dental and special education needs met, that siblings are placed together, that children are placed in the least restrictive setting such as with relatives or NREFMs if safely possible, and that youth permanency supports and permanent connections are established. Humboldt County seeks to build upon its strengths and partnerships to more effectively address areas needing improvement, as we look for ways to provide effective family maintenance and reunification services early on, in a manner that promotes safety, well-being, and cultural understanding.

Humboldt County Department of Health & Human Services (DHHS) continues to advance CWS Redesign outcomes and goals that are in alignment with the C-CFSR performance outcomes. They include:

- Children are safe and youth are supported for successful independent living
- Families are empowered to realize their potential and achieve stability
- Services are responsive to the needs of children and families
- Communities share responsibility for child and family welfare

Humboldt County DHHS integration has allowed the CWS social workers, Public Health nurses, and Mental Health clinicians and case managers to work closely together within the DHHS continuum of care to deliver coordinated services that promote the safety, well-being and stability of children and families. C&FS is actively working with community-based providers as partners, to promote prevention and early intervention efforts through regional teams. Such relationship-building efforts include regular meetings with the local Tribes to plan and begin implementing an agreed upon practice/protocol that incorporates Tribal consultation, family engagement/empowerment in identifying their strengths and meeting their needs, and cultural understanding/respect in working relationships.

C&FS continues to coordinate Differential Response with community service providers for prevention/early intervention services and strengthen community partnerships in linking children/families to local support services (e.g. family resource centers and First 5 of Humboldt). The benefit of sharing information among service providers is to broaden the continuum of integrated services provided to at-risk children and families. In accordance with the California Welfare & Institutions Code §18961.7, (via 2010 legislation AB 2229), C&FS has recently completed a protocol for sharing of confidential information among multi-disciplinary team members.

Team Decision Making meetings involving placement decisions for both CWS and Probation youth have contributed to reducing the number of children coming into care and also increasing child placement stability in or out of the home, while still maintaining them safely within their communities. The county seeks to further expand the benefits of family conferencing meetings by developing policy and procedures in support of increasing family meeting early and throughout the case to develop family/community/tribal support.

CWS Strategies for Improvement

CWS will rely on several systemic improvements to further support the selected improvement goals identified earlier in **Section A.4** of this report. These systemic improvements include quality assurance systems, service enhancements, agency responsiveness to needs of children/families and community, training, and care provider/adoptive parent recruitment. A description of these systemic improvements is provided below.

Efforts are being made to **create a network of supports for parents and children** through a team approach in family decision making, including Team Decision Making and family conference meetings, Wraparound services, family engagement and extended family finding, parent partner advocacy, and care provider mentoring. Community supports also play a role in meeting the needs for system of care improvement, such as county coordination with CAPCC, Family Resource Centers, Humboldt County Office of Education, and other community service providers. After-care supports are recognized to be equally important to preventing re-entry into the system, by linking and engaging family and community resources (including care providers) to provide support to children and families.

The county is considering **implementing Safety Organized Practice** to build up family/community/Tribal circles of support for children and families, based on their identified strengths, needs, and cultural/family characteristics. This support mapping concept complements the youth permanency project, which has connected youth raised in the foster care system with extended family and community supports. Policy and procedures are being developed for implementing family search and engagement methods at the beginning of the case in the Emergency Response program. The county's intent is to build upon family strengths to effectively meet their needs with circles of support (e.g. extended family and community supports) that will allow families to remain safe and intact.

C&FS recognizes the need for **more parent advocacy** throughout continuum of care by employing more parent/family partners and developing an advocacy forum similar to the principles established for foster youth advocacy and mentor support, such as the Humboldt County Transitional Age Youth Collaboration (HCTAYC). HCTAYC is designed to bring together organizations and individuals to improve the services youth receive and the Transition Age Youth (TAY) partners who are trained to have the skill and ability to consistently engage youth in services.

Initiatives are underway to **increase recruitment and skills of care providers** through the Quality Parenting Initiative. One of the efforts in progress is the expansion of the foster parent mentoring program to Relative/NREFMs to promote, support, and train Relative/NREFM care providers. Another effort is the development of "Icebreaker" meetings with bio-family and foster family to communicate/exchange information for the benefit of the child.

C&FS will **increase the recruitment of relative and NREFMs as mentors** to help with reunification and increase stability in placement. Enhanced care provider training and mentor support will continue to be developed. Training will incorporate mentoring on parenting and also evidenced based practices and best practices that assist foster families in managing youth with excessive behavioral needs. With more families capable of caring for foster youth with

behavior needs we will be better prepared to match youth and families, insuring future stability in placement.

C&FS seeks to **increase availability of Mental Health services early in the CWS system** and provide trauma-informed therapy to the entire family in order to meet their physical/mental health needs within the system of care. One of the ways this is being accomplished is through integration of mental health clinicians, case managers, foster care nurses, and social workers to promote multi-disciplinary team decision making and coordination of services. The close proximity and the use of the “regular rounds” concept has created an environment where staff utilize the professional expertise of their peers in order to meet the needs of the youth with the ultimate goal of maintaining stability in placement.

Evidence based practices that treat adolescent abuse of alcohol and other drugs will be explored and pursued. The county is continuously seeking ways to improve and fund effective delivery of needed services through evidence-based practices and best practices. These practices focus on key factors such as hands-on positive parenting, coping/relationship skills, mental health/drug abuse therapy and treatment, and aggression therapy. Ongoing quarterly training to staff and care providers will be provided on EBP’s utilized by the county. **Refer to Section A6 of this report for EBP descriptions.**

C&FS recognizes the **importance of ongoing training as well as coaching** for staff, care providers, and community service providers to develop and implement the above mentioned strategies. Ongoing training will be provided and supervisors will coach their staff throughout the process of implementing the improvement activities, particularly in the areas of trauma effects. C&FS program managers, in coordination with the Training Unit, will monitor to ensure that training and supervisor coaching of their staff are provided in the selected areas of improvement.

Probation Strengths

The Probation Department values system improvement and works toward building upon its strengths by developing and utilizing evidence based practices, engaging youth/families in family team decision making, and collaborating with the Department of Health and Human Services and other community partners to strengthen supports for youth and families.

The Probation Department’s allegiance to the principles of the Family to Family initiative continues and has resulted in probation youth and families having more voice in the development of their case plans and in their placement preferences. Probation continues to have a dedicated relative placement/family finding officer, which also improves outcomes for youth and families.

The Probation Department utilizes a validated risk/needs assessment tool which allows focusing on youth with the most intensive needs to receive the most appropriate intervention. In the past year Probation Departments have received access to the CWS/CMS application for client database management and will continue to enter client information to improve client case management and review system performance and youth/family outcomes. In addition, a

comprehensive Juvenile and Adult Case Management System (JAMS) to improve case management and tracking will be implemented in July 2012.

The Probation Department acknowledges that the key to evaluating Probation services is to allow the client voice to be acknowledged and incorporated into system improvements. The Humboldt County Transition Age Youth Collaborative (HCTAYC) is actively involved with engaging foster youth perspective and voice in providing services, with a current focus on juvenile justice, Independent Living Skills, and homelessness.

Probation Strategies for Improvement

Similar to CWS, Probation will also rely on several systemic improvements to further support the selected improvement goals identified earlier in **Section A.4** of this report. These systemic improvements include quality assurance systems, service enhancements, agency responsiveness to needs of children/families and community, training, and care provider recruitment. A description of these systemic improvements is provided below.

Probation youth continue to be a population with challenging placement needs. Probation will be working closely with CWS to **improve recruitment and support of resource families** willing to provide homes for adolescents with acting out behaviors.

Probation will continue to **identify short-term housing particularly for youth 18 and older** that are not eligible for THP-Plus or THP-Plus-Foster Care.

Family-to-Family model family meetings will be increased and participation expanded to assist in developing family resources and networks of support with the family, such as family conferencing and family engagement meetings involving an integrated multi-disciplinary team approach.

The Probation Department seeks to **continue building partnership relationships** with local Tribes and currently has collaborative relationships with several Tribes, including a Tribal Court that employs a Tribal probation officer. Other community partners that play a role in achieving Probation improvement goals include DHHS, Juvenile Court System, CAPCC, Humboldt County Office of Education, and other community service providers.

Probation will provide **ongoing trainings and coaching** for staff and community partners in the areas of priority focus, such as evidence-based practices, cross-training among disciplines, and available community resources to support achieving the improvement goals.

Probation will continue to explore **and implement local evidence-based interventions** that address gender and ethnic specific interventions, and also youth with trauma, problem behaviors and substance abuse issues. Sustainable funding remains a challenge for most California Probation Departments including Humboldt and continues to be the subject of statewide lobbying and legislative efforts. Reliable funding for probation departments would ensure effective evidence-based practices and services to youth and their families thereby reducing delinquency, out-of-home placements, and incarceration.

Future Five-Year System Improvement Plan

Humboldt County children and families have and will continue to benefit from improved outcomes. In order to improve service delivery, CWS and Probation will continue to measure and assess performance utilizing quality assurance tools and reports, such as the California Child and Family Services Review and trends analysis, to determine whether performance conforms to standards and to implement solutions to improve processes and performance.

During the SIP planning process, three top priority outcome measures and goals were selected by the SIP Planning Team that best fit child/family needs and accomplish the most benefits for children/youth and families serviced by CWS and/or Probation. The Planning Team took into consideration several factors for selecting the outcome measures and goals and prioritizing strategies for improving outcomes. They included findings and recommendations from the County Self Assessment and Peer Quality Case Review, performance data trends, ongoing current SIP strategies, input from the SIP planning process, and selecting strategies that are achievable and measurable given the available resources. Selected outcome measures for CWS include: No Recurrence of Maltreatment (S1.1) and Reentry Following Reunification (C1.4). Also, the measure Reunification with 12 Months (C1.1) was selected for both CWS and Probation. The Planning Team further identified and prioritized strategies, and action steps for each of the three outcome measures to achieve the desired improvement goals.

The next page summarizes the county's goals, strategies, and strategy rationales that will build upon the county's progress toward improving programs, services, and children/family outcomes. This is followed by the SIP Matrix, which demonstrates how targeted strategies and action steps over the next five years will seek to accomplish the improvement goals and improve CWS and Probation performance measures.

Goal: No Recurrence of Maltreatment (S1.1)

Strategy 1: Improve engagement with families earlier in the system.

Strategy Rationale: Successfully engaging families with the intent to provide support for their safety, well-being and permanency with respect, cultural awareness and knowledge of family strengths/needs can improve family outcomes.

Strategy 2: Increase use of family team approach.

Strategy Rationale: Research supports that more family team meetings engaging the family can contribute to better family outcomes.

Goal: Reunification within 12 months (C1.1)

Strategy 1: Increase the knowledge of birth families, care providers, partners, and agency staff about the effects of trauma on behavior and well-being.

Strategy Rationale: Service providers knowledgeable in the effects of trauma on behavior and well-being can contribute to better understanding of the needs of children and families and support for overcoming their challenges for successful reunification.

Strategy 2: Increase availability of Evidence-Based Practices for children and families.

Strategy Rationale: Increasing the availability of effective services and practices based on evidence-based research can increase the child/family's chances for successful outcomes.

Strategy 3: Expand the mentor program to all care providers.

Strategy Rationale: Expansion of mentoring to all care providers can increase the skills and supports offered to children and families for better outcomes.

Strategy 4: Improve identification and documentation of child/family strengths.

Strategy Rationale: Promoting the identification and documentation of child/family strengths as the driving force in achieving family empowerment and case plan goals can improve outcomes.

Goal: Reentry Following Reunification (C1.4)

Strategy 1: Increase post reunification family supports.

Strategy Rationale: Increasing post reunification family supports can provide the needed safety net that families still need to maintain successful outcomes.

Strategy 2: Enhance teaming by various disciplines and improve service delivery to children and families.

Strategy Rationale: Enhancing multi-disciplinary team decision making improves service options for children and families in the continuum of care which can improve their outcomes.

Strategy 3: Improve data entry accuracy of placement episode information in CWS/CMS.

Strategy Rationale: Improving data entry accuracy of placement episode information in CWS/CMS can more accurately represent the family outcomes.

3. CWS/Probation System Improvement Plan Matrix

CWS and Probation selected outcome measures and targeted improvement goals are identified below:

<p>Priority Outcome Measure or Systemic Factor: S1.1 No Recurrence of Maltreatment</p> <p>National Standard: 94.6%</p> <p>Current Performance: 96%</p> <p>Target Improvement Goal: 97%</p>
<p>Priority Outcome Measure or Systemic Factor: C1.1 Reunification Within 12 Months (exit cohort)</p> <p>National Standard: 75.2%</p> <p>Current Performance: For CWS 76.8% and for Probation 42.9%</p> <p>Target Improvement Goal: For CWS 78.6% and for Probation 57%</p>
<p>Priority Outcome Measure or Systemic Factor: C1.4 Reentry Following Reunification</p> <p>National Standard: 9.9%</p> <p>Current Performance: 32.2%</p> <p>Target Improvement Goal: 18.6%</p>

<p>IMPROVEMENT GOAL: S1.1 No Recurrence of Maltreatment (increase from 96% to 97%)</p> <p>Strategy 1: Improve engagement with families earlier in the system</p>	<input type="checkbox"/> CAPIT	<p>Applicable Outcome Measure(s): S1.1 (No Recurrence), C1.1 (Reunification), C1.4 (Reentry), and C4.3 (Placement Stability)</p>
	<input type="checkbox"/> CBCAP	
	<input checked="" type="checkbox"/> PSSF	
	<input type="checkbox"/> N/A	
<p>Action Steps:</p> <p>A. Develop, train and Implement Safety Organized Practice (e.g. Signs of Safety or similar practice mode).</p> <p>B. Develop and implement a protocol for collaborating with the tribes prior to case opening.</p> <p>C. Increase availability and referrals to existing integrated Mental Health services for children and families early in the CWS system.</p> <p>D. Hire and train Parent/Family Partners to support families throughout the Child Welfare continuum.</p> <p>E. Explore opportunities to increase bilingual/cultural staff.</p> <p>F. Evaluate results, from the time of implementation, to see if families are engaging in services and analyze impact on the rate of recurrence of maltreatment.</p>	<p>Timeframe (Start Date is 1/1/2013, unless otherwise noted, and Completion Date):</p> <p>July 2013 and ongoing efforts</p> <p>July 2013 and ongoing</p> <p>July 2013</p> <p>December 2013 and ongoing</p> <p>Ongoing 2013 – 2017</p> <p>July 2016 and ongoing</p>	<p>Entity Responsible:</p> <p>C&FS administration, program managers, and supervisors</p> <p>C&FS Emergency Response Unit program manager and supervisors</p> <p>C&FS administration, program managers and supervisors</p> <p>C&FS administration, program managers, and supervisors</p> <p>C&FS administration</p> <p>C&FS program managers and analysts</p>

IMPROVEMENT GOAL: S1.1 No Recurrence of Maltreatment (increase from 96% to 97%) Strategy 2: Increase use of family team approach	Applicable Outcome Measure(s): S1.1 (No Recurrence of Maltreatment), C1.1 (Reunification), C1.4 (Reentry), and C4.3 (Placement Stability)			
	<input type="checkbox"/> CAPIT	<input type="checkbox"/> CBCAP	<input checked="" type="checkbox"/> PSSF	<input type="checkbox"/> N/A
	Timeframe (Start Date is 1/1/2013, unless otherwise noted, and Completion Date):			
	Entity Responsible:			
Action Steps: A. Train social workers and provide ongoing coaching to use Safety Organized Practice or similar model to explore family relationships and natural circles of support.	July 2013 and ongoing efforts C&FS program managers and supervisors			
B. Increase family meetings early and throughout the case to develop family/community/tribal support system.	July 2013 and ongoing C&FS social workers			
C. Develop family meeting protocol to ensure follow-through after the meetings.	July 2013 C&FS program managers, supervisors, and social workers			
D. Evaluate results since implementation to see if family teams are being developed and impact on the rates of recurrence of maltreatment.	July 2016 and ongoing C&FS program managers and analysts			

<p>IMPROVEMENT GOAL: C1.1 Reunification Within 12 Months (exit) (CWS: increase from 76.8% to 78.6%) (Probation: increase from 42.9% to 57%)</p> <p>Strategy 1: Increase the knowledge of birth families, care providers, partners, and agency staff about the effects of trauma on behavior and wellbeing</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p>Applicable Outcome Measure(s): S1.1 (No Recurrence of Maltreatment), C1.1 (Reunification), C1.4 (Reentry), and C4.3 (Placement Stability)</p>
<p>Action Steps:</p>	<p>Timeframe (Start Date is 1/1/2013, unless otherwise noted, and Completion Date):</p>	<p>Entity Responsible:</p>
<p>A. Provide training to every new employee on the effects of trauma on parents and children (e.g. removal, historical, abuse/neglect, loss of loved ones, etc.). In addition, provide training twice per year to current employees and ongoing coaching to staff in order to incorporate it into practice.</p>	<p>Training for employees by July 2013</p>	<p>C&FS and Probation administration in partnership with the DHHS Training Education & Supervision Unit</p>
<p>B. Provide trauma informed therapy to the entire family at the beginning of the case.</p>	<p>July 2014 and ongoing</p>	<p>C&FS mental health clinicians</p>
<p>C. Evaluate results since implementation to see if there is an increase in knowledge of trauma and its effect on time to reunification.</p>	<p>July 2016 and ongoing</p>	<p>C&FS and Probation program managers and analysts</p>

IMPROVEMENT GOAL: C1.1 Reunification Within 12 Months (exit) (CWS: increase from 76.8% to 78.6%) (Probation: increase from 42.9% to 57%) Strategy 2: Increase availability of Evidence Based Practices (EBP) for children and families Action Steps:	<input checked="" type="checkbox"/> CAPIT <input checked="" type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input type="checkbox"/> N/A		Applicable Outcome Measure(s): S1.1 (No Recurrence of Maltreatment), C1.1 (Reunification), C1.4 (Reentry), and C4.3 (Placement Stability)		
	Timeframe (Start Date 1/1/2013, unless otherwise noted, and Completion Date)			Entity Responsible:	
	Ongoing (2013 – 2017)				C&FS and Probation administration, program managers, supervisors, & social workers/probation officers
	November 2012 – November 2013				C&FS and Probation administration
December 2013		C&FS and Probation program managers and supervisors			
Quarterly each year (2013 – 2017)		C&FS and Probation program managers and supervisors, in coordination with the Foster Parent Association, College of the Redwoods, and DHHS Training Education & Supervision Unit			
Ongoing (2013-2017)		C&FS and Probation administration, program managers, and supervisors			
A. Build tribal/community partnerships to better coordinate service delivery to various populations in Humboldt County.					
B. Explore additional EBPs to address adolescent alcohol and other drug (AOD) issues and select which EBPs to recommend for approval.					
C. Coach staff during supervision, staffing, and other training meetings on use of referrals to evidence-based practices.					
D. Increase awareness of all care providers and staff on EBPs utilized by County through quarterly trainings offered by DHHS (e.g. Incredible Years, Functional Family Therapy, Parent Child Interaction Therapy, Nurse Family Partnership, Trauma Focused Cognitive Behavioral Therapy, Aggression Replacement Training, etc.).					
E. Educate the local court system on the benefits of serving youth and families using EBPs through Court Improvement meetings and In-Service meetings with Attorneys.					

<p>IMPROVEMENT GOAL: C1.1 Reunification Within 12 Months (exit) (CWS: increase from 76.8% to 78.6%) (Probation: increase from 42.9% to 57%)</p> <p>Strategy 3: Expand the mentor program to all care providers</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input checked="" type="checkbox"/> PSSF <input type="checkbox"/> N/A	<p>Applicable Outcome Measure(s): S1.1 (No Recurrence of Maltreatment), C1.1 (Reunification), C1.4 (Reentry), and C4.3 (Placement Stability)</p>
<p>Action Steps:</p>	<p>Timeframe (Start Date is 1/1/2013, unless otherwise noted, and Completion Date):</p>	<p>Entity Responsible:</p>
<p>A. Provide annual trainings and ongoing support to foster families, relatives and NREFM care providers on mentoring birth parents to strengthen parenting skills.</p>	<p>December 2013 and ongoing</p>	<p>C&FS and Probation program managers, supervisors, and Placement Unit, in coordination with the Foster Parent Association and College of the Redwoods Foster/Kinship Education Program</p>
<p>B. Recruit and train mentors and assign to relatives and NREFMs that provide care to children.</p>	<p>December 2013 and ongoing</p>	<p>C&FS and Probation Placement Units</p>
<p>C. Evaluate results since implementation to see if there have been mentors identified for care providers and effect on time to reunification.</p>	<p>July 2016 and ongoing</p>	<p>C&FS and Probation program managers and analysts</p>

<p>IMPROVEMENT GOAL: C1.1 Reunification Within 12 Months (exit) (CWS: increase from 76.8% to 78.6%) (Probation: increase from 42.9% to 57%)</p> <p>Strategy 4: Improve identification and documentation of child/family strengths</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p>Applicable Outcome Measure(s): S1.1 (No Recurrence of Maltreatment), C1.1 (Reunification), C1.4 (Reentry), and C4.3 (Placement Stability)</p>
<p>Action Steps:</p>	<p>Timeframe (Start Date is 1/1/2013, unless otherwise noted, and Completion Date):</p>	<p>Entity Responsible:</p>
<p>A. Work with the local court system to change language in court reports to include child and family strengths.</p>	<p>July 2014</p>	<p>C&FS and Probation program managers and supervisors</p>
<p>B. Edit court report templates to include space for discussion of child and family strengths. Provide Spanish interpretation if needed.</p>	<p>July 2014</p>	<p>C&FS and Probation program managers, supervisors, and CWS/CMS analyst</p>
<p>C. Train and coach staff to identify and document child/family strengths in case staffing, family meetings, and in case plans.</p>	<p>July 2014 and ongoing</p>	<p>C&FS and Probation program managers and supervisors</p>
<p>D. Train and coach staff to improve identification and information gathering of child/family strengths at hotline level when report comes in.</p>	<p>July 2014 and ongoing</p>	<p>C&FS and Probation program managers and supervisors</p>
<p>E. Evaluate results since time of implementation to see if child and family strengths are addressed in court reports, case staffings, family meetings, case plans, and also effect on time to reunification.</p>	<p>July 2016 and ongoing</p>	<p>C&FS and Probation program managers and analysts</p>

IMPROVEMENT GOAL: C1.4 Reentry Following Reunification (decrease from 32.2% to 18.6%) Strategy 1: Increase post reunification family supports	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A		Applicable Outcome Measure(s): S1.1 (No Recurrence of Maltreatment), C1.4 (Reentry), and C4.3 (Placement Stability)
	Timeframe (Start Date is 1/1/2013, unless otherwise noted, and Completion Date):	Entity Responsible:	
Action Steps: A. Train and coach staff to identify families' circle of supports at case opening, using processes such as mapping and working with family to increase the number of support people throughout the case.	December 2014 and ongoing		C&FS program managers and supervisors
B. Train and coach social workers to develop post reunification plan with each family that facilitates a shared understanding and agreement of support network roles and commitment in maintaining post-dependency circles of support for the child and family.	December 2014 and ongoing		C&FS program managers and supervisors
C. Evaluate results since implementation to see if after care planning occurs and effect on reentry rates.	July 2016 and ongoing		C&FS program managers and analysts

<p>IMPROVEMENT GOAL: C1.4 Reentry Following Reunification (decrease from 32.2% to 18.6%)</p> <p>Strategy 2: Enhance teaming by various disciplines and improve service delivery to children and families</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p>Applicable Outcome Measure(s): S1.1 (No Recurrence of Maltreatment), C1.1 (Reunification), C1.4 (Reentry), and C4.3 (Placement Stability)</p>
<p>Action Steps:</p>	<p>Timeframe (Start Date is 1/1/2013, unless otherwise noted, and Completion Date):</p>	<p>Entity Responsible:</p>
<p>A. Develop integrated teams that include county staff assigned to geographic regions in the county (e.g. located at local FRCS).</p>	<p>December 2012</p>	<p>C&FS administration, program managers, and supervisors</p>
<p>B. Link these teams to other tribal/community partners within their geographic areas to serve children and families in an integrated and holistic manner.</p>	<p>December 2013</p>	<p>C&FS administration, program managers, and supervisors</p>
<p>C. Evaluate results of implementation to see if improved teaming and service delivery occurs and its effects on reentry rates.</p>	<p>July 2016 and ongoing</p>	<p>C&FS program managers and analysts</p>

<p>IMPROVEMENT GOAL: C1.4 Reentry Following Reunification (decrease from 32.2% to 18.6%)</p> <p>Strategy 3: Improve data entry accuracy of placement episode information in CWS/CMS</p>	<p><input type="checkbox"/> CAPIT</p> <p><input type="checkbox"/> CBCAP</p> <p><input type="checkbox"/> PSSF</p> <p><input checked="" type="checkbox"/> N/A</p>	<p>Applicable Outcome Measure(s): S1.1 (No Recurrence of Maltreatment), C1.1 (Reunification), and C1.4 (Reentry), and C4.3 (Placement Stability)</p>
<p>Action Steps:</p>	<p>Timeframe (Start Date is 1/1/2013, unless otherwise noted, and Completion Date):</p>	<p>Entity Responsible:</p>
<p>A. Provide training to Supervisors, Social Workers, and Data Entry Operators on data entry in CWS/CMS twice a year.</p>	<p>January 2013</p>	<p>C&FS program managers and analysts</p>
<p>B. Run quarterly reports to examine accurate data entry on children and youth that have reentered out of home care.</p>	<p>March 2013</p>	<p>C&FS program managers and analysts</p>
<p>C. Evaluate results since implementation to see if data entry has improved and effect on reentry rates.</p>	<p>July 2016 and ongoing</p>	<p>C&FS program managers and analysts</p>

4. Child Welfare Services Outcome Improvement Project (CWSOIP)

a. CWSOIP Narrative

Two county agencies receive CWSOIP funding, the Humboldt County DHHS Children & Family Services (C&FS) and the Humboldt County Probation Department. C&FS is an integration of CWS, Public Health and Children's Mental Health, which collaborates with many community partners to provide for the safety, well-being and permanency of children and youth at risk of or are victims of abuse and neglect. Probation also links many diverse stakeholders, from law enforcement and the courts to community/service providers and the victim, youth and family. The fundamental purpose of juvenile probation services is to assist in the investigation and rehabilitation of juvenile offenders and to prevent, respond to, and lessen the impact of crime in the community. County services seek to prevent a youth's removal from his or her parents and provide reunification services should removal occur.

b. Use of CWSOIP Funds

CWS

The Child Welfare Services Outcome Improvement Project (CWSOIP) provides federal and state funding for county programs and supportive services intended to improve safety, well-being and permanency outcomes for children and families, and reduce the recurrence of abuse and neglect. Humboldt County allocated approximately \$600,000 for CWSOIP expenditures. Some of the main services and activities funded include: partnerships with AmeriCorps AFACTR (direct services), PCACA AFACTR (pass through), and Big Brothers Big Sisters Organization, vocational ETD staff training, CWS parent partner, Incredible Years evidence-based practice, relative searches, and Family Connection Center for court-ordered visitation between out-of-home placed children and their parents.

Probation Department

The Probation Department allocates \$10,000 in CWSOIP funds to partially offset the cost of a full-time probation officer assigned to implement the four core Family to Family strategies. This probation officer also locates placements for youth and participates in care provider recruitment and retention efforts. These four core strategies include: Recruitment, Development and Support of Resource Families, Building Community Partnerships (BCP), Team Decision Making (TDM) and Self Evaluation. Team Decision Making (TDM) is a significant component of Family to Family (F2F) as an early intervention tool to keep children safe regarding placement decisions, involving birth families, caseworkers, and family support systems.

B. Part II – CAPIT/CBCAP/PSSF

I. Cover Sheet

CAPIT/CBCAP/PSSF Contact and Signature Sheet	
Period of Plan:	August 31, 2012 through August 31, 2017
Date Submitted:	<i>October 23, 2012</i>
Submitted by: Board of Supervisor Designated Public Agency to Administer CAPIT/CBCAP/PSSF programs	
Name & title:	Katherine Young, Humboldt County DHHS, Director of Children & Family Services
Signature:	
Address:	929 Koster Street, Eureka, CA 95501
Fax:	(707) 441-2096
Phone & E-mail:	(707) 476-4700 / kyoung@co.humboldt.ca.us
Submitted by: Child Abuse Prevention Council (CAPC) Representative	
Name & title:	Meg Walkley – CAPC Coordinator, First 5 Humboldt
Signature:	
Address:	P.O. Box 854, Eureka, CA 95502
Fax:	(707) 445-7349
Phone & E-mail:	(707) 499-6616 / meg@walkley.us
Submitted by: Parent Consumer/Former Consumer (Required if the parent is not a member of the CAPC)	
Name & title:	Kathleen Jones, Parent Partner with Humboldt County Children & Family Services
Signature:	
Address:	929 Koster Street, Eureka, CA 95501
Fax:	(707) 269-4172
Phone & E-mail:	(707) 441-5037 / Kathleen.jones@cws.state.ca.us

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

Submitted by:	PSSF Collaborative Representative, if appropriate
Name & title:	<i>Not Applicable</i>
Signature:	
Address:	
Fax:	
Phone & E-mail:	
Submitted by: CAPIT Liaison	
Name & title:	Michele Stephens, Program Manager with Humboldt County DHHS, Children & Family Services
Address:	929 Koster Street, Eureka, CA 95501
Fax:	(707) 476-1299
Phone & E-mail:	(707) 476-1281 / mstephens@co.humboldt.ca.us
Submitted by: CBCAP Liaison	
Name & title:	Michele Stephens, Program Manager with Humboldt County DHHS, Children & Family Services
Address:	929 Koster Street, Eureka, CA 95501
Fax:	(707) 476-1299
Phone & E-mail:	(707) 476-1281 / mstephens@co.humboldt.ca.us
Submitted by: PSSF Liaison	
Name & title:	Michele Stephens, Program Manager with Humboldt County DHHS, Children & Family Services
Address:	929 Koster Street, Eureka, CA 95501
Fax:	(707) 476-1299
Phone & E-mail:	(707) 476-1281 / mstephens@co.humboldt.ca.us
Board of Supervisors (BOS) Approval	
BOS Approval Date:	
Name:	
Signature:	

2. CAPIT/CBCAP/PSSF Plan

The County Self Assessment (CSA) was conducted by the county in 2012, in accordance with County Self Assessment state guidelines, and will be used to inform the System Improvement Plan (SIP) with community feedback. CSA findings will also be used as a needs assessment to plan and coordinate integrated Child Abuse Prevention, Intervention and Treatment (CAPIT), Community Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) programs within the county.

The Humboldt County DHHS, Social Services Branch is the designated administrator for the CAPIT, CBCAP, PSSF, and Children’s Trust Fund programs.

a. Team Composition

Humboldt County Department of Health and Human Services (DHHS) extends gratitude to the following individuals for their participation on the System Improvement CAPIT/CBCAP/PSSF Planning Team. They provided their time, input, and information as well as demonstrating dedication in representing their agencies, which all helped make the CAPIT/CBCAP/PSSF Plan a successful process. Thank you!

Name	Title	Agency
Sheryce Allendorf	Social Worker Supervisor	Humboldt County DHHS - Children & Family Services
Rose Baker	President	New Directions of Humboldt Foster Parent Association
Robert Bohrer	Consultant	Wiyot Tribe
Nico Bragg	Former foster youth	Independent Living Services Program
Suzanne Evola	Social Worker	Two Feathers Native American Family Services
Ashley Franklin	OCAP Consultant	California Department of Social Services, Office of Child Abuse Prevention (OCAP)
Jody Green	Division Director, Juvenile Services	Humboldt County Probation Department
Sue Grenfell	Mental Health Clinician	Humboldt County DHHS – Mental Health Services – Healthy Moms Program
Donald Henderson	Outcomes & Accountability Consultant	California Department of Social Services, Children & Family Services Division, Outcomes & Accountability Bureau
Peggy Hobbs	Social Worker Supervisor	Humboldt County DHHS - Children & Family Services
Kathleen Jones	CWS Parent Partner (parent representative)	Humboldt County DHHS –Children & Family Services

Core Planning Team (continued)		
Name	Title	Agency
Nikki Kriger	Probation Officer	Humboldt County Probation Department
Karen Krumenacker	Supervising Public Health Nurse	Humboldt County DHHS – Public Health
Trystan Landry	Youth Advisory Board member	Humboldt County Transition Age Youth Collaboration
Sheryl Lyons	Program Manager	Humboldt County DHHS - Children & Family Services
Terry Marroquin	Social Worker	Humboldt County DHHS - Children & Family Services
Jamie Monroe	Administrative Analyst	Humboldt County DHHS – Children & Family Services
Brett Moranda	Supervising Probation Officer	Humboldt County Probation Department
Tabitha Morton	Foster youth	Foster youth representative
Irma Munoz	OCAP Consultant	California Department of Social Services, Office of Child Abuse Prevention (OCAP)
Shelley Nilsen	C&FS Deputy Director	Humboldt County DHHS - Children & Family Services
Barbara Orr	Director	Two Feathers Native American Family Services
Erika Pixton	Outcomes & Accountability Consultant	California Department of Social Services, Children & Family Services Division, Outcomes & Accountability Bureau
Cris Plocher	Administrative Analyst	Humboldt County DHHS - Children & Family Services
Lisa Rix	Administrative Analyst	Humboldt County DHHS - Children & Family Services
Wendy Rowan	Executive Director	First Five Humboldt
Chiho Sakamoto	Social Worker	Humboldt County DHHS - Children & Family Services
Hilary Salas	Foster Youth	Independent Living Services Program
Jeri Scardina	C&FS Deputy Director	Humboldt County DHHS - Children & Family Services
Keri Schrock	Program Manager	Humboldt County DHHS - Children & Family Services
Geneva Shaw	Assistant Social Services Director	Yurok Tribe
Kim Sousa	Probation Officer	Humboldt County Probation Department

Core Planning Team (continued)		
Name	Title	Agency
Michele Stephens	Program Manager	Humboldt County DHHS - Children & Family Services
Johnathan Thomas	Former foster youth	Independent Living Services Program
Rochelle Trochtenberg	Coordinator/Liaison, Youth Organizer	HCTAYC, CYC
Meg Walkley	Children & Family Support Specialist/ Coordinating Consultant	CAPC; Children's Trust Fund Commission; CAPIT/CBCAP/PSSF Representative; First 5 Humboldt
Kelly Winston	O& A Supervisor	California Department of Social Services, Children & Family Services Division, Outcomes & Accountability Bureau
Rebecca Wissing	Administrative Analyst	Humboldt County DHHS - Children & Family Services
Tanner Young	Child Victim Advocate	Two Feathers Native American Family Services
Katherine Young	Director, Children & Family Services	Humboldt County DHHS - Children & Family Services (designated agency to administer CAPIT/CBCAP/PSSF)

b. Child Abuse Prevention Council (CAPC)

The Child Abuse Prevention Coordinating Council (CAPCC) in Humboldt County is a non-profit corporation authorized by the state legislature to coordinate the Child Abuse Prevention Council (CAPC) efforts in the county to prevent and respond to child abuse and neglect, promote public awareness of child abuse/neglect issues, and facilitate training of professionals in the prevention/intervention of child abuse/neglect. The function of CAPCC is to provide outreach to outlying rural areas, share common resources and innovative ideas on strategies to minimize the lasting harm of abuse, as well as administer the Children's Trust Fund monies.

In 1978 the County Board of Supervisors established the Humboldt Child Trauma Council (now known as CAPCC). In 1984 the Board of Supervisors designated the Council to administer the Child Trust Fund monies. In 1986 the Council filed as a non-profit corporation and changed its name to the Child Abuse Prevention Coordinating Council (CAPCC), its current name. Current membership includes representation from schools, community-based organizations, parents, community members, and County of Humboldt. **Refer to Appendix G** for the Board of Supervisors resolution establishing CAPCC. **Refer to Appendix H** showing the CAPCC roster and **Appendix I** presenting the CAPCC 2012 Annual Report to the County Board of Supervisors and Plan for 2012/13.

According to the CAPC state guide, it says:

Each county shall fund the CAPC from the county's children's trust fund. A county may also utilize their CAPIT, PSSF, CBCAP or Kids Plat funds to financially support their CAPCs. The CAPCs are required to provide a local cash or in-kind match of 33.33%. Councils unable to raise the full match for the maximum allocation are provided a partial grant in the amount of three grant dollars to each match dollar. In addition, councils must develop a protocol for interagency coordination and provide yearly reports to the county Board of Supervisors.

Funds spent to support the local CAPCC:

Fund	Dollar Amount
Child Abuse Prevention, Intervention, & Treatment (CAPIT)	4,000
Community Based Child Abuse Prevention (CBCAP)	0
Promoting Safe & Stable Families (PSSF) (up to 10% Admin. + Coordinator)	\$7,516
County Children's Trust Fund (CCTF)	\$23,000 (\$20,000 for grant awards)
Kids Plate	\$3,500
Donations	\$1,000

CAPCC funds child abuse prevention and awareness activities from the County Children's Trust Fund allocation. CAPCC also awards grants through an RFP process that funds community-based organizations that work in child abuse/neglect prevention, family preservation and family support (i.e. North Coast Rape Crisis Team, Two Feathers Native American Services, Arcata House). CAPCC also has a Coordinator position to assist with outreach efforts, education, and coordination activities related to child abuse prevention in the community.

c. Promoting Safe & Stable Families (PSSF) Collaborative

The Humboldt County Department of Health and Human Services serves in the capacity of administering the Promoting Safe and Stable Families (PSSF) funds, with planning feedback from Mental Health, Public Health, and Children & Family Services, DHHS- Financial Services, as well as CAPCC and community representation. The funds are utilized to provide a variety of services, including activities, actual goods, and trainings that assist families in staying together, reunifying, or adopting. According to PSSF guidelines, a minimum of 20% is to be allocated to each of the four PSSF categories: family preservation, family support, time-limited reunification, and adoption promotion and support. The county distributes PSSF funds equally among the four budgeted categories.

d. County Children's Trust Fund (CCTF) Commission, Board, or Council

The CAPCC Board of Directors issues the Request for Proposal (RFP) for the Children's Trust Fund money, screens the RFPs received and makes a recommendation to the Humboldt County Board of Supervisors for funding. CAPCC encourages the participation of the funded agencies in CAPCC activities and receives the biannual reports from funded agencies. CAPCC is allocated and awards approximately \$23,000 per year from the County Children's Trust Fund (CCTF), generated from birth certificate fees, Help Our Kids license plate fees,

CBCAP grant funds, and donations. The two agencies receiving funding for this current funding cycle are North Coast Rape Crisis Team and Arcata House.

- **North Coast Rape Crisis Team (NCRCT):** Provides primary prevention of child abuse services that are age and culturally appropriate and offered in Tribal and other isolated and underserved communities of Humboldt County. NCRCT also provides sexual assault awareness workshops to children in elementary and junior high schools throughout Humboldt County. This contract is funded through the Children's Trust Fund of the Child Abuse Prevention Coordinating Council.
- **Arcata House:** Provides services that reduce the risk of child abuse among homeless families in Humboldt County, who receive transitional and permanent supportive housing services from Arcata House Inc. This contract is funded through the Children's Trust Fund of the Child Abuse Prevention Coordinating Council.

The CCTF information is collected by the CAPCC and published in the April Child Abuse Awareness Month's CAPCC newsletter.

e. Parent Consumers

Humboldt County Child Welfare Services (CWS) established a Parent Partner Program and hired the first parent partner on April 21, 2008, as part of the CWS System Improvement Plan. The Parent Partner, being a previous CWS client, assists the county with efforts to improve service delivery and outcomes for at-risk children/families, mentors parents participating in a Child Welfare Services case plan, and serves as an advocate for parents. Parent Partner job descriptions have been developed and include:

- Providing informational brochures and referrals to community resources that assist families with their needs (food, clothing, housing, physical/health, emotional, parenting skills).
- Assisting families to access services (including evidence based practices) and transporting/accompanying parents to their appointments (court hearings, services).
- Serving as a "parent voice" and advocate of families to help meet challenges of case plan requirements, parenting, and court orders.
- Facilitating parent surveys on the Parent Partner Program to strengthen parent advocacy throughout the continuum of care.
- Participating in the county's five-year planning process by attending the CSA and SIP community meetings and providing feedback with identifying strengths, challenges, needs and strategies for service/system improvements.

The Parent Partner Program will continue to develop and expand in order to assist with parent advocacy needs of CWS families. DHHS hopes to employ more parent/family partners to assist with enhancing birth parent participation and developing an advocacy forum similar to the principles established for foster youth advocacy and mentor support, such as the Humboldt County Transitional Age Youth Collaboration (HCTAYC) which is designed to bring together organizations and individuals to improve services and consistently engage clients in services.

f. Designated Public Agency

Administrative oversight of CAPIT/CBCAP/PSSF program, including distribution and receipt of program funds, will remain the responsibility of the Humboldt County DHHS, Children & Family Services. This Department has been designated as the local liaison for these programs. Responsibility for oversight/monitoring of local services, program compliance, data collection, five-year plan amendments, annual reporting and annual program evaluation will also be the responsibility of the Humboldt County DHHS, Children & Family Services. This includes ensuring that programs funded by CAPIT/CBCAP/PSSF will track client participation and satisfaction and also measure program and service delivery effectiveness.

The Department Liaison for CAPIT will maintain regular communication with the contractor(s) for the CAPIT program and will have face-to-face contact at least semi-annually to review goals and monitor progress. The CAPIT contractor (McKinleyville Family Resource Center) will be required to submit quarterly narrative and statistical reports in addition to invoicing for services. The contractor for CAPIT is required to capture data needed for the OCAP annual report.

The Department Liaison for CBCAP maintains at least monthly contact with the programs funded by CBCAP to monitor expenditures and compliance with the stated goals of each program, as does the Fiscal Services Unit. Data required for the OCAP annual report will be gathered by C&FS and the Fiscal Service Unit.

The Department Liaison for PSSF maintains at least monthly contact with the programs funded by CBCAP to monitor expenditures and compliance with the stated goals of each program, as does the Fiscal Services Unit. Data required for the OCAP annual report will be gathered by C&FS and the Fiscal Service Unit.

g. The Role of the CAPIT/CBCAP/PSSF Liaisons

The role of the Humboldt County DHHS CAPIT/CAPCAP/PSSF Liaisons are to meet regularly (at least annually) with DHHS-Fiscal Services, DHHS Compliance & Quality Assurance/R&E and CAPCC representatives to discuss administrative oversight of the CAPIT/CBCAP/PSSF Program funds, compliance with the state guidelines of CAPIT/CBCAP/PSSF, and quality assurance of progress toward achieving planned outcomes. A DHHS CAPIT/CBCAP/PSSF Liaison and Probation representative also serve on the CAPCC Board to assist with county coordination efforts. **Refer to Section B1** of this report for Liaison contact information.

h. Fiscal Narrative

The Humboldt County DHHS is the designated fiscal administrator for the CAPIT, CBCAP PSSF, and Children's Trust Fund programs. Each program is tracked separately through the Department's Fiscal Services Unit and each has a separate budget and accounting system. Each request for funding to provide services or resources is submitted by the social worker for approval by the worker's supervisor and program manager, and if over \$250 is also approved by the deputy director. Any contracted services are invoiced to the county on a

quarterly basis for services rendered. To facilitate fund/data tracking, service providers are requested to submit information electronically (e.g. RFPs, data and expenditure reports, etc.).

CAPIT/CBCAP/PSSF and CCTF funds will be maximized by DHHS through leveraging of funds for establishing or expanding community-based and prevention-focused programs and activities. The Department's Administrative Fiscal Unit will ensure that the CAPIT/CBCAP/PSSF and CCTF funds received will supplement, not supplant, other state and local public funds and services. The county's funding streams work in tandem with community-based resources to offer comprehensive child maltreatment prevention services to all children and families in the county that need support, not just families involved in the CWS system. For example, funding from the county and local agencies such as First 5 of Humboldt may use funds to provide parenting classes, support, child care, and supplies while the Family Resource Centers provide the site and co-facilitation for the program.

Fiscal Services will assist with tracking of PSSF funds to ensure that a minimum of 20% goes to each of the four PSSF service categories (Family Preservation, Family Support, Time-Limited Reunification, and Adoption Promotion & Support). Staff will receive more training in time-studying services to PSSF and PSSF will be discussed in quarterly meetings between Fiscal and CWS managers to ensure all PSSF services are being provided and time allocated appropriately.

i. Local Agencies – CAPIT Fund Request for Proposal

A competitive process was used to select and fund the CAPIT service provider. During the CAPIT competitive bid process, staff from Humboldt County DHHS Children & Family Services prepare a RFP with input from community stakeholders, including public and private non-profit agencies, the CAPCC, and consumers. Notice of the RFP was sent through county-required channels, such as newspaper articles and/or advertisements, radio announcements, and our Community Partners. Any eligible entity that expresses an interest in reviewing the RFP was sent a copy of both the RFP and a sample Agreement for Services, which would become the contract between the county and the provider of services.

Once proposals have been received within the period established by the RFP, a proposal review board was formed and meets to select a proposal for the next funding cycle. The review board includes, as outlined by County policy, a representative of DHHS, at a minimum, one board member of the CAPCC, and a representative from a Community Based Organization (CBO), such as an FRC, not applying for the funds, with expertise in the area of child abuse prevention.

Priority was given to private, nonprofit agencies with programs that serve the needs of children at risk of abuse or neglect and that have demonstrated effectiveness in prevention or intervention. These agencies are eligible for funding provided they demonstrate broad-based community support, culturally and linguistically appropriate practices/services, which are based on needs of children at risk, and propose services that are not duplicated in the community and are supported by a local public agency. The agency that utilizes CAPIT funds will give priority to children who are at high risk and those in remote/outlying areas, 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.

Through the local planning process it was determined that consideration will be given to evidence-based prevention programs over intervention, that selected applicants must clearly demonstrate parent involvement in their programs as well as geographic diversity in program delivery site, and that multiple proposals may be funded within each fiscal year.

Project funding will assure that it relates clearly to the needs of children, especially those 14 years of age and under. Services to minority populations will also be reflected in the project funding and information tracking.

Based on the County Self Assessment, the following range of services are incorporated in the RFP:

- Services will be strength-based and family-oriented.
- Methods for outreach to underserved areas and children/families in remote/outlying areas of the county must be included.
- Involvement by the consumer (parents, families, communities) must be part of core services and consumer feedback a requirement.
- Family advocates will participate in training and implementation of the SafeCare model provided by the county.
- Services are culturally and linguistically appropriate.
- Services which have proven to be efficacious or evidenced based will be encouraged, including parent education classes, home visits and family support, information and referral, linkage to community resources and resource centers, and transportation, especially in outlying areas.
- Material support to assist children and families in crisis situations.
- Emphasis on “hands-on” teaching whenever possible, as opposed to traditional classroom-type lectures.

Once a proposal(s) has been selected by the review board, the county and the selected agency(s) enters into an Agreement for Services and the funding is awarded by the Board of Supervisors. Any selected agency will be screened to ensure it is not suspended or debarred from participation in the CAPIT program. McKinleyville Community Collaborative is the contractor that was awarded the CAPIT funds. It is part of the 12 Family Resource Centers that make up the Community Collaborative.

As the designated public agency, Humboldt County DHHS assures the following:

- A competitive process was used to select and fund CAPIT-funded programs.
- Priority was given to private, nonprofit agencies with programs that serve the needs of children at risk of abuse or neglect and that have demonstrated effectiveness in prevention or intervention.
- Agencies eligible for funding provided evidence that demonstrates broad-based community support and that proposed services are not duplicated in the community, are based on needs of children at risk, and are supported by a local public agency.
- The project funded shall be culturally and linguistically appropriate to the populations served.

- Training and technical assistance shall be provided by private, nonprofit agencies to those agencies funded to provide services.
- Services to minority populations shall be reflected in the funding of projects.
- Projects funded shall clearly be related to the needs of children, especially those 14 years of age and under.
- County complied with federal requirements to ensure that anyone who has or will be awarded funds has not been suspended or debarred from participation in an affected program (based on <http://www.epls.gov/>)
- Non-profit subcontracted agencies have the capacity to transmit data electronically.
- Priority for services shall be given to children who are at high risk, including children who are being served by the county welfare department for being abused and neglected and other children who are referred for services by legal, medical or social services agencies.
- The agency funded shall demonstrate the existence of a 10% cash or in-kind match, other than funding provided by the State Department of Social Services.

The DHHS CAPIT liaison and the contractor (McKinleyville Community Collaborative) have face-to-face contact at least semi-annually to review goals and monitor progress. The contractor is required to capture service and client data utilizing an OCAP data collection form. The contractor also tracks the number of families and children who participate in parenting classes, home visits, and parent meetings, and those who were provided transportation. Sign-in sheets are used to collect the names of the parents participating in parenting classes, parent meetings, home visits, and receiving transportation. This information is provided to DHHS Research and Evaluation Division and DHHS Children & Family Services for monitoring evidence-based practice usage and for the semi-annual progress service review. McKinleyville Family Resource Center case workers are directly involved with the clients and are able to speak to clients about satisfaction with the services provided.

Any technical assistance and training needed will be provided by private, nonprofit agencies to the funded agency. Also, the funded service provider will assure that the agency shall demonstrate the existence of a 10 percent cash or in-kind match, other than funding provided by the State Department of Social Services.

j. Community Based Child Abuse Prevention (CBCAP) Outcomes

The CSA/PQCR and SIP planning process have contributed to identifying CBCAP needs assessment. One of the top strategies identified was increasing the availability, frequency, and quality of in-home hands-on parenting training to improve outcomes for at-risk children and families in the areas safety, well-being and permanency. The Public Health Nursing (PHN) Home-Visit Case Management services (previously Alternative Response Team (ART)) and SafeCare programs will address this priority strategy by coordinating resources and child abuse prevention efforts. More information is provided on these programs in the upcoming **Service Array Section C I**.

DHHS Children & Family Services (C&FS), in coordination with Public Health Nursing, shall have oversight responsibility for implementation of a quality assurance program to monitor and evaluate the new SafeCare program services that are partly funded by CBCAP.

SafeCare is an evidence-based home visitation parent training curriculum designed to reduce child abuse and/or neglect of young children between zero and five years old. SafeCare trained home visitors work with families to deliver a parent training curriculum over a 15 to 20 week timeframe. There are three modules in the SafeCare program:

- 1) Health
- 2) Home Safety
- 3) Parent-Child/Parent-Infant Interactions

DHHS will be provided with outcome reports and technical assistance from the DHHS Compliance and Quality Assurance Division. The Research & Evaluation (R&E) Unit is responsible for analyzing data and reporting outcomes and progress for each EBP, including SafeCare. DHHS is committed to a quality assurance program utilizing indicators that are understandable and have an impact on the services that children and families receive.

The PHN Case Management/SafeCare program will capture data utilizing an approved data collection form and submit their monthly data reports to R&E. Quality Assurance reviews are completed quarterly on the outcomes by R&E, including the number of assessments completed, referrals given, percentage of families that engaged in services, the number of goals completed, and also participation and evaluation results.

The Public Health Branch will receive CBCAP funding to implement the SafeCare practice and will have ongoing communication with the assigned C&FS program manager. Progress and concerns are shared as needed. The SafeCare program will submit regular reports that indicate the number of children and/or families served and type of services provided. The program will be reviewed annually to determine if needs are being met of children and families involved with the CWS system of care.

Using assessments to measure client response to a specific program is essential to understanding the impact of the program on the target population. In the evaluation of the evidence-based SafeCare practice, implemented by DHHS with assistance from the Research and Evaluation Unit, a combination of general outcome measures along with program specific outcome measures are used and analyzed to provide a comprehensive evaluation of the program.

Engagement Outcomes: The SafeCare model includes client satisfaction questionnaires filled out by the client at the end of each of the three modules. There is also a Post Assessment satisfaction questionnaire for the overall program filled out by the client. There is opportunity for a follow-up satisfaction questionnaire (with 5 key program-specific points) to be administered via phone interview at six and twelve month post program. Since Humboldt County's population has proportionally one of the highest numbers of American Indians in California, it is also recommended that the Client Cultural Competence Inventory (CCCI) provided by SafeCare be utilized to monitor the success of the DHHS goal to achieve cultural competence for families receiving SafeCare services.

Short-Term Outcomes: The SafeCare program utilizes the Ages and Stages Questionnaire (ASQ). It is a developmental and social-emotional screening tool for children aged one month to 5.5 years to help identify strengths and trouble spots in a child's development, as well as educate parents about development milestones. The ASQ is highly reliable and is

currently being implemented by C&FS in accordance with the Child Abuse Prevention and Treatment Act (CAPTA) requirements, referring any child under the age of three (3) involved in a substantiated case of abuse/neglect for developmental screening.

Intermediate Outcomes: After implementation of the SafeCare program, the next steps are to observe and measure progress toward the expected goals of the program. These intermediate outcomes include increasing parenting skills, reducing parental stress, and improving child behavior.

There are three instruments specific to the SafeCare program to measure outcomes. SafeCare home visitors conduct observational assessments of **parenting skills** before and after the training modules. In addition, there are two general outcome measurements being recommended for the SafeCare program. They include the **Parent Stress Index (PSI)** and the **Eyeberg Child Behavior Inventory (ECBI)**.

- The PSI is a 36 question assessment designed to **measure the level of stress that a parent/caregiver is feeling** at the time they are responding to the questions. This assessment is given at program entrance and exit for parents/caregivers of children ages one month to 12 years. It is used in programs that serve at-risk children and families or provide early childhood educational and developmental services. The PSI is a DHHS cross-program assessment and is currently being utilized by two other child focused evidence based programs (Parent Child Interaction Therapy and Incredible Years).
- The ECBI is also a 36 question assessment completed by the parent/caregiver that **measures conduct problems** in children 2 to 16 years. It is intended to assess both the type of behavior problems and the degree to which parents find them problematic. It is also one of the DHHS cross-program assessments currently being utilized by two other child focused evidence-based programs (Parent Child Interaction Therapy and Incredible Years).

Long-Term Outcomes: the long-term expected outcomes for families receiving SafeCare services partly funded by CBCAP include:

- 1) Reduced physical abuse and neglect
- 2) Increased children's safety
- 3) Improved parents' knowledge of health treatment
- 4) Improved parent-child communication and problem solving

k. Peer Review

The process to develop and implement a peer review of CBCAP funded services is being discussed with Public Health Nursing, as part of the county's quality assurance and client service evaluation to improve effective services. This endeavor has been a challenge as it requires considerable time, resources and coordination of administrative resources, which compete with time and resource needs for direct service. Future SIP updates, as well as the county's CAPIT/CBCAP/PSSF annual report to the state's Office of Child Abuse Prevention (OCAP), will monitor the peer review development progress.

The CBCAP-funded Public Health Nursing (PHN) Home-Visit Case Management services (previously Alternative Response Team (ART)) and SafeCare programs have client evaluation and satisfaction evaluations built into the practice. The client satisfaction review process is being used to determine how best to achieve planned outcomes and client satisfaction. The integration of the new evidence-based practice SafeCare with the ART program is a result of program review and evaluation of client satisfaction and family outcomes.

Refer to the following worksheets for an illustration of the Five-Year Summary of CAPIT/CBCAP/PSSF Services & Expenditures.

Attached at the end of this report are all the appendices listed on page 3 of this report.

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California Office of Child Abuse Prevention (OCAP) CAPIT/CBCAP/PSSF Funded Programs and Services Summary

CAPIT/CBCAP/PSSF funded services are in alignment with the SIP risk prevention and early intervention goals and strategies defined during the CSA/PQCR and SIP planning process. The programs and services summarized below are supported in part from the **CSA report (pages 88 – 92)** where CWS and Probation Needs and Strategies are explored, and also from the goals and strategies summarized in this **SIP report (page 46)**. The unmet needs which these services strive to address are identified in **Appendix A2 (Work Sheets 1 – 4)**. In addition, refer to **Section A8 of this report** for an illustration of the logic model that summarizes service strategies, milestones (output), expected outcomes.

Administrative oversight for CAPIT/CBCAP/PSSF program accountability will remain the responsibility of the Humboldt County DHHS. This Department has been designated as the local liaison for these programs.

Program/Service: *FRC Case Management by McKinleyville Community Collaborative*

Expenditure Workbook Line Number 1

Funding Source: *Child Abuse Prevention, Intervention, and Treatment (CAPIT)*

Program Description and Target Population: The McKinleyville Community Collaborative, as the lead agency for the Family Resource Centers, uses CAPIT funds to provide services to children and families at risk of abuse and/or neglect, per CAPIT requirements. Services are prioritized to families living in remote and underserved parts of Humboldt County and particularly those with children five years of age or younger will be served first. Services are also provided to families in outlying remote areas based on referrals and need related to risk factors, such as poverty, substance abuse, unemployment, children with challenging behaviors/disabilities, and difficulty accessing services. Families are referred to the Collaborative by the county and community service providers when it appears the family could benefit from the in-home support services. Referrals are made by, but not limited to, Humboldt County DHHS C&FS, Public Health Branch Field Nursing, Healthy Moms, family resource centers, public schools, local health and human services agencies, and self referral.

There are two CAPIT Family Advocates who work out of the McKinleyville Community Collaborative. The CAPIT-funded workers provide home visits, strength-based assessments, hands-on parenting education and training, home-maker teaching demonstrations, community resource referrals, material supports in crisis situations, and family case management to address issues that place them at risk. The CAPIT home visitors met with over 100 children and families last year in their home to offer one-on-one parenting training.

Quality Assurance: The Collaborative demonstrates in their semi-annual program reports to the county the number of referrals received and parent/children involvement in their programs by age, ethnicity, and geographic location. It tracks the number of families and children who participate in parenting classes, home visits, parenting education, and those

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who were provided transportation. The county will make available the evidence-based SafeCare practice training to the Family Advocates to enhance the quality of in-home visitation services.

Semi annual and annual reports are developed by the McKinleyville Community Collaborative and distributed to DHHS program management to review the effectiveness of the program and determine service delivery and training needs. Furthermore, a review of the program will be conducted through the annual SIP Update process, as well as the county's CAPIT/CBCAP/PSSF annual report to the state's Office of Child Abuse Prevention (OCAP).

The McKinleyville Community Collaborative Family Advocates are directly involved with the clients and are able to speak to clients about satisfaction with the services provided. Client comments may then be brought for discussion by the Community Collaborative Coordinator to the regular annual CAPIT meeting with C&FS and Probation representatives.

Program Funding: A competitive bidding process is used to award CAPIT funds. The McKinleyville Community Collaborative, lead agency for the Family Resource Centers, has been awarded CAPIT funds to serve the needs of children at risk of abuse or neglect in a culturally respectful manner. The CAPIT program funds services provided by the Collaborative that include home visits, strength-based assessments, hands-on parenting education and training, home-maker teaching demonstrations, community resource referrals, material supports in crisis situations, and family case management.

Program/Service: *Child Abuse Prevention Coordinating Council (CAPCC) Activities*

Expenditure Workbook Line Number 2

Funding Source: *Child Abuse Prevention, Intervention, and Treatment (CAPIT)*

Program Description and Target Population: Five percent of CAPIT program funds covers related CAPCC activities associated with the review of the competitive RFP bidding process for the CAPIT grant, which funds community-based prevention/early intervention services to at-risk children and families. Other CAPCC activities relate to CAPCC's planning and coordinating role to promote public awareness, parent education, and community outreach in linking at-risk families to community-based providers and events. CAPCC activities include CAPCC Coordinator and Board efforts to promote community-based prevention/early intervention services to at-risk children and families, especially in outlying remote areas affected by poverty, substance abuse, unemployment, children with challenging behaviors/disabilities, and difficulty accessing services. CAPCC activities also include developing community events, trainings and partnerships to promote parent information and referrals that link at-risk families to community resources, support, and child abuse prevention activities.

Quality Assurance: The Collaborative demonstrates in their semi-annual program expenditure report to the county the amount paid to the CAPCC for related activities. The county also measures CAPCC effectiveness by having a county DHHS and Probation representatives regularly attend the CAPCC Board meetings. Service delivery and training

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needs are identified at the county program manager and supervisor levels, as well as representatives of the CAPIT contract service provider (McKinleyville Collaborative), and discussed at county meetings on CAPIT and at the CAPCC Board meetings. Furthermore, a review of the program will be conducted through the annual SIP Update process, as well as the county's CAPIT/CBCAP/PSSF annual report to the state's Office of Child Abuse Prevention (OCAP).

Program Funding: CAPCC activities are funded by a CAPIT allocation to CAPCC of \$4,000 (5% of the CAPIT program funds) to support CAPIT related CAPCC activities. These activities link families to community-based providers and events, and also develop/review competitive RFP bidding process for CAPIT Fund grant funds to support/provide community-based prevention/early intervention services to at-risk children/families.

Program/Service: *Public Health Nurse (PHN) Case Management (formerly ART) / Safe Care Practice*

Expenditure Workbook Line Number 3

Funding Source: *Community-Based Child Abuse Prevention (CBCAP)*

Program Description and Target Population:

PHN Home-Visiting Service is a voluntary comprehensive home visiting program designed to decrease risk of abuse or neglect of at-risk children ages 0 to 8 years. The services include integrated case management, with home-based mental health assessments and counseling for at-risk children and families, with a focus on family strengths that contribute to child safety and the needs of families. At time of case closure, and again at 6 and 12 months, a family evaluation form is sent out to participants. Referrals and re-referrals to the CWS system are tracked at closure and again at 6 and 12 months post case closure.

SafeCare is a parent-training curriculum for parents of children who are at-risk or have been reported for maltreatment. It is a home visitation parent training program designed to reduce child abuse/neglect of children between 0 to 5 years old, promote parenting skills, and increase child/family safety. The program provides 1.5 hour home visits per week for 18-20 weeks. This practice fits with DHHS goals of implementing evidence based programs that promote prevention/early intervention and extends an evidence based skill set to paraprofessional staff who are already in roles that support families at risk.

The plan is to blend the Comprehensive PHN Case Management Services with SafeCare effective July 1, 2012. This would encompass standardized procedures, including training for community health outreach workers, client charts, assessments, and base frequency of visits and length of service dependent upon client needs.

Quality Assurance: An annual comprehensive PHN Case Management Services/SafeCare report is developed by DHHS Public Health Nursing and distributed to DHHS program management to review the effectiveness of the program and identify service delivery and training needs. Additionally, a review of the program will be conducted through the annual

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SIP Update process, as well as the county's CAPIT/CBCAP/PSSF annual report to the state's Office of Child Abuse Prevention (OCAP). Program expenditures are tracked by the Department's Fiscal Services Unit on a monthly basis. The Department Liaison for CBCAP and the Fiscal Unit maintain at least monthly contact with the programs funded by CBCAP to monitor expenditures and compliance with the stated goals of each program.

DHHS and Research & Evaluation Unit are currently developing a client evaluation tool for the PHN Case Management/SafeCare program. Follow-up review of this evaluation tool will be provided through the annual SIP Update process, as well as the county's CAPIT/CBCAP/PSSF annual report to the state's Office of Child Abuse Prevention (OCAP).

Program Funding: CBCAP funds are used to fund the Public Health Nursing (PHN) Home-Visit Case Management services (previously known as the Alternative Response Team (ART)) and will also fund the evidence-based practice SafeCare. The SafeCare program is in progress of being developed. Both programs offer public health nurse in-home visitation with the purpose of enhancing parental functioning and child development, preventing child maltreatment, and improving the health of families. However, ART was not an evidence-based practice (EBP). As a result, the Public Health Nursing (PHN) Home-Visit Case Management services will incorporate the evidence-based SafeCare practice and utilize best practice modalities for parents who are at risk or have been reported for child maltreatment. The addition of the SafeCare curriculum will continue to offer health/nutrition education and promotion, as well as resources such as parenting techniques, child care referrals, health assessments and screenings, health information and referral, transportation, family planning, time management, anger/stress management, budget/financial management, and child growth/development training.

Program/Services: *Promoting Safe and Stable Families Support Services*

Expenditure Workbook Line Number 4

Funding Source: *Promoting Safe and Stable Families (PSSF)*

Program Description and Target Population:

C&FS uses PSSF funds to help families preserve, support or reunite with their children in accordance with court requirements and CWS case plan. These services are for at-risk children and families involved in the CWS system, who cannot afford or easily access these services. Such services include:

- **Transportation support** by providing bus tickets to clients in order for them to get to and from services (e.g. parenting classes, counseling, drug treatment, mental health, visitation support, child care assistance, youth programs, and linkage to concrete basic needs). Mileage reimbursement is also provided to families based on their financial need in various circumstances where they need to drive to services that are specified in their case plan. Transportation assistance helps families physically access services they need in order to support and preserve family stability, unity, and empowerment to meet their challenges, as well to facilitate safe reunification of children with parents.

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- **Visitation by** providing staff time to supervise parent/child visitations and provide home visitation and parent education to facilitate safe reunification of the children with parents.
- **Child care support services** by providing reimbursement to care providers in situations where child care or respite services are difficult to access in order to promote family reunification and/or family support services.
- **Mental health counseling and substance abuse treatment** by providing family and children assessments/screenings, counseling, and health/development education to help families maintain children safely in the home or alleviate crises that might lead to out-of-home placement of children, as well to facilitate safe reunification of children with parents.
- **Concrete support services** by providing client reimbursement for basic needs, such as food, clothing, supplies, etc., which the family would not otherwise be able to afford, in order to help maintain children safely in the home or alleviate crises that might lead to out-of-home placement of children.

Quality Assurance: C&FS program managers and Fiscal Services staff meet quarterly to discuss the PSSF budget and service delivery. C&FS and Fiscal also work together to generate a report of PSSF funded services provided to families, based on work orders for client reimbursement and case worker time study claim codes received by Fiscal. The report identifies children, parents and families that received PSSF services, including ethnicity, service component and achievement goal, in addition to service types and amounts by PSSF category. During 2011, there were 27 families that received a variety of PSSF support services funded by three of the four PSSF categories (family preservation, family support services, and time-limited family reunification). The county measures service effectiveness and performance outcomes by collecting data on CWS children/families that experience reunification, recurrence, or reentry by means of SafeMeasures® reports. These results can be compared to the overall outcome trends in families receiving CWS services by way of quarterly reporting of DHHS C&FS trends.

Service delivery and training needs are identified and addressed at the program manager, supervisor, and social worker levels to review the effectiveness of the program. In addition, a review of the program will be conducted through the annual SIP Update process, as well as the county's CAPIT/CBCAP/PSSF annual report to the state's Office of Child Abuse Prevention (OCAP).

Social workers are directly involved with the clients and are able to speak to clients about satisfaction with the services provided. All conversations are recorded in the Delivered Service Log in CWS/CMS.

Program Funding: Social workers observe the families' use of PSSF provided services. All requests for PSSF funds are reviewed by the social worker's supervisor. The C&FS program manager reviews all PSSF requests and the deputy director reviews all requests above \$250. County purchased services are invoiced to DHHS Financial Services Unit. Work orders for client reimbursement and C&FS staff time are claimed to one of the four time-study PSSF program codes available per type of service provided. Per PSSF guidelines the county allocates a minimum of 20% to each of the four categories: Family Preservation, Family

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Support Services, Time-Limited Family Reunification Services, and Adoption Promotion & Support Services.

Program/Services: *Housing*

Expenditure Workbook Line Number 5

Funding Source: *Promoting Safe and Stable Families (PSSF)*

Program Description and Target Population:

C&FS uses PSSF funds to help families preserve, support or reunite with their children in accordance with their court requirements and CWS case plan. These services are for at-risk children and families involved in the CWS system who cannot afford or easily access these services. Such services include:

- **Emergency safe housing assistance**
 - To prevent the removal of a child when there are safety factors regarding a family's home, families can be provided typically one-time or short-term motel accommodations until a home can be made safe.
 - When families receiving Family Maintenance services or Reunification services are experiencing barriers to finding housing, a one-time payment of monthly rent to prevent a family from being evicted or a security deposit in order to secure housing is provided. Considerations are made regarding the family's ability to maintain the rent thereafter, other community resources available, and any previous emergency housing assistance received by C&FS.
 - In-patient drug treatment housing occasionally may be provided in some cases when clients are not able to pay for court-ordered in-patient drug treatment in accordance with the case plan.

Quality Assurance: C&FS program managers and Fiscal Services staff meet quarterly to discuss the PSSF budget and service delivery. C&FS and Fiscal also work together to generate a report of PSSF funded services provided to families, based on work orders received for client reimbursement and case worker time study claim codes. The report identifies children, parents and families that received PSSF services, including ethnicity, service component and achievement goal, in addition to service types and amounts by PSSF category. During 2011, there were 9 families that received a variety of housing services funded by two PSSF categories for family preservation and family support services. The county measures service effectiveness and performance outcomes by collecting data on CWS children/families that experience reunification, recurrence, or reentry by means of SafeMeasures® reports. These results can be compared to the overall outcome trends in families receiving CWS services by way of quarterly reporting of DHHS C&FS trends.

Service delivery and training needs are identified and addressed at the program manager, supervisor, and social worker levels to review the effectiveness of the program. In addition, a review of the program will be conducted through the annual SIP Update process, as well as

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the county's CAPIT/CBCAP/PSSF annual report to the state's Office of Child Abuse Prevention (OCAP).

Social workers are directly involved with the clients and are able to speak to clients about satisfaction with the services provided. All conversations are recorded in the Delivered Service Log in CWS/CMS.

Program Funding: Social workers observe the families' use of PSSF provided services. All requests for PSSF funds are reviewed by the social worker's supervisor. The C&FS program manager reviews all PSSF requests and the deputy director reviews all requests above \$250. County purchased services are invoiced to DHHS Financial Services Unit. C&FS staff time is claimed to the four time-study PSSF program codes available per type of service provided. Per PSSF guidelines the county allocates a minimum of 20% to each of the four categories: Family Preservation, Family Support Services, Time-Limited Family Reunification Services, and Adoption Promotion & Support Services.

Program/Services: *Recruitment & Support of Adoptive Families and Youth Permanency*

Expenditure Workbook Line Number 6

Funding Source: *Promoting Safe and Stable Families (PSSF)*

Program Description and Target Population:

C&FS allocates a portion of PSSF funds for adoption support services and promoting youth permanency. As of July 1, 2012, Humboldt County C&FS is responsible for adoption services previously provided by the state. Depending on the children and families needs, adoption promotion and support services may involve pre- and post-adoptive services, as follows:

Recruitment and Support of Adoptive Families and Promoting Youth Permanency focus in part on pre-adoptive family support services (e.g. concurrent family planning, facilitating adoption finalization, negotiating Adoption Assistance Program rates, and adoption court hearing activities) and partly on post-adoptive families (e.g. providing crisis intervention, family counseling, and linkage to local resources).

- **Pre-adoptive services** help children/youth and families prepare for the changes that come with adoption and develop life-skills for permanency and stability. Pre-adoptive services may include recruitment of adoptive parents and foster families to be adoptive parents since most adoptive parents start out as foster families. Other pre-adoptive services may consist of adoption related child assessment/screening, mental health counseling for children/families, Livescan fees, and services designed to expedite the adoption process. CWS social workers will continue to make sure that placements made throughout the life of the case involve concurrent permanency planning.
- **Post-adoption services** would be provided based on the needs of the family. Priority will be on maintaining children in their adoptive home. Post-adoption services may include parenting/adult education, respite, parent support groups, case management, and concrete supports to meet basic needs. Crisis intervention may include assessment

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of needs, referral to local services/resources, home visits by an Adoptions worker in collaboration with a mental health clinician and/or public health nurse (as needed), and expansion of Wrap program services to adoptive families. Adoption Workers will also be able to facilitate contact with birth parents and adoptive children/families (in writing or in person) as appropriate. Promoting youth permanency may also be provided through support programs that promote youth esteem building and cultural/social activities (e.g. Tribal summer camps).

Quality Assurance: C&FS program managers and Fiscal Services staff meet quarterly to discuss the PSSF budget and service delivery. C&FS and Fiscal also work together to generate a report of PSSF funded services provided to families, based on work orders received for client reimbursement and case worker time study claim codes. The report identifies children, parents and families that received PSSF services, including ethnicity, service component and achievement goal, in addition to service types and amounts by PSSF category. During 2011, there were 10 families that received a variety of adoption promotion and support services. The services included visitation support, child care assistance, mental health or substance abuse services, youth programs, and assistance with concrete basic needs. The county measures service effectiveness and performance outcomes by collecting data on CWS children/families that experience reunification, recurrence, or reentry by means of SafeMeasures® reports. These results can be compared to the overall outcome trends in families receiving CWS services by way of quarterly reporting of DHHS C&FS trends.

Service delivery and training needs are identified and addressed at the program manager, supervisor, and social worker levels to review the effectiveness of the program. In addition, a review of the program will be conducted through the annual SIP Update process, as well as the county's CAPIT/CBCAP/PSSF annual report to the state's Office of Child Abuse Prevention (OCAP).

Social workers are directly involved with the clients and are able to speak to clients about satisfaction with the services provided. All conversations are recorded in the Delivered Service Log in CWS/CMS.

Program Funding: Social workers observe the families' use of PSSF provided services. All requests for PSSF funds are reviewed by the social worker's supervisor. The C&FS program manager reviews all PSSF requests and the deputy director reviews all requests above \$250. County purchased services are invoiced to DHHS Financial Services Unit. C&FS staff time is claimed to the four time-study PSSF program codes available per type of service provided. Per PSSF guidelines the county allocates a minimum of 20% to each of the four categories: Family Preservation, Family Support Services, Time-Limited Family Reunification Services, and Adoption Promotion & Support Services.

Pre-adoptive services and related activities to expedite and support the adoption process, are mainly funded by county CWS allocations and in part complemented by PSSF monies to cover additional needs in these areas. Post-adoptive services are mainly funded by the county's state-realignment adoption funds and in part complimented by PSSF funds for Adoptive and Post-Adoptive Services. This form of braided funding allows for flexibility in applying resources to where the most need currently exists, without supplanting county funds.

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Five-Year CAPTI/CBCAP/PSSF Services and Expenditure Summary Proposed Expenditures

Worksheet 1
WORKSHEET 1

(1) COUNTY: Humboldt

(2) PERIOD OF PLAN: 8/31/12 thru 8/31/17

(3) YEAR: Five Years (2012 through 2017)

(4) FUNDING ESTIMATE: \$181,242

CAPTI: \$81,308 CBCAP: \$13,622.00

PSSF: \$86,312.00

OTHER: \$0.00

Line No	A	B	C	D	E	CBCAP			PSSF					H1	H2	I	
						F1	F2	F3	F4	G1	G2	G3	G4				G5
					Dollar amount that will be spent on CAPTI 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 that will be spent on Family Preservation	Dollar amount of Column C1 that will be spent on Family Support	Dollar amount of Column C1 Limited Reunification	Dollar amount of Column C1 Promotion & Support	OTHER SOURCES	NAME OF OTHER	Total dollar amount to be spent on this program/practice (Sum of Columns E, F4, G1, H1)
1	FRC Case Management	C1.1(2)	McKinleyville Community Collaborative		\$77,308				\$0	\$0							\$77,308
2	CAPCC Activities		CAPCC		\$4,000				\$0	\$0							\$4,000
3	Public Health Nurse (PHN) Case Management (formerly ART) / Safe Care Practice	C1.1(2)	Humboldt County DHHS			\$6,528	\$1,450	\$5,644	\$13,622	\$0							\$13,622
4	PSSF Support Services	S1.1(1 & 2)	CWS						\$0	\$31,944	\$9,744	\$9,744	\$11,023	\$833			\$31,944
5	Housing Expenses	S1.1(1)	CWS						\$0	\$31,945	\$9,744	\$9,744	\$11,623	\$834			\$31,945
6	Recruitment and Support of Adoptive Families and for Youth Permanency (pre- and post-adoptive services)	C1.1(3)	CWS						\$0	\$22,412				\$22,412			\$22,412
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
Totals					\$81,308	\$6,528	\$1,450	\$5,644	\$13,622	\$86,302	\$19,488	\$19,488	\$23,246	\$24,079	\$0	\$0	\$181,242



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

(1) COUNTY: Humboldt

(2) YEAR: Five Years (2012 through 2017)

Line No.	Title of Program/Practice	Unmet Need	CAPIT Direct Service Activity														Other Direct Service Activity (Provide Title)	Goal
			D1	D2	D3	D4	D5	D6	D7	D8	D9	D10	D11	D12	D13	D14		
A	B	C	D1	D2	D3	D4	D5	D6	D7	D8	D9	D10	D11	D12	D13	D14	E	F
1	FRC Case Management	Need to effectively match family strengths/needs with family/community resources for at-risk children/families. Prevention efforts include strength based assessments, linkage to family/community resources, and parenting training (on-site or in-home).	X	X	X			X	X	X	X	X						Families Are Strong and Connected
2	CAPCC Activities	Need to link families to community-based providers and events, and also develop/review competitive RFP bidding process for CAPIT grant funds to support/provide community-based prevention/early intervention services to high-risk children/families.		X														Communities Are Caring And Responsive

Five-year CAPT/CBCAP/PSSF Services and Expenditure Summary
 CBCAP Programs, Activities and Goals
 Worksheet 3

(1) COUNTY: Humboldt

(2) YEAR: Five Years (2012 through 2017)

Line No.	Title of Program/Practice	Unmet Need	Need for comprehensive in-home visitation and hands-on parenting trainings by public health nurse, including case management, mental health assessment and counseling to prevent/reduce child maltreatment of children between 0 to 5 years old.	Public Awareness, Brief Information or Information Referral	CBCAP Direct Service Activity							Other Direct Service Activity (Provide Title)	Logic Model Exists	Logic Model Will be Developed		EBP/EP/Identify Level					County has documentation on file to support Level selected	Goal		
					E1	E2	E3	E4	E5	E6	E7			G1	G2	H1	H2	H3	H4	H5			I	J
3	Public Health Nurse (PHN) Case Management (formerly ART) / Safe Care Practice			X	X	X			X	X	X	X	X	X	X								X	Children and Youth Are Nurtured, Safe and Engaged





Appendix B

Humboldt County Community and Family Resource Center Services

Updated August 2011

Family and Community Resource Centers are places where community members can receive a wide range of health and social services. Center Services may vary due to funding restrictions. Shaded cells indicate school-base centers, so some services may be limited to school families. Please contact the Center for more information or call the Humboldt Community Switchboard at (707) 441-1001 or www.theswitchboard.org

Services	Blue Lake	Bridgeville	Carliotta	Eureka	Fortuna	McKinleyville	Manila	Orick	So Bay/PH	S. Humboldt	Willow Creek
Adult ed. classes		X									
After school		X	X	X	X		X		X	X	
Anger management			X			X		X	X	X	
Childcare referral	X		X	X	X	X	X		X	X	X
Com. service/vol.	X	X	X	X		X	X		X	X	X
Dental clinic services		X	X					X	X	X	
Drop in services	X	X	X	X	X	X	X	X	X	X	X
Emergency food, clothes, etc.	X		X	X		X	X	X	X	X	X
Employment/job ready		X		X		X	X		X	X	X
English instruction/ELL		X							X	X	
Family/comm. events	X	X	X		X	X	X		X	X	X
Family support	X	X	X	X	X	X	X	X	X	X	X
Food distribution - regular	X	X	X	X		X	X	X	X	X	X
Health education		X	X						X	X	X
Home visits	X	X	X	X	X	X	X		X	X	X
Housing assistance	X	X	X	X	X	X	X		X	X	X
Information and referral	X	X	X	X	X	X	X	X	X	X	X
Life skills		X	X			X	X		X	X	
Medical Clinic services			X					X		X	
Meeting rooms	X	X	X	X	X	X	X		X	X	X
Mental health - indiv./groups		X	X	X	X		X	X	X	X	X
Mentoring			X				X		X	X	
Nutrition/fitness ed.		X				X	X		X	X	X
Parenting classes/res.	X		X	X	X	X	X		X	X	X
Play groups	X	X	X				X		X	X	X
Recreation programs		X	X				X		X	X	X
School to home			X	X	X				X	X	
Student peer groups			X				X		X	X	
Substance abuse counseling	X							X			X
Summer recreation		X	X				X		X	X	
Supervised visit/neutral	X		X	X					X	X	X
Technology access		X	X	X		X	X		X	X	X
Transportation assist.	X	X	X	X		X		X	X	X	X
Tutoring (academic)		X	X	X			X		X	X	X

Progress Report
for the
Family/Community Resource Centers
participating in the
Humboldt County Department of Health and Human Services
Child Welfare Improvement Activity Grant Project
and
Cal WORKs/Cal Fresh Outreach and Support Projects
2011 - 2012

The Humboldt County Healthy Start, Schools and Communities Partnership is pleased to submit this report on the progress we have made in partnership with the Department of Health and Human Services. This is an interim report for the CWSIA, CalWORKs and CalFresh contracts for the 2011 – 2012 fiscal year.

There are two sections to this report. The first section of the report provides an overview of progress from July 1, 2011 to December 31, 2011 on achieving the goals outlined in the grant proposals. Although, some of the contract commitments have changed due to the funding sources, it was recommended by DHHS that these guidelines remain the same as in previous years. The second half of the report provides a progress statement from each FRC/CRC Coordinator. Most of the progress statements include success stories or anecdotes designed to provide a flavor of the work done in each center. This report is accompanied by a table that summarizes the type and volume of services provided by the Centers from September 1 to December 31, 2011. Service tracking data is not collected during the months of July and August.

PROGRESS TOWARDS GOALS

The family and community resource centers (FRC/CRCs) have continued to see an increase in demand for services and family support in their communities. Regardless of the turnover in FRC/CRC Coordinators this year, the HSSCP members confirmed their dedication and hard work ethics by supporting new members through mentorship and ongoing availability. Each Coordinator was an active participant in the ongoing partnership with DHHS and our internal work towards building our capacity to serve. With this, collectively, the 12 HSSCP Centers reported over 85,666 unique service contacts between September 1 and December 31, 2011, an increase of over 8,566 from 2010 during this time period. That translates to an average of 702 contacts per day overall and an average of 56 per day per Center. Removing after school programs from the mix reduces the overall service numbers to 63,727 overall, or 522 per day with an average of 44 contacts per day per Center. The majority of these contacts were in person at the sites; while our newsletters and other information were distributed to over 7316 community members. Service contacts were provided in all areas, but the sites report a remarkable increase in basic needs assistance, from food and clothing to homeless assistance.

The CalWORKs mobile engagement program (MEV) has proven to be an increasingly valuable partner to the FRC/CRCs and their communities. The HSSCP Coordinator is currently working with DHHS on enhancing FRC/CRC support around CalFresh and CalWORKs access and

participation. Changes in our Service Tracking data system will reflect more finite numbers for future reporting purposes.

The Regional DR Teams are active and the annual “all” regions team meeting is in the planning stages for spring. The requirement of the Release of Information (ROI) for the DR referral process continues to challenge the Centers, but we are looking forward to positive changes regarding the ROI in the very near future. This will increase referral numbers and services to at-risk families. The ECBI/PSI outcomes tools are no longer being used, but a new Family Development Matrix (FDM) outcomes tool is being developed as the result of a partnership between HSSCP, Strategies and the Office of Child Abuse Prevention. It was developed by the Institute for Community Collaborative Studies. Collaborative agencies include: First 5 Humboldt, Humboldt Co. DHHS, RCAA and CAPCC. This and other achievements during this reporting period are summarized in each goal listed below.

The stability and credibility this partnership with the County brings to the Family/Community Resource Centers cannot be overestimated. We appreciate the opportunity to partner with the County in bettering our communities.

- **Sustain our ability to serve families in our communities**

- HSSCP continues to pursue community partners in their ongoing efforts to serve families in the most needed areas of support. St. Joseph Health System provided funds to 8 sites to support efforts in obesity prevention and healthy food access, along with additional support to the two St. Joseph member sites. The Safety Net, along with First 5 Humboldt supported all Centers with funds for basic needs items, such as food, clothing and transportation assistance. These funds helped leverage additional support in each community. We also received support from the Mel & Grace McLean Foundation for our capacity building efforts, which allowed us to bring in consultants from the Sacramento area. HSSCP has identified three core areas for improvement and has made and will continue to make improvements in Outcome Measurements, PR and Publications, and Technology. The FDM contract gives a three year stipend to HSSCP to support the outcomes tool project, plus technical assistance hours from Strategies, which will be used in 2012.
- The CAPIT program is an essential supplemental program supporting in home support to families with high level needs. HSSCP is fortunate to have the skills and expertise that the two CAPIT outreach workers provide.
- We continue to work with and support service delivery partners that are critical to our communities and the viability of our Centers, including mental health service providers, medical and dental clinics, food and shelter providers, parenting and anger management providers, homeless services, WEX placements and other services. Food for People is a steadfast partner in our nutrition efforts, along with local churches, businesses and community volunteers.
- All of the FRC/CRCs deliver the services that best meet the needs of their communities and from the unborn child to the senior citizens. Each site raises funds to match and supplement DHHS support.

- **Assist DHHS in the planning and development of community-based service integration strategies**
 - FRC/CRC Coordinators and DHHS program coordinators continue to meet on a quarterly basis to update on program guidelines and progress towards mutual service delivery goals.
 - Communication and planning for the CalWORKs program is ongoing, and the partnership between the FRC/CRCs with the MEV staff has greatly improved. The addition of a mental health counselor to the MEV staff has become an integral part of this partnership, along with Public Health Nursing, WIC, and the other services made available through the MEV.
 - The stationing of CalFresh/C4Yourself kiosks in the Centers is being planned and should be in place at pilot sites within a few months.
 - FRC/CRC representatives have met with DHHS committees on an ongoing basis, including the Humboldt Community for Activity and Nutrition, CalFresh Task Force, and Child Death Review Team. HSSCP representatives serve on the Children's Mental Health Board, 0-8 Mental Health Committee, CAPCC, Nurse-Family Partnership, HCOG, Housing and Homeless Coalition, Latino Net, First 5 and other community family support focused efforts. HSSCP is an active member of the California Family Resource Association (CFRA) and the California Network of Networks. The DR Continuity Committee meets monthly to monitor the growth and changes around the DR process, which is attended by the HSSCP Coordinator and two site Coordinators.
 - FRC/CRCs continue to host and participate in Team Decision Making meetings for CWS and Humboldt Co. Probation Dept.
 - Community forums have been held at Fortuna, Blue Lake and McKinleyville FRC/CRCs to give input about local priorities to DHHS and local representatives.
 - HSSCP supported the planning and implementation of SafeCare, and will continue to do so as this program develops.

- **Assist in the planning, piloting and delivery of differential response services to Path 1 families**
 - The DR Continuity Committee continues to coordinate an annual gathering of the five Regional DR Teams, consisting of front-line staff and supervisors. These teams consist of Public Health Nurses, CWS Case Workers, FRC Coordinators, CAPIT staff, and AFACTR members and meet within their own regions on a regular basis. The teams are designed to improve relationships and communication among partners, and improve implementation of DR.
 - Full roll-out of DR referrals has been sustained and revised to transition from Paths 1 and 2, to levels of CWS involvement; no CWS investigation, open CWS investigation; closed CWS investigation. The revised referral form (which now includes ROI indication), family letter, and FRC flyer have improved communication between the FRCs, CWS, and families. A supply of brochures from each FRC site is now available to DHHS staff in the Social Services unit of DHHS. The reversal of the ROI requirement will hopefully increase the referral level to where it was initially.
 - A DR Continuity Committee meets monthly and continues to improve the response and referral process, and help with the implementation of changes.

- A County confidentiality agreement has been signed with the Rio Dell and Fortuna FRCs (non-HSSCP members sites), so that the Fortuna FRC can collaborate on DR referrals made in those communities.
 - We have successfully recruited, oriented and supervised AFACTR staff, and maintained confidential case management and referral files.
 - The renewal of the CAPIT contract will allow us to continue our support of high-need families and increased our capacity to provide parenting training, and home visiting.
- **Sustain prevention and early intervention activities that decrease the number of families entering the CWS system**
 - The FRC/CRCs have been able to continue most core prevention and early intervention services and some sites have increased those efforts. With the assistance of AFACTR staff, most have been able increase outreach and case management. This would not have been possible without DHHS support.
 - The sites have noticed a huge increase in community support from service groups, local clubs and churches, especially around the holidays. When a community identifies their own needs and participates in the solutions, it strengthens the community for future challenges. The FRC/CRCs have been able to increase outreach, community-building and relationship-building activities such as community dinners, enrichment activities, special events, and community newsletters. The FRCs collectively averaged 21,416 unique service contacts/visits per month between September first and the end of 2011, and just over 15,932 per month if after-school visits are excluded. (After-school programs are important because in addition to providing safe and affordable child-care for working parents, they help FRC/CRCs build relationships with a broad spectrum of parents and help ensure the centers are not stigmatized as serving only the most needy.) Contacts and services covered a broad range, reflecting the diversity of center programming. During this four month period, 13,216 contacts were for basic needs, 21,939 for academic support and child development, 971 for medical or health services, 2,215 for mental health services, 3,460 for health/ nutrition education, referral or assistance with health insurance, 1,057 for parenting education, and 3,786 for other family support. Due to obesity prevention and healthy food access grants, our numbers around basic needs and nutrition remain high.
 - The FRC/CRCs participated in or hosted DHHS TDMs with 19 parents/guardians of children up to five years of age and 25 parents/guardians of children older than 5. Children ages 0-18 attending these meetings totaled 51. We also hosted non-DHHS driven family meetings that involved over 138 participants, both adult and children. A spreadsheet summarizing FRC/CRCs contacts and methods of service delivery over the past four months is attached.
- **Track and report on client referrals from the Child Welfare Division as part of the Path 1 Pilot program.**
 - The requirement of a client Release of Information (ROI) continues to be a barrier to the Differential Response referral system, but despite that barrier 61 families were referred to the FRC/CRC for support from July 1 to December 31, 2011. According

to the DHHS analyst system, they have only received outcomes for 21 of those referrals, due to internal errors, not lack of the FRC/CRC meeting their 60 day reporting responsibilities. Of those 21 referrals, 11 declined services, 8 were engaged in services and 2 families could not be located. The HSSCP does not feel that these numbers fairly reflect the work being done around Differential Response and are looking forward to the changes regarding the ROI and improvements within the DHHS data collection system.

- Among the cases where contact was made, families received information and referrals, support with basic needs and case management, while others entered a program or activity.
- The site Coordinators continue to review all AFACTR reports and have access to iCare accounts in order to review the data, outcomes and non-identifiable case scenarios.
- As part of HSSCP's capacity building efforts, we have improved our internal data tracking system and will be enhancing that data with the outcomes tools that the Family Development Matrix provides.

- **Assist the County in evaluating differential response outcomes**

- The DR Continuity committee continues to monitor the Differential Response process, and with the HSSCP Coordinator and two FRC Coordinators in regular attendance, the FRC/CRC perspective is always present. All proposed or definitive changes are shared with the HSSCP members via those participants.
- Tracking reports around service delivery are submitted monthly to the HSSCP Coordinator by each of the 12 sites. Additionally, AFACTR family support workers and their site supervisors are trained on iCare. A CAPIT services data system is in place and reported on monthly. CAPIT co-coordinates with the FRC/CRCs on common families referred through the DR system.
- We remain committed to working with the County on outcome evaluation and DHHS is a valued partner in the FDM outcomes process currently being developed.
- We continue to track delivery of prevention and early intervention services and track our responses to DR referrals and other agency referrals.

- **Support service delivery activities established in the CalWORKs County Plan Addendum**

- The CalWORKs MEV visits the FRC sites and communities a minimum of once per month. A schedule of visitation is provided by DHHS, with those days and times of service determined through collaboration with the FRC/CRC. CalWORKs staff report that outreach efforts are increasingly effective and the FRC/CRC Coordinators concur. Center staff members are excited about the increased contact with the MEV and the support provided, especially the addition of a Mental Health Counselor to the MEV staff. Use of the FRC facilities by CalWORKs staff has also increased and collaboration around family concerns has enhanced the service provision of the centers.
- During this report's time frame, the Centers had 840 contacts with families around assistance programs like CalFresh. CalWORKs and job assistance contacts equaled 293.

- The option for FRC staff to refer for other County programs, beyond CalWORKs has been well received by families. This is especially appreciated by families in the outlying areas, who previously could only receive those services by traveling into Eureka.
 - Our service contacts this period related to employment and employability include 293 specifically for employment and job assistance (resume preparation, job search, CalWORKs), 12,512 for literacy, and 34,432 for academic support and other education and child development, which would include after-school programs. Service contacts for health insurance by the FRCs, includes some contacts made possible due to the MEV.
- **Support the continued implementation of evidence-based practices programs, as appropriate.**
 - FRC/CRCs continue to support EBPs. All ongoing staff members have received training in EBPs and new staff is encouraged to participate in available trainings.
 - Several FRCs offered Incredible Years (IY) at their sites during this period and some FRC staff members have trained as IY facilitators and co-facilitators.
 - Coordinators continue to refer families to Functional Family Therapy (FT), PCIT and other therapeutic programs.
 - CAPIT adds to the quality of service provision, with the two home visitors carrying consistent caseloads of 25 families each.
 - Playgroups are held at several of the HSSCP sites, with support from First Five Humboldt and other supporters.
 - There were 95 participants in the Family to Family TDMs that took place in the FRC/CRCs during the 6 month time frame of this report.
 - **Explore options for providing services to the County at each participating Family Resource Center. Collaboratively explore and plan other service improvements and community based service integration related to CalWORKs and the Welfare-to-Work program**
 - Ongoing efforts are made to insure that the family and community resource centers are included in the planning and implementation of County programs and projects. Recent efforts have resulted in a Release of Information from CalWORKs clients allowing collaborative efforts with the FRC/CRC in their communities around their participation and success in the program. A direct link to CalWORKs for the Center Coordinators is being established to facilitate the reporting of potential work or volunteer sites for clients. On-site training is planned for each FRC/CRC Coordinator and their staff around CalWORKs guidelines and program requirements.
 - The placement of C4Yourself kiosks in the individual Centers is being planned, for more expeditious access to CalFresh and other programs for families. Each site will receive training for one or more FRC/CRC staff members to become Certified Assistors.
 - We look forward to future planning of integrated services and will willingly collaborate regarding impending changes due to State cutbacks and the effects of those reductions on the local community.

With DHHS support, we were able to continue providing services such as our Family Advocates, Family Outreach Workers, Parenting Classes, Incredible Years, Rapid Rehousing, coordination of mental health services, hosting of AA and NA meetings and Domestic Violence Prevention workshops. We will, upon request provide a safe place for supervised visitations and continue our community-building activities, such as community dinners, food distribution and Family Wellness Programs. Support from DHHS has been critical to retaining the delivery of CRC/FRC services to community members.

Additionally, with AFACTR support we were able to continue the family support, information, referral, and case management services that are so fundamental to building and maintaining credible, trusting, and effective relationships within our communities. In addition, the CAPIT services have substantially improved our capacity to serve families. CAPIT improves the quality of our home visiting services and provides additional training and support to new staff.

The quarterly meetings with DHHS staff, participation with the County on planning committees, and cross-training events continue to improve our understanding of County systems and services. We have become better advocates and navigators. Our increased relationship building with County staff has been remarkable and has helped all the FRC/CRC Coordinators become better community partners and advocates.

The attached Service Tracking report shows the nature and volume of FRC service contacts with families and the community. It also illustrates the mode of delivery of those services.

Following are highlights from the sixteen participating Family/Community Resource Centers that are under the direction of the twelve HSSCP member Coordinators.

RESOURCE CENTER HIGHLIGHTS

Blue Lake Community Resource Center – Patricia Villalobos, Coordinator

The St Joseph Health System Blue Lake Community Resource Center (SJHSCRC) continues to receive referrals from Humboldt County Child Welfare Services. This has been a positive experience for the SJHSCRC. The County outreach van the Mobile Engagement Vehicle (MEV) has been in Blue Lake every month for the past year to connect families to county programs and helps bridge the county to the community. The SJHSCRC hosts many other activities that build and bond the community such as free dinners, parenting classes, bike rodeo and holiday assistance.

The staff at the Resource Center includes an AmeriCorps Member, two Humboldt State University (HSU) internships, one from the master program and one from the bachelor program. The master level student that is supervised is placed at the Orick Resource Center. The Orick placement of the HSU master student is crucial for that community, in order to keep their doors open. The CAPIT outreach worker Kim Rios and the CAPIT program have really been successful for families. The amount of services that families receive from this service is incredible. The SJHSCRC staff works as a team to help support the families and CAPIT worker.

The Resource Center also offers free services such as making copies, faxing and use of the computer. Many clients use the computer for school, work, employment search, and resumes. The resumes are kept on file to allow clients to update as needed.

The holiday expectations were high this year with so many families in need of food and gifts. There were more children on the giving trees this year than last year. The amount was up to 59 children. All these children were given two gifts. The Thanksgiving and Christmas dinners were provided partially by Salvation Army and the remainder was from community donations. There were over 43 complete dinners given to families. The SJHSCRC staff all came together worked diligently and the year ended on a positive note.

Bridgeville Community Resource Center – Lynne Reardon, Coordinator

The Bridgeville Community Center continued its wide variety of programs and office hours for two staff members through the support of this grant. We shortened our work week to Tuesday through Friday, closed on Monday, due to budget concerns. DHHS support was also allocated to our monthly newsletter, our primary tool for keeping this far-flung community connected and informed. The newsletter contains health and nutrition information, a calendar of events, and local news, and can be viewed at www.bridgevillecommunitycenter.org. We are working on increasing our ad sales and sponsorship from recipients to help fund the newsletter, since the DHHS allocation only covers a fraction of the cost.

Bridgeville's clients appreciate the presence of the CalWorks MEV services and they appreciate that our community liaison is a certified application assistant. We assisted 50 individuals with enrollment in public programs and 7 more children now have health insurance. MEV set up two young mothers with a car seat. We connected one couple with the veteran's service office.

The weekly medical clinic provided at our center by Southern Trinity Health Services staff has been very busy serving the local clientele, as well as some who come from as far away as Petrolia, Rio Dell, and McKinleyville.

During the past six months, we served as counselor and clearing house for families in neighborhoods experiencing home invasions. We helped one family gather information about setting up a neighborhood watch in their neighborhood and helped spread the word about the victims and perpetrators.

One family needed special support in dealing with housing and food problems and emotional crises. Because of DHHS support, our staff was available when the mother came to the office for help. Besides emotional support, we provided her with food, clothing, references for housing, and an offer of free adult education to obtain her GED. We also assisted her with researching landlord/tenant rights to help with landlord problems she was having. The family had no propane for heat or cooking the week preceding Christmas (a cold spell), so we had her tank filled. She told us that without us, she would have had no toys or Christmas dinner for her daughter.

Partnering with a local church, Holiday Funding Partnership, and Humboldt County Board of Realtors, we provided food for 35 families for Thanksgiving and Christmas, plus toys for 80

children. We held our annual holiday crafts fair/dinner in December, which drew more than 130 people. Also in December, our volunteer fire company served food and beverages for a community concert that drew 325 people. A large number of volunteers made possible these events.

This year, we continued to work closely in partnership with the Bridgeville Elementary School and Head Start program. The children and their parents make good use of our services and programs. Whether it is food boxes, clean clothes when the playground is muddy or other assistance, we see a lot of the children and their families. We continued the weekend Backpacks (food) for Kids program. Our 0-5 playgroup and teen programs continued their activities. Both programs are experiencing strong participation due to the good outreach skills of its leaders. The teens are being creative in bringing their ideas to the table and are responding well to having choices.

We drove our van to town once a month to pick up foods at Food for People for various programs. On the return trip, the driver made the monthly deliveries for the Senior Brown Bag and Homebound Programs. Our van was also used for other activities, such as field trips for school children, playgroup and teen group excursions, and summertime family fun days. During this past 6 months, there were 17 van trips that carried about 87 passengers

Other community-strengthening efforts that continued during this period include:

- Adult education program.
- Computers with internet available for public use during office hours.
- Assistance with job searches, unemployment applications, and resume writing.
- A free clothing closet.
- Monthly commodity foods distribution and senior food deliveries.
- Weekly luncheons, exercise classes, and fun activities for seniors, with the support of the Bertha Russ Lytel Foundation.
- Zumba and yoga classes.
- The organizational support for three adjunct organizations, the Bridgeville Volunteer Fire Company, the Van Duzen Watershed Fire Safe Council, and the Two Rivers Community Care Group that offers respite and hospice care.

Carlotta Healthy Start Community Center – Lani Dibble, Coordinator

The Carlotta Community Center is exceptionally grateful for the funding that is provided by the Department of Health and Human Services. With all the cuts in social services and education happening in the state, it is incredible that our center continues to receive the funding necessary to serve our community in their time of need. Our door is open to anyone and everyone and our amazing staff is ready and willing to help all that walk through it. The Center has been able to provide Cuddeback School as well as the outlying community with the many services that the DHHS has enabled us to offer. Our community knows that if they have any questions or concerns they are welcome to reach out to our Center.

Here at the Carlotta Community Center we are proud to offer an array of preventative services. We have social skills and self esteem building in small groups and on an individual basis. Our school counselor, who is located in our Center, works with kids through our anger management programs. We offer grief counseling to children and adults. At the requests of parents we hold a parenting support group once a week and meet with parents individually for

any questions they may have. Our Primary Prevention Program (PIP) enables children to increase their self-esteem. Our peer mediation groups help our student's problem solve together and come up with solutions.

The Carlotta Community Center has continued to provide the low-income students at Cuddeback with backpacks of healthy food for weekends and holiday breaks. Thanks to a partnership with St. Joseph's Health System and Humboldt Redwood Company we are able to continue this service, which promotes our children to learn healthy eating habits. Every December we continue to put together our Holiday Project. Thanks to our partnership with various organizations we are able to provide toys, clothes, and food any family in our community that needs a little extra help during the holidays. This project is also made possible by the generosity of our community and the devotion of our staff and volunteers.

Our community center was available to any outreach projects and provided CalWORKs staff with information about the services and availability of our Center. Unfortunately, we've never had much luck with community involvement. We met with CalWORKs at quarterly meetings and will continue to work with them in any capacity we are able to. We look forward to increasing collaboration between our Center and CalWORKs, as we work as a team to support our families and improve outcomes.

Our school year began with a horrible tragedy. Two of our families lost their dads in a tragic car accident. We immediately contacted the families to lend them our support. We wanted to remind both the families that they could come by the Center or call whenever needed. One of the mom's would come to the Center and lay on our couch for hours in shock. Knowing she was unable to think straight we offered her a plan that would help her gradually get back in her house, feed her family and get her son to school. We also helped her try to understand the stages of grief. Her son is now in PIP and together they are striving to move forward.

The other mom is very reserved and has two young teens. We kept reaching out to her and gradually we gained her trust. We immediately began meeting weekly with the kids. Both are very open and willing to talk in depth about their dad and they seem to be working their way through this very difficult process. We feel fortunate to have our community center and all of its resources to help our community members when a crisis like this arises.

Eureka - Marshall Family Resource Center – Maureen Chase, Coordinator

The Marshall Family Resource Center (MFRC) engaged 1067 children and families of Eureka in the first 6 months of fiscal year 2011-12 under its mission of "*building resilient students, strong families and a healthy community*". This number includes 62 individuals from 18 families referred to us by CWS. The MFRC worked with these *Differential Response (DR)* families with funds provided from the County for direct service, case management and resource and referral to strengthen their family cohesion and prevent further CWS involvement in their lives.

Supported by county funding, the MFRC has served the needy children and families of Eureka in various ways, including giving them access to our Cal Fresh funded food pantry and CalWORKs sponsored parenting classes. We work to fortify our families' access to basic needs, health and welfare as the MFRC operates on the principle that children are only as strong as the families they come from.

The MFRC has been working tirelessly and collaboratively with our resource-rich community to connect our families to housing, substance abuse programs, job opportunities, and mental health

counseling among other services. To assist in connecting students and families to the resources and opportunities our community has to offer, the FRC has a state-of-the-art computer lab with printers and internet for clients use as well as free fax and telephone use. We assist the families we work with to ensure they are connected to all public benefits they are entitled to: MediCal, Healthy Families, CalWORKs, Food Stamps and WIC. The ease and support of being able to apply online for these programs from the MFRC has proven to be very effective and efficient.

The MFRC is excited to add a new member to its outreach team, Georgianna Wood. She runs Step Up, a job readiness program which is designed to help youth access services that will further their academic success as well as provide them with the tools and skills needed for success in the work place. The program focuses on youth that are low income and includes opportunities for the young individuals in the program to earn stipends of up to \$1000 over the course of a year. Step Up also provides bus passes, gas cards, clothing and shoes for work or school needs.

Eureka City School's Liaisons working out of the MFRC work to support a positive school connection for our families, increasing their engagement in their children's education. To empower Eureka's students from disadvantaged backgrounds to find academic success, the MFRC provides extensive school support services. The MFRC equips homeless and low-income students with backpacks, school supplies, shoe, clothing, and laundry vouchers, and hygiene products all provided through CalWORKs and CalFresh funding. The MFRC works closely with Changing Tides, ensuring all young children we work with are engaged in one of Eureka's many pre-school programs, understanding the correlation between early childhood education and future success in life.

In the last 6 months, the MFRC has also worked in collaboration with EHS students to provide Thanksgiving baskets, brimming with all the trimmings, for some of our community's less advantaged families. The creativity and community service of EHS students, in conjunction with the MFRC, was also responsible for distributing over 200 holiday stockings filled with holiday trinkets and treats to homeless children this Christmas season.

Using CalWORKs funds, the MFRC looks forward to continuing our popular *Positive Parenting* classes. There will be two 7 week sessions; one session will be on the challenge of raising teens, the second on positive strategies for the raising of elementary aged children from 5-12 year olds.

What has been most exciting about the MFRC in the last 6 months is that its exposure and client base has continued to grow. The Center's warm, inviting atmosphere, music, bagels and coffee (donated by Los Bagels) and computer and internet access has brought in record numbers of individuals who engaged in some sort of activity to improve the health and welfare of themselves and their family. As two mothers who frequent the Center recently said:

"I thank GOD for the Resource Center! If it wasn't for it I really don't know what my family would do. The people here CARE about you and know so much. My two kids and I have been homeless for 9 long months. I really couldn't have moved into our apartment without the Family Resource Center. They connected me to a program that paid for my first and last month's deposit. I used their computers to find our apartment on Craig's List and even found some free

furniture and beds on their computers. Now that we aren't homeless anymore, I still use them! I love their food and clothing closets and they even give you free school supplies for your kids. I'm so grateful for this place. Thank you!" D.T.

"Thank you so much for always being a place to start (meaning if I don't know where to go or how to get started on something I always come here and you guys always know what to do). This place makes me feel like a better parent." N.R.

Fortuna Family Resources – Kay Chapman, Coordinator

I am proud to say we are all moved into our new Family Resource Center. This space was originally the Healthy Start Center. It has been many years of hard work to get it back to the Healthy Start concept with a Family Resource Center. EUREKA," We have made it!" with a warm inviting environment in the main room and three office spaces. I am thrilled to say that Children Youth and Family Services serve clients in one of the offices and Changing Tides is in the second office with the third office space being taken by AmeriCorps/AFACTR. CYFS is starting with one day a week until they see more referrals. Changing Tides is seeing children and families three days a week. Changing Tides has been on the school campuses (South School and Fortuna Middle School) for several years now and has made a significant change in the families they are counseling.

It was the Fortuna Community meeting that DDHS facilitated this year that allowed community members to express what they felt was needed in our community. This was a great idea with many community members in attendance. Many efforts are being made to accommodate those needs that were expressed in that Community meeting.

One need that was expressed was to have Mental Health Services in Fortuna.

Our FRC has accommodated CYFS to see children and their families. There is a great need for adult mental health services also, so I have been working with the MEV coordinators to find the most populated spot to park in the community. After filling out the paperwork with Safeway, DHHS will park the MEV on the Safeway parking lot once a month with a Mental Health therapist along with other services on board for adults. This is a new adventure of having the MEV parking in a different part of town. Of course, this all is taking time, coordination, and communication to get the services up and running. The other Counseling service that is still in the infant stage is AOD counseling in Fortuna. My goal is for Fortuna (Eel River Valley) parents and children to have the opportunity to be healthy and stable having their basic needs met by bringing these services to Fortuna.

The Fortuna Elem. FRC is open to TDMs, parent meetings with school staff, agency and parents (ex: CWS) etc. 5 days a week. The FRC has a parenting library, computers so parents can go on line and apply for services, job search, make resumes etc. We have a small TV that children can watch a "character counts" video on, while the parents are being seen by the therapists and supervised by the AmeriCorps. The FRC also has a small children's library on topics such as grandpa died, dads in jail, mom's house and dad's house, etc. And of course we have a microwave, coffee pots and a few snacks for hungry mouths. I am very proud that it only cost between \$25 to \$50 dollars to put the entire FRC together. Everything was either donated by community members or the school had in storage. The antique (70 year old) table, chairs and

side board were given to us in memory of an employee's grandmother who always went beyond the expected to help children and their families.

We work closely with the Fortuna Fire and Police Departments when families are in need especially during the holidays. The departments ask the school and FRC for a list of the families in need of food and gifts. We work closely with Fortuna Community Services also as they have a food bank, clothes, small apartment for emergency short term housing, support groups and more.

The Differential Response referrals have significantly dropped this year. After being the second highest of FRCs for DR referrals, we feel the parent signature for the referral has delayed any intervention we may have been able to make. The signature by the parent for the DR to be sent to the FRC takes time and effort by the agencies to get the parent to sign. Prior to this the FRC could receive the referral and contact the family immediately, without having the parent sign for FRC contact. The FRC is in the hub of the community so we know most of the DR referrals and in a lot of cases are already assisting them. I have been told that the County Council is working to reverse the mandated signature for FRC intervention.

DDHS financial support assists the FRC in handing out laundry vouchers ex: when children have lice and can't attend school, food vouchers when parents run out of money at the end of the month and have used their quota at the food bank, transportation vouchers to assist parents to their appointments in Eureka and gas vouchers are given, sparingly. We assist with weekend food backpacks for children. We are able to hand out some diapers and personal necessities upon request. The DHHS financial assistance is crucial to the continued efforts of the FRC working in Fortuna. As schools deplete their resources, FRCs on school sites do not have the financial support of their schools, other than the building itself, maintenance, some supplies. Most of all the Fortuna FRC has the whole hearted support of its School Board, Superintendent, the Principal and staff. Now that Fortuna Elementary School District and Rohnerville School District have united it will be exciting to see how the FRC fits into the unification as Rohnerville District does not have any support/intervention like the Fortuna Elem. District does with our FRC.

McKinleyville Family Resource Center – Hillarie Beyer, Coordinator

McKinleyville Family Resource Center had a productive first half of the 2011-2012 Fiscal year. In addition to continuing our work of resource and referral, differential response, hosting anger management courses, and hosting the Mobile Engagement Vehicle once a month and Street Outreach Services every other week, we have taken on new programs and projects.

In August, Mck FRC officially took on the Food for People Food pantry site for McKinleyville. This program has been an important part of our community engagement activities, our volunteer program, and, of course, our basic needs services. The food pantry serves about 200 families a month with a monthly food box and weekly bread and produce. This program runs on about 300 volunteer hours a month.

Also in August, we hosted our annual Bike Rodeo with Parks and Recreation. This event was successful, with participation from local bike shops, Making Headways, volunteers both young and old, The Bike Commuters Association, Dorina Espinosa with her bicycle blender, the Fire Department, Sherriff's Citizens on Patrol and others.

In September, we had a community engagement luncheon with people who are involved in our food pantry program, either as recipients, volunteers, or both. John Driscoll from Mike

Thompson's office attended to hear about what is important to the people attending the luncheon. During that meeting the group decided that what was most important to them was food access. They also wanted to know what they could do affect food access for our community. This led to a follow up luncheon with Anne Holcomb from Food for People and her advocacy expert to share information about how people could support the broader efforts of food banks to address food access concerns locally and at the State and Federal level. Each luncheon drew about 25 people.

Also in September, we started with Cuentame un Cuento (Spanish Share a Story) a program of the Humboldt County Library that we host monthly during the school year. This program has been historically very popular and continues to fill our building with about 25 people, including parents, kids from babies on up to middle school age, and grandparents for a fun evening of stories, art and food.

In October a local Lactation Consultant started a new parents group at the FRC. This group meets weekly, and has a regular attendance of about 5 parents and babies.

Also in October, we hosted a Parks and Recreation Parent and Child Art class, which ran for four weeks. This was our first class that we hosted for Parks and Recreation and both parties came out wanting to do more in the future.

In November, we started back up with Family Art Night, an art centered social event for parents and children that runs during McKinleyville Art Night. We show art from local artists (our first featured artists were the participants in the parent child art class). We also have an art project for kids to do and snacks to eat. There is a free drawing for the kids with an art themed prize. This program has been a place where families of different backgrounds have mixed effectively and has drawn about 25 people each time.

In November and December we did our Holiday Distribution Program, which is a community wide effort including WIC, Northcoast Children's Services, Nurse Family Partnership, and McKinleyville Union School District as referring agencies; Grace Good Shepherd Church, United Methodist Church of the Joyful Healer, New Heart Church, Christ the King Church, Humboldt Association of Realtors, Blue Lake Casino, Timber Ridge, McKinleyville Middle School and individuals as donors; Rays Food Place McKinleyville and McKinleyville Safeway as vendors and food drive sites; and other local businesses and food drive sites. This program also requires lots of volunteer hours to pick up sort and distribute donations. This year we gave 100 Thanksgiving turkeys in November, Christmas toys to 379 children, December holiday food to 379 children and 454 adults, and scholarships to the children's holiday gift making workshop to 104 children.

Success Story:

A family referred to the FRC through Differential Response is made up of a man doing kinship care of two children and his mother. The family was already engaged with the FRC, and working on the identified needs. The family was able to access the services they needed through a combination of FRC support and personal work. This family will continue to engage with the FRC and staff is confident that this man will access available resources to make sure his family's needs are met as they arise.

Manila Teenship Wellness Village Resource Center – Salena Kahle, Coordinator

Based on sign in sheets, during the last six months, the Manila Teenship Wellness Village served approximately 222 unduplicated families, and 466 unduplicated individuals. Sixty-nine of those families were ones with children ages 0-5.

Parents In Partnership (PIP) meets once a week and met 15 times during the last six months. We served 30 unduplicated parents, 22 of which are 0-5 parents and a total of 321 individual contacts (including the children and babysitters). The parents discuss their thorns (bad) and roses (good) in their life and, their challenges, goals, health goals and moments of luxury, as well as a variety of topics such as: How To Get Kids To Do Chores, Avoiding Negative Self-Talk Loops, Anger Management, Time Out For Parents, Temperaments and Food Safety. Meg Walkley from First 5 Humboldt and Humboldt County Office of Education did a presentation about the Spirited Child, as well.

One of our regular attending parents, who has a four year old child, became a widow several years ago. With the support and encouragement from the Parents In Partnership members, she applied to the online Masters of Social Work program at HSU, to which she was not only accepted, but received a scholarship.

Teenship meets weekly and met 20 times from July to December and engaged 27 unduplicated youth, 18 of which are siblings, or related household members, of a 0-5 child. The Teenship youth discuss their thorns and roses and health goals, as well as the challenges they face while providing childcare during PIP. During the last six months, 16 unduplicated youth provided childcare during the PIP meetings while being supervised and earning stipends.

Teenship also planned and hosted a variety of activities and events. We use the events as outreach to families to distribute information such as our brochures, CalFresh eligibility and the First 5 Humboldt Newsletter. This summer Teenship participated in the weekly family softball games and family river trips, as well as raised the money needed to take a week long campout on the Smith River. Teenship attended the Medieval Festival of Courage in Blue Lake, where they painted faces, and made hats, masks and hair garlands. The youth hosted the Manila Halloween Carnival where we had a haunted house and outreach booths from Tobacco Cessation, Breast Cancer Awareness, Red Cross and the Arcata Fire Department. During the holidays the youth sang Christmas carols and handed out fruit baskets and information to 43 seniors in our community. And, for the Community Holiday Party they wrapped presents, decorated the hall, baked holiday goodies, helped to cook and serve the food, and helped Santa to hand out presents to over 102 children.

Last Spring the Multiplicity Therapeutic Services of Arcata started utilizing our center as a place for their mentors to bring special needs children to help them to develop social skills. One youth was very antisocial. He would hardly talk to anyone and when he did, he often talked about his prior history of violence or his interest in the devil. Eventually the other teens, his mentor and staff were able to get him to participate in the weekly Teenship meetings. This summer he was able to join us on the campout with the other teens. Shortly following that, he began to help with the babysitting on Monday nights and participated as the mad scientist in the haunted house. This fall at one of the Teenship meetings he opened up to staff and peers telling them about all of his life challenges. Having this opportunity within a supportive and encouraging environment was a turning point for him. He then advanced from the beginning level babysitter to the junior level babysitter and was very proud of his accomplishments. The following week he returned to the Teenship meeting and stated that his goal was to be a good role model for his 3 year old nephew who lived with him. He claimed that he was changing his ways and planning on being a major part of his nephew's life. He wanted to help his nephew have the life that he never had. He has continued to build his friendships at the center, and spends a great deal of time laughing and playing with the other youth.

The Manila Thrift Boutique provides clothing and other necessities for our families and center. Youth will often exchange help, for items in the Boutique. The Boutique serves as a great entry point for new families and is a valuable tool in teaching about reducing, reusing, and recycling.

In the afternoons, the center is open for drop in from 3-6pm. We provide a variety of services and support such as: free computer access, a 0-5 playroom and playground, a food pantry, and other basic needs. We have resume paper and schools supplies on hand, and often help with finding jobs, houses, homework and developing resumes, as well as referring to other agencies if we are unable to assist someone.

A senior homeless man, who has lived in our community for many years, often comes to our center to utilize our services. Right before Christmas, he started talking about how he was a foster youth and how he had lost touch with his family, and how he missed them all. He asked us if there was a way he could find out where his family lived, and how he could contact them. Our AmeriCorps member and teens encouraged him to set up a facebook account. When we returned from the holidays he was waiting for us. When we asked him if he would like help going on his facebook account, he stated that he did not want to bother us.... "Besides, no one had made any effort to contact him yet, in all of these years." When we finally encouraged him to take a look, it turned out that several of his family members had contacted him and more have contacted him since. He is very touched, and has spent a great deal of time looking at all of their pictures and communicating with them via the Internet.

We are looking forward to the year ahead and cannot begin to express our gratitude for the support provided by DHHS. You have allowed us to provide a continuity of services that our families depend upon and that have helped us all, to grow and prosper. Thank You.

Orick Community Resource Center – Tracy Homen, Coordinator

The Mission of the Orick Community Resource Center is to provide social, health, and family strengthening services to preserve, support, and improve the lives of children, families, and individuals of Orick and the outlying community. The Orick Community Resource Center provides monthly commodity and emergency food boxes to all residents in need. We work in partnership with the Department of Health and Human Services to provide monthly access to rural outreach services such as Cal-Fresh, Medi-Cal, HIV testing, and mental health services. The Orick Resource Center advocates for community needs and works to provide a multitude of individual, family, and community supports. The five main goals of the Orick Community Resource Center are:

- Improved wellness through localized, on-site, health and human services
- Development of transportation
- Improved transition of teens to McKinleyville High School
- Improved community well-being through whole-family events, recreational and enrichment opportunities
- Career and educational outreach, family literacy, and post high school job training and placement

These goals are being made possible through working partnerships with other community agencies. The Mobile Engagement Vehicle provided by the Department of Health and Human Services (DHSS) provides monthly services through the Orick Community Resource Center.

These services include, but are not limited to, oral health services, mental health services, Cal-Fresh and Medical applications and support, and free car seats to those in need.

The Resource Center also partners with Orick School, the Trinidad Lions Club, Food for People, and other local support agencies in order to provide additional nutritional and social supports. The Orick Community Resource Center also provides free phone service, computer access, and referrals to other agencies. This year the Resource Center provided two Community Holiday meals; serving an average of 200 residents per event.

South Bay Union School District Healthy Start – Susan Maschmeier, Coordinator

During the first half of 2011/12 South Bay and Pine Hill Family Resource Centers helped South Bay School District, of which they are affiliated, accomplish a major reconfiguration this year. School populations were reshuffled among schools and a charter school was added. We played a major role in seeing that the families and children were acclimated to their new environment, new school cultures were healthy and that the needs of the “whole child” were voiced and met. School Administrators looked to the Family Resource Center personnel to familiarize them with the strengths of each child and their family needs as they had not met many the children and families before. The bond that the Resource Centers had with the families helped all to establish a feeling of trust and camaraderie.

With communication relationships and coordination skills of the Family Resource Centers, we were able to continue all community services (food backpacks, basic needs, emergency needs, afterschool programs, winter food, etc) and even expand a few without any break in service. The result was a very favorable melding of 5 neighborhoods, new opportunities for community leadership and a quick adjustment to new surroundings.

The requests for food and basic needs, mental health services and transportation continued to climb. We were able to stretch our dollars, leverage in-kind services and nurture community partnerships to meet many of the requests. Through our winter food package program and coordination with organizations providing holiday food, we were able to serve over 350 families this year. Our CalFresh and CalWORKs work has expanded. Nutrition education is an important item. We were very happy that we were able to actually have the mobile engagement vehicle (MEV) at the South Bay FRC. Previously we were privileged to have workers spend a day on site; however, the MEV is quite impressive and makes a positive presence. Although transportation and mental health requests are the most difficult to meet, we feel that our coordination and linkage efforts assisted families to access services.

All of this would not be possible without the Department of Health and Human Services funding. Not only do these funds help provide materials, they help to fund the personnel who coordinate an efficient, caring delivery of services.

Southern Humboldt Family Resource Centers – Christina Huff, Coordinator

At the Southern Humboldt Family Resource Center this fall we recruited new leaders for two of the five neighborhood **First Five playgroups**. The Infant and Toddler group meets in Redway for children ages 0-2 and their families and has re-started their monthly meetings with steady participation. The **Fun and Games** music and movement class continues as a very popular

weekly First Five event with attendance ranging from 7 to 23 children and their parents. FRC staff participated in the Community Park's Walk in the Park with a food booth to extend First Five outreach to the community. The 8 week parent workshop series was sparsely attended by a handful of mandated participants. The **Toy Lending Library** was established with support from a Humboldt Sponsors grant and a dedicated community volunteer. Information about the check-out system and publicity is going out to playgroups and the community. We hosted a gathering of **perinatal services providers** that work in our community with approximately 15 participants in October. The group will meet again in January to continue conversations to share information about our programs with each other and to improve coordination and provide more parents with support earlier in their parenting experiences.

The Redway **Healthy Hearts and Minds Summer Recreation** program enrolled 54 students over the 4 week period with an average daily attendance over 20 students. These included several pre-kindies. **Free Summer Lunch** through Food for People's USDA program was provided at Redway cafeteria during July, also. The daily average meals served was 33 students and our AmeriCorps member coordinated the program.

We welcomed a new **YouthServe AmeriCorps** member to the District who is working with teens at the continuation school and the high school on mentoring, academic support and community service projects. She also assists with the weekend food program for teens. We also welcome our **HSU Masters in Social Work Intern** who is now this year's Youth Alive! Coordinator through the Mateel Community Center. He is working mostly with teens in Peer Mediation Group at the high school and the Alternatives to Violence project – a communication skills and community building program focused on 8th graders this year. He also organized suicide prevention awareness activities and co-lead the Youth Alive Ropes Course outing and the "A Night At The Theater" field trip to Dell'Arte. The Youth Alive! fabulous mural on the True Value wall in Redway looks great! We are grateful to the mentoring artist who led the teens through the process. The **Rural Youth Homeless Prevention Outreach** program through Youth Service Bureau ended in September, after three years, although there will be some additional service for the next year as the grant is completed. We miss the energy and support of that case worker.

Holiday food, toys and teen gift certificates were organized by our **AFACTR AmeriCorps** member with toys from the Marine's Auxillary distributed at the FRC on the same day as the Holiday Food distribution at the Baptist Church. She also re-organized the FRC's Quiet Room to accommodate the new Toy Lending Library and assisted at the Community Veterans Hall Thanksgiving dinner working with many of the families we serve and our community volunteers.

Weekend Food for Kids at Redway School is now being supported (at least temporarily and possibly expanded) by a Redway parent who is organizing friends to donations to the FRC's Food Cabinet. The Rotary Sponsorship of this program will begin again in January.

California Healthy Kids Surveys were conducted in November at all schools and results will be available in approximately two months for review by the **Family Partnership Council**, an inter-agency collaborative with parents and representatives from the District's seven school sites participating. This group decided to meet monthly again after trying quarterly meetings for the

The DHHS support for staff salaries and benefits for the Coordinator and Family Support case manager positions makes it possible for many great connections with children families and individuals, who appreciate assistance in navigating through services, progressing towards goals, and support during a crisis.

Willow Creek Community Resource Center – Tamara Jenkinson, Coordinator

2011-2012 funding year is seeing a steady increase in the demands on the Willow Creek Community Resource Center (WCCRC) with regard to the families who were identified through the Differential Response Program. The Center is proud to have become a support for some families even after they have gained in stability. Some families remain close to the center, after they were referred in our very first year, and continue to use us as a base for communications with eligibility workers, Medi-Cal applications, Social Security updates, job searches, Co. Mental Health Appointments with Kim Durham or Tom Nash, Family Decision Making Meetings, as well as participate in the Playgroup and Community Dinners.

Child Welfare workers in Eastern Humboldt County regularly drop by the center to see if we can supply families with basic needs, such a diapers and formula, bus tickets to appointments, and of course, food boxes and clothing. We witness the value of the broad base of support that some DR families develop. Public Health Outreach Workers, Dawn Rossman and Lila Lucero, and Supervising Nurse, Marilyn Powell, are great advocates for our shared families and we appreciate the mutuality in our relationship with the Willow Creek Branch Office Public Health, as well as Humboldt County Mental Health.

WCCRC is only able to provide bus tickets, gas vouchers, diapers, and formula because of the support of DHHS. These small items help to establish longer term relationships and we have built trust over time with a number of families. It is gratifying to witness growth and increased self-sufficiency in a substantial number of families. Both last year's and this year's Americorps AFACTR member connect with the home visiting families. We strive to communicate with the families weekly. Americorps AFACTR members provided transportation to pre-school events, as well as a few trips for doctors' appointments locally. The Americorps Member continues to deliver food boxes on the commodities distribution day, or in the case of an emergency. Our Americorps Member also accesses Angel Fund and various other resources for DR families, as well as facilitated one family's move back to a mid-western state. There, the young mother would have the support of both her mother and grandmother and her one child would benefit from his bio-family's ability to provide day care, while the mother looked forward to finding work.

The MEV Van continues to visit the WCCRC on the third Wednesday of the month and has been very useful, particularly to working families who cannot make multiple trips to the coast to apply for MediCal and Food Stamps. Although we are able to apply for MediCal for Children, and can assist with mail-in applications for adults, the visiting county staff members are equipped to achieve more in one day than we can.

The center staff and volunteers, more familiar with informal networks of support in the Willow Creek/Hoopa area than some of the other providers from Eureka, and are often called upon for assistance in linking newly-housed families with free or very low-cost furniture and appliances.

We have a good relationship with both Thrift Stores and can often procure a needed item for free or very little cost.

Job preparedness continues to be an area we address, when supporting families and individuals. We help with resumes, clothes for interviews, and with motivational counseling. We have seen families find and keep work this year, in local service jobs, as well as return to part-time studies at the local branch of College of the Redwoods.

Success Story

This Family was referred to the Family Resource Center via Child Welfare Services in May of 2011. The young mother, Sally (19) and her son Edward (names changed), 5 years old were recently separated from the father when we received the initial referral. The mother lived on the outskirts of Willow Creek, she didn't have very many friends, and her family was far away in a small town in the Midwest. As far as health issues, the mother suffered from severe anxiety, and chronic pain due to an accident that occurred in 2005. She was also in need of surgery to correct a hernia, and cyst growing on her ovaries. Transportation was a concern because she didn't have a car. Her support system was limited to a few people in her trailer park whom she trusted, the staff at the family resource center, and her family who lived thousands of miles away.

In November of 2011, with information provided by the FRC, Sally became aware of the Transportation Assistance Program, funded by D.H.H.S. Transportation Assistance Program (TAP) which provides relocation services to individuals and families that request assistance with relocation to a destination, if it is their intent to reside there.

After weighing the pros and cons of her situation, Sally eventually decided that this was a program that she should utilize. With this assistance, she could get back on her feet and have a reliable familial support system. Once back with her family, she planned to have the surgeries she had been putting off, and to also to find a steady job.

United Way – Humboldt Community Switchboard – Jeanette Hurst, Coordinator

From July 1, 2011 to December 30, 2011 the total number of calls for the Humboldt Community Switchboard was 935. Falling into the 0-5 category First 5 Humboldt has represented approximately 349 of the calls received for this time period. Referrals for these calls pertained to assistance locating resources for clothes, housing, financial assistance for utilities or safety items for the infants, sports programs, parenting classes and many more. The Humboldt Community Switchboard has trained and utilized one (1) Experience Works worker and two (2) community volunteers, (1) MSW graduate from HSU, and one (1) long term volunteer on staff who as of November is now the Humboldt Community Switchboard's Call Center Coordinator. We will also be getting an HSU business intern beginning January 23 through May 4, 2012. There have been a total of six (6) staff members available to assist clients with needs in the past six (6) months.

Outreach for the Humboldt Community Switchboard has continued through brochures, business cards, news articles, word of mouth and recently we have been handing out referral cards to the Moose, Eagles, Clampers, Chambers, etc. and the UWWC Regional Manager Gabrielle Parkinson will continue doing presentations to community groups and Chambers. In February

she is doing a presentation to Women of the Moose, Arcata Chamber of Commerce, Coast Central Credit Union, Blue Lake Rancheria & Casino, and other monthly presentations to local business and agencies.

Focus for the last six (6) months at the Humboldt Community Switchboard has been to recruit volunteers and find new or existing programs to maintain a consistent record of referable entities for our clients. Continually updating our data base is an ongoing challenge; however, it is important so we know we are giving our clients viable referrals. Streamlining our process for regularly updating our data base will be a major focus when we switch over to the ICarol software system through 2-1-1. We plan to have this new software system installed and working by the end of March 2012.

To provide the best resources through our Humboldt Community Switchboard, we continue to broaden the variety of service providers and programs available in Humboldt County. We have an ongoing relationship with *Cal-Works* and the *WEX* program and now we are working with the *Experience Works* program to have ongoing resources for volunteers for the Humboldt Community Switchboard. We are fortunate now to have a gentleman working with us through *Experience Works* at this time. We have utilized one WEX employee over the last year, and we are in contact with WEX to determine any other possible placement for the Switchboard. The relationship with the HSU Master's and Bachelor's program has continued to be a resourceful opportunity for the Humboldt Community Switchboard to find potential staff as well. Starting in January we will have a Business Inter from HSU to assist us with the implementation of the ICarol software. She will be assisting us in the becoming a certified 2-1-1 Call Center, and helping us in developing and implementing a marketing plan for the new 2-1-1 Call Center.

We still continue our emphasis to connect service providers of the 0-5 population, such as WIC, DHHS, FRC, Women and Children's Fund etc.

The Humboldt Community Switchboard's Call Center Coordinator continues as the chair for PR/Outreach committee of the Healthy Start Schools and Community Partnership (HSSCP), the job duties are to coordinate the monthly newspaper article focused on community resources and Family Resource Centers (FRC), attend monthly meeting in order to understand and pass on the current programs that each FRC is involved in and to make sure that all appropriate calls are referred to their local FRC.

In addition the Humboldt Community Switchboard Call Center Coordinator is a part of several committees' throughout the community, making it possible to broaden outreach of our services and programs. Some of these additional involvements in the community include: Healthy Start, Schools and Communities Partnership (HSSCP), Humboldt Housing and Homeless Coalition (HHHC), Policy, Advocacy, Leadership and Safety Committee (PALS). Cal-Fresh Task Force, Volunteer Organizations Active in Disaster (VOAD), Humboldt Community NET-Work, Riches/Vita Program, Eagles member and she is also the Senior Regent for the Women of the Moose.

Healthy Start, Schools and Communities Partnership

Summary of Service Contacts

Service Contact Purpose	Ch 0-5	Ch 6-18	P/G <5	Other*	Ch 0-5	Ch 6-18	P/G <5	Other*	All		
Basic needs	1931	4635	1749	4901	14%	10%	39%	24%	13216	15%	21%
Parenting education/support	326	156	354	221	2%	0%	8%	1%	1057	1%	2%
CalFresh, TANF enroll/assist	139	126	189	386	1%	0%	4%	2%	840	1%	1%
CalWORKS/job assistance	13	22	34	224	0%	0%	1%	1%	293	0%	0%
Other family support	577	1295	691	1223	4%	3%	16%	6%	3785	4%	6%
Health/Medical services	41	464	54	412	0%	1%	1%	2%	971	1%	2%
Mental health services	156	1725	99	235	1%	4%	2%	1%	2215	3%	3%
Nutrition ed.	676		284	669	5%	0%	6%	3%	1629	2%	3%
Health insurance/Medi-Cal, etc.	34	55	72	123	0%	0%	2%	1%	284	0%	0%
Prenatal and birth care/ed.	6	0	12	0	0%	0%	0%	0%	18	0%	0%
Health education/ref./supp.	195	926	155	271	1%	2%	3%	1%	1547	2%	2%
Academic support/child dev.	3882	17605	177	295	29%	37%	4%	1%	21939	25%	20%
Literacy	2416	9940	83	73	18%	21%	2%	0%	12512	15%	20%
Other education/ child dev.	2415	9734	88	256	18%	20%	2%	1%	12493	15%	20%
Community outreach	0	0	0	1702	0%	0%	0%	8%	1702	2%	3%
Information dissemination	0	0	0	7316	0%	0%	0%	36%	7316	9%	11%
Other	657	1034	403	1754	5%	2%	9%	9%	3848	4%	6%
	13444	47717	4444	20061	100%	100%	100%	100%	85666	100%	63727 total without afterschool

Service Delivery Method	In-person	Phone	Class/workshop	Support group /play group	Community event	Home visit	TDM	Fam. meet (not Co. TDM)	Transportation provision	Afterschool program	Other
	1110	535	94	780	721	130	27	5	59	460	137
	4831	1487	116	710	1517	217	24	19	331	2374	342
	1668	669	91	667	835	141	19	4	86	26	95
	1771	1771	429	130	1826	410	25	110	147	19	3475
	27%	13%	2%	19%	18%	3%	1%	0%	1%	11%	3%
	40%	12%	1%	6%	13%	2%	0%	0%	3%	20%	3%
	39%	16%	2%	16%	19%	3%	0%	0%	2%	1%	2%
	0%	21%	5%	2%	22%	5%	0%	1%	2%	0%	42%
	7609	4462	730	2287	4899	898	95	138	623	2879	4049
	27%	16%	3%	8%	17%	3%	0%	0%	2%	10%	14%
	4058	11968	4301	8342	100%	100%	100%	100%	28669	100%	100%

* Includes P/Gs of children >5 and other adults

Appendix D

County Self Assessment Strengths, Needs and Strategies for CWS and Probation

CWS Strengths

Humboldt County is progressive in seeking ways to improve and fund effective delivery of services through evidence-based practices and best practices (**refer to Section F.5**). Humboldt County DHHS integration has allowed the Social Services, Public Health and Mental Health Branches to work closely together within the DHHS continuum of care to deliver coordinated services that promote the safety, well-being and stability of children and families.

Humboldt was in the first group of counties to implement CWS Redesign and DHHS continues to advance CWS Redesign outcomes and goals that are in alignment with the outcomes of C-CFSR. They include:

- Children are safe and youth are supported for successful independent living
- Families are empowered to realize their potential and achieve stability
- Services are responsive to the needs of children and families
- Communities share responsibility for child and family welfare

C&FS is actively participating in communication and coordination with community-based providers as partners, to promote prevention and early intervention efforts, such as relationship building with the Tribes, Differential Response with community service providers, and children/family support services through First 5 of Humboldt. The benefit of sharing information among service providers is to improve the continuum of integrated services provided, such as the standing court order between the education system and DHHS agency to allow sharing of information. Through legislation AB 2229 (2010), C&FS is developing a protocol for sharing of confidential information among multi-disciplinary team members.

Efforts are being made to create a network of support for parents and children through a team approach to decision making, including Team Decision Making and family conference meetings, Wraparound services, family engagement and extended family finding, parent partner advocacy, and care provider mentoring, and other supports. After-care support is recognized to be equally important to preventing re-entry into the system, by identifying and engaging family and community resources, including care providers, to provide support to children and families.

Initiatives are underway to increase recruitment and skills of care providers through the Quality Parenting Initiative. Some of the efforts in progress are the expansion of the foster parent mentoring program to Relative/NREFMs to continue promoting and supporting Relative/NREFM placements and also the development of "Icebreaker" meetings with bio-family and foster family to communicate/exchange information that benefits the child.

C&FS acknowledges that the key to evaluating services is to allow the client voice to be acknowledged and incorporated into system improvements. A strong example for this is the Humboldt County Transition Age Youth Collaborative (HCTAYC), involving foster youth perspective and voice in providing services.

Probation Strengths

The Humboldt County Probation Department was recently awarded grant funds to examine local Disproportionate Minority Contact (DMC) practice and to enhance the use of evidence-based practices (EBP) within the Department and the community. DMC is a process for addressing juvenile delinquency prevention efforts and system improvement efforts to reduce the disproportionate number of juvenile members of minority groups (i.e. Native American Indians), at various contact points with the juvenile justice system. In addition to EBPs currently utilized by the Probation Department (i.e. Functional Family Therapy, Aggression Replacement Training, Nurse Family Partnership), the Department also continues to work closely with DHHS to identify specific evidence-based practices (EBPs) that would reduce the number of Probation youth being sent out of county for treatment.

The Humboldt County Probation Department is the first Probation Department in the nation to implement the Family to Family initiative, involving the four core strategies of: (1) Building community partnerships, (2) Making decisions as a team with family team decision making meetings, (3) Recruiting, training and supporting care providers, and (4) Evaluating results.

The Probation Department is currently using CWS/CMS for entry of client information and is completing implementation of a comprehensive information management system to improve tracking of cases.

Other Probation strengths identified include providing early intervention techniques, such as system diversion with Teen Court and in-house or community-based options, utilizing evidence based assessment tools (DRAI and PACT), expanding partnerships with local Tribal courts, collaborating with service agencies, and also developing sustainable funding sources.

Efforts are being made by the Probation Department to create a network of support for parents/children through a team approach, including Team Decision Making and family conference meetings, Wraparound services, family engagement and extended family finding, and other supports. After-care support is recognized to be equally important to preventing re-entry into the system, by identifying and engaging family and community resources, including care providers, to provide support to the child/family.

As previously discussed, the Probation Department's New Horizons Program is an intensive in-custody treatment program, offered by the DHHS Mental Health Branch within the secure environment of the Northern California Regional Facility. New Horizons after-care services are coordinated through the Family Intervention Team multi-agency process. Individualized strength-based child and family Wraparound case plans are developed with integration of services to support the minor and their family throughout the community system of care. Other agencies provide services to the New Horizons program. Humboldt County Office of Education provides educational programming with year-round school instructed by a full-time certified teacher and instructional aide. Also, the DHHS Social Services Branch provides Independent Living Skills Program services to the youth, and assists with recruitment and retention of foster care families, and participates in wraparound casework for high-risk youth.

The Probation Department acknowledges that the key to evaluating Probation services is to allow the client voice to be acknowledged and incorporated into system improvements. The Humboldt County Transition Age Youth Collaborative (HCTAYC) is actively involved with engaging foster youth perspective and voice in providing services, with a current focus on juvenile justice, Independent Living Skills, and homelessness.

CWS and Probation Needs

CWS and Probation may continue to work on and expand on certain current SIP goals into the future SIP, so as to establish continuity and effective ongoing implementation of the county's system/service improvement efforts. The following are the self-assessment identified needs for CWS and Probation that also correlate with the ongoing SIP goals:

CWS Needs

- Expand opportunities for parent/child visitation and bonding activities and also effective referral, access and service delivery of evidence-based practices (EBPs) and best practices, including the following:
 - More hands-on parenting skills and parenting education, such as Parent Child Interaction Therapy (PCIT) and Incredible Years (IY);
 - Expand in-home visitation to all families with children, such as Nurse-Family Partnership (NFP);
 - Expand parent/child communication, anger management, and role-modeling through Functional Family Therapy (FFT), Cognitive Behavioral Therapy (CBT), and Aggression Replacement Training (ART);
 - Expand use of Family to Family model with family meeting tools to assist in developing family resources and networks of support with the family, such as family conference and family engagement meetings involving an integrated multi-disciplinary team approach;
 - Improve access to Alcohol & Other Drug (AOD) services within C&FS that provides effective substance abuse assessment and treatment for youth and families.
- Improve staff training and implementation of SDM Family Strengths and Needs usage to effectively assess and transition children and family from Family Reunification (FR) program to Family Maintenance (FM) program
- Improve staff training and implementation of SDM Risk Reassessment (In-Home Reassessment) usage for FM cases to help identify and address risk factors that could contribute to reentry and also to assess progress of achieving case plan goals and whether the case should remain open or be closed
- Ensure family support systems and services are in place using case closure after-care planning with the family that identifies community-based and extended family supports. This includes Tribal relationship building and engagement of the Tribes to develop culturally relevant services for Native American families to prevent removal of children.
- Strengthen recruitment strategies of quality care providers through supportive feedback mechanisms to meet their needs (e.g. home study update feedback) and advanced training in caring for high behavioral needs children that are difficult to place (e.g. older youth with complex trauma issues, fragile infants, attachment and developmental issues, and children with family conflict)

For a more detailed listing of CWS needs, refer to **Appendices III and VI**, and also Sections D.4. and E.1 of this report.

Probation Needs

- Continue to explore and implement local evidence-based practice interventions (used to fidelity), including gender and ethnic specific interventions and also treat youth with trauma, problem behaviors, and substance abuse issues.
- Probation youth continue to be a population with challenging placement needs. Probation needs to continue to work closely with CWS to improve recruitment, training and support of care providers willing to provide homes for youth with acting out behaviors and to identify short-term housing particularly for youth 18 years and older that are not eligible for THP-Plus/THP-Plus-Foster Care.
- Expand use of Family to Family model family meeting tools to assist in developing family resources and networks of support with the family, such as family conference and family engagement meetings involving an integrated multi-disciplinary team approach;
- Sustainable funding remains a challenge for most California Probation departments, including Humboldt. Reliable funding continues to be a subject of statewide legislative efforts, in order to ensure effective use of evidence-based practices and services to youth and their families that reduce delinquency, out-of-home placements, and incarceration.

2. Recommendations and Strategies for the Future

As a result of the 2009-2012 System Improvement Plan efforts, service and process improvements within the areas of family reunification and placement stability (permanency) have occurred over the last few years for CWS and Probation. However, there is more work to be done. It is within these two areas that we can continue our focus and efforts for our next 2013-2017 System Improvement Plan. We will build upon and benefit from lessons learned, through system improvement planning, to address future challenges and system needs that are identified from performance outcome measures and county self assessments. The CSA/PQCR and SIP process also informs and links to the Humboldt County DHHS 5-year Strategic Plan Update (2011-2016) for Integrated Services Initiative.

The following summary of initial strategies for CWS and Probation are based upon responses from the PQCR and County Self Assessment focus groups (refer to Appendix VIII). These strategies specifically address CWS and Probation resource, service, and process challenges that impact the performance outcomes the county is working to improve (**described in Section D – PQCR and Section E – Outcomes**).

For CWS each of the following strategy categories targets improvements for outcome measures S1.1 No Recurrence of Maltreatment, C1.1 Reunification within 12 months, and C1.4 Reentry Following Reunification. For Probation each of the strategy categories target improvements for Reunification outcome measures C1.1 Reunification within 12 months (exit cohort), C1.2 Median Time to Reunification, and C1.3 Reunification within 12 months (entry cohort). These strategies are built upon system strengths to better address the areas needing improvement to promote child safety and well-being, family engagement and empowerment, as well as child/family stability and permanency. Further planning and development of initial strategies will take place in the development of the SIP during 2012.

2.1 CWS Strategies

2.1.1 Child/Family Safety & Well-Being / Recovery

- Promote and support family systemic change by identifying family strengths and needs in the CWS/CMS case plan and throughout the time the child/family are receiving CWS services, to guide case plan goals and a best match to available services.
- More access to all services and supports in rural areas through satellite office and/or Mobile Engagement Vehicles (MEV), such as parenting classes, transportation, adult mental health counseling, substance abuse treatment, employment training, affordable housing.
- Improve parent visitation with child by providing hands-on and in-home education of parenting skills to promote reunification. Also provide parents, with children at risk of removal, the opportunity to have in-home support services to learn parenting skills, living skills, and role modeling.
- Identify and implement evidence-based practices that focus on Behavioral Health/AOD treatment (including trauma effects) for parents and for transition age youth.
- Expand drug treatment/recovery program to all mothers and children, similar to Healthy Moms program which targets mothers and children under five years. This includes access to parenting classes, mental health treatment, aftercare planning/service access, etc.
- Explore and develop a residential drug treatment and recovery program for mothers and their children, as resources are available.
- Provide a resource center location (with visitation rooms, kitchen, bathroom) for care providers to meet with birth parents and their children to practice parenting skills, living skills, and role modeling (as resources are available).

2.1.2 Child/Family Engagement and Empowerment / Wellness Partnerships

- Promote use of family engagement techniques that involves the family in decision making (e.g. Motivational Interviewing) to get the family on board with the case plan goals and participate in services offered (e.g. evidence-based practices, housing, CalWORKs, HumWORKs, Healthy Moms, Tribal services, etc.).
- Support more family team meetings early on and throughout the case to set up family and community support systems, including resource providers as needed (e.g. care providers, service providers, CASA, etc.). Recognize that more family meetings require more of the social workers' time and impacts caseload.
- Expand and enhance "icebreaker" meetings to facilitate communication and exchange of information between care providers and birth parents for the benefit of the child.
- Develop early engagement process with the Tribes regarding referrals to CWS. Identify common values and build person-to-person relationships based on Circles of Safety best practices, recognizing cultural/practice differences exist between Tribes and CWS Agency.
- Reinstate the Alternative Response Team quarterly meetings with Hoopa Human Services.
- Enhance and expand parent partner program to advocate for parent's needs, help families succeed in the CWS, assist with client satisfaction service reviews, and mentor for parent/child visitations. Also hire another parent partner (male) to advocate for fathers, as resources are available.

- Develop a bio-parent support group, modeled after HCTAYC, to provide support to bio-parents in the same way TAY youth are supported, including living skills, employment, education, housing, anger management, and parenting skills, particularly in rural areas.
- Assign a case review team to identify and review reentry cases (i.e. reentry reasons, SDM usage, after-care family supports, etc.) and make recommendations to C&FS management on ways to improve successful reunification and reduce reentry into the CWS system.
- Develop more effective after-care planning and post-reunification supports that identify and engage circle of supports (family/community resources) whom families want to include.

2.1.3 Child/Family Stability and Permanency

- Strengthen partnership with county AOD programs by co-locating AOD staff and services within C&FS to provide assessment and treatment for children and parents with substance abuse issues and/or serious emotional disturbances, including trauma history.
- Offer on-call mental health staff support that go out with on-call social workers to provide post-traumatic stress counseling to children at risk of being removed from the home.
- Help families develop better relations with landlords to secure housing, such as helping family develop proof of success and getting letters of reference for housing.
- Need for short-term housing (i.e. apartments, rentals), and shelter housing for youth 16 and older who do not qualify for the Transitional Housing Program.

2.1.4 Family/Community Partnerships and Support

- Develop a planning/implementation team to streamline county ideas and initiatives.

2.1.5 Training / Teaming

- Need ongoing cross-training (joint-training) among CWS, Probation, and community providers to promote sharing of information and resources across programs (for efficient response). Create new baseline training requirements for social workers and probation officers on county programs/protocols and working with ICWA cases and tribal customs.
- Need for staff training on accurate data entry in CWS/CMS, which may directly impact outcome measures, such as reunification and reentry. Training to include appropriate use of placement episode termination and termination reasons, timely accurate data entry of placement and service component information, and identification of family/children strengths and needs in CWS/CMS.
- Offer ongoing and consistent training for social workers, parent partners, service providers, and Tribes on ways to assess, plan and respond to key risk factors (e.g. domestic violence, drug abuse, mental health issues, unemployment, lack of housing, ICWA cases and Tribal Court involvement, family conference meetings, effective use of available EBPs and community services, and using SDM family strengths & needs and risk reassessment) that can impact child and family safety, well-being, and permanency.
- Develop TDM protocol to ensure follow-through is done after the meeting and to describe TDM participants' responsibilities and rights.

2.2 Probation Strategies

2.2.1 Child/ Family Safety and Well-Being / Recovery

- Assign and co-locate mental health case managers/clinicians at Probation to help with family reunification, as resources are available. This allows for a more integrated team approach to service delivery for youth and families and easier access to mental health services and family counseling.
- Increase early intervention services for status offenders and their families through effective use of the risk/needs assessment PACT tool to identify youth/family issues and guide juvenile case planning with the youth and family.
- Continue to develop staff Motivational Interviewing skills to engage family buy-in to participate in prevention services and achieve case plan goals.
- Explore and implement evidence-based practices for youth in Juvenile Hall and Probation youth, involving family treatment that improves youth support systems and acknowledges family, youth, gender and cultural characteristics.

2.2.2 Child/Family Engagement and Empowerment / Wellness Partnerships

- Increase the use of a Family Team meetings following the creation of a Team Decision Making plan.
- Offer Wraparound-type support and improve reunification services for all out-of-county placed youth.

2.2.3 Child/Youth Stability and Permanency

- Increase transitional housing beds for Probation youth and develop local placement options with residential treatment for juvenile sex offenders.
- Increase Probation youth access and participation in TAY Division programs, including ILP services for Probation youth who have not been previously in foster care.

2.2.4 Family/Community Partnerships and Support

- Increase the number of skilled foster families and increase use of mentors.

2.2.5 Training / Teaming

- Provide training for probation officers on Therapeutic Behavioral Services and ongoing consistent cross-agency training (i.e. SSB/CWS, MHB, PHB, Probation, Schools, Law Enforcement and the Tribes).

In order to improve service delivery, CWS and Probation continue to measure and assess performance outcomes utilizing the many tools and reports identified earlier in this document. This review process assists CWS and Probation to comply with federal performance standards and with management decisions to improve processes and services. Through the California Child and Family Services Review, Humboldt County children and families have and will continue to benefit from improved outcomes.

Appendix E

PQCR Findings Report for Child Welfare Services – Reentry Following Reunification

Some of the key points in the PQCR daily debrief and report out are identified below, covering CWS strengths, challenges and needs.

a. Strengths and Promising Practices

- Use of SDM is consistent at front end
- Involvement with the tribal community
- Integrated services recommended and implemented very quickly by CWS with access to on-site Public Health and Mental Health staff
- TDM is used very early and throughout the case
- Early identification and involvement with extended family
- Focus on care providers participating as mentor/bridge to the bio-family reunification
- Focus on strength-based approach in family meetings to empower families

b. Barriers and Challenges

- Not all Tribes are as involved with CWS cases as would be ideal due to their limited resources and need for ongoing improved collaboration
- Driving distance to some of the rural areas
- Multiple social workers assigned over short period of time and lack of transition between social workers
- Working with high risk families can be difficult to identify strengths (case plans lack identification of family strengths)
- Court does not always support department's recommendation

c. Needs and Recommendations

Training Needs

- Need training for non-related extended family care providers at same level of training as for the foster parents
- Need training for social workers on AOD issues, effective services, and substance abuse cycles (12 months to reunify is unrealistic when AOD issues are present)

System/Policy Issues

- High demand cases take more of social worker's time, which impacts caseload
- High caseloads prevent social workers from seeing children often enough and having family meetings to promote service continuity and build trust
- Safety issue/cultural sensitivity training needed for working with ICWA cases

Resources

- Lack of transportation services
- Lack of housing
- Lack of in-home family support services, AOD services, and after-care services

Documentation Trends and Use of CWS/CMS

- Research policies/practices and provide training around voluntary family reunification, appropriate use of placement episode termination and termination reasons, and timely accurate data entry of placement and service component information into CWS/CMS. Data entry directly impacts outcome measures, such as reunification and reentry.
- Identify Family/Children strengths and needs in CWS/CMS

State Technical Assistance

- Difficulty in complying with AB490 particularly in rural counties due to complex criteria
- Understand qualifying process for subsidized housing program (too difficult for clients to qualify)

Other Recommendations

- Develop stronger partnerships with AOD programs to improve communication
- Collaborate with Parent Partners, specifically on AOD and MH issues
- Develop co-case management with AOD and mental health, joint visits, etc.
- Need ongoing training on policies/procedures for FM/FR staff (e.g. SDM, TDM, EBPs, AOD, MHB, PHB, Access to Community Services, etc.). Also develop a handy desk guide for easy reference to technical issues involved in providing case plan services to children and families.

PQCR Findings Report for Probation – Reunification

Some of the key points in the PQCR daily debrief and report out are identified below, covering Probation strengths, challenges and needs.

a. Strengths and Promising Practices

- Good interagency collaboration between Mental Health and Probation, Environmental Alternatives and CWS.
- Good placement matching process and strong coordination among substitute care providers.
- Motivational interviewing is seen as a best practice for opening communication and improving engagement
- Increased utilization of TDMs and Wraparound services. Use of Family Intervention Team to assist youth getting services in county and keep them out of residential group home.
- Case worker maintains a level of respect for both parents and of children's trauma
- Engaging the family throughout the case
- Use of the risk/assessment PACT tool to create/drive the case plan, create buy-in, talk about criminogenic and other risk factors
- Consistent use of Independent Living Services Program services
- Probation Officer has options for training and is consulted on training needs

b. Barriers and Challenges

- Youth's support system was not healthy to support reunification. Parents may need more time to reunify and ensure support systems in place.
- Need ways to identify the family issues and do more family treatment
- Need more quality foster family homes

c. Needs and Recommendations

Training Needs

- Ongoing training and cross-training may be needed as a forum for Probation Officers to share their knowledge

System/Policy Issues

- Possible gap of services after youth leaves the delinquency system to prevent reoffending and recidivism. Explore cause and effect connections and preventative activities.

Resources

- No comprehensive residential juvenile sex offender program Therapists do in depth work, but no local residential program
- Need more quality care providers

Documentation Trends and Use of CWS/CMS

- Probation has started entering client information into CWS/CMS since mid-2011, however currently there is limited access to outcome data.

Peer County Sharing

Some of the key points in the PQCR peer sharing discussion are identified below. **Refer to Appendix IV** for the detailed report,.

- In-depth analysis of reentry cases is conducted by a review team (e.g. SDM usage, after-care family supports, reentry reasons, etc.).
- Family preservation in-home services and after-care services are provided as a prevention to opening CWS case.
- Ensuring after-care family supports are established prior to reunification, including EBPs.
- In-patient AOD treatment available to families in several county locations for up to six months.
- Developed bio-parent support group, including parent partners, with incentives to participate.
- In working with the Tribes, good relations can be built upon established long-term person-to-person working relationships, based on Circles of Safety best practices.
- Main focus is on getting parents involved and on-board with their case planning, strengths and needs identification, and ways to empower themselves to improve family safety, well-being, and stability.
- On-going cross-training and brain storming among multi-disciplinary teams within integrated Children & Family services to strengthen partnerships among CWS, MH/AOD, and Public Health.

Future Directions

- PQCR findings and recommendations will be incorporated into the County Self Assessment and guide the five-year System Improvement Plan.



Appendix F

Strategies in Priority Order Identified at the 5/7/12 SIP Meeting

Grey highlighted rows signify selected strategies for the System Improvement Plan

Bolded rows signify common identified strategies between CWS and Probation

CWS Strategies	Votes *
Mental Health services especially for violent youth, and train social workers and parents on how to access services.	9 + 2 = 11
Implement Signs of Safety and other engagement tools.	10
Implement evidence-based practices that focus on Behavioral Health/AOD treatment (including multi-systemic therapy and trauma focused) for parents and youth.	10
Provide access to adults to “no fail” employment opportunities.	9
Educate social workers on effects of trauma on parents and children, and how to overcome related relationship issues.	7
Develop residential drug treatment/recovery program for mothers and children.	7
Improve parent/child support and education with caregiver mentoring and hands-on parenting skills in the home.	6
Increase the number of skilled foster families and increase use of caregiver mentors.	6
Housing available for low-income families with services (e.g. MAC) that is drug/alcohol free.	6
Work with Court System to change language on Court Reports to include strengths and needs.	3
Increase family meetings early and throughout the case to identify and develop family/community support system (wraparound-type support).	3
Provide for on-call mental health staff support to go out with on-call social workers to provide post-traumatic stress counseling to children at risk of being removed from the home. (Integrate adult Mental health into case practice from the beginning)	3 + 0 = 3
Improve family engagement techniques that involve the family in decision making.	2
Provide training for foster parents to support (and mentor) birth families.	2 + 0 = 2
Facilitate communication of information between care providers and birth parents for benefit of the child. (utilize parent partner)	1
Promote parent partner advocacy for parent’s needs while receiving services from CWS.	1
Implement Transition to Independence Process (TIP) model to support parent’s and children’s mental health	1
Enhance relationships between DHHS and other community efforts to decrease child abuse/neglect.	1
Increase ability for families to secure stable housing with landlords and for older youth to obtain short-term shelter/housing.	1
Increase youth housing for transition age youth (TAY).	1
Pursue Family Unity Program (FUP) vouchers through HUD applications.	1
Ongoing cross-training (joint-training) among CWS, Probation, and community providers to promote sharing of information and resources across programs.	1
Support coaching of any training received by staff.	1
Offer ongoing training for social workers, probation officers, parent partners, and other service providers on factors that impact child/family health and well-being, and prioritize meetings and trainings around trauma and AOD issues.	1
Train foster parents in therapeutic issues regarding youth behavioral mental health.	0
Improve income of the family.	0
Increase use of Therapeutic Behavioral Services (TBS)	0
More effective after-care planning and post-reunification supports that identify and engage circle of supports (family/community, caregivers, parent partner) and prepare family for case closure.	0

* At the 5/7/12 SIP meeting, participants identified strategies and voted on their top five strategies each for CWS and Probation. Votes were added together for strategies that were similar. Zero votes means the strategy was identified but received no votes.

Probation Strategies	Votes *
Provide access to “no fail” opportunities for adult employment.	8
Train foster parents in therapeutic issues of youth behavioral mental health.	7
Provide ongoing cross-agency training (prioritize staff time to allow community trainings/efforts).	5 + 1 = 6
Increase transitional housing beds for Probation youth and develop local placement options with residential treatment for juvenile sex offenders.	4 + 2 = 6
Train birth parents regarding behavioral issues.	6
Bridge services from foster home to birth home.	5
Increase availability of evidence-based Aggression Replacement Therapy (ART) or the like.	5
Use Transition to Independence Process (TIP) model to help with youth services	5
Increase the number of skilled foster families and increase use of caregiver mentors.	5
Streamline process of mental health treatment for youth/parents.	4
Train foster parents to learn to mentor youth in ILSP services and supports.	3
Provide training for probation officers on Therapeutic Behavioral Services (including trauma).	3
Increase use of Family Team meetings after developing the Team Decision Making plan. (develop family support network).	3
Co-locate mental health case managers/clinicians at Probation to help with family reunification, as resources are available. (on-call Mental Health staff)	2
Link foster parents with birth parents to support relationships.	2
Offer Wraparound-type support and improve reunification services for all out-of-county placed youth.	2
Specifically include fathers in various agencies’ work.	1
Work with Court System to change language on Court Reports to include strengths (and needs).	0
Provide mentoring of birth parents by foster parents/caregivers	0
Support coaching of any training received by staff.	0
Focus on economic and substance abuse issues to reunify children with families	0
Streamline services around housing.	0
Explore multi-systemic therapy (MST) or other like models	0

* At the 5/7/12 SIP meeting, participants identified strategies and voted on their top five strategies each for CWS and Probation. Votes were added together for strategies that were similar. Zero votes means the strategy was identified but received no votes.

BOARD OF SUPERVISORS, COUNTY OF HUMBOLDT, STATE OF CALIFORNIA

Certified Copy of Portion of Proceedings, Meeting of Tuesday, May 24, 2005

RESOLUTION NO. 05-31

RECOGNIZING THE NAME AND STATUS CHANGE OF THE HUMBOLDT CHILD TRAUMA COUNCIL TO THE CHILD ABUSE PREVENTION COORDINATING COUNCIL OF HUMBOLDT COUNTY

WHEREAS, in 1978, the Board of Supervisors established the Humboldt Child Trauma Council; and

WHEREAS, the California State Legislature passed the Child Abuse Prevention Act in the 1980's; and

WHEREAS, in 1984, the Board of Supervisors designated Council to administer Child Trust Fund monies; and

WHEREAS, in 1986, the Humboldt Child Trauma Council filed as a non-profit corporation and changed its name to the Child Abuse Prevention Coordinating Council of Humboldt County; and

WHEREAS, the Child Abuse Prevention Coordinating Council (CAPCC) provides outreach to outlying areas sharing common interests, resources and innovative ideas on strategies to minimize the lasting harm of abuse; and

WHEREAS, CAPCC continues to submit recommendations to the Board of Supervisors for allocation of Children's Trust Fund monies and bi-annual reports on intervention activities throughout the County.

NOW, THEREFORE, BE IT RESOLVED, that the Humboldt County Board of Supervisors hereby recognizes the former Humboldt Child Trauma Council as the Child Abuse Prevention Coordinating Council of Humboldt County and their status as a non-profit corporation.

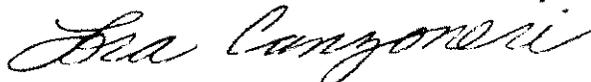
Adopted on motion by Supervisor Geist, seconded by Supervisor Neely, and the following vote:

AYES: Supervisors Smith, Rodoni, Woolley, Neely, and Geist
NOES: None
ABSENT: None
ABSTAIN: None

STATE OF CALIFORNIA)
County of Humboldt) s.s.

I, LORA CANZONERI, Clerk of the Board of Supervisors, County of Humboldt, State of California, do hereby certify the foregoing to be a full, true and correct copy of the original made in the above-entitled matter by said Board of Supervisors at a meeting held in Eureka, California as the same now appears of record in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of said Board of Supervisors.



LORA CANZONERI, Clerk of the Board of Supervisors of the County of Humboldt, State of California—May 24, 2005

Appendix H

Child Abuse Prevention Coordinating Council of Humboldt County (CAPCC) Board of Directors Roster - FY 2012 - 2013

Chair: Siddiq Kilkenny
Northcoast Children's Services
1266 9th St.
Arcata, CA 95521
707 822-7206
siddiqk@ncsheadstart.org

Vice Chair: Karen Diers
DHHS- Public Health Branch
908 7th Street,
Eureka, CA 95501
(707) 441-5553
kdiers@co.humboldt.ca.us

Secretary: Patricia Villalobos
St. Joseph Health System
Blue Lake Community Resource Center
patricia.villalobos@stjoe.org

Treasurer: Ruthanne DeMirjyn
North Coast Rape Crisis Team
rmd@ncrct.org

Additional Board Members:

Tom Anthony
Bikers Against Child Abuse
humboldtbaca@gmail.com

Jeannie Campbell
Redwood Community Action Agency
jcampbell@rcaa.org

Frank Hunt
Bikers Against Child Abuse
feh1@suddenlink.com

Donna Miller-Michaud
Changing Tides Family Services
dmiller-michaud@changingtidesfs.org

Bernice Serdahl
Community Representative
bernice@humboldt1.com

Cynthia Sutcliffe
Community Representative
madriv1@suddenlink.com

Michael Tully
Humboldt County Probation Department
mtully@co.humboldt.ca.us

**For Information Contact CAPCC
Coordinator:
Meg Walkley
707 499-6616 or 707 441-2015
meg@walkley.us
mwalkley@humboldt.k12.ca.us**

Appendix I



Child Abuse Prevention Coordinating Council of Humboldt County
Humboldt County, P.O. Box 854, Eureka, CA 95502

Annual Report to the Humboldt County Board of Supervisors April 2012

We are pleased to announce two additions to the Child Abuse Prevention Coordinating Council of Humboldt County (CAPCC) Board of Directors: Jeannie Campbell, Director of Clinical Services at Redwood Community Action Agency and Frank Hunt, Immediate Past President, Bikers Against Child Abuse- Humboldt Chapter. We are looking forward to Probation Officer Mike Tully joining the Board in May.

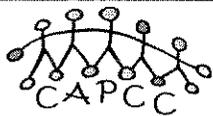
Our work is currently structured around Quarterly efforts as described in the provided brochure. Here are the details for the current year:

Resiliency Promotion Event: This year CAPCC decided to postpone this event until October in order to partner in the 5th annual LatinoNet Spanish Language Health Fair, *Festejando Nuestra Salud / Celebrating Our Health*. Under the direction of CAPCC Vice President, Karen Diers, volunteers provided the children's activities at the fair.

Stress During the Holidays Public Awareness Campaign: CAPCC Partnered with seven other organizations to provide information intended to reduce the stress families experience during the Holiday Season. This year the theme was *Give the Gift of Time-Read Together! Relax Together! Play Together*. A multi-media approach was used including newsletters and newspaper articles, direct mailings to schools and playgroups, a slide on the airport marquee and television and radio spots. A special thanks to Humboldt County District Attorney Paul Gallegos and his youngest son Kai and community member Nancy Taylor and her daughters Lila and Tess, who were featured in the radio spots played by Bicoastal Media.

CAPCC Roundtable: The 3rd Annual Roundtable held on March 23rd had over 90 in attendance. This year CAPCC had seven additional sponsors: Humboldt County Department of Health and Human Services, Humboldt County Office of Education, Bikers Against Child Abuse, Changing Tides Family Services, First 5 Humboldt, Northcoast Children's Services and Redwood Community Action Agency. The evaluation data reflected a high level of satisfaction with this all-day event which featured keynote speaker Paula Arrowsmith-Jones.

Child Abuse Prevention Month: In addition to the much appreciated Proclamation, our April 2012 activities include a Resiliency Quarterly gathering (see attached flyer), the Annual Child Abuse Prevention Awards Luncheon and the Children's Memorial Flag Raising Ceremony. All of you received an invitational letter last month with the details and we welcome your participation in any or all of these events. This year's Child Abuse Prevention Awardees are: CAPIT Workers Deborah Frazier and Kim Rios, Coach James Washington, Head Start Teacher and Community Volunteer Ivy Peters and Inclusion Specialist Sandi Little. We look forward to recognizing them on the 25th.



Child Abuse Prevention Coordinating Council of Humboldt County
Humboldt County, P.O. Box 854, Eureka, CA 95502

CAPCC Report: Page 2

In addition to these four events per fiscal year, CAPCC, in partnership with First 5 Humboldt and the 0 to 8 Mental Health Collaborative, has begun to host quarterly gatherings focused on the Child Abuse Prevention/Family Strengthening factor of promoting resiliency. Thus far this year our quarterly events included:

Fall 2011: Supporting our local Family Resource Centers in Their Efforts to Promote Individual, Family and Community Resiliency

Winter 2012: AB 109 in Humboldt County- A Community Conversation with Chief Bill Damiano.

Spring 2012: A follow up to the Winter Resiliency Quarterly is the upcoming gathering titled "Supporting Families When Incarcerated Members Return to Home or Community". See the attached flyer for more details.

In addition to this work, CAPCC continues to help manage the distribution of Children's Trust funds, including making recommendation to you based on community needs and responsive proposals from local non-profit organizations. North Coast Rape Crisis Team and Arcata House are the current recipients of these funds and are in the first year of a three year grant cycle.

We encourage you to visit our website for current and archived e-newsletters and information about our current and past events. Please feel free to contact CAPCC Coordinator, Meg Walkley if you have input or questions regarding the work of our organization. Both the website and Meg's contact information are printed on the brochure.



Child Abuse Prevention Coordinating Council of Humboldt County
 Humboldt County, P.O. Box 854, Eureka, CA 95502

ACTION ITEM & INITIAL STEPS	HOW?	BY WHEN?
<p>I) Develop a meeting structure that is responsive to community input & interests/concerns and allows for CAPCC business to be conducted.</p> <p>1- Continue to divide the Board Meetings so no more than half are Board Business meetings and the alternate months are Community Forum/Discussion Meetings or Events.</p> <p>2- Plan topics and schedule speakers for the Forum/Discussion Meetings based on input from CAPCC Partners and other community members.</p> <p>a) Create a needs assessment/interest survey tool to disseminate via partner list and website.</p> <p>b) Use the survey results to determine topics for the Community Forum/Discussion Meetings.</p>	<p>Board & Coordinator will create Meeting Calendar</p> <p>Subcommittee creates tool and Coordinator distributes</p>	<p>By 9/12</p> <p>Survey out by 9/12 and results compiled by 10/12</p>
<p>II) Host or partner to host regular community events this fiscal year as follows:</p> <p>Late Summer/Early Fall- Family Fun event</p> <p>October- Triune of Domestic Violence, Child Abuse and Animal Maltreatment event</p> <p>Late Fall/Early Winter- Stress During the Holidays PSA campaign</p> <p>Later Winter/Early Spring- Child Abuse Prevention, Intervention & Treatment Roundtable</p> <p>April- Child Abuse Prevention Month including Awards Luncheon & Children's Memorial Flag Raising</p>	<p>Subcommittees for all</p> <p>DVCC's All Species Protection Committee</p>	<p>By 10/12</p> <p>By 11/12</p> <p>By 1/13</p> <p>By 4/13</p> <p>By 5/13</p>
<p>III) Continue to expand use of website and other forms of communication including:</p> <p>1-Posting information and linkages on website as determined by Board and partner/community input.</p> <p>2-Promoting quarterly events and other child abuse prevention related activities.</p> <p>3-Creating, posting and promoting E-Newsletters related to quarterly events or discussion topics.</p> <p>4-Utilizing electronic mailing list to keep partners informed and provided with opportunities to participate in CAPCC and related activities.</p>	<p>Coordinator with input from Board and partners as needed for 1-4.</p>	<p>Ongoing</p> <p>Quarterly</p>
<p>IV) Identify potential partners and work to further partnerships.</p> <p>1-Establish an outreach/public education committee and outreach budget to raise community awareness and further community partnerships.</p> <p>2-Continue to prioritize some coordination time dedicated to furthering partnerships via:</p> <p>a) Meeting/corresponding with potential partners as needed.</p> <p>b) Expanding training and community event partnership opportunities.</p> <p>3-Outreach to Spanish speaking community to better develop responsiveness and communication.</p>	<p>CAPCC Board and Coordinator</p> <p>CAPCC Board Board Approval Coordinator for 2a) and b) & 3 CAPCC Board and Coordinator</p>	<p>By 9/12</p> <p>Ongoing</p> <p>Ongoing</p>

**PROCLAMATION
of the
Board of Supervisors
County of Humboldt**

WHEREAS, child abuse and neglect remains a serious national, state and community social issue;
and

WHEREAS, the work of Nobel Memorial Prize Laureate Professor James Heckman and others have confirmed that investing in young children and their families will produce great returns to individuals and society in better education, health, economic and social outcomes; and,

WHEREAS, the research-based five Protective Factors continue to inform the early intervention and child abuse prevention work in our community that is responsive to children of all ages; and,

WHEREAS, promoting children's social and emotional wellbeing is one of the five Protective Factors and, thus far, eleven organizations have joined together to form the 0 to 8 Mental Health Collaborative to promote a qualified workforce to be responsive to this need; and,

WHEREAS, promoting resilience is another one of the Protective Factors that has been responded to through the convening of Quarterly Resiliency Professional Support Gatherings on such topics as April 18th's "Supporting Families When Incarcerated members Return to Home or Community" hosted by First 5 Humboldt, the Child Abuse Prevention Coordinating Council of Humboldt County and the 0 to 8 Mental Health Collaborative with assistance from Chief Bill Damiano and the Humboldt County Probation Department; and,

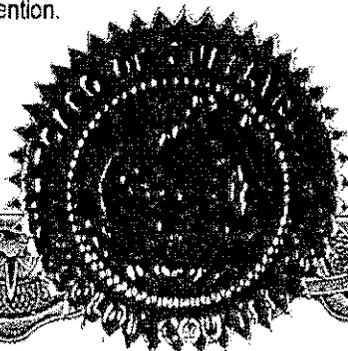
WHEREAS, the Department of Health and Human Services Social Services, Mental Health and Public Health Branches continue to provide valuable services to raise awareness and prevent child abuse in our community; and,

WHEREAS, New Directions of Humboldt Foster Parent Association strives to educate and nurture families in our community to keep them safe, connected, and to remain a consistent, strong support system in Humboldt County; and,

WHEREAS, the Child Abuse Prevention Council of Humboldt County is pleased to announce that this year's Child Abuse Prevention Award honorees are CAPIT Workers Deborah Frazier and Kim Rios, Coach James Washington, Head Start teacher and Community Volunteer Ivy Peters and Inclusion Specialist Sandi Little, all being recognized for their long years of supporting children and families,

NOW, THEREFORE, the Humboldt County Board of Supervisors, recognizing the importance of community collaboration to increase the number of safe homes in Humboldt County, does hereby proclaim **April 2012 as Child Abuse Prevention and Awareness Month**, and urges all community members to become aware of child abuse prevention.

DATE: April 10, 2012



Virginia Bass
VIRGINIA BASS, Chair

AGREEMENT FOR SERVICES

This Agreement is made and entered into this 21 day of June, 2011, by and between the County of Humboldt (hereinafter, COUNTY), a political subdivision of the State of California, and the McKinleyville Community Collaborative as fiscal agent for the Healthy Start, Schools and Communities Partnership (hereinafter, CONTRACTOR), a non-profit organization.

RECITALS

WHEREAS, COUNTY through its Department of Health and Human Services (DHHS) desires to retain a Contractor to receive the Child Abuse Prevention, Intervention and Treatment (CAPIT) grant and provide the following early intervention, prevention and family support services to underserved families in Humboldt County.

CONTRACTOR will provide strength-based and family-oriented case management that is culturally and linguistically appropriate, including assessment, resource and referral services, outreach, home visiting, and advocacy to families referred to the CONTRACTOR or self-referred that may benefit from CONTRACTOR services.

WHEREAS, such work involves the performance of professional, expert and technical services of a temporary and occasional character; and

WHEREAS, COUNTY has no employees available to perform such services and is unable to hire employees for the performance thereof for the temporary period; and

WHEREAS, CONTRACTOR is an agency with employees qualified to perform such services.

NOW, THEREFORE, the parties hereto mutually agree as follows:

1. SCOPE OF SERVICES:

- A. CONTRACTOR agrees to provide all the services described in **Exhibit A**, consisting of two (2) pages, attached hereto and incorporated by

reference. Said exhibit describes the responsibilities and services to be performed by CONTRACTOR under this Agreement. CONTRACTOR agrees to administer the CAPIT program per federal and state legislation (Assembly Bill 1733, Chapter 1398, California Statutes of 1982) and the Office of Child Abuse Prevention (OCAP), a division of the California Department of Social Services, and in accordance with the funding requirements of the California Welfare and Institutions Code (W&IC) sections 18960 to 18964.

B. COUNTY shall provide all the responsibilities as described in this Agreement. The COUNTY shall review outcomes and conduct participant satisfaction analysis of the pre and post measurements of the Eyberg Child Behavior Inventory (ECBI) and the Parent Stress Index (PSI). If the County is selected to be part of a federally funded project to implement the evidence-based practice of SafeCare, the COUNTY will support the CONTRACTOR in this effort.

2. ENTIRETY OF CONTRACT

This Agreement shall constitute the entire Agreement between the parties relating to the subject matter of this Agreement, and shall supersede any previous agreements, promises, representation, understanding and negotiation, whether oral or written, concerning the same subject matter. Any and all acts which may have already been consummated pursuant to the terms which are embodied in this Agreement are hereby ratified.

3. TERM:

This Agreement shall commence upon approval by the Board of Supervisors effective July 1, 2011 and shall terminate on June 30, 2012.

COUNTY has the option of extending this Agreement upon the same terms and conditions for two (2) one-year (1-year) terms. Said option may be exercised by COUNTY giving CONTRACTOR written notice of its intent to extend the Agreement. The notice should be in writing and shall be given thirty (30) days prior to the end of the initial terms or extended term.

4. COMPENSATION:

CONTRACTOR agrees that the total maximum compensation for services performed and costs incurred under this Agreement shall not exceed the sum of seventy-five thousand dollars (\$75,000), and CONTRACTOR agrees to perform all services required by this Agreement for an amount not to exceed such maximum dollar amount. CONTRACTOR shall have at least 10 percent cash or in-kind match of funding other than what is provided from the State Department of Social Services. CONTRACTOR'S costs shall be as set forth in the Budget attached hereto as **Exhibit B**, consisting of one (1) page, and incorporated by reference.

5. PAYMENT:

A. CONTRACTOR shall submit an itemized invoice quarterly to the COUNTY, itemizing all work, services, and activities completed and costs incurred, including but not limited to salaries, benefits, materials, supplies and travel expenses as of invoice date, using an invoice agreed upon by

the PARTIES.

B. The CAPIT program will be funded through the Humboldt County Department of Health and Human Services with the funding provided from the California Office of Child Abuse Prevention (OCAP). COUNTY will pay CONTRACTOR all services provided and costs incurred, including but not limited to salaries, benefits, materials, supplies, travel expenses, and operational costs. COUNTY shall pay CONTRACTOR within thirty (30) days of the date of the invoice.

6. TERMINATION FOR REDUCTION OR LACK OF FUNDING:

COUNTY'S obligations under this Agreement are contingent upon the availability of County, State and/or Federal funds. In the event such funding is terminated or reduced, COUNTY shall, at its sole discretion, determine whether this Agreement shall be terminated or COUNTY'S maximum obligation reduced. COUNTY shall provide CONTRACTOR seven (7) days written notice of its intent to terminate this Agreement or its intent to reduce its maximum obligation under this Agreement.

7. TERMINATION FOR CAUSE:

If, in the opinion of COUNTY, CONTRACTOR fails to perform the services required under this Agreement within the time limits specified herein, or otherwise fails to comply with the terms of this Agreement, or violates any ordinance, regulation, or other law which applies to its performance herein, COUNTY may terminate this Agreement immediately, upon notice. In such event, COUNTY shall pay to CONTRACTOR an equitable portion of the total

remuneration as compensation for the portion of the work deemed acceptable by COUNTY, less the amount of any damages sustained by COUNTY as a result of CONTRACTOR'S breach of this Agreement. COUNTY shall be entitled to take possession of all studies, drawings, computations, specifications and reports insofar as they are complete and acceptable to COUNTY.

8. TERMINATION FOR CONVENIENCE:

At any time and for any reason, upon thirty (30) days written notice to CONTRACTOR, COUNTY may terminate this Agreement and pay only for those services rendered as of the date when termination is effective.

Notice may be given by delivering a copy of said notice to CONTRACTOR personally, or by mailing a copy of said notice to CONTRACTOR. If mailed, notice shall be deemed received two days after deposit in the United States mail, postage prepaid, and addressed as set forth in Paragraph 22, Notices.

9. AMENDMENT:

No addition to, or alteration of, the terms of this Agreement shall be valid unless made in writing and signed by the parties hereto.

10. NOTICES:

Notices shall be given to COUNTY at the following address:

Director
Humboldt County Department of Health & Human Services
Social Services Branch
929 Koster Street Eureka, CA 95501

Notices shall be given to CONTRACTOR at the following address:

Director

McKinleyville Family Resource Center/McKinleyville Community Collaborative

PO Box 2668

McKinleyville, CA 95519

Notice shall be in writing and may be given by delivering a copy of said notice to CONTRACTOR or COUNTY personally, or by mailing a copy of said notice to CONTRACTOR or COUNTY. If mailed, notices shall be deemed received two (2) days after their deposit in the United States mail, postage prepaid and addressed as set forth above.

11. ATTORNEYS' FEES:

If either party shall commence any legal action or proceeding, including an action for declaratory relief, against the other by reason of the alleged failure of the other to perform or keep any provision of this Agreement to be performed or kept, the party prevailing in said action or proceeding shall be entitled to recover court costs and reasonable attorneys' fees (including reasonable value of services rendered by County Counsel) to be fixed by the court, and such recovery shall include court costs and attorneys' fees (including reasonable value of services rendered by County Counsel) on appeal, if any. As used herein, the party prevailing means the party who dismisses an action or proceeding in exchange for payment of substantially all sums allegedly due, performance of provisions allegedly breached, or other considerations substantially equal to the relief sought by said party, as well as the party in whose favor final judgment is rendered.

12. NO WAIVER OF DEFAULT:

The waiver by either party of any breach or violation of any requirement of this Agreement shall not be deemed to be a waiver of any such breach in the future, or of the breach of any other requirement of this Agreement.

In no event shall any payment by COUNTY constitute a waiver of any breach of this Agreement or any default which may then exist on the part of the CONTRACTOR. Neither shall such payment impair or prejudice any remedy available to COUNTY with respect to the breach or default. COUNTY shall have the right to demand of the CONTRACTOR under this Agreement, which in the judgment of COUNTY were not expended in accordance with the terms of this Agreement. The CONTRACTOR shall promptly refund any such funds upon demand.

13. BOOK OF RECORD AND AUDIT PROVISIONS:

A. CONTRACTOR agrees to coordinate with COUNTY in the performance of this Agreement, timely preparation and maintenance of accurate and complete financial and performance records for a minimum of five (5) years from the date of final payment under this Agreement or until all pending County, State, and federal audits are completed, whichever is later. The books and records shall be original entry books with a general ledger itemizing all debits and credits for the work. In addition CONTRACTOR shall maintain detailed payroll records. CONTRACTOR agrees to maintain such records locally and make them available for inspection by County, State and federal representatives, during normal

business hours, upon five (5) working days notice.

B. CONTRACTOR will permit COUNTY, State and/or federal Government to audit all books, accounts or records relating to this Agreement for the purpose of compliance with applicable audit requirements relative to this Agreement. CONTRACTOR shall provide the COUNTY, State or federal Governments with any relevant information required and shall permit access to its premises, during normal business hours, upon five (5) days notice.

C. In the event of an audit exception or exceptions, the party responsible for not meeting the program requirement or requirements shall be responsible for the deficiency and for the cost of the audit. If CONTRACTOR is the party responsible for the deficiency, the cost of the audit and the deficiency shall be paid by CONTRACTOR within thirty (30) days of notice.

D. CONTRACTOR'S rights and obligations under this provision shall continue after termination of the Agreement.

14. REPORTING:

CONTRACTOR agrees to provide COUNTY with any reports that may be required by County, State or federal agencies for compliance with this Agreement.

15. MONITORING:

CONTRACTOR agrees to extend to DHHS Director or designees, the right to review and monitor records, programs or procedures, at any time, in regards

to clients, as well as the overall operation of CONTRACTOR's programs in order to ensure compliance with the terms and conditions of this Agreement.

16. ASSIGNMENT:

Neither party shall assign its obligations under this Agreement without the prior written consent of the other. Any assignment by CONTRACTOR in violation of this provision shall be void, and shall be cause for immediate termination of this Agreement.

17. SUBCONTRACTING:

CONTRACTOR shall not subcontract any portion of the work required by this Agreement without prior written approval of COUNTY.

18. RELATIONSHIP OF PARTIES:

CONTRACTOR shall perform all work and services as described herein as an independent CONTRACTOR. No person performing any of the work or services described herein shall be considered an officer, agent, servant or employee of COUNTY, nor shall any such person be entitled to any benefits, including but not limited to Workers' Compensation Benefits, available or granted to employees of COUNTY. CONTRACTOR shall be solely responsible for the acts or omissions of its officers, agents, employees, and subcontractors. Nothing herein shall be construed as creating a partnership or joint venture between COUNTY and CONTRACTOR.

19. NUCLEAR FREE HUMBOLDT COUNTY ORDINANCE COMPLIANCE:

CONTRACTOR certifies by its signature below that CONTRACTOR is not a Nuclear Weapons Contractor, in that CONTRACTOR is not knowingly or

intentionally engaged in the research, development, production, or testing of nuclear warheads, nuclear weapons systems, or nuclear weapons components as defined by the Nuclear Free Humboldt County Ordinance. CONTRACTOR agrees to notify COUNTY immediately if it becomes a nuclear weapons contractor as defined above. COUNTY may immediately terminate this Agreement if it determines that the foregoing certification is false or if CONTRACTOR becomes a nuclear weapons contractor.

20. COMPLIANCE WITH APPLICABLE LAWS:

CONTRACTOR shall comply with any and all applicable federal, state and local laws affecting the services covered by this Agreement, including, but not limited to, the Americans with Disabilities Act.

21. JURISDICTION AND VENUE:

This Agreement shall be construed in accordance with the laws of the State of California. Any dispute arising hereunder or relating to this Agreement shall be litigated in the State of California and venue shall lie in the County of Humboldt unless transferred by court order pursuant to Code of Civil Procedure §§394 and 395.

22. REVERENCE TO LAWS AND RULES:

In the event any law, regulation or policy referred to in this Agreement is amended during the term hereof, the parties agree to comply with the amended provision as of the effective date of such amendment.

23. NONDISCRIMINATORY DELIVERY OF SOCIAL SERVICES:

CONTRACTOR agrees that it will comply with Title VI of the Civil Rights Act

of 1964 as amended; Section 504 of the Rehabilitation Act of 1973 as amended; Title II of the Americans With Disabilities Act of 1990, as amended; the Age Discrimination Act of 1972, as amended; the Food Stamp Act of 1977, as amended; California Civil Code, Section 51 et seq., as amended; California Government Code, Section 4450 et seq as amended and other applicable federal and state laws and their implementing regulations, all as outlined in California DSS Manual Division 21. The CONTRACTOR agrees to ensure that the administration of public assistance and social services programs are nondiscriminatory, and that no person shall, because of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, political affiliation, sex, age or sexual orientation be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal or state financial assistance. The COUNTY reserves the right to monitor the CONTRACTOR for compliance with the requirements of this paragraph and Division 21.

24. NONDISCRIMINATORY EMPLOYMENT:

In connection with the execution of this Agreement, CONTRACTOR shall not discriminate against any employee or applicant for employment because of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, political affiliation, sex, age or sexual orientation. This policy does not require the employment of unqualified persons. CONTRACTOR further assures that it will abide by the

provisions of Title VI and Title VII of the Civil Rights Act of 1974, Section 504 of the Rehabilitation Act of 1973, as amended, the Age Discrimination Act of 1975, the Welfare and Institutions Code Section 10000, CDSS MPP Division 21, and other applicable federal and state laws to ensure that employment practices are non-discriminatory. CONTRACTOR shall comply with United States Executive Order 11246, entitled "Equal Employment Opportunity." United States Executive Order 11375 and supplemented in 45 CFR, Part 60, amends this. Practices in hiring, compensation, benefits and firing are among the employment practices subject to this requirement.

25. CONFIDENTIAL INFORMATION:

In the performance of this Agreement, CONTRACTOR may receive confidential information. Said information may be confidential under the laws of California, including but not limited to Welfare and Institutions Code Sections 827, 10850; Division 19 California Department of Social Services Manual of Policies and Procedures, Confidentiality of Information; and/or the laws of the United States. CONTRACTOR shall comply with all laws regarding confidentiality and shall advise and require all subcontractors to comply with the laws of confidentiality.

26. INSURANCE:

A. This contract/agreement shall not be executed by COUNTY and the CONTRACTOR is not entitled to any rights, unless certificates of insurances, or other sufficient proof that the following provisions have been complied with, and such certificate(s) are filed with the Clerk of the

Humboldt County Board of Supervisors.

- B. Without limiting CONTRACTOR'S indemnification provided herein, CONTRACTOR shall, and shall require any of its subcontractors, to take out and maintain, throughout the period of this Agreement, the following policies of insurance placed with insurers with a current A.M. Bests rating of no less than A:VII, or its equivalent, against injury/death to persons or damage to property which may arise from or in connection with the activities hereunder of CONTRACTOR, its agents, employees or subcontractors:
- i. Comprehensive or Commercial General Liability Insurance at least as broad as Insurance Services Office Commercial General Liability coverage (occurrence form CG 0001), in an amount of \$1,000,000 per occurrence. If a general aggregate limit is used, either the general aggregate limit shall apply separately to this project or the general aggregate shall be twice the required occurrence limit. Said policy shall contain or be endorsed with the following provisions:
 - 1. The County, its officers, officials, employees, and volunteers, are covered as additional insured for liability arising out of the operations performed by or on behalf of CONTRACTOR. The coverage shall contain no special limitations on the scope of protection afforded to the COUNTY, its officers, officials, employees, and volunteers
 - 2. The policy shall not be canceled or materially reduced in coverage

without thirty (30) days prior written notice (10 days for non-payment of the premium) to COUNTY by mail.

3. The inclusion of more than one insured shall not operate to impair the rights of one insured against another insured, and the coverage afforded shall apply as though separate policies had been issued to each insured, but the inclusion of more than one insured shall not operate to increase the limits of the insurer's liability.
 4. For claims related to this project, the CONTRACTOR'S insurance is primary coverage to the COUNTY, and any insurance or self-insurance programs maintained by the COUNTY are excess to CONTRACTOR'S insurance and will not be called upon to contribute with it.
 5. Any failure to comply with reporting or other provisions of the parties, including breach of warranties, shall not affect coverage provided to COUNTY, its officers, officials, employees, and volunteers.
- ii. Automobile/Motor liability insurance with coverage at least as broad as Insurance Services Office form CA 0001 06092, Code 1 (any auto), for vehicles used in the performance of this Agreement with minimum coverage of not less than \$1,000,000 per accident combined single limit (CSL). Such policy shall contain or be endorsed with the provision that coverage shall not be canceled or materially

reduced in coverage without thirty (30) days prior written notice (10 days for non-payment of premium) to COUNTY by certified mail.

- iii. Workers' Compensation and Employer's Liability insurance meeting statutory limits of the California Labor Code which policy shall contain or be endorsed to contain a waiver of subrogation against COUNTY, its officers, officials, employees, and volunteers and provide for thirty (30) days prior written notice in the event of cancellation.

C. CONTRACTOR shall furnish COUNTY with certificates and original endorsements affecting the required coverage prior to execution of this Agreement by COUNTY. The endorsements shall be on forms as approved by the COUNTY'S Risk Manager or County Counsel. Any deductible or self-insured retention over \$100,000 shall be disclosed to and approved by COUNTY. If CONTRACTOR does not keep all required policies in full force and effect, COUNTY may, in addition to other remedies under this Agreement, take out the necessary insurance and CONTRACTOR agrees to pay the cost of said insurance. All coverages shall be with insurance carriers licensed and admitted to do business in California. All coverages shall be with insurance carriers acceptable to COUNTY.

27. HOLD HARMLESS/INDEMNIFICATION CLAUSE

A. CONTRACTOR shall hold harmless, defend and indemnify the COUNTY and its officers, officials, employees, volunteers and elective and appointive boards from and against any and all liability loss, all claims,

losses, damages, including damage expense, costs (including without limitation, costs and fees of litigation) of every nature arising out of or in connection with CONTRACTOR'S performance of work hereunder or its failure to comply with any of its obligations contained in the agreement, except such loss or damage which was caused by the sole negligence or willful misconduct of the COUNTY. This indemnification shall extend to claims, losses, damages, injury, and liability for injuries occurring after completion of CONTRACTOR'S services, as well as during the progress of rendering such services.

B. Acceptance of insurance required by this Agreement does not relieve CONTRACTOR from liability under this indemnification clause. This indemnification clause shall apply to all damages or claims for damages suffered by CONTRACTOR'S operations regardless if any insurance is applicable or not.

28. MEDIA RELEASE:

All press releases and informational material related to this Agreement shall receive approval from COUNTY prior to being released to the media (television, radio, newspapers, Internet). In addition, CONTRACTOR shall inform COUNTY of requests for interviews by media related to this Agreement prior to such interviews taking place. COUNTY reserves the right to have a representative present at such interviews. All notices required by this provision shall be given to the Director of the County Department of Health and Human Services or his designee.

29. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA):

CONTRACTOR shall agree to use and disclose Protected Health Information in compliance with the Standards for Privacy of Individually Identifiable Health Information ("Privacy Rule") (45 C.F.R. Parts 160 and 164) under the Health Insurance Portability and Accountability Act of 1996. The definitions set forth in the Privacy Rule are incorporated by reference into this Contract (45 C.F.R. §§ 160.103 and 164.501). Contractor agrees that it will execute a HIPAA Business Associate Agreement ("BAA") with County and the BAA will be in the form set forth in **Exhibit C**, HIPAA Business Associate Agreement, attached and incorporated for all purposes.

30. LICENSING:

CONTRACTOR shall maintain the appropriate licenses throughout the life of this Agreement.

31. TITLE:

It is understood that any and all documents, information, and reports concerning this project prepared by and/or submitted by CONTRACTOR shall be the property of COUNTY. CONTRACTOR may retain reproducible copies of drawings and copies of other documents. In the event of termination of this Agreement, for any reason whatsoever, CONTRACTOR shall promptly turn over all information, writing and documents to COUNTY without exception or reservation.

32. STANDARD OF PRACTICE:

CONTRACTOR warrants that CONTRACTOR has the degree of learning

and skill ordinarily possessed by reputable professionals practicing in similar localities in the same profession and under similar circumstances. CONTRACTOR'S duty is to exercise such care, skill and diligence as professionals engaged in the same profession ordinarily exercise under like circumstances.

33. BINDING EFFECT:

All provisions of this Agreement shall be fully binding upon, and inure to the benefit of, the parties and to each of their heirs, executors, administrators, successors and assigns.

34. SEVERABILITY:

If any provision of this Agreement, or any portion thereof, is found by any court of competent jurisdiction to be unenforceable or invalid for any reason, such provision shall be severable and shall not in any way impair the enforceability of any other provision of this Agreement.

35. INTERPRETATIONS:

As both parties jointly prepared this Agreement, the language in all parts of this Agreement shall be construed, in all cases, according to its fair meaning, and not for or against either party hereto.

36. RESTRICTIONS, LIMITATIONS OR CONDITIONS:

This Agreement is subject to any additional restrictions, limitations, or conditions enacted by the federal and/or State governments that may affect the provisions, terms or funding of this Agreement.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the date and year first herein above written.

(SEAL)

ATTEST:

CLERK OF THE BOARD:

BY Mikki Turner

COUNTY:

BY Mark Lovelace

CHAIR, BOARD OF SUPERVISORS

COUNTY OF HUMBOLDT

STATE OF CALIFORNIA

CONTRACTOR:

BY Rodney Oien Title: Board President

CONTRACTOR:

BY Kendra Astry Title: Treasurer

APPROVED AS TO FORM:
COUNTY COUNSEL

BY [Signature]
DEPUTY COUNTY COUNSEL

INSURANCE CERTIFICATES
APPROVED

BY [Signature]
RISK MANAGER

EXHIBIT A

MCKINLEYVILLE COMMUNITY COLLABORATIVE as fiscal agent for the HEALTHY START, SCHOOLS AND COMMUNITIES PARTNERSHIP

CONTRACTOR SCOPE OF SERVICES

1. CONTRACTOR will provide direct services to families to reduce the risk of child abuse and neglect. At least 125 children and 50 families will be served each year throughout the county. The CAPIT program will have two contracted Family Advocates.
2. CONTRACTOR will accept referrals to serve children and families at risk of abuse and/or neglect fulfilling the CAPIT requirements as articulated in the Welfare and Institutions Code Section 18960 and 18961. Services will be prioritized to families living in remote parts of Humboldt County (more than thirty (30) minutes travel time from Eureka), particularly those with children five years of age or younger will be served first.
3. CONTRACTOR will accept referrals from the COUNTY, including but not limited to: the Department of Health and Human Services' Child Welfare Services Division, Public Health Branch Nursing, Alternative Response Team (ART) and Healthy Moms, from Family Resource Centers, from local health and human services agencies, and from public schools.
4. CONTRACTOR will work in partnership with all of the Family Resource Centers in Humboldt County.
5. The CONTRACTOR will work collaboratively with COUNTY, the Community/Family Resource Center Coordinators, and other community agencies to develop and deliver services to children and families including:
 1. Parent education, both center-based and in-home.
 2. Concentration on outlying and underserved communities.
 3. Material support to assist children and families in crisis situations.
 4. Services that are culturally and linguistically appropriate for their target populations.
 5. Emphasis on "hands-on" teaching whenever possible, as opposed to traditional classroom-type lectures.
6. CONTRACTOR will **not** provide direct transportation services to CAPIT Program participants. Subcontractors will provide transportation services to accommodate CAPIT Program participants, including transport in personal vehicles, and by issuing travel vouchers, bus tickets and gas vouchers. Family Resource Centers, participating with the Humboldt County Healthy Start Schools and Communities Partnership may provide transportation services to accommodate CAPIT Program participants, including transport in vehicles, and by issuing travel vouchers, bus tickets, and gas vouchers.
7. CONTRACTOR will conduct outreach activities to assist isolated families in securing needed services.

EXHIBIT A

8. CONTRACTOR will work with the Child Abuse Prevention Coordination Council (CAPCC) by providing financial support with Child Abuse Prevention, Intervention, and Treatment (CAPIT) program funding at a maximum annual amount of \$5,000 for Child Abuse Prevention Coordination Council administrative services. CONTRACTOR will participate in the Child Abuse Prevention Coordination Council quarterly Board of Directors meeting and their monthly general membership meeting.
9. CONTRACTOR'S Family Support Advocates will participate in at least one meeting a year with COUNTY Caseworkers that refer families and children to CONTRACTOR on a regular basis. This meeting will be organized by Humboldt County Department of Health and Human Services Social Services Branch and will focus on improved communication and transition systems for children and families.
10. CONTRACTOR shall provide supervision, consultation, and professional development training to their staff. Supervision and consultation will be ongoing. Professional developmental training will occur at least quarterly.
11. CONTRACTOR will promote the county sponsored Children's Health Initiative and will acknowledge the Department of Health and Human Services and Child Welfare Improvement Activities in all program brochures and publicity.
12. CONTRACTOR will provide quarterly reports, to be returned with the CONTRACTOR'S quarterly invoice, outlining the number of services provided during the report quarter. CONTRACTOR will provide semi-annual program reports. Reports are due to the COUNTY no later than January 31st and July 31st for each year of the agreement. Information contained in the program reports shall include, but not be limited to:
 - The names of all families and children assisted
 - The ages and ethnicity of all families and children assisted
 - The names of parents attending parenting education classes with proof of attendance
 - The number and dates of home visits per family
 - The number and dates of transportation services provided per family
 - A list of training provided to CONTRACTOR'S staff
13. CONTRACTOR agrees that the evidence-based practice SafeCare model, for children at risk of child abuse or neglect, would enhance the CAPIT program and will be prepared to have the Family Advocates participate in training and implementation of the SafeCare model provided by the COUNTY.

EXHIBIT B
CAPIT Agreement with McKinleyville Community Collaborative
Annual Budget for Fiscal Years 2012 – 2014

	CAPIT	In Kind
HSSCP Partners		
Facility Use		\$7,200
Supplies		\$1,000
McKinleyville FRC		
Coordination and Reporting	\$3,000	
Administration and Overhead	\$3,900	
Office Supplies	\$400	
Blue Lake FRC		
Supervision	\$2,000	
Fortuna FRC		
Supervision	\$2,000	
Child Abuse Prevention Coordinating Council		
Administrative Services	\$4,000	
Consultant Expenses		
Consultant (Family Advocate) Services		
FA 1	\$23,000	
FA 2	\$23,000	
Travel		
FA 1	\$5,200	
FA 2	\$5,200	
Building (Cell Phone Service)	\$2,000	
Training	\$300	
Client Support	\$1,000	
TOTALS	\$75,000	\$8,200

Any and all budget changes will be submitted to the County for approval.

EXHIBIT C
COUNTY OF HUMBOLDT
HIPAA BUSINESS ASSOCIATE AGREEMENT

Except as otherwise provided in this Agreement, Contractor, hereafter known as the Business Associate, may use or disclose protected health information ("PHI") to perform functions, activities or services for or on behalf of the County as specified in this Agreement, provided that such use or disclosure would not violate the Health Insurance Portability and Accountability Act (HIPAA), U.S.C. 1320d et seq., and its implementing regulations, including but not limited to 45 C.F.R. Parts 142, 160, 162 and 164, hereafter known as the Privacy Rule. The uses and disclosures of PHI may not be more expansive than those applicable to the County under the regulations except as authorized for management, administrative or legal responsibilities of the Business Associate.

Business Associate shall comply with, and assist County in complying with, the privacy requirements of HIPAA. Terms used but not otherwise defined in this Agreement shall have the same meaning as those terms are used in the Privacy Rule.

If County becomes aware of a pattern of activity that violates this Agreement and reasonable steps to cure the violation are unsuccessful, County must terminate the contract, or if not feasible, report the problem to the Secretary of the U.S. Department of Health and Human Services.

1. USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Business Associate may use or disclose protected health information ("PHI") to perform functions, activities or services for or on behalf of County, as specified in this Agreement, provided that such use or disclosure would not violate the Privacy Rule if done by the County or the minimum necessary policies and procedures of the County.

The Business Associate may use and disclose PHI for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate provided that disclosures are required by law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and the person

EXHIBIT C

notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

Business Associate may use PHI to provide adequate and appropriate staff services for chronically mentally ill adults, related to the health care operation of the County.

2. AMENDMENT(S) TO PHI

Business Associate shall make any amendment(s) to PHI in a Designated Record Set that the County directs or at the request of the County or an individual, and in the time and manner designated by the County, in accordance with 45 C.F.R. § 164.526.

3. DOCUMENTATION OF USES AND DISCLOSURES

Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for the County to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 C.F.R. § 164.528.

4. ACCOUNTING OF DISCLOSURE

Business Associate shall provide to the County or an individual, in time and manner designated by the County, information collected in accordance with 45 C.F.R. § 164.528, to permit the County to respond to a request by the individual for an accounting of disclosures of PHI in accordance with 45 C.F.R. § 164.528.

5. RECORDS AVAILABLE TO COUNTY AND SECRETARY

Business Associate shall make internal practices, books and records related to the use, disclosure, and privacy protection of PHI received from County, or created or

EXHIBIT C

received by the Business Associate on behalf of the County, available to the County or to the Secretary of the U. S. Department of Health and Human Services for purposes of the Secretary determining the County's compliance with the Privacy Rule, in a time and manner designated by the County or the Secretary.

6. DESTRUCTION OF INFORMATION

Upon termination of this Agreement for any reason, Business Associate shall return or destroy all PHI received from the County, or created or received by the Business Associate on behalf of the County. This provision shall apply to PHI in possession of subcontractors or agents of the Business Associate. Business Associate, its agents or subcontractors shall retain no copies of the PHI.

In the event that Business Associate determines that returning or destroying the PHI is not feasible, Business Associate shall provide the County notification of the conditions that make return or destruction infeasible. Upon mutual agreement of the parties that the return of the PHI is not feasible, Business Associate shall extend the protections of this Agreement to such PHI and limit further use and disclosures of such PHI for so long as Business Associate, or any of its agents or subcontractors, maintains such PHI.

7. FURTHER DISCLOSURE OF PHI

Business Associate shall not use or further disclose PHI other than as permitted or required by this Agreement, or as required by law.

8. SAFEGUARD OF PHI

Business Associate shall use appropriate safeguards to prevent use or disclosure of PHI other than as provided for by this Agreement.

EXHIBIT C

9. UNAUTHORIZED USE OR DISCLOSURE OF PHI

Business Associate shall report to the County any use or disclosure of the PHI not provided for by this Agreement.

10. MITIGATION OF DISALLOWED USES AND DISCLOSURES

Business Associate shall mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI by the Business Associate in violation of the requirements of this Agreement.

11. AGENTS AND SUBCONTRACTORS OF THE BUSINESS ASSOCIATE

Business Associate shall ensure that any agent, including a subcontractor, to which the Business Associate provides PHI received from, or created or received by the Business Associate on behalf of the County, shall comply with the same restrictions and conditions that apply through this Agreement to the Business Associate with respect to such information.

12. ACCESS TO PHI

Business Associate shall provide access, at the request of the County, and in the time and manner designated by the County, to the County or, as directed by the County, to PHI in a designated record set, to an individual in order to meet the requirements of 45 C.F.R. § 164.524.

13. AMENDMENTS TO BUSINESS ASSOCIATE AGREEMENT

The parties agree to take such action as is necessary to amend this Agreement as necessary for the County to comply with the requirements of the Privacy Rule and its implementing regulations.

EXHIBIT C

14. MATERIAL BREACH

If County becomes aware of a pattern of activity that violates this Agreement and reasonable steps to cure the violation are unsuccessful, County must terminate the contract, or if not feasible, report the problem to the Secretary of the U.S. Department of Health and Human Services.

15. SURVIVAL

The respective rights and obligations of Business Associate shall survive the termination of this Agreement.

16. INTERPRETATION

Any ambiguity in this Agreement shall be resolved to permit the County to comply with the Privacy Rule.



CERTIFICATE OF LIABILITY INSURANCE

OP ID: NA

DATE (MM/DD/YYYY)

04/20/11

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Anderson Robinson Starkey Insurance Agency Inc. P O Box 1105 Arcata, CA 95518-1105	707-822-3251 707-826-9021	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL: ADDRESS: PRODUCER CUSTOMER ID #: MCKI-13	FAX (A/C, No):
INSURED McKinleyville Community Collabrative 1450 Hiller Rd McKinleyville, CA 95519	INSURER(S) AFFORDING COVERAGE		
	INSURER A: Nonprofits Insurance Alliance		NAIC #
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

RECEIVED
APR 21 2011
DEBS-SSE
FILES

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURERS	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Liquor/Li \$1m/\$1m GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X	2011-13025-NPO	04/09/11	04/09/12	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE \$ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Certificate holder is named as an additional insured as respects grant projects as per form CG 20 26 07 04 attached.

CERTIFICATE HOLDER**CANCELLATION**

HUMBHHS

Humboldt County Dept of Health
& Human Services
Social Services
929 Koster St
Eureka, CA 95501

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Nancy Adler

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POLICYHOLDER COPY

NH

P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 06-01-2011

GROUP:
POLICY NUMBER: 1844476-2011
CERTIFICATE ID: 1
CERTIFICATE EXPIRES: 06-01-2012
06-01-2011/06-01-2012

COUNTY OF HUMBOLDT
MARK MAGLADRY, HEALTH & HUMAN SERVICES
929 KOSTER ST
EUREKA CA 95501-0106

NH

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 10 days advance written notice to the employer.

We will also give you 10 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.

James Neary
Authorized Representative

Thomas Elone
President and CEO

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

EMPLOYER

MCKINLEYVILLE COMMUNITY COLLABORATIVE
PO BOX 2668
MCKINLEYVILLE CA 95519

NH

Appendix L

ACRONYM GUIDE

AB – Assembly Bill
366.26 Hearing– Hearing to Consider Termination of Parental Rights
388 Motion – A request to the Court for a change in Orders, example: Home Visits
777 – Violation of Probation
778 – Modification of Probation Orders/Change of Placement
AAP - Adoption Assistance Program
ACIN – All County Information Notice
ACL – All County Letter
ADR – Alternative Dispute Resolution
AFDC – Aid to Families with Dependent Children
AFDC-FC – Aid to Families with Dependent Children – Foster Care
APS – Adult Protective Services
APGAR – score which evaluates the physical condition of a newborn infant
ART – Aggression Replacement Training
ART - Alternative Response Team
BIA – Bureau of Indian Affairs (BIA)
BOS – Board of Supervisors
C&FS – Children and Family Services
CACI – Child Abuse Central Index
CalSWEC – California Social Work Education Center
CalWorks – California Work Opportunity and Responsibilities to Kids
CAPC - Child Abuse Prevention Coordinating Council
CAFAS – Child and Adolescent Functional Assessment Scale
CAPIT - Child Abuse Prevention Intervention and Treatment Program
CAPP – California Partners for Permanency
CAPTA – Child Abuse Prevention and Treatment Act
CASA – Court Appointed Special Advocate
CBCAP - Community-Based Child Abuse Prevention Program
CBCL – Child Behavior Checklist
CCL – Community Care Licensing
C-CFSR - California Child and Family Services Review
CCTF – County Children’s Trust Fund
CDCR – California Department of Corrections and Rehabilitation
CDSS – California Department of Social Services
CHDP – Child Health and Disability Prevention
CLETS – California Law Enforcement Telecommunication Systems
CPS – Child Protective Services
CR - College of the Redwoods
CSA – County Self Assessment
CSOAB – Children’s Services Outcomes and Accountability Bureau
CSFPA – California State Foster Parent Association
CSSR – Center for Social Services Research
CSW – Community Service Work

CWDA – Child Welfare Directors Association of California
CWLA – Child Welfare League of America
CWS – Child Welfare Services
CWS/CMS – Child Welfare Services / Case Management System
CSA - County Self Assessment
CYFS – Children, Youth and Family Services
DDS – Department of Developmental Services
DHHS – Department of Health and Human Services
DISPO - Disposition
DJJ – Department of Juvenile Justice (formerly California Youth Authority)
DOJ – Department of Justice
DR – Differential Response
DRAI – Probation Detention Risk Assessment tool
DSS – Disabled Student Services
EA – Environmental Alternatives
EBP - Evidence-Based Practices
ED – Emotionally Disturbed
EL – Educational Liaison
ER – Emergency Response
ESL – English as a Second Language
FC – Foster Care
FCBH – Foster Care Behavioral Health
FCC – Family Connections Center (Visitation Center)
FFA – Foster Family Agency
FFE – Family Finding Efforts
FFT – Functional Family Therapy
FIT – Family Intervention Team
FM – Family Maintenance case
FPA – Foster Parent Association
FR – Family Reunification case
FRC – Family Resource Centers
FTM – Family Team Meeting
GAD – Guardian ad Litem
GED – General Education Development (test)
GH – Group Home
GPA – Grade Point Average
HA – Healthy Alternatives (probation therapeutic court program)
HCTAYC – Humboldt County Transition Age Youth Collaboration
HEP – Health and Education Passport
HHS – Hoopa Human Services
ICWA – Indian Child Welfare Act
IEP – Individual Education Plan
IFSP – Individual Family Service Plan (RCRC clients)
ILSP – Independent Living Services Program
IPP – Individual Personal Plan (RCRC clients)
UIR – Unusual Incident Report
J/D Hearing – Jurisdictional/Disposition Hearing

JH – Juvenile Hall
Kin-GAP – Kinship Guardianship Assistance Payment
LAPP – Legal Advocates for Permanent Parenting
MFC – Medically Fragile Child
MH – Mental Health
MHAA – McKinney-Vento Homeless Assistance Act (shelter services)
MHSA – Mental Health Services Act
MHST – Mental Health Screening Tool
MIS – Management Information System
MOU – Memorandum of Understanding
MPP – Manual of Policies and Procedures
NCLB – No Child Left Behind Act
NH – New Horizons Program
NREFM – Non-Related Extended Family Member
OCAP – Office of Child Abuse Prevention
OCAP-PND – Office of Child Abuse Prevention - Prevention Network Development
PACT – Probation Risk to Re-offend Assessment tool
PC – Protective custody
PCIT – Parent Child Interactive Therapy
Pdf – Portable Document Format
PECFASS – Pre-school and Early Childhood Functional Assessment Scale
PEP – Probation Education Program
PES – Psychiatric Emergency Services
PH – Public Health
PHN – Public Health Nurse
PIP – Program Improvement Plan (state)
PO – Probation Officer
PP – Permanent Placement case
PQCR - Peer Quality Case Review
Prob. - Probation
PSSF - Promoting Safe and Stable Families program
PTSD – Post-Traumatic Stress Disorder
RAC – Resource Allocation Committee (funding added services out-of-county)
RC – Regional Center
RCL – Rate Classification Level
RCRC – Redwood Coast Regional Center
RF – Regional Facility
ROI – Release of Information
RTA – Regional Training Academy
SDM – Structured Decision Making
SED – Severely Emotionally Disturbed
SELPA – Special Education Local Planning Area (education)
SIP – System Improvement Plan
SIR – Juvenile Hall Special Incident Report
SSA - Social Services Aide (aka Vocational Assistant)
SSI – Supplemental Security Income
SV – Sempervirens (Psychiatric Facility)

SW – Social Worker
TANF – Temporary Assistance for Needy Families
TAY – Transition Age Youth
TBS – Therapeutic Behavior Services
TDM – Team Decision Making
THPP – Transitional Housing Placement Program
TFCBT – Trauma Focused Cognitive Behavior Therapy
TILP – Transitional Independent Living Plan
Title IVE – Regulations from the Social Security Act of 1935 and its revisions
TPR – Termination of Parental Rights
TTM – Treatment Team Meeting
UIHS – United Indian Health Services
URL – Uniform Resource Locator
VOP – Violation of Probation
W&I Code – Welfare and Institution Code
WIA – Workforce Investment Act
WIC - Program– Women, Infants and Children
W&IC – Welfare and Institutions Code
WRAP – Wrap-around program services for youth and family
YSR – Youth Self Report
YSB – Youth Service Bureau