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February 5, 2013

Bureau Chief
Outcomes & Accountability Bureau
Children & Family Services Division
California Department of Social Services
744 P Street, MS 8-12-91
Sacramento, CA 95814

Dear Bureau Chief,

Enclosed, please find Tehama County's 2012 System Improvement Plan (SIP) for CWS/Probation, effective December 1, 2012 to June 30, 2017, accompanied by the required original signed documents and attachments.

If you have any questions, please contact Sherry Wehbey, Program Manager I - Child Welfare Services, at swehbey@tcdss.org or 530-527-1911.

Sincerely,

Michael Cornwell,
Staff Services Analyst I

Enc.

Tehama County

System Improvement Plan

2012 – 2017



California-Child and Family Services Review (C-CFSR)

Charlene Reid, Director:
Department of Social Services

Richard Muench, Chief Probation Officer:
Department of Probation

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A. The SIP Narrative

2009 SIP Update

Outcome/Systemic Factor: C1.2 - Median Time To Reunification (Exit Cohort)

The implementation of Motivational Interviewing techniques and use of the Family Strengths and Needs Assessment (FSNA) tool in Structured Decision Making (SDM) appear to have been effective in lowering the Median Time to Reunification, which was under the goal of 5.4 months for five consecutive quarters, beginning in Data Extract Q2 2009.

After this initial push, the Median Time to Reunification data remained above the 5.4 month target for six consecutive quarters, with half of those excesses being within 0.2 months of the target. This highlights the opportunity for continued efforts to incorporate these strategies into everyday practice. The Family Team Model for developing case plans did not appear to be effective in reducing the Median Time to Reunification, as its rollout and implementation coincided with increases in this measure.

Outcome/Systemic Factor: C1.4 - Reentry Following Reunification (Exit Cohort)

This outcome measure has consistently remained above the target of 9.9% since 2009. Despite not achieving the stated target, reentry rates dropped steadily during the first four quarters, ostensibly due to increased referrals for aftercare case management services through the local Family Resource Center network, and conducting TDM's prior to exit/reunification.

The thirteen-quarter average for this measure, following implementation of the strategies identified above was 13.1%, compared to an average of 21.2% for the immediately preceding four quarters. The strategy to include current and/or former CWS clients (adult and youth) in an advisory, orientation, and training capacity was not implemented.

Outcome/Systemic Factor: C4.3--Placement Stability (At Least 24 Months In Care)

From 2009 onward, Placement Stability (At Least 24 Months In Care) remained below the desired target of 41.8% for nine of the thirteen reported quarters. This outcome measure has been trending upward since Data Extract Q3 2011, which appears to be the result of an increase in relative/NREFM placements.

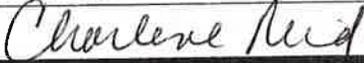
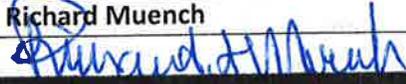
It is important to note, however, that this improvement does not appear to be associated with a specific strategy outlined in the 2009 SIP: a social services aide position was assigned to coordinate Increase Relative Search And Engagement (IRSAE) activities, and the LexisNexis database has been employed to assist with due diligence efforts. The improvements in this outcome measure may not be entirely attributable to these factors, but there appears to be a strong positive correlation.

Outcome/Systemic Factor: Parent Engagement (Juvenile Probation)

The systemic factor selected by the Tehama County Probation Department for the 2009 SIP was parent engagement. Due to less-than-successful outcomes for placement of delinquent youth whose parents were minimally engaged or had no real buy in to the reunification process, it was suggested that parents needed to provide more meaningful input to effectively engage youth through services and reunification. With that thought in mind, Probation joined a sixteen-county consortium, known as the Northern California Probation Consortium (NCPD). Together, these counties purchased and

implemented an assessment tool for juveniles known as the Positive Achievement Change Tool (PACT). According to Probation's juvenile supervision and intake officers, the PACT tool provides useful information that opens the door for meaningful conversation, regarding services and reunification for delinquent youth.

Enhanced trainings are an on-going process, allowing probation officers to improve their abilities to counsel and direct delinquent youth to develop better decision-making skills. Examples of such staff development modules include: Motivational Interviewing and Moral Reconciliation Therapy. One very proud and effective service provided by Probation is the parenting class, which is conducted by probation officers and juvenile detention staff. These services are provided solely to parents of formal or informal Probation youth, to facilitate the transition away from out-of-home care.

California's Child and Family Services Review System Improvement Plan	
County:	Tehama
Responsible County Child Welfare Agency:	Tehama County Department of Social Services
Period of Plan:	December 1, 2012 – June 30, 2017
Period of Outcomes Data:	Quarter ending: June 30, 2012
Date Submitted:	January 29, 2013
County System Improvement Plan Contact Person	
Name:	Sherry Wehbey
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Address:	310 South Main St, Red Bluff, CA 96080
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Submitted by each agency for the children under its care	
Submitted by:	County Child Welfare Agency Director (Lead Agency)
Name:	Charlene Reid, MSW
Signature:	
Submitted by:	County Chief Probation Officer
Name:	Richard Muench
Signature:	
Board of Supervisors (BOS) Approval	
BOS Approval Date:	January 29, 2013
Name:	
Signature:	

The Development of Tehama County's 2012 SIP

Tehama County's System Improvement Plan (SIP) is the culmination of information gleaned from its Peer Quality Case Review (PQCR), County Self-Assessment (CSA), and associated stakeholder meetings. Although Tehama County began the formal SIP development process with the PQCR in December 2011, significant changes in Child Welfare personnel resulted in the CSA being delayed until August 2012. Consequently, further SIP development did not occur until September, 2012.

Focus outcomes identified during the PQCR and CSA guided Tehama County's process for developing strategies for the SIP. The Q2 2011 Data Extract was used as the basis for identifying focus measures in need of improvement for both the PQCR and the CSA. Areas noted as having opportunity for continuous quality improvement were: timely response, entry rates, adoption timeframes, exits to permanency, and least restrictive placement for children in out-of-home placement. Timely social worker visits were also identified by the CDSS Outcomes and Accountability Bureau (OAB) as meriting further review and analysis.

In addition to stakeholder input, data provided by the University of California, Berkeley's Center for Social Research web-based Child Welfare Dynamic Report System (http://cssr.berkeley.edu/ucb_childwelfare/) and the Children's Research Center's web-based Safe Measures tool were used to further analyze trends.

Stakeholders meetings were convened in January and September 2012, for the CSA and SIP, respectively. While core representatives were in attendance for both meetings, community partner participation was stronger in the January meeting. A voluntary questionnaire was distributed to CWS staff in January, in an effort to obtain more information, surrounding the themes identified in the CSA stakeholders meeting earlier that month. A Strengths and Challenges assessment was completed, based on the data collected from the January stakeholder meeting and questionnaire. Potential strategies for the selected focus outcomes for were discussed, but not solidified until the feedback from the September convening was acquired.

As a supplement to the initial stakeholder meeting in January 2012, focus group meetings were held in March 2012. Current and former Child Welfare/Probation customers (youth and adult) and foster parents were in attendance. Input from the participants was recorded, and provided a different perspective that proved useful in refining the strategies discussed in the January stakeholders meeting.

In July 2012, consultants from the California Department of Social Services' (CDSS) Outcomes and Accountability Bureau (OAB) and Office of Child Abuse Prevention (OCAP) participated in a face-to-face meeting with representatives from the Tehama County Department of Social Services (TCDSS) to discuss the ramifications of overlapping deadlines between the CSA and SIP. Changes in personnel assignments within OAB, OCAP, and TCDSS were also addressed. A follow-up meeting was conducted in August, 2012, wherein timeframes and expectations for the new 5-year integrated SIP were outlined.

SIP Team Composition

Required core representatives are denoted in bold.

Child Abuse Prevention Coordination Council (CAPC)	Lavonne Fawver, CAPCC Coordinator
County Children's Trust Fund (CCTF)	Tehama County's CAPCC acts as the CCTF Commission. See above.
County BOS designated agency to administer CAPIT/CBCAP/PSSF Programs	Charlene Reid, Director
Tehama County Department of Public Health	Involvement solicited; not engaged.
Tehama County Department of Mental Health	Involvement solicited; not engaged.
CWS administrators, managers, and social workers (including CAPIT/CBCAP/PSSF liaison)	Sherry Wehbey, Program Manager Steven Dickerson, Social Worker Supervisor Mindy Gonzalez, Social Worker Supervisor Cheryl Jackson, Social Worker Supervisor Sharon Roberts, Social Worker Supervisor Pia Van Kleef, Social Worker Supervisor Shelley Zimmerman, Senior Staff Services Analyst Michael Cornwell, Staff Services Analyst
Foster Youth	Involvement solicited; none engaged.
Juvenile Court Bench Officer	Involvement neither solicited nor engaged.
Native American tribes served within the community	Involvement neither solicited nor engaged.
Parents/consumers	Involvement solicited; none engaged.
Probation administrators, supervisors, and officers	Greg Ulloa, Probation Division Director Sharon Lenahan, Probation Officer
PSSF Collaborative	Tehama County's CAPCC acts as the PSSF Collaborative. See above.
Resource families and other caregivers	Involvement solicited; none engaged.
CDSS – Outcomes and Accountability Bureau (OAB)	Henry Franklin, Social Services Consultant David Brownstein, Social Services Consultant
Far Northern Regional Center	Involvement solicited; not engaged.
County Counsel	Paula Baca, Deputy County Counsel
First 5	Involvement solicited; not engaged.
Department of Education	Involvement solicited; not engaged.
Law Enforcement	Involvement solicited; not engaged.
Northern Valley Catholic Social Services (NVCSS)	Camilla Delsid, Director Tehama County

As mentioned above, participation in the CSA stakeholders meeting in January 2012 was stronger than in the September 2012 SIP stakeholders meeting. The combination of personnel changes in key positions and unfamiliarity with the SIP process posed several challenges, one of which was the CSA submission deadline overlapping with the formation of the SIP, thereby shrinking the window of opportunity to effectively engage community partners, including core representatives, in the process. Consultants from OCAP and OAB advised CWS to facilitate a stakeholders meeting, in accordance with guidelines set forth in the SIP Process Guide. One business week remained between the finalization of the CSA and the formulation of the SIP. In an effort to engage as many community partners as possible, stakeholders were invited via e-mail, rather than a formal invitation. Neither the Juvenile Court Bench Officer nor representatives from Native American tribes served within the community were contacted, which was an oversight.

Focus areas and strategies identified during the SIP stakeholders meeting held in September 2012 were incorporated into the decision-making process for selecting the final focus outcomes. Data obtained from the stakeholders and focus group meetings held prior to the completion of the CSA played an instrumental role in narrowing down which potential outcome measures to further explore. Although informed by community input from the stakeholder and focus group meetings, decisions regarding the final focus outcomes were made at the division and management levels.

While not ultimately selected for continuous quality improvement in Tehama County's integrated 2012-17 SIP, the following focus measures and/or systemic factors were given consideration, based on the PQCR and CSA: participation rates (PR3), adoptions within 12 months (C2.3), and exits to permanency (C3.1).

- No federal or state standard exists for entry rates (PR3), but according to the Q2 2012 Data Extract, it was observed that Tehama County has remained above the 7% mark since 2000 for this indicator. Although reluctant to use the statewide average of 3.3% as a benchmark, determining why Tehama County's entry rates have remained higher, and which focus outcomes may be impacted by this systemic factor, will be the ongoing responsibility of the CWS Analyst.
- When examining Adoption within 12 Months (C2.3), it was noted that Tehama County made improvements in this focus outcome in 2009-10, but these gains were temporary, and have since receded. By creating and operating an in-house licensed public adoption agency, Tehama County will improve the number of finalized adoptions within 12 months. This is consistent with research suggesting that successful implementation of concurrent planning as a promising practice hinges upon the integration of Child Welfare Services and Adoptions Services (Frame, Berrick, & Coakley, 2006.)
- Exits to Permanency (C3.1) was originally identified as a potential focus measure for the 2012 SIP, based on the Q2 2011 Data Extract; however, the recent Q2 2012 Data Extract indicates that Tehama County's performance for this focus measure (30.6%) exceeded the national standard of 29.1% in 2011-12. In three of the past four years examined, the County met or exceeded this standard. Subsequently, the decision was made to monitor this focus measure closely to ensure continued compliance, rather address it in Tehama County's 2012-17 SIP.
- Timely Caseworker Visits with Children (2C) was not identified in the PQCR and CSA processes, but is an area in which Tehama County has consistently performed below the national standard of 90%. As noted by its OAB consultant, CWS has continued to rely on 6-month contact waivers for legal guardianship cases; by scheduling monthly social worker visits for these cases, Tehama County may improve this focus measure by as much as 10%. Beginning in February 2013, Tehama County will require monthly social worker visits for all legal guardianship cases. CWS Supervisors will hold Social Workers accountable by using Safe Measures to monitor timeliness, and will meet monthly with the CWS Program Manager to discuss any lapses, allowing for constant quality improvement.

The CWS management team, comprised of the Program Manager and CPS supervisors, met in September 2012 to develop realistic, measurable goals for each of the potential strategies, with the

possibility for continuous feedback and improvement throughout the life cycle of the SIP. During this SIP development meeting, current and previous strategies employed to address the identified focus outcomes were discussed. Goals and strategies were designated as being short-term, intermediate, or long-term. The potential strategies were then weighed against Tehama County's current capacity, to provide appropriate milestones and timeframes for completion. As a result of input provided by the County's CDSS consultants, one of the original outcome measures selected during the SIP development meeting was replaced by another, in light of data trends and historic performance.

Probation's decision-making process, with respect to identifying and addressing focus areas, goals, strategies, and action steps primarily occurred during the PQCR, CSA, and SIP stakeholder meetings. Exit Outcomes for Probation Youth Aging Out of Foster Care (CFSR Measure 8A) was selected, because it is a multi-dimensional indicator of successfully transitioning Probation youth into adulthood. Aspects of this measure include: high school completion or equivalency; employment obtained; housing arrangements in place; ILP services received; and having a permanent connection with an adult.

According to the Q2 2012 Data Extract, 100% of Probation youth exiting foster care achieved one or more of these milestones. As only (1) such youth was identified, and no baseline data is available, it is difficult to accurately determine needs, opportunities, and service gaps. Creating baseline measurements for focus measure 8A will allow Probation to better evaluate the effectiveness of services provided in this area, and allow for continuous quality improvement, coinciding with a new case management system upgrade, scheduled for rollout in November 2012.

2012 SIP Improvement Focus Outcomes / Systemic Factors

CFSR Measure S1.1

No recurrence of maltreatment - (National Goal: 94.6%)

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

	From: 7/1/2000	7/1/2001	7/1/2002	7/1/2003	7/1/2004	7/1/2005	7/1/2006	7/1/2007	7/1/2008	7/1/2009	7/1/2010	7/1/2011
	To: 12/31/2000	12/31/2001	12/31/2002	12/31/2003	12/31/2004	12/31/2005	12/31/2006	12/31/2007	12/31/2008	12/31/2009	12/31/2010	12/31/2011
No recur. of maltreatment w/in 6 mos. (%)	95.4	92.1	84.6	88.7	86.6	94.6	91.4	100.0	96.8	91.1	90.8	87.5
National Standard	94.6	94.6	94.6	94.6	94.6	94.6	94.6	94.6	94.6	94.6	94.6	94.6
Maltreated during 1st 6 mos. of yr. (n)	151	229	130	151	119	148	70	71	126	146	141	128
No recur. of maltreatment w/in 6 mos. (n)	144	211	110	134	103	140	64	71	122	133	128	112
National Standard (n)	143	217	123	143	113	141	67	68	120	139	134	122

Q2 2012 Data Extract.

No Recurrence Of Maltreatment was identified by the County's CDSS Outcomes and Accountability Bureau (OAB) consultants, and replaced one of the original focus outcomes selected, following the SIP development meeting in September 2012. The State's Program Improvement Plan (PIP) underscores the

need for improvement in this measure; Tehama County averaged 91.63% for S1.1 during the reporting period shown above, compared to the national goal of 94.6%.

CFSR Measure 2B-2

Timely Response, Emergency Response 10-Day compliance– (State Standard 90%):

Of all referrals requiring an immediate response, what percentage was responded to within 10-days?

	From: 4/1/2001	4/1/2002	4/1/2003	4/1/2004	4/1/2005	4/1/2006	4/1/2007	4/1/2008	4/1/2009	4/1/2010	4/1/2011	4/1/2012
	To: 6/30/2001	6/30/2002	6/30/2003	6/30/2004	6/30/2005	6/30/2006	6/30/2007	6/30/2008	6/30/2009	6/30/2010	6/30/2011	6/30/2012
Timely resp. (10-day resp. compliance) (%)	34.1	40.4	46.2	68.0	87.9	73.0	76.6	86.2	78.6	54.6	65.5	76.9
"10 days or less response" cases (n)	126	171	171	128	116	141	141	130	145	130	119	78
Seen by soc. worker w/in 10 days (n)	43	69	79	87	102	103	108	112	114	71	78	60

Q2 2012 Data Extract.

Timely response was selected, having been previously identified as an area for continuous quality improvement in the 2009 SIP. While there is no national standard for this focus measure, the recognized state standard is 90%. Tehama County shows considerable variation in this focus measure, but consistently performs below the standard. The County's historic average for this focus measure since 2001 is 65.67%.

This disparity underscores the possibility for marked improvement. As identified in the 2012 CSA, social worker investigations are likely being made, but not recorded properly. Enhanced monitoring is necessary to ensure that not only are contacts being entered, but that they are being entered appropriately so they will count as having been completed in a timely manner. It is therefore expected that changes in process could dramatically improve this outcome measure in a relatively short period of time, but these changes must be reinforced and internalized if they are to retain the improved results.

CFSR Measure 4B-1 Kinship

Foster care placement in least restrictive settings least restrictive entries (first placement at point in time placement)

The level of restrictiveness of a foster care placement reflects the extent to which the placement provides and supports normalized daily living activities for children in a community-based, family setting. These data are reported exclusively in terms of a child's first placement (Measure 4B-1), rather than point in time placement (Measure 4B-2).

Placement Type	Interval													
	JUL1998- JUN1999	JUL1999- JUN2000	JUL2000- JUN2001	JUL2001- JUN2002	JUL2002- JUN2003	JUL2003- JUN2004	JUL2004- JUN2005	JUL2005- JUN2006	JUL2006- JUN2007	JUL2007- JUN2008	JUL2008- JUN2009	JUL2009- JUN2010	JUL2010- JUN2011	JUL2011- JUN2012
	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Pre-Adopt	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Kin	10	4.3	2.6	10.1	1.3	7	3	1.9	4.5	2.8		10.3	9.7	20.4
Foster	68	83	67.5	29.3	61.8	31	28.7	41.1	70.1	76.1	89.1	67.8	68.1	62
FFA	18	12.8	28.6	57.6	34.2	61	67.3	50.5	23.9	12.7	7.6	21.2	22.1	16.7
Court Specified Home	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Group	2	.	.	1	.	.	1	.	.	.	.	.	.	.
Shelter	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Guardian	2	.	1.3	2	2.6	1	.	6.5	1.5	8.5	3.3	0.7	.	0.9
Other	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Missing	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Total	100	100	100	100	100	100	100	100	100	100	100	100	100	100

Q2 2012 Data Extract.

Least restrictive placement, specifically, placing children in relative and non-relative extended family member (NREFM) homes first, was the final focus outcome selected. While the County has made great strides in placement stability as a result of increased IRSAE efforts and shifting away from using a receiving home for initial placement, placing children in relative/NREFM homes first has proven challenging.

In the absence of a national standard, the statewide average of 24.9% from the CWS/CMS Q2 2012 Data Extract was chosen as a baseline for comparison. Research suggests that as the age of a child increases, so does the likelihood of placement disruption in out-of-home care. (Oosterman, Schuengal, Slot, Bullens, & Doreleijers, 2007). Conversely, one study demonstrated that children placed with relatives/NREFMs experienced 70% fewer placement changes, compared to those placed in non-kinship, non-NREFM homes (Webster, Barth, & Needell, 2000.) According to the Q2 2012 Data Extract, children in age cohorts 3-5 and 11-15 accounted for nearly half of all initial placements in relative and/or NREFM homes in Tehama County. By increasing the identification and involvement of relatives and NREFM's prior to removing children from the home, Tehama County will improve permanency outcomes for children in care, while preserving existing familial relationships and connections, when appropriate.

Systemic Factor: Service Array

Tehama County is a small rural county with approximately 60,000 residents spread over 2,900 square miles, and only one very established town (Red Bluff.) Key services, such as comprehensive drug and alcohol in-patient treatment, affordable and available housing, transportation, aftercare, employment, youth activities, Medi-Cal and dental providers, parent mentoring/advocacy and post adoptive services are very limited or not available in all regions of the county for children/youth and

families. Consequently, those residing in remote areas of Tehama County may have difficulties accessing the very services that are needed to support their progress and stability.

Resource Needs and Service Gaps:

The availability of comprehensive mental health and drug and alcohol services for youth and families is a concern for TCDSS, as a lack of adequate services in these areas may undermine a family's efforts to reunify (CFSR Measures C1.1 – C.1.4), or contribute to recurrence of maltreatment, following successful reunification (CFSR Measure S1.1). The limitations of Tehama County's current mental health services capacity, and the populations affected, are as follows:

- Medi-Cal eligible youth are only served if a non-excluded Diagnostic and Statistical Manual (DSM-IV) diagnosis has been made, and they are disabled, or at risk of not making appropriate developmental progress as a result of the diagnosis.
- County mental health does not have facilities to serve children that are violent and dangerous as a result of their own volition, but may have a mental diagnosis. In these cases, there is often no alternative but to place them on probation or in Juvenile Hall.
- Mental Health treatment is provided on an individual basis, rather than serving the family as a whole. Similarly, family counseling services for drug and alcohol treatment are not available in Tehama County.
- Few services are provided to address the emotional and mental health needs for children under the age of five; mental health services for caregivers are likewise limited.
- Drug and alcohol services for children and teens are available, but require parental/foster parent consent, thereby eliminating all confidentiality. Co-dependency services for children or family members of a person battling an addiction do not exist in-county.

Local Systemic Factor: Recruitment and Retention

Tehama County is at the lower end of the socio-economic spectrum. Wages are generally lower here than in other counties, specifically in social services, child welfare in particular. This places a burden on the local welfare system, and possibly makes it more difficult to recruit and retain CWS personnel. These same economic conditions make recruiting, training, and supporting resource families and County licensed foster care providers difficult.

Improvement Goals

CWS: CFSR S1.1

Tehama County's goal is to improve performance on this measure from 87.5% to 90% by January 20, 2014. Increases of 1.6% each subsequent year will allow Tehama County to attain a 94.6% quarterly average by June 20, 2017.

CWS: CFSR 2B-2

Tehama County will improve performance on this measure from 72.3% to 78% by June 20, 2013. Tehama County will increase 3% more each subsequent year of the plan to attain a 90% quarterly average by June 20, 2017.

CWS: CFSR 4B-1

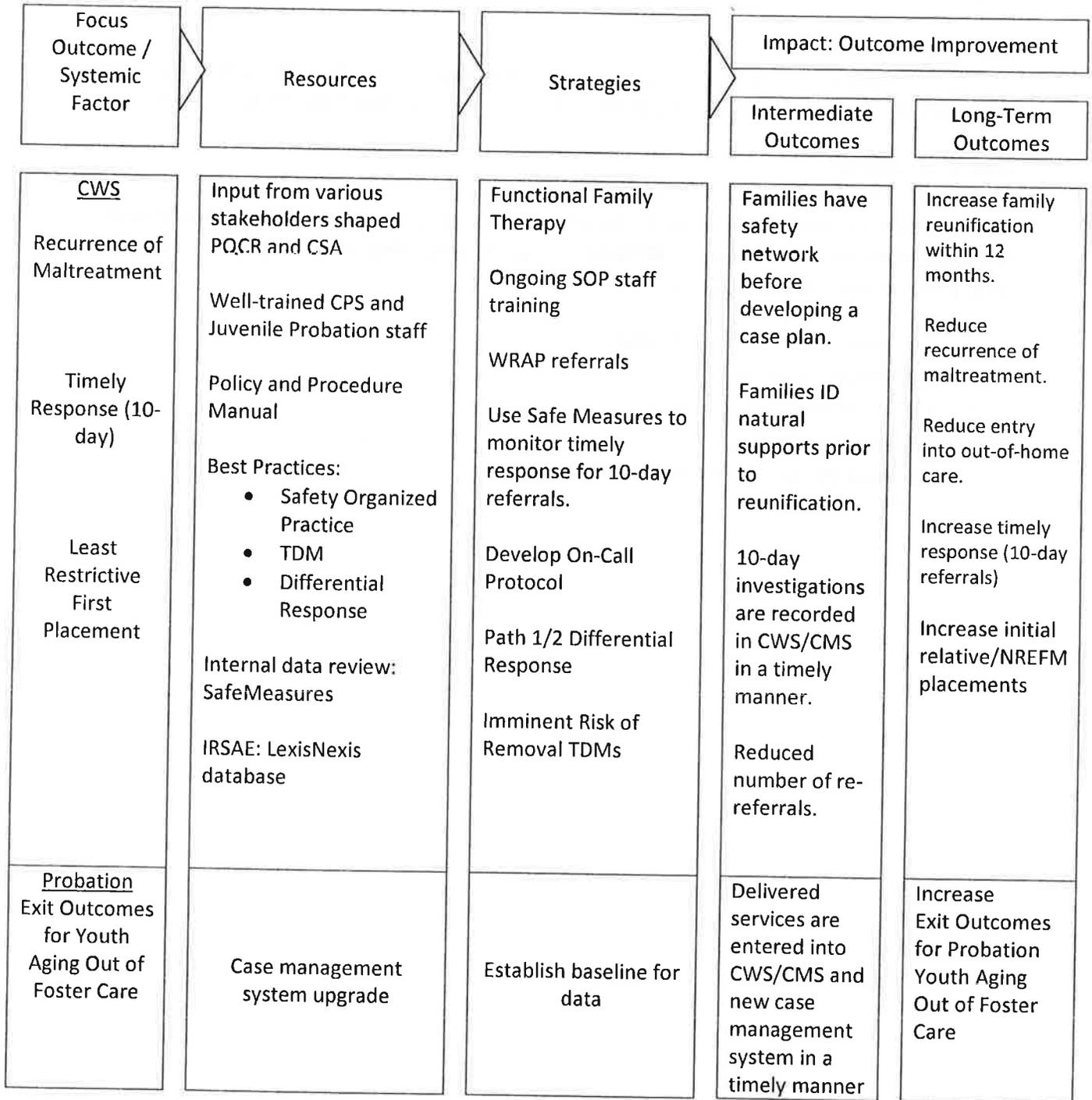
Tehama County plans to improve this performance measure from 21.8% to 24% by March 20, 2014. A 27% quarterly average will be reached by June 20, 2017, due to annual increases of 1% thereafter.

Probation: CFSR 8A

Probation: 8A Completed High School or Equivalency; Obtained Employment; Have Housing Arrangements; Received ILP Services; Permanency Connection with an Adult. After establishing a baseline, Probation will increase the percentage of youth completing or receiving the following services and/or milestones from 0% to 5% by 2017:

- Completing High School or Equivalency
- Obtaining Employment
- Having Housing Arrangements
- Receiving ILP services
- Receiving Permanency Connection with an Adult

Logic Model: Implemented Activities to Outcome Improvement



Current Activities

CWS's practice model utilizes a number of evidence-based and/or promising practices, including: Safety-Organized Practice (SOP), Team Decision-Making (TDM), the Quality Parenting Initiative (QPI), Motivational Interviewing, Structured Decision-Making (SDM), and Nurturing Parent. A local provider recently began offering Functional Family Therapy, an evidence-based family counseling model, to Wraparound families. CWS believes that this service could benefit other families.

In the spring of 2012, Tehama CWS began the Quality Parenting Initiative (QPI). QPI is at its core a branding process designed to support counties as they collaborate with stakeholders, including FFAs, foster caregivers, and birth parents, to identify their shared vision of quality foster parenting. This shared vision will be used to guide relationships among stakeholders, and improve the direction, recruitment, training, and support of caregivers.

CFSR Measure S1.1

Tehama County has embraced safety-organized practice and increased both the quantity and availability of voluntary services to families, thereby creating the opportunity to serve more families and ensure they receive the appropriate supports to mitigate safety threats to the point of closing a case. Tehama County has begun to complete a more global assessment of families and to focus on clear safety issues. More children are being left in the care of their parents, which is a strong indicator that best practices of least restrictive setting are being followed. However, this can lead to increased incidence of repeat maltreatment and subsequent referrals may be for reasons other than those that warranted initial CWS involvement i.e. inadequate supervision, etc that may be reported while the case remains open or was recently closed. Additionally, it indicates that training around and implementation of more rigorous safety planning is called for.

Tehama continues to work toward more effective and timely assessments of families, quality and consistent supervision of cases, and identifying resources that can help families be successful once they have come to the attention of CWS.

Tehama County Child Protective Services is continuing an 18 month implementation plan for Signs of Safety, which was recently included under the umbrella of Safety Organized Practices (SOP). CWS staff attended two SOP trainings in September 2011 to build Family Support Networks, and to implement SOP into case plans and Court reports.

Social Workers are learning to work with families and look for ways to increase and build a family's network. SOP asserts that a strong support network is often more effective than the services that the family is required to attend in their traditional case plan. A family support network includes professionals involved with the family as well as family and friends. Some agency staff may become part of a family's support network, and become involved in helping create an environment that helps protect a child, and support a safe family.

Staff also learned about how to implement SOP language into their case plans and Court Reports. This is a big transition and it involves other agencies and systems as we change the terms and language used in documents that are received by attorneys and the courts. SOP language gives clear statements in the

case plans and reports that simply states what harm has occurred, what danger we are worried about and what needs to happen so that the situation can be resolved. It is a model that creates clear, simply stated language that is easy for all involved parties to understand.

CFSR Measure 2B-2

CWS has worked on improving the time from screening to assignment for referrals categorized as requiring a response within 10 days, which has greatly improved the response time. At this time, the protocol is to triage referrals daily, to determine response, and to assign the referrals to a social worker within 1-2 days. There is a need for closer supervision regarding workloads and prioritizing the assignment of the 10-day response referrals.

CFSR Measure 4B-1 Kinship

Tehama County no longer has a receiving home and attempts to place children in relative or NREFM home from the first placement although this is still a work in progress. The first placement still is usually foster care, but least restrictive placement with relative or NREFM is more prevalent with the point in time data. Generally the TDM and family finding efforts increase the likelihood of least restrictive placement quickly, but not quickly enough to place with relatives from the beginning of the placement episode. The Placement Team is actively working on improving response time to evaluate relative/NREFM homes on an emergency basis and increasing urgency for IRC workers to identify family connections.

State regulations require certain clearances and evaluations prior to placement with relatives. CWS has struggled to be able to meet these regulations within the time constraints to allow initial placements with a relative. Efforts made pursuant to the 2009 SIP have resulted in slight increases in relative and NREFM placement during intake, and more substantial increases in initial placements.

CWS places all siblings together whenever possible, and does not make initial placements in group homes.

CFSR Measure 8A

The Tehama County Probation Department's placement officer has always considered measure 8A criteria and does incorporate these criteria that are most important for achieving success for each individual youth. These criteria are not new and each youth placed out of home can have one or all of these criteria integrated into their case plan. It can be theorized that Probation is not collecting all of the data that the placement officer has attained. By focusing on all of the data elements collected in measure 8A we will get a better understanding of areas that we may need to improve upon to achieve our improvement goals.

New Activities to Improve Outcomes

The housing market collapse of 2008 has had a persistent impact on Tehama County. The strain placed on families as a result of this enduring economic hardship may have contributed to increases in CWS referrals and diminishing services within communities. When appropriate, TCDSS brought services in-house to ensure their continuity, such as Nurturing Parent classes.

Adoptions: Effective July 1, 2012, the Tehama County Department of Social Services began performing in-house adoptions functions. The Permanency Team provides adoption assessment services for children after efforts to return children to their family home have been exhausted. The team works collaboratively with the case carrying CPS Social Worker throughout the assessment process. The Permanency Team works with the Placement Support Team regarding assessment and recruitment of families in the community wishing to adopt children. The team conducts adoptive home studies, and works with private adoption agencies that provide home study services within the county. The team assists families with access and referral to service after adoption, and administers the Adoption Assistance Program.

Imminent Risk of Removal Team Decision-Making Meetings (TDMs): Despite significant changes in CWS personnel in 2012, Tehama County renewed its commitment to conducting Team Decision-Making Meetings (TDMs) as a best practice. Research sponsored by the California Department of Social Services suggests that TDMs are effective in reducing need to remove children from the home, improving reunification times, and even reducing the recurrence of maltreatment (*Preliminary Highlights from the Evaluation of Child Welfare Pilot Projects in 11 Counties, 2007*)

Tehama County will apply this evidence-based model to CWS referrals that have been substantiated and/or necessitate the removal of a child from the home. By engaging a family's natural supports, the Imminent Risk of Removal TDM will increase the likelihood that the child will be placed in a relative or non-relative extended family (NREFM) home.

Differential Response (DR): The Tehama County Department of Social Services will establish a Differential Response Partnership to coordinate domestic violence services for CWS referrals through a joint response, when appropriate. The main focus of Tehama County's Differential Response protocol will be to engage families by providing preventative services that will enable children to safely remain with their families. Data from Placer County demonstrated that 8-12% of CWS referrals were resolved through Differential Response without the need for removal; of these referrals, only 1% resulted in re-referral (Results Group, under contract with CDSS, 2007).

This is consistent with Tehama County's commitment to prevention and early intervention, and will provide additional flexibility by creating a continuum of response, rather than a "one size fits all" approach. Differential Response will account for 100% of total Community-Based Child Abuse Prevention (CBCAP) funding for FY 2012-13, in the area of Family Support.

PQCR and CSA Executive Summaries

Please see Attachments A, and B, respectively.

B. Part I: CWS/Probation

CWS/Probation Narrative

As noted in the California Performance Improvement Plan (PIP), the areas of safety and permanency are given priority when targeting focus measures for improvement, as they are paramount to improving outcomes for children involved with the Child Welfare system. As it is the primary mission of Child Welfare agencies to ensure the safety and well-being of children in care, the Tehama County Department of Social Services has decided to focus on reducing the recurrence of substantiated allegations of maltreatment for children by implementing a wide array of strategies, including: Safety-Organized Practice, referrals to Functional Family Therapy, and increased WRAP services prior to reunification. TCDSS would like to thank its California Department of Social Services' (CDSS) Outcomes and Accountability Bureau (OAB) and Office of Child Abuse Prevention (OCAP) consultants for their vigilance in this area.

Each step in the C-CFSR process indicated the necessity for further improvement in the area of timely response for 10-day referrals. Information pulled from the Quarterly Data Reports, along with feedback from the 2011 Peer Quality Case Review (PQCR) and 2012 County Self-Assessment (CSA) highlighted a persistent underperformance in this outcome measure, which was originally selected for improvement in the 2009 SIP. While the most likely explanation for Tehama County's sustained low performance in this measure is untimely data entry of 10-Day investigation narratives into CWS/CMS, rather than failure to perform the investigations in a timely fashion, it highlights the opportunity for staff instruction and/or refreshment in the use of Safe Measures, with a renewed emphasis on accountability at the supervisory level.

TCDSS's recent improvement in the area of placement stability has provided a positive example of achieving tangible results. This has drawn attention to other areas which may benefit from similar changes to process and practice, including initially placing children in relative and non-relative extended family (NREFM) homes. This is a core tenet of TCDSS' commitment to preserving and strengthening families. The Placement Team's involvement may begin during the investigation process, to ensure that Imminent Risk of Removal TDM's can be performed, in the event that it is necessary to place a child.

The Probation Department has maintained its focus on allowing minors to safely remain in the home, when appropriate. Deputy Probation Officers consistently meet or exceed the requirement for monthly face-to-face contact with youth. The PACT assessment tool is used to provide appropriate referrals to mental health services, when applicable. Life skills are provided as part of ILP services, in an effort to support youth as they transition from institutional supports into adulthood. Deputy Probation Officers' willingness to engage families prior to reunification promotes an open dialogue.

C. CWS/Probation SIP Matrix

Priority Outcome Measure or Systemic Factor: CWS: CFSR Measure S1.1 No Recurrence of Maltreatment. Of all children who were victims of a substantiated maltreatment allegation during the first 6 months of the year, what percent were not victims of another substantiated allegation within the next 6-month period?

National Standard: 94.6%

Current Performance: According to the October 2012 Quarterly Data Report (Quarter 2 of 2012), of the 128 children that were victims of a substantiated maltreatment allegation during the first 6 months of the year, 112 had no recurrence of maltreatment within the next 6-month period. This is 87.5% with no recurrence of maltreatment.

Target Improvement Goal: Tehama County will improve performance on this measure from 87.5% to 90% by January 20, 2014. Tehama County will increase 1.6% more each subsequent year of the plan to attain a 94.6% quarterly average by June 20, 2017.

Priority Outcome Measure or Systemic Factor: CWS: CFSR Measure 2B-2 Timely Response, Emergency Response 10-Day compliance

National Standard: 90%

Current Performance: According to the October 2012 Quarterly Data Report (Quarter 2 of 2012), of the 78 referrals assigned for 10-day response, 60 were done within the 10-day requirement. This is a 76.9% rate of timely 10-day responses.

Target Improvement Goal: Tehama County will improve performance on this measure from 76.9% to 84% by June 20, 2013. With subsequent annual increases of 2%, 2%, 1%, and 1%, Tehama County will attain a 90% quarterly average by June 20, 2017.

Priority Outcome Measure or Systemic Factor: CWS: CFSR Measure 4B-1 Least Restrictive (Entries First Placement: Relative) The level of restrictiveness of a foster care placement reflects the extent to which the placement provides and supports normalized daily living activities for children in a community-based, family setting.

National Standard: N/A

Current Performance: According to the October 2012 Quarterly Data Report (Quarter 2 of 2012), of the 133 children placed in foster care, 29 were placed in relative placements for their first placement. This is a 21.8% rate of least restrictive placements.

Target Improvement Goal: Tehama County will improve performance on this measure from 21.8% to 24% by March 20, 2014. Tehama County will increase 1% more each subsequent year of the plan to attain a 27% quarterly average by June 20, 2017.

Priority Outcome Measure or Systemic Factor: Probation: 8A Completed High School or Equivalency; Obtained Employment; Have Housing Arrangements; Received ILP Services; Permanency Connection with an Adult

National Standard: N/A

Current Performance: According to the October 2012 CWS Outcomes System Report for Tehama County Probation (Data Extract Q4 2010) prepared by the UC Berkeley Center for Social Services Research Tehama County's rate of Completed High School or Equivalency; Obtained Employment; Having Housing Arrangements; Received ILP Services; Permanency Connection with an Adult (At least 24 months) in the calendar year there has been no discernible baseline measurement data recorded for probation youth in out of home placements.

Target Improvement Goal: After establishing a baseline, Probation will increase the percentage of youth completing or receiving the following services and/or milestones from 0% to 5% by 2017:

- Completing High School or Equivalency
- Obtaining Employment
- Having Housing Arrangements
- Receiving ILP services
- Receiving Permanency Connection with an Adult

This goal will be supplemented by improved data collection and tracking, coinciding with the rollout of a new case management system.

Strategy 1: CWS: Increase the use of Safety Organized Practice	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): S1.1 No Recurrence of Maltreatment. Of all children who were victims of a substantiated maltreatment allegation during the first 6 months of the year, what percent were not victims of another substantiated allegation within the next 6-month period.
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Continued Safety Organized Practice (SOP) training for workers to help with keeping focus on safety.	January 2013 – Ongoing	Supervisors, Social Workers, Program Manager
B. Consistent supervision of cases to ensure that safety threats have been fully addressed.	January 2013 – Ongoing	Supervisors and Social Workers
C. Use of SOP tools with families to develop natural supports and community partners so they have resources prior to transitioning from institutional supports.	March 2013 - Ongoing	Social Workers
D. Educate community partners regarding SOP to develop a clear understanding of the safety issues.	August 2013 - Ongoing	Social Workers & Supervisors

Strategy 2: Surround children and families with support so there is no recurrence of maltreatment	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): S1.1 No Recurrence of Maltreatment. Of all children who were victims of a substantiated maltreatment allegation during the first 6 months of the year, what percent were not victims of another substantiated allegation within the next 6-month period.
	<input type="checkbox"/> CBCAP	
	<input checked="" type="checkbox"/> PSSF	
	<input type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Consistent referrals to community partners for Functional Family Therapy prior to reunification or adoption, and during family maintenance for stabilization.	January 2013 – Ongoing	Social Workers & Supervisors
B. Consistent referrals to community partners for Functional Family Therapy for families that have successfully reunified, but may need services to prevent recurrence of maltreatment.	January 2013 – Ongoing	Social Workers & Supervisors
C. Wraparound program referrals will pair families with a Parent Partner, to enhance stabilization during the transition from institutional supports to natural supports when reunifying.	January 2013 – Ongoing	Social Workers & Supervisors
D. Timely and consistent monthly visits to the family to ensure safety of child at time of reunification.	May 2013 – Ongoing	Community Partners, Social Workers, Supervisors & Program Manager
E. Utilize Safe Measures to monitor timeliness of monthly Social Worker visits.	January 2013 – Ongoing	Supervisors
F. Require Social Workers to work with the parents identify a family safety network while developing a Case Plan	September 2013 - Ongoing	Social Workers & Parents
G. Evaluate results of strategy to determine whether No Recurrence of Maltreatment measure has improved.	June 2013 - Annually	Analyst

Strategy 3: CWS: Implement use of Safe Measures tool on a regular basis	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): 2B-2 Timely Response, Emergency Response 10-Day compliance
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. CWS Management Team will be trained in the use of Safe Measures	December 2012-March 2013	Program Manager to arrange
B. Develop guide on which measures should be reviewed regularly	April 2013	Program Manager, Supervisors and Analyst
C. CWS Management Team will complete the intensive Supervisory Effectiveness Program training series	September 2012 - April 2013	Program Manager, Supervisors
D. Ongoing Supervision will include Safe Measures review with Social Workers.	April 2013 - Ongoing	Supervisors
E. Safe Measures will be reviewed by Supervisors and Program Manager during meetings.	April 2013 - Ongoing	Program Manager
E. Evaluate impact of Safe Measures on timely response for 10-day referrals. Coordinate with OAB consultant on a quarterly basis to develop additional ongoing strategies to increase timely response.	June 2013 - Quarterly	Analyst

Strategy 4: CWS: Improve timely response.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): 2B-2 Timely Response, Emergency Response 10-Day compliance
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Develop a guide for necessary information to include on referrals and timelines.	March 2013 – May 2013	Program Manager, Supervisors and Analyst
B. Develop a policy to include timeframe for response time and entering contact information in CWS/CMS	March 2013 - May 2013	Program Manager, Supervisors and Analyst
C. Implement policy for Social Workers to respond timely and enter contact information in CWS/CMS within 48 hours of contact.	May 2013	Supervisors
D. Monitoring of caseload during monthly supervision.	May 2013 - Ongoing	Supervisors with Social Workers
E. Evaluate results of strategy by assessing if timely responses have increased.	January 2014 - Annual	Analyst

Strategy 6: Ensure data that needs to be collected in order to achieve improvement goal is accomplished. A new case management system upgrade will be rolled out November 2012 and new data collection processes will be introduced. Collection of Outcome Measure 8A will be one of the numerous data elements to be collected. Additionally, data entry into the CMS/CWS system will be reviewed to ensure all required information is collected.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Probation: 8A Completed High School or Equivalency; Obtained Employment; Have Housing Arrangements; Received ILP Services; Permanency Connection with an Adult
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Probation Supervisors, Placement Officer, Division Director, and Support Staff will be trained in the use of the new case management upgrade.	February 2013	Probation Supervisors, Placement Officer, Division Director, and Support Staff
B. CWS/CMS and case management upgrade implementation will be reviewed by Probation Supervisors and Division Director.	March 2013 - Ongoing	Probation Supervisors and Division Director.
C. Ongoing Supervision will include review of CWS/CMS and the case management system upgrade with the Placement Officer and Support Staff.	March 2013 - Ongoing	Probation Supervisors
D. Establish baseline data for Exit Outcomes for Youth Aging Out of Foster Care.	March 2013	Division Director

Strategy 5: Increase relative placements	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): 4B-1 Least Restrictive (Entries First Placement: Relative) The level of restrictiveness of a foster care placement reflects the extent to which the placement provides and supports normalized daily living activities for children in a community-based, family setting.
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Continue to use LexisNexis family search database to locate and connect with families on behalf of clients	January 2013 - Ongoing	Placement Team
B. Social Worker to request family member names and contact information from clients during investigation.	January 2013 - Ongoing	Social Workers
C. Develop a form for Supervisor to sign off showing that possible family has been searched for & TDM scheduled on all in-custodies and to approve child to go to Foster Care.	June 2013 - September 2013	Program Manager, Supervisors, and Analyst
D. Implement form and ensure that Imminent Risk of Removal TDM's are arranged at time of investigation.	October 2013 - Ongoing	Supervisors, Social Workers, and Placement Team
E. Provide transportation services for children to enhance placement stability by allowing them to maintain their same routines and connections	February 2013 - Ongoing	Program Manager and Supervisors to arrange
F. Evaluate results of strategy by assessing whether placements have increased significantly since implementation	March 2014 - Annual	Analyst

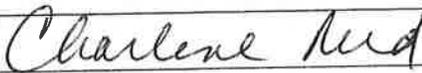
D. CWSOIP Narrative

Not required, due to realignment.

E. Part II: CAPIT/CBCAP/PSSF

1. Cover Sheet

CAPIT/CBCAP/PSSF Contact and Signature Sheet

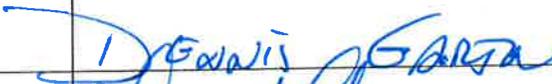
Period of Plan:	December 1, 2012 – June 30, 2017
Date Submitted:	January 29, 2013
Submitted by:	Board of Supervisor Designated Public Agency to Administer CAPIT/CBCAP/PSSF programs
Name & title:	Charlene Reid, Director, Social Services
Signature:	
Address:	310 South Main St, Red Bluff, CA 96080
Fax:	530-527-5410
Phone & E-mail:	530-527-1911
Submitted by:	Child Abuse Prevention Council (CAPC) Representative
Name & title:	Lavonne Fawver, Coordinator
Signature:	
Address:	220 Sycamore St, Ste 101, Red Bluff, CA 96080
Fax:	530-528-8065
Phone & E-mail:	530-528-7950, lfawver@nvcss.org

Submitted by:	Parent Consumer/Former Consumer (Required if the parent is not a member of the CAPC)
Name & title:	
Signature:	
Address:	
Fax:	
Phone & E-mail:	
Submitted by:	PSSF Collaborative Representative, if appropriate
Name & title:	Lavonne Fawver, CAPC Coordinator
Signature:	<i>Lavonne Fawver</i>
Address:	220 Sycamore St, Ste 101, Red Bluff, CA 96080
Fax:	530-528-8065
Phone & E-mail:	530-528-7950, lfawver@nvcss.org
Submitted by:	CAPIT Liaison
Name & title:	Shelley Zimmerman, Senior Staff Services Analyst
Signature:	<i>S Zimmerman</i>
Address:	510 S Main St, Red Bluff, CA 96080
Fax:	530-527-5410
Phone & E-mail:	530-528-4186 szimmerman@tcdss.org

Submitted by:	CBCAP Liaison
Name & title:	Shelley Zimmerman, Senior Staff Services Analyst
Signature:	
Address:	510 S Main St, Red Bluff, CA 96080
Fax:	530-527-5410
Phone & E-mail:	530-528-4186 szimmerman@tcdss.org

Submitted by:	PSSF Liaison
Name & title:	Shelley Zimmerman, Senior Staff Services Analyst
Signature:	
Address:	510 S Main St, Red Bluff, CA 96080
Fax:	530-527-5410
Phone & E-mail:	530-528-4186 szimmerman@tcdss.org

Board of Supervisors (BOS) Approval

BOS Approval Date:	January 29, 2013
Name:	
Signature:	

2. CAPIT/CBCAP/PSSF Plan

A. County SIP Team Composition:

Please refer to page 4 of this document for information, regarding Tehama County's 2012 SIP Team composition. The Parent Partner that participated in Tehama County's 2012 CSA on behalf of current and former CWS parents declined to participate in Tehama County's 2012-17 SIP. Tehama County was unable to identify another individual to participate in this capacity for the development of the SIP; therefore, there is no Parent Consumer contact or signatory listed.

B. CAPC- Structure and Role of Local CAPC:

Tehama County's Child Abuse Prevention Coordination Council (CAPCC) is comprised of volunteer members from local agencies, community-based organizations, and the general community. An autonomously functioning Executive Board leads CAPCC, and provides annual reports of its activities to the County Board of Supervisors. Until recently, CAPCC maintained a parent sub-committee responsible for co-coordinating local events and fairs designed to promote child abuse and neglect prevention, while increasing CAPCC's profile within the community. While CAPCC was unable to sustain this sub-committee, the associated activities remain a high priority.

CAPCC cultivates relationships with the community's child abuse prevention agencies and service providers to sponsor or co-coordinate high-profile events, such as the county's annual Children's Fair and Cinco de Mayo cultural celebration, respectively. These events are used to provide information and materials that promote prevention activities for child abuse and neglect. Additionally, CAPCC conducts trainings and demonstrations by request at schools and other local agencies on a wide array of subjects, such as Shaken Baby Syndrome and mandated reporter training.

The majority of CAPCC's financial support is provided through the Children's Trust Fund, with Kid's Plate accounting for the remaining dollars. CAPCC is currently administered by Northern Valley Catholic Social Services (NVCSS), and has not been an independent 501 (c) (3) nonprofit organization since 2009.

Fund	2009-10	2010-11	2011-12	2012-13
CAPIT	\$0	\$0	\$0	\$0
CBCAP	\$0	\$0	\$0	\$0
PSSF Family Support	\$0	\$0	\$0	\$0
CCTF	\$18,080	\$18,080	\$18,080	\$18,080
Kid's Plate*	\$1920	\$1920	\$1920	\$1920
Other:	\$0	\$0	\$0	\$0

Total:	\$20,000	\$20,000	\$20,000	\$20,000
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* Tehama County deposits Kids Plate revenue into the CCTF.

C. PSSF Collaborative:

The Child Abuse Prevention Coordination Council (CAPCC) has functioned as the PSSF Collaborative in Tehama County since 2009. A description of CAPCC’s structure has been provided above in section B: *CAPC- Structure and Role of Local CAPC*.

D. CCTF Commission, Board, or Council:

In Tehama County, the Child Abuse Prevention Coordination Council (CAPCC) performs the duties of the County Children’s Trust Fund (CCTF) Council, per Board of Supervisors resolution (Attachment F.) A description of CAPCC’s structure has been provided above in section B: *CAPC- Structure and Role of Local CAPC*.

E. Parent Consumers:

Tehama County CWS began the Quality Parenting Initiative (QPI) in the spring of 2012. As noted in the Current Activities section of the SIP Narrative on page 11 of this document, QPI is a process designed to support counties as they collaborate with stakeholders, including FFAs, foster caregivers, and birth parents, to identify their shared vision of quality foster parenting. This shared vision will be used to guide relationships among stakeholders, and improve the direction, recruitment, training, and support of caregivers.

Tehama County facilitates Parent Engagement Groups as a prerequisite for attending Nurturing Parenting classes. The focus of the Parent Engagement Group is to provide CWS customers with a better understanding of the Juvenile Dependency Court process, allowing them to visualize and personalize the reunification experience for their family. The Adult-Adolescent Parenting Inventory (AAPI-2) diagnostic tool is used to conduct pre- and post-assessments of customer beliefs across several dimensions, including: discipline, developmental milestones, and well-being. Individual participants from the Parent Engagement Group provided meaningful input for the 2012 CSA.

In keeping with the goal to maximize services to families, Tehama County DSS does not typically withhold any monies from the CAPIT/CBCAP/PSSF funds for training of county liaisons or parent consumers. Rather, participation in trainings for these persons is occasionally offered through other available funds. CWS is always mindful of ways to engage parents and consumers in their overall quality assurance and planning efforts.

One of the stated goals of Tehama County’s 2009-2012 SIP was to create an advisory group of individuals with prior CWS involvement to provide input toward system improvement. This goal was partially met; foster parent PRIDE training includes former clients (adults and youth) as guest speakers in sections of ongoing training for new foster care providers. Additionally, former CWS customers are

utilized as a panel of “experts” for new clients entering the Parent Engagement Group of Nurturing Parenting classes.

CWS will continue to offer these opportunities to former customers, as well as identify new opportunities in which parents and consumers may serve in an advisory capacity to enhance practice and service delivery. Additionally, CWS will address the challenge of engaging parents successfully exiting the CWS system, as most often, they wish no further involvement with CWS.

Our Parent Partner has been successful in terms of providing support for CWS customers, and getting parents and youth to critically examine the circumstances that brought the family to CWS’s attention. TCDSS hopes to build upon these successes by involving current and former customers, including parents and youth, in an advisory training and orientation capacity. It is believed that doing so will both enhance the awareness of the Social Workers in meeting the needs of clients, and will promote a change in the community’s perception of the CWS system from that of a threatening and unforgiving system, toward one comprised of people who are willing to support, work with, and learn from the families being served.

Programs mentioned above are funded through by the county’s CWS basic allocation including OIP and state-realigned funding.

F. The Designated Public Agency:

Tehama County Department of Social Services, Child Welfare Services is the public agency designated by the Board of Supervisors to administer CAPIT/CBCAP/PSSF programs. Community-based organizations and service providers receiving funding for these programs report directly to CWS on a periodic basis, as contractually obligated in the scope of work. The CWS Program Manager oversees the administration of CAPIT/CBCAP/PSSF funds, and conducts face-to-face meetings with these organizations on a regular basis to ensure compliance.

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

The CAPIT/CBCAP/PSSF Liaison at Tehama County Department of Social Services is also the CWS Analyst. This combined functionality allows for coordinated oversight of the funded programs and contracts, by pairing an understanding of CAPIT/CBCAP/PSSF funding streams with a working knowledge of the current systemic factors to determine the efficacy of the funded projects, as perceived by CWS, in addressing the unmet needs identified in the County Self-Assessment process. The CWS Analyst discusses progress and/or areas of concern with the Program Manager, who then communicates the need for corrective or preventative action to appropriate staff and service providers, either verbally, or in writing. The CWS Analyst must follow up with staff and service providers to ensure that corrective or preventative action has been taken to address areas of concern. TCDSS is fortunate to have close working relationships with its partners, and issues are often identified and resolved prior to the submission of the required reports.

Funded vendors are required to submit reports to TCDSS on a periodic basis, depending on the nature of the service or program. These reports are reviewed by the CAPIT/CBCAP/PSSF Liaison (CWS Analyst) for adherence to the established scope of work for the program, and any other items of note. Reports submitted by service providers include data which will ultimately be used to measure the effectiveness of the programs, in terms of engagement/short-term, intermediate, and long-term outcomes. As noted above, the CWS Analyst shares this information with the Program Manager, CWS supervisors, and any other applicable department personnel, to ensure that appropriate action is taken.

H. Fiscal Narrative:

The Tehama County Department of Social Services assures that CAPIT/CBCAP/PSSF funds received will be used to supplement, rather than supplant, other State and public funds and services. While TCDSS does not use CBCAP/CAPIT/PSSF funding to directly leverage any other funding, contracted service providers may use these monies in combination with other revenue sources, such as Medi-Cal, to expand services and/or service delivery to the community.

CAPIT/CBCAP/PSSF funds will continue to be awarded to eligible non-profit agencies through an RFP process. The CAPIT/CBCAP/PSSF Liaison, identified in section G above as the CWS Analyst, will ensure that, at a minimum, 20% of PSSF funds are allocated to each of the following categories: Family Preservation; community-based Family Support Services; Time-Limited Family Reunification Services; and Adoption Promotion and Support Services.

CAPIT and PSSF expenditures are tracked according to state-issued Program Identification Number (PIN) codes and invoices submitted by contracted service providers. TCDSS reports this data and other administrative costs to the California Department of Social Services (CDSS) through the County Expense Claim (CEC). CBCAP expenditures are not reported to CDSS in the CEC, and therefore, do not employ PIN codes as a tracking mechanism. Hard copies of the claims for payment and accompanying invoices are kept in accordance to time frames specified by Federal and State regulations.

The Fiscal Analyst monitors CAPIT/CBCAP/PSSF contract balances through a database and an internal ledger system, which is used to balance with the County Auditor's ledger. The Fiscal Analyst informs the CWS Program Manager and CWS Analyst of any potential changes to PIN Codes relating to CAPIT and PSSF, as a result of County Fiscal Letters issued by CDSS. CBCAP and CCTF funds are deposited into specific trusts, and with the exception of PIN codes, expenditures are tracked in the same manner as CAPIT and PSSF. As previously noted in section B above, Kid's Plate revenue is deposited into the CCTF.

I. Local Agencies- Request for Proposal:

As the designated public agency to administer CAPIT/CBCAP/PSSF programs, the Tehama County Department of Social Services provides the following assurances:

- A competitive process is used to select and fund programs.
- Priority is 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 provide evidence demonstrating 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 projects funded are 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 are reflected in the funding of projects.
- Projects funded are clearly related to the needs of children, especially those 14 years of age and under.
- The County will comply 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.
- Non-profit subcontract agencies have the capacity to transmit data electronically.

In addition to those enumerated above, the Tehama County Department of Social Services provides the following assurances, specifically for the use of CAPIT funds:

- Priority for services shall be given to children who are at high risk, including children who are being served by the county welfare departments for being abused and neglected and other children who are referred for services by legal, medical, or social services agencies.
- Funded agencies shall demonstrate proof of a 10 percent cash or in-kind match, other than funding provided by the CDSS.

J. CBCAP Outcomes:

Outcomes for CBCAP are provided in the CAPIT/CBCAP/PSSF Program Descriptions (**Attachment F.**)

K. Peer Review:

For Fiscal Year 2012-13, Alternatives to Violence has been selected as the sole CBCAP grantee, and will provide domestic violence counseling services as part of Tehama County's Path 1 and 2 Differential Response. While Alternatives to Violence engages in peer review on an informal basis by maintaining membership in local multidisciplinary organizations, including the Child Abuse Prevention Coordinating Council, the County Inter-Agency Coordinating Council, and the Tehama County Health Partnership, opportunities to share and learn best practices among peers have been minimal, due to the confidential nature of domestic violence services, which is the mainstay of ATV's community-based activities.

As a member of Tehama County's Differential Response Partnership, Alternatives to Violence will attend Path 1 meetings with other community partners, making it possible to participate in and obtain feedback from a formal peer review process. Doing so would allow the contractors to review data trends, share best practice methods, and discuss applications of the Differential Response (Path 1) model on an aggregate, rather than case-specific, level.

If necessary, TCDSS will assist CBCAP grantees to create a peer review plan in the first year of this SIP cycle, using the CBCAP peer review process outline created by Winkel, et al (2009), or an equivalent standardized approach.

L. Service Array:

As a rural county, Tehama is both challenged by and benefits from having a small number of service providers and organizations. While the limited number of local service providers can sometimes result in a limited service array, it promotes strong partnerships between Tehama County and its community-based organizations, allowing for the continuous exchange of best practices and peer review for quality improvement.

CAPIT/CBCAP/PSSF services within Tehama County are predominantly accessed via referrals by CWS, and coordinated through the Family Resource Center Network, which consists of two regional Family Resource Centers (FRCs), located in Red Bluff and Corning, respectively. The FRCs are operated by Northern Valley Catholic Social Services (NVCSS), with funding provided by TCDSS, and offer a variety of services, including: resource and referral, community groups, activities, parenting and enrichment classes, direct service delivery (Home-Based Services, Home Visiting, etc), Family Fun Nights, and FAST (Families & Schools Together) meetings.

Other collaborative groups and advisory boards found within Tehama County are: the Child Abuse Prevention Coordinating Council, Tehama County Children & Families Commission (First 5), Family Resource Center Network, Interagency Coordinating Council, and Tehama County Health Partnership. These collaboratives ensure that Tehama County's agencies, community-based organizations, and community members are connected to one another, and that the services offered correspond to the needs of the community. For additional information, please refer to **Attachment G**.

M. CAPIT/CBCAP/PSSF Expenditure Summary and Services:

Tehama County's Expenditures Workbook (**Attachment E**) identifies anticipated expenditures for each source and/or subcategory.

Services Description Summaries:

Please see CAPIT/CBCAP/PSSF Program Descriptions (**Attachment F**).

Tehama County SIP 2012-17 Attachments:

- A. PQCR 2011 Executive Summary
- B. CSA 2012 Executive Summary
- C. Board of Supervisors Resolution Establishing the Child Abuse Prevention Council and Authorizing CCTF funds to be utilized by CAPCC
- D. CAPC Roster
- E. CAPIT/CBCAP/PSSF Expenditures Workbook
- F. CAPIT/CBCAP/PSSF Program Descriptions
- G. Service Array
- H. SIP Checklist
- I. Notice of Intent
- J. Board of Supervisors Resolution Approving the 2012-17 Integrated SIP

Attachment A: PQCR 2012 Executive Summary

The Peer Quality Case Review (PQCR) was an opportunity for Tehama County CWS and Juvenile Probation to convene and evaluate the strengths and weaknesses of their respective practice models, as they relate to CA-CFSR focus measures. The PQCR took place from December 6-8, 2011. Data was collected through interviews of current CWS and Probation staff, with each interview lasting approximately an hour. A standardized questionnaire was used during these interviews, to reduce bias and promote consistency. From CWS, those interviewed included (4) IRC social workers, (3) supervisors, and (1) screening social worker.

For CWS, timely response for 10-day referrals (CFSR Measure 2B-2) was examined. This outcome was selected for review, based on Tehama County's historically low performance in this area, as indicated on the UC Berkeley CWS/CMS Dynamic Reporting System website. Additionally, several changes in personnel and process had been implemented during the year, including blended units and the Officer of the Day. The PQCR was seen as a way to for social workers to provide honest feedback.

The PQCR revealed that CWS IRC is particularly strong, with respect to screening/intake. CWS screeners are perceived by other social workers and supervisors as being knowledgeable and efficient. Several challenges also emerged as a result of the peer review: inconsistency with the Officer of the Day, insufficient oversight and accountability, lack of codified policy and procedure, and the referral assignment process, itself. Other barriers to timely 10-day response were primarily believed to be symptomatic of the lack of a cohesive policy and procedure and/or indicative of staff development needs. In Tehama County, IRC social workers carry a mixture of referrals and cases, until the Disposition hearing, and referrals are assigned on a rotating schedule. The effectiveness of the Officer of the Day differs with the individual, and highlights an opportunity for comprehensive staff development.

One suggestion to improve the Officer of the Day was assuring coverage or backup, so the Officer of the Day can function as intended; the schedule for Officer of the Day may conflict with court reports, or other unforeseen absences, and that the creation of a backup system might mitigate this concern. Additionally, formal training was described by most of the interviewees as being the first step in improving this aspect of IRC.

With respect to the perceived lack of oversight and accountability, consistent use of Safe Measures was identified by IRC social workers and echoed by supervisors as an effective way to monitor the timeliness of completed investigations. As noted in the PQCR, use of Safe Measures is inconsistent, and varies considerably between units. This may be partially due to IRC social workers and supervisors not being familiar with Safe Measures, which could be remedied through staff development and improved oversight on the part of supervisors. Creating a formal policy of utilizing Safe Measures to monitor the timeliness of 10-day responses would ensure accountability at both the social worker and supervisory level, if supervisors were to discuss referral data with the CWS Program Manager on a regular basis.

As noted, referrals are assigned to IRC social workers on a rotating schedule. While this appears equitable on its face, social workers expressed concerns that referrals are treated identically, rather than being weighted to reflect varying degrees of complexity, as a case might be. By more heavily weighing complex referrals, IRC social workers may be able to conduct more thorough and timely investigations. One of the counties surveyed weighs immediate and 10-day referrals differently, for assignment purposes. This could also be incorporated into CWS IRC practice, allowing social workers to more effectively prioritize.

Juvenile Probation chose to focus on aftercare services and transition into adulthood for the PQCR, in an effort to assess the effectiveness of ILP services. The PQCR validated much of Juvenile Probation's current practice. The Deputy Probation Officer consistently makes monthly face-to-face contacts with youths in placement, develops and reviews Case Plans, and coordinates appropriate referrals to service providers. Challenges in engaging youth to participate in aftercare and transitional services stem from the reluctance of youth to participate in services, which may be perceived as ongoing informal probation. The new PACT tool is being used in case management, but has yet to be incorporated into Case Plan development, resulting in divergent expectations for Probation youth. Furthermore, the caseload is highly specialized within Probation- the Deputy Probation Officer has no backup, and has had few opportunities to receive formal training. The availability of transitional housing was also voiced as a concern, as there is only one Transitional Housing Program (THP) provider in the area.

Assigning additional Juvenile Probation staff to back up the Deputy Probation Officer may alleviate many of these concerns, and formal and ongoing staff development should provide Juvenile Probation staff with more tools to effectively engage youth to participate in aftercare or transitional services.

Attachment B: CSA 2012 Executive Summary

Discussion of System Strengths and Areas Needing Improvements

System Strengths:

The CSA process confirmed a number of strengths in both CWS and Probation. Those strengths were identified by staff of both agencies as well as by the stakeholders interviewed during the process. Data reports also confirmed some of those areas of strength in child welfare practice. Probation is still lacking substantial data, but with the entry of data in CWS/CMS now there will be data forthcoming in the upcoming years.

It is important to note that data in a small county can be misinterpreted as percentages do not reveal an accurate picture of the situation because of the small numbers involved. The difference of one number, or one child, can make the difference of meeting the state or national standard.

Summary of Outcomes (CWS)

Safety Outcome 1: Children are first and foremost protected from abuse and neglect. (Q2, 2011)

- Measure S1.1 (No recurrence of maltreatment)-Standard not met.
- Measure S2.1 (No maltreatment in foster care)-Standard met.

Strengths

- Implementation of evidence based practices, including Nurturing Parenting, and promising practice of Safety Organized Practices, including Signs of Safety implementation. Families are identifying natural supports and safety networks so CWS can close referral or end case due to rigorous safety planning.
- No child has been maltreated in Tehama County foster care since 2006, remaining above the national standard consistently.

Needs

- Inadequate use of SDM tools and consistent supervision to insure safety threats are fully resolved before returning children home; tendency to return children home too soon after reunification.

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate. (Q 2, 2011)

- Measure 2B-1 (Timely Immediate Response-Referrals)-Standard not met.
- Measure 2B-2 (Timely 10 Day Response-Referrals)-Standard not met.

- Measure 2C (Timely Social Worker Visits)-Standard not met.

Strengths

- New policies and procedures are in place now to address the delay of assignment of referrals. CWS/CMS data now being entered within 48 hours to capture response time immediately.
- Supervisors are tasked with reviewing Safe Measures data weekly for their unit and identifying any referral that has not been timely or social worker visit that has not been entered.

Needs

- There had been delays in assigning referrals from intake to the investigating social worker. Staff vacancies also were impacting the data for this outcome.
- Supervisors are not consistently checking data and holding workers accountable to ensure timely data entry to capture necessary data.

Permanency Outcome 1: children have permanency and stability in their living situations without increasing re-entry into foster care. (Q 2, 2011)

County Performance on Composite 1: Timely and permanency reunification with parents or primary caretakers

- Measure C1.1 (Reunification within 12 months-exit cohort)-Standard met.
- Measure C1.2 (Median time to reunification-exit cohort)-Standard not met.
- Measure C1.3 (Reunification within 12 months-entry cohort)-Standard not met.
- Measure C1.4 (Re-entry following reunification-exit cohort)-Standard met.

Strengths

- Supervisors are providing more oversight regarding reunification decisions. SDM data being more closely monitored. TDM's are a regular practice, but there has not been consistency with reunification /exits.

Needs

- SDM completion had been inconsistent and not timely. Cases had been closed too quickly without proper supports in place to reduce re-entry into foster care.

County Performance on Composite 2: Timely Adoption

- Measure C2.1 (Adoption within 24 months-exit cohort)-Standard met.
- Measure C2.2 (Median time to adoption-exit cohort)-Standard not met.
- Measure C2.3 (Adoption within 12 months/17 months in care)-Standard not met.
- Measure C2.4 (Legally free within 6 months/17 months in care)-Standard not met.
- Measure C2.5 (Adoption within 12 months/legally free)-Standard not met.

Strengths

- Family finding efforts have been increased at the time of initial removal to produce relative/NREFM placements.
- TDM meetings have also identified relative/NREFM placement options earlier in the case

Needs

- Adoptions have not been completed timely by California State Adoptions resulting in delayed permanency. Their office has been understaffed to meet the workload demands.
- CWS staff has not adequately practiced concurrent planning.

County Performance on Composite 3: Permanency for children in care for long periods of time

- Measure C3.1 (Exits to permanency/24 months in care)-Standard not met.
- Measure C3.2 (Exits to permanency/legally free at exit)-Standard not met.
- Measure C3.3 (In care 3 years or longer/emancipated/age 18)-Standard not met.

Strengths

- Increased and improved family finding efforts are being practiced by CWS staff resulting in fewer FFA and group home placements. Adoption services are being brought within the county this year.

Needs

- Inconsistent concurrent planning. Children deemed to be “not adoptable” as assessed by State Adoptions has led to decreased emphasis on securing a permanent home. Foster parents are reluctant to enter into permanency due to lack of continued support by CWS, oversight of the court system, available community resources and financial support.

County Performance on Composite 4: Placement Stability

- Measure C4.1 (Placement stability-8 days to 12 months in care)-Standard met.
- Measure C4.2 (Placement stability-12 months but less than 24 months)-Standard not met.
- Measure C4.3 (Placement stability-at least 23 months in care)-Standard met.

Strengths

- The Placement Support Team has improved support to caregivers. TDM’s have reduced the number of placement disruptions and improved placement stability. Family finding efforts have improved these measures.

Needs

- Insufficient number of permanency homes for children who have been in care for 24 months or longer. Family finding efforts had not been initiated at the onset of the case.
- Implementation of Families for Life model and review of children who have been in care the longest. Second-chance reunification needs to be explored as well.

Well-Being 1: Families have enhanced capacity to provide for their children's needs.

- No C-CFSR results are currently available for any indicator designed to measure this outcome.

Strengths: Tehama County refers all parents to the Parent Engagement Group (PEG) at the onset of detention so that parents can better understand the system and expectations. Parents then graduate to Nurturing Parenting where they learn enhanced skills to provide for their children's needs.

Needs: Quality assurance process to evaluate effectiveness of PEG and Nurturing Parenting program.

Well-Being 2: Children receive services appropriate to their educational needs.

- 78.3% of children had a Health and Education Passport within 30 days of Detention. Probation does not have access to the Health and Education Passport, but transcripts and school records are provided to the caregiver.

Strengths: On-site Public Health Nurse who works with the social workers to obtain the necessary information. PST Team assists in gathering information about health and education.

Needs: Releases of information being signed are an ongoing barrier to improvement in this measure. Also, PST needs to improve communication with the Department of Education to obtain the necessary school information to be included in the passport.

Well-Being 3: Children receive adequate services to meet their physical, emotional and mental health needs.

- Measure 5B (1)(Rate of timely health exams)-Standard not met.
- Measure 5B (2) (Rate of timely dental exams)-Standard not met.
- Measure 5F (Authorized for psychotropic medications)-22 out of 286, or 7.7%, children in placement have a JV 220 for psychotropic medications-Standard N.A.

Strengths: Supervisors and PHN are tasked with more accurate and timely tracking of psychotropic medications and PST/PHN are working toward ensuring that timely medical and dental exams are documented and occurring on schedule.

Needs: Education for foster parents and other caregivers as well as medical/mental health personnel about the necessity of timely examinations. Also education is needed about psychotropic medications, the procedural issues for authorization, etc.

Attachment C:

**Board of Supervisors Resolution Establishing the Child Abuse Prevention Council
and Authorizing CCTF funds to be utilized by CAPCC**

RESOLUTION NO. 20-2010

A RESOLUTION OF THE BOARD OF SUPERVISORS OF THE COUNTY OF TEHAMA DESIGNATING THE TEHAMA COUNTY CHILD ABUSE PREVENTION COORDINATING COUNCIL AS THE LOCAL VOLUNTARY COUNCIL TO CARRY OUT THE PURPOSES OF WELFARE AND INSTITUTIONS CODE SECTIONS 18965 ET SEQ. AND SELECTING THE TEHAMA COUNTY CHILD ABUSE PREVENTION COORDINATING COUNCIL FOR FUNDING FROM THE CHILDREN'S TRUST FUND, SUBJECT TO APPROVAL BY THE OFFICE OF CHILD ABUSE PREVENTION

WHEREAS, the Tehama County Board of Supervisors has established a County Children's Trust Fund in accordance with Article 5 (commencing with Section 18965) of Chapter 11 of Part 6 of Division 9 of the Welfare and Institutions Code; and

WHEREAS, Welfare and Institutions Code section 18965 authorizes the Board of Supervisors to designate a local voluntary commission to carry out the purposes of Article 5 (commencing with Section 18965) of Chapter 11 of Part 6 of Division 9 of the Welfare and Institutions Code, including making recommendations to the Board of Supervisors regarding distribution of funding from the Children's Trust Fund; and

WHEREAS, Welfare and Institutions Code section 18983 requires the County of Tehama to fund a child abuse prevention coordinating council meeting the requirements of Chapter 12.5 (commencing with Section 18980) of Part 6 of Division 9 of the Welfare and Institutions Code from the County Children's Trust Fund; and

WHEREAS, Welfare and Institutions Code section 18983.5 requires that any council selected for such funding must be incorporated as a nonprofit corporation, or established as an independent organization within county government, or comparably independent organization as determined by the Office of Child Abuse Prevention; and

WHEREAS, the Board of Supervisors may designate and select a single council under both Welfare and Institutions Code sections 18965 and 18983, provided that the requirements of each statute are met; and

WHEREAS, Resolution No. 32-2002 designated the Tehama County Child Abuse Prevention Coordinating Council, a nonprofit corporation, "as the Children's Trust Fund Commission in order to carry out the purpose of Welfare & Institutions Code Section 18965-18971"; and

WHEREAS, the Tehama County Child Abuse Prevention Coordinating Council has ceased to operate as a self-sufficient non-profit corporation, and has been

reorganized as a local voluntary commission administratively supported by the nonprofit Northern Valley Catholic Social Services; and

WHEREAS, the bylaws of the reorganized Tehama County Child Abuse Prevention Coordinating Council ensure that the structure, decisions, and activities of the Tehama County Child Abuse Prevention Coordinating Council are independent of Northern Valley Catholic Social Services, and are not subject to direction or control by Northern Valley Catholic Social Services; and

WHEREAS, the reorganized Tehama County Child Abuse Prevention Coordinating Council therefore qualifies as a “comparably independent organization” within the meaning of Welfare and Institutions Code section 18983.5; and

WHEREAS, the determination that the reorganized Tehama County Child Abuse Prevention Coordinating Council is a “comparably independent organization” must be confirmed by the Office of Child Abuse Prevention; and

WHEREAS, the mission of the Tehama County Child Abuse Prevention Coordinating Council is primarily to serve children, with special emphasis on child abuse and neglect prevention and intervention services;

NOW, THEREFORE, BE IT RESOLVED by the Board of Supervisors of the County of Tehama as follows:

1. The foregoing recitals are true and correct.
2. Resolution No. 32-2002 is hereby rescinded.
3. The Tehama County Child Abuse Prevention Coordinating Council, as described herein, is hereby designated as the local voluntary council to carry out the purposes of Article 5 (commencing with Section 18965) of Chapter 11 of Part 6 of Division 9 of the Welfare and Institutions Code, and shall have all of the functions and responsibilities set forth in that Article.
4. The Tehama County Child Abuse Prevention Coordinating Council, as described herein, is hereby selected as the child abuse prevention coordinating council to be funded from the Children's Trust Fund under Chapter 12.5 (commencing with Section 18980) of Part 6 of Division 9 of the Welfare and Institutions Code, and shall have all of the functions and responsibilities set forth in that Chapter. The amount of funding provided from the Children's Trust Fund for the support of the Tehama County Child Abuse Prevention Coordinating Council shall be as determined in each year's final County budget adopted by the Board of Supervisors.

5. The designation and selection set forth in Sections 3 and 4 is subject to, and conditioned upon, the determination of the Office of Child Abuse Prevention that the Tehama County Child Abuse Prevention Coordinating Council, with the administrative support described herein, is a "comparably independent organization" within the meaning of Welfare and Institutions Code section 18983.5.

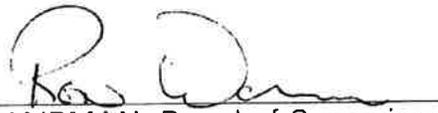
5. As a condition of maintaining the designation and selection set forth in Sections 3 and 4, the Tehama County Child Abuse Prevention Coordinating Council shall not modify its bylaws in any manner that affects its structure, decisions, activities, or independence, without consent of the Board of Supervisors.

The foregoing resolution was offered on a motion by Supervisor WILLARD, seconded by Supervisor RUSSELL, and carried by the following vote of the Board:

AYES: SUPERVISORS AVILLA, WARNER, WILLARD, RUSSELL AND WILLIAMS

NOES: NONE

ABSENT OR NOT VOTING: NONE



 CHAIRMAN, Board of Supervisors

STATE OF CALIFORNIA)
) ss
 COUNTY OF TEHAMA)

I, BEVERLY ROSS, County Clerk and ex-officio Clerk of the Board of Supervisors of the County of Tehama, State of California, hereby certify the above and foregoing to be a full, true and correct copy of a resolution adopted by said Board of Supervisors on the 16TH day of MARCH, 2010.

DATED: This 24TH day of MARCH, 2010.

BEVERLY ROSS, County Clerk and ex-officio Clerk of the Board of Supervisors of the County of Tehama, State of California.

By 
 Deputy

**Attachment D:
Tehama County Child Abuse Prevention Coordinating Council
Active Membership Roster 2012-13**

Community-Based Organizations

Mike Lindsey, Parent & Fatherhood Engagement Coordinator
Northern California Child Development, Inc
220 Sycamore St, Ste 200
Red Bluff, CA 96080
(530) 529-1500 x114
mlindsey@nccdi.com

Phyllis Avilla, Project Specialist, Strategies
Paradise Ridge Family Resource Center
6249 Skyway,
Paradise, CA 95969
(530) 872-3896 x123
pavilla@youth4change.org

Health and Mental Health Providers

Linda Kenyon Rose, Supervising PHN-MCAH Director
Tehama County Health Service Agency-Public Health Division
PO Box 400
Red Bluff, CA 96080
(530)528-3217
lkrose@tcha.net

Public Agencies

Mindy Gonzalez, CPS Supervisor
Tehama County Dept. of Social Services
PO Box 1515
Red Bluff, CA 96080
(530) 528-4142
MGonzalez@tcdss.org

Yuliana Moreno, Prevention Specialist
Tehama County Dept. of Education/Prevention Services
PO Box 689
1135 Lincoln St,
Red Bluff, CA 96080
(530) 528-7385
ymoreno@tehamaschools.org

Diana Geiger, CalSafe Coordinator
Salisbury High School
1050 Kimball Rd,
Red Bluff, CA 96080

dgeiger1@rbuhds.K12.ca.us

Michele Eggert, Project Director
Tehama County Dept. of Education/Preschools
PO Box 689
1135 Lincoln St,
Red Bluff, CA 96080
(530) 527-5811
meggert@tehamaschools.org

Community Representation

Jean Wagoner, Community Member
23624 Clover Ave,
Gerber, CA 96035
(530) 385-1891
Ujuana2000@yahoo.com

Linda Lucas, Community Member
PO Box 519
Red Bluff, CA
(530) 527-4296
rluca@sbcglobal.net

Coordinator

Lavonne Fawver, CAPC Coordinator
Northern Valley Catholic Social Service
220 Sycamore St, Ste 101
Red Bluff, CA 96080
(530) 528-7950
lfawver@nvcss.org

(1) COUNTY: TEHAMA (2) PERIOD OF PLAN: 12/1/12 thru 6/30/17 (3) YEAR: 1
(4) FUNDING ESTIMATES -- CAPIT: 70,000 CBCAP: 24,800 PSSF: 56,951

OTHER: 0

Line No.	Title of Program / Practice	SIP Strategy No., if applicable	Name of Service Provider, if available	CBCAP				PSSF				OTHER SOURCES	NAME OF OTHER	TOTAL	
				Capitol amount that will be spent on CAPIT Direct Services	Dollar amount that will be spent on CBCAP Direct Services	Dollar amount that will be spent on CBCAP Indirect Services	Dollar amount that will be spent on Public Awareness, Brief, Referral Activities	Dollar amount of CBCAP allocation to be spent on all CBCAP activities	Dollar amount of PSSF allocation that will be spent on PSSF activities	Dollar amount of PSSF that will be spent on Family Preservation	Dollar amount of PSSF that will be spent on Family Support				Dollar amount of PSSF that will be spent on Family Reunification	Dollar amount of PSSF that will be spent on Adoption Prevention
1	Functional Family Therapy for Open CWS Services	2	Children First PFA Alternatives to Violence	\$70,000				\$0	\$0	\$11,528	\$16,603	\$11,528	\$0		\$70,000
2	Functional Family Therapy in Family Support Services	2	Alternatives to Violence		\$24,800			\$74,800	\$0	\$14,066	\$14,066		\$0		\$114,866
3	Domestic Violence Socs for CWS Clients		Alternatives to Violence					\$0	\$14,754				\$0		\$14,754
4	Differential Response Partnership		Alternatives to Violence					\$0	\$0				\$0		\$0
5	Functional Family Therapy Family Preserv.	2	Northern Valley Catholic Social Service					\$0	\$0				\$0		\$0
6	In-House Adoption Promotion & Support		Tehama County Social Services					\$0	\$0				\$0		\$0
7								\$0	\$0				\$0		\$0
8								\$0	\$0				\$0		\$0
9								\$0	\$0				\$0		\$0
10								\$0	\$0				\$0		\$0
11								\$0	\$0				\$0		\$0
12								\$0	\$0				\$0		\$0
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21								\$0	\$0				\$0		\$0
22								\$0	\$0				\$0		\$0
23								\$0	\$0				\$0		\$0
24								\$0	\$0				\$0		\$0
25								\$0	\$0				\$0		\$0
Total				\$70,000	\$24,800	\$0	\$0	\$74,800	\$0	\$56,951	\$16,603	\$11,528	\$0	\$0	\$147,781

Attachment F: CAPIT/CBCAP/PSSF Program Descriptions

Therapy (FFT) for Open CWS cases

Expenditure Summary Line No. 1

Funding: 100% CAPIT (\$70,000)

As one of the few evidence-based services available in Tehama County, Functional Family Therapy (FFT) will fulfill the unique role of addressing families as a whole, stabilizing and improving the family dynamic in order to achieve timely and lasting reunification and permanency. The lack of whole family mental health and counseling services available in Tehama County was identified in the 2012 CSA, and may undermine reunification efforts (CFSR Measures C1.1 – C1.4), and contribute to recurrence of maltreatment (CFSR Measure S1.1) and entry rates (CFSR Systemic Factor PR3).

FFT is an evidence-based, nationally recognized therapy model designed for families with adolescents, but is robust enough to be effectively adapted to serve families with youth ages 10 and older that have an active CWS case in either Family Maintenance or Family Reunification mode. The FFT model is culturally sensitive, and consists of five distinct components: Pretreatment, Engagement, Motivation, Relational Assessment, Behavior Change and Generalization.

According to the Q2 2012 Data Extract, children in the 11-15 age cohort accounted for roughly 26.9% of all CWS cases in Tehama County. Sibling groups accounted for 43.7% of all CWS cases during the same reporting period, meaning that a broader population will be served than the 11-15 age cohort. In future years, CAPIT-funded activities may be expanded to include Parent-Child Interaction Therapy (PCIT), in an effort to serve families with younger children, especially those ages 2-7.

In addition to FFT, counseling services are provided through other current counseling contracts, as well as the Tehama County Health Services Agency's Mental Health Division. Children of all ages and families in varying phases of CWS involvement in need of counseling may be offered services through these providers or others, as appropriate to meet their individual needs. These services are funded by the county's CWS basic allocation, including state-realigned funding.

Children First Foster Family Agency will be the contracted service provider for CAPIT-funded FFT services for families with open CWS cases beginning in fiscal year 2012-13. Service provision will be countywide, with the family's home acting as the preferred location.

While three separate contractors will provide FFT to distinctly different CWS populations in the current fiscal year, continuity of service provision to families is important to TCDSS. If disruption of services becomes an apparent problem, contracts may be amended or changed in subsequent years. When FFT is completed, but additional counseling is deemed appropriate for the family, and the family requests to return to the same therapist, the CWS Social Worker and CWS Social Worker Supervisor will consider the family's request, along with other available options. Separate monies will be used to fund the appropriate counseling services.

Other than county funds mentioned above, no additional county funding will be allocated.

Outcomes

- Engagement outcomes will coincide with the Engagement and Motivation phase. Example: *The family will respond to and accept an invitation from the FFT clinician to participate in counseling services.*
- Short-term outcomes indicative of the learning process will also be exhibited in the Engagement and Motivation phase. Example: *Family members will learn to identify stressors that contribute to crises and confrontation within the home.*
- Intermediate outcomes will measure the efficacy of the Behavior Change phase, wherein specific positive behavior changes are modeled. Example: *Family members will demonstrate positive communication skills toward one another.*
- Long-term outcomes will pertain to the Generalization phase, wherein families are consistently encouraged to find and develop natural supports and community resources, while applying the learning and behaviors acquired in the previous phases. Examples: *Increased family reunification within 12 months; Reduced recurrence of maltreatment; Reduced entry into out-of-home care.*

Data Collection/Evaluation

Engagement, short-term, and intermediate outcomes will be recorded by the contractor, using pre- and post-measurements of parental stress and child behavioral change indices. Monthly family progress reports will be given to the referring/case-carrying social worker, which will help to assess the effectiveness of FFT the families.

The CWS Analyst will utilize Safe Measures and data extracts from the UC Berkeley CWS/CMS Dynamic Reporting System website to monitor the progress of long-term outcomes, and may include this information in Tehama County's Annual Report submitted to OCAP.

Additionally, contractor must collect data and submit quarterly to CWS in accordance with the CDSS OCAP annual report. The CWS Analyst will review the reports to ensure contractor is performing services as agreed, and that data is being collected accordingly. CWS staff feedback may be solicited to assess contractor's performance. Following receipt of the quarterly report, the CWS Leadership Team, CWS Analyst and contractor will meet to discuss referrals sent to contractor, families being serviced, effectiveness of services, and any other issues or concerns.

If problems arise, they will be discussed at these meetings, or a special meeting convened. With direction from the CWS Leadership Team, the CWS Analyst will be responsible to ensure that corrective action is taken and the problem resolved.

CWS Social Workers regularly meet with their CWS Supervisor individually to discuss current cases, issues and challenges. During these meetings, Social Workers are able to discuss with their Supervisor

the services their families are receiving from our contractors. They can discuss the effectiveness and quality of services offered. As CWS Social Worker Supervisors are part of the CWS Leadership Team, any issues shared during the individual meetings can be discussed at the regularly held Leadership meetings.

To gauge customer satisfaction, Tehama County social workers will inquire with CWS customers as to their perception of the quality and efficacy of FFT services through the use of an exit questionnaire. These will be sent to the CWS Analyst, along with the quarterly report.

Therapy (FFT) Family Support Services

Expenditure Summary Line No. 2

Funding: PSSF, Family Support Component, \$16,603

Applying the functional family therapy (FFT) model to families that have successfully reunified, the primary focus of FFT aftercare/family support services will be to support and strengthen families, in order to reduce the number of new cases being opened and/or children being removed from the home. As identified in both the 2011 Peer Quality Case Review (PQCR) and 2012 County Self-Assessment (CSA), evidence-based aftercare/family support services in Tehama County are needed to reduce the recurrence of maltreatment (CFSR Measure S1.1) and/or re-entry rates following reunification (CFSR Measure C1.4). FFT aftercare/family support is designed to allow children to safely remain in the home, without the need to open a new CWS case. In this capacity, FFT will act as a tertiary prevention program, providing family-centered support services for children and families in the aftercare of substantiated abuse or neglect and a closed CPS case. Families may be referred to FFT aftercare/family support services upon case closure by the social worker, or at any point up to two years post-closure, if the family is referred to CWS.

Alternatives to Violence (ATV) will be the contracted service provider for PSSF-funded FFT aftercare/family support services beginning in fiscal year 2012-13. Service provision will be countywide, with the family's home acting as the preferred location. No additional county funding will be provided.

While three separate contractors will provide FFT to distinctly different CWS populations in the current fiscal year, continuity of service provision to families is important to TCDSS. If disruption of services becomes an apparent problem, contracts may be amended or changed in subsequent years. When FFT is completed, but additional counseling is deemed appropriate for the family, and the family requests to return to the same therapist, the CWS Social Worker and CWS Social Worker Supervisor will consider the family's request, along with other available options. Separate monies will be used to fund the appropriate counseling services.

Outcomes

FFT aftercare/family support outcomes will align with all six components/five phases (Pretreatment; Engagement; Motivation; Relational Assessment; Behavior Change; and Generalization).

Engagement/short-term and intermediate outcomes will be identical, while long-term outcomes will specifically reflect the tertiary preventative/aftercare/family support emphasis on preserving the family.

- Engagement outcomes will coincide with the Engagement and Motivation phase. Example: *The family will respond to and accept an invitation from the FFT clinician to participate in counseling services.*
- Short-term outcomes indicative of the learning process will also be exhibited in the Engagement and Motivation phase. Example: *Family members will learn to identify stressors that contribute to crises and confrontation within the home.*
- Intermediate outcomes will measure the efficacy of the Behavior Change phase, wherein specific positive behavior changes are modeled. Example: *Family members will demonstrate positive communication skills toward one another.*
- Long-term outcomes will pertain to the Generalization phase, wherein families are consistently encouraged to find and develop natural supports and community resources, while applying the learning and behaviors acquired in the previous phases. Examples: *Reduced re-entry following reunification; Reduced recurrence of maltreatment.*

Data Collection/Evaluation

The CWS Analyst will utilize Safe Measures and data extracts from the UC Berkeley CWS/CMS Dynamic Reporting System website to monitor the progress of long-term outcomes, and may include this information in Tehama County's Annual Report submitted to OCAP.

Engagement, short-term, and intermediate outcomes will be recorded by the contractor, using pre- and post-measurements of FFT's parental stress and child behavioral change indices. Collected data will include, but not be limited to individual progress towards outcomes above, total number of referrals received, total number of families served, as well as reporting in accordance with CDSS OCAP Annual Report guidelines, under the PSSF Family Support service/program category "mental health services." Contractor will submit data to the CWS Analyst on a quarterly basis.

The CWS Analyst will review the reports to ensure contractor is performing services as agreed, and that data is being collected accordingly. CWS staff feedback may be solicited to assess contractor's performance. Following receipt of the quarterly report, the CWS Leadership Team, CWS Analyst and contractor will meet to discuss referrals sent to contractor, services being provided, effectiveness of services offered, and any other issues or concerns. If necessary, the CWS Analyst will draft a corrective action plan to address any performance and/or quality issues that may arise.

CWS Social Workers regularly meet with their CWS Supervisor individually to discuss current cases, issues and challenges. During these meetings, Social Workers are able to discuss with their Supervisor the services their families are receiving from our contractors, including the effectiveness and quality of services offered. As CWS Social Worker Supervisors are part of the CWS Leadership Team, any issues shared during the individual meetings can be discussed at the regularly held Leadership meetings.

The contractor will offer customers a satisfaction survey designed to solicit feedback and evaluate customer satisfaction on services offered or received. These will be sent to the CWS Analyst, along with the quarterly report.

Domestic Violence Services for CWS Customers

Expenditure Summary Line No. 3

Funding: PSSF, Time-Limited Reunification Component, \$11,528

The purpose of this PSSF component is to increase the likelihood of children successfully reunifying with their families by providing domestic violence therapy and education, as well as a parenting component to identify and address the effects of domestic violence on the entire family. As noted in the 2012 CSA, domestic violence and anger management counseling are community-based services that assist families in creating a safe home environment, thereby increasing the likelihood of successful reunification (CFSR Measures C1.1 – 1.3) and reducing re-entry rates following reunification (CFSR Measure C1.4).

While the need for domestic violence services in Tehama County was not specifically addressed in the 2012 County Self-Assessment, referral data provides evidence to support the need to address this issue. In Fiscal Year 2011-12, Tehama County received 174 unique referrals with allegations that included domestic violence, out of a total of 1,884 referrals. This accounted for 9.24% of Tehama County's CWS total referrals received in FY 2011-12. Of these 174 referrals, 161 pertained to children ages 14 and under (8.55% of total referrals.) This does not include Path 1 Differential Response referrals.

Tehama County CWS uses a special project code in CWS/CMS to track Path 1 Differential Response referrals for domestic violence services. These referrals are tracked separately from those described above. By comparison, 46 unique Path 1 Differential Response referrals were received in FY 2011-12, which accounted for 2.44% of all referrals. Of these 46 referrals, 37 pertained to children ages 14 and under (1.96% of total referrals.)

Combined, there were 220 domestic violence-related referrals received in FY 2011-12, or 11.68% of total referrals. Of these 220 referrals, 198 pertained to children ages 14 and under (10.51% of total referrals.)

Additionally, five social workers were surveyed at random on December 20, 2012, regarding the prevalence of domestic violence in their active caseloads and/or referrals. According to their responses, domestic violence pertained to 42 of the 90 total children on these respective caseloads, or 46.67%. When asked about the prevalence of domestic violence, with respect to their historic caseloads, the average of the social workers' responses was 56.20%.

CWS does not currently use a special project code in CWS/CMS to track domestic violence for open cases; subsequently, these data may understate the need for domestic violence services, as the challenges that bring families to the attention of CWS are not always immediately apparent.

Alternatives to Violence will be the contracted service provider for PSSF-funded domestic violence services for families with open CWS cases beginning in fiscal year 2012-13. The Cognitive Behavior Therapy (CBT) model will be employed: services will consist of 28 weekly group sessions facilitated by

a clinician. Perpetrators will be treated separately from abuse survivors, with services tailored to address perpetration and co-dependency, respectively. There is a peer review element present in this application of CBT, which encourages participants to challenge their beliefs, regarding their behaviors, in order to progress toward completion of services. Modules include: anger management (“Coping with Anger”), domestic violence dynamics (“Untangling Relationships”), and a parenting component (“Anger, Alcohol, and Abuse” from the Nurturing Parenting model.) Service provision will be countywide, with Tehama County arranging transportation for customers when necessary. Costs associated with these Time-Limited Reunification services will account for 20% of total PSSF funds, with no additional County dollars.

Outcomes for Perpetrators of Domestic Violence

- Engagement outcomes will measure the customer’s willingness to engage in services. Example: *The parent will attend weekly domestic violence group meetings and participate in discussions.*
- Short-term outcomes will describe the customer’s learning, with respect to their behaviors and beliefs. Example: *The parent will increase their knowledge of the triggers for abusive and/or coercive behavior and how these triggers relate to their own family.*
- Intermediate outcomes will measure the application and efficacy of new behaviors learned. Completion of the 28-week services program will be a milestone. Example: *The parent will acknowledge that domestic violence is a choice; The parent will consistently and effectively use anger management techniques to de-escalate situations that might otherwise lead to abusive and/or coercive behaviors; The parent will consistently and effectively use anger management techniques to reduce the duration and frequency of abusive and/or coercive behaviors.*
- Long-term outcomes will measure the impact of services on the customer’s ability to apply the learning and behaviors acquired as a result of treatment. Examples: *Increased family reunification within 12 months; Reduced recurrence of maltreatment; Reduced re- entry following reunification.*

Outcomes for Survivors of Domestic Violence

- Engagement outcomes will measure the customer’s willingness to engage in services. Example: *The parent will attend weekly domestic violence group meetings and participate in discussions.*
- Short-term outcomes will describe the customer’s learning, with respect to their behaviors and beliefs. Example: *The parent will increase their knowledge of the domestic violence dynamics present in their relationship; The parent will learn protective behaviors designed to keep them and their children safe from abusive and/or coercive behaviors.*
- Intermediate outcomes will measure the application and efficacy of new behaviors learned. Completion of the 28-week services program will be a milestone. Example: *The parent will acknowledge the effects of domestic violence on the entire family; The parent will consistently and effectively use a safety plan to address escalating situations that might result in violence; The parent will consistently and effectively seek out resources to keep them and their children safe from abusive and/or coercive behaviors.*

- Long-term outcomes will measure the impact of services on the customer's ability to apply the learning and behaviors acquired as a result of treatment. Examples: *Increased family reunification within 12 months; Reduced recurrence of maltreatment; Reduced re- entry following reunification.*

Data Collection/Evaluation

Engagement, short-term, and intermediate outcomes will be recorded by the contractor, using the six phases of the CBT model: Assessment, Reconceptualization, Skills Acquisition, Skills Consolidation and Application Training, Generalization, and Post-Treatment Assessment (Gatchel and Rollings, 2008).

For perpetrators, treatment will focus on the parent recognizing that domestic violence is a choice, and taking ownership for their actions. Although the timing, and the extent to which this occurs may vary from parent to parent, it typically coincides with the third module, entitled, "Choosing New Behaviors." In the clinical application of the CBT model, buy-in during the Reconceptualization phase is a strong indicator of sustained, long-term success. The short-term outcomes provided above for perpetrators of domestic violence are indicative of the turning point in treatment during this phase, while the intermediate outcomes track the sustained positive behaviors developed as a result of treatment.

Services provided for survivors of domestic abuse will focus on raising the parent's awareness of the role violence and/or coercion play in their relationship, and how this affects their children. A crucial point in the treatment process typically occurs in the Reconceptualization phase, in a module entitled, "The True Self-False Self," wherein the parent recognizes the mental and emotional barriers that have allowed domestic violence to occur in the home, and compels the parent to visualize what their relationship and family life would look like in the absence of violence.

Monthly family progress reports will be submitted to the referring/case-carrying social worker, and Wraparound Coordinator, as applicable. The contractor will then submit this data to the CWS Analyst on a quarterly basis, in accordance with CDSS OCAP Annual Report guidelines, under the service/program category "domestic violence services." Pertinent Information will include, but not be limited to: the number of referrals received, number of non-duplicated customers served, and number of customers successfully completing the 28-week treatment regimen.

Following receipt of the quarterly report, the CWS Leadership Team, CWS Analyst and contractor will meet to discuss referrals sent to contractor, services being provided, effectiveness of services offered, and any other issues or concerns. If necessary, the CWS Analyst will draft a corrective action plan to address any performance and/or quality issues that may arise.

The CWS Analyst will utilize Safe Measures and data extracts from the UC Berkeley CWS/CMS Dynamic Reporting System website to monitor the progress of long-term outcomes, and include this information in Tehama County's Annual Report submitted to OCAP. In an effort to better identify and assess the ongoing need for domestic violence services in Tehama County, a special project code will be created in CWS/CMS.

To gauge customer satisfaction, Tehama County social workers will inquire with CWS customers as to their perception of the quality and efficacy of domestic violence services through the use of an exit questionnaire, and provide this information to the CWS Analyst.

Differential Response Partnership for Domestic Violence Services – Path 1 & 2

Expenditure Summary Line No. 4

Funding: CBCAP, \$24,212

Tehama County's Differential Response Partnership coordinates relevant services for all CWS referrals, as appropriate, with the intent of reducing the number of children entering out-of-home placement.

Differential Response (DR) consists of a 3-tiered protocol:

1. Path 1 are referrals screened out, as not requiring CWS involvement, but may benefit from services.
2. Path 2 are referrals screened in, as requiring a response from and/or investigation by CWS staff, and may benefit from services.
3. Path 3 are referrals screened in, and exclusively addressed by CWS staff.

Path 1 and 2 referrals with domestic violence as an issue are covered under this program. These specific referrals will be referred to and coordinated by the contractor, Alternatives to Violence (ATV), funded by CBCAP. Path 3 is exclusively CWS and is not covered in this program, including any open CWS case.

Funding for DR, specifically Path 2, was discontinued in 2009. The need for DR is outlined in the 2012 CSA: coordinated efforts between CWS and domestic violence service providers may allow children to safely remain in the home, reducing entry and in-care rates (CFSR Systemic Factors PR3 and PR4); recurrence of maltreatment (CFSR Measure S1.1); and re-entry rates following reunification (CFSR Measure C1.4).

Path 1 referrals with domestic violence as an issue will be referred to the contractor. The contractor will be responsible for engaging the families in preventative programs and activities, as well as linking the families to appropriate community partners to receive comprehensive supportive services. CWS staff will provide contractor's contact information to the referred families. CWS involvement will end with a referral to the contractor.

Path 2 referrals with domestic violence as an issue will be jointly responded to by a CWS Social Worker and contractor. The contractor will, as appropriate, offer assessment and services to the family. The contractor will assist CWS in engaging the families in preventative programs and activities, as well as linking the family to appropriate community partners to receive comprehensive supportive services.

For both Path 1 and Path 2, the contractor will offer services to address domestic violence, as appropriate, including the Cognitive Behavior Therapy (CBT) model, which consists of 28 weekly group sessions facilitated by a clinician. Perpetrators will be treated separately from abuse survivors, with services tailored to address perpetration and co-dependency, respectively. There is a peer review element present in this application of CBT, which encourages participants to challenge their beliefs,

regarding their behaviors, in order to progress toward completion of services. Modules include: anger management (“Coping with Anger”), domestic violence dynamics (“Untangling Relationships”), and a parenting component (“Anger, Alcohol, and Abuse” from the Nurturing Parenting model).

While CBCAP funds will be used to target the domestic violence piece of referrals, Tehama County’s full DR Partnership for Path 1 includes the following community partners. These partners are able to identify and address an array of issues.

- Alternatives to Violence – Domestic violence
- Tehama County Health Services Agency – Public health, mental health, substance abuse issues
- Tehama County Department of Education, First 5 – Educational and early childhood intervention
- Tehama County CalWORKs – Employment & Training Worker to link Welfare to Work and CWS
- Tehama County CWS – CWS Social Worker that acts as our “screener” receiving CWS

Additionally, CWS has a Public Health Nurse co-located within CWS. The nurse assists CWS Social Workers in assessing children/youth referred to CWS for health related concerns and needs. The nurse serves as a resource to facilitate and recommend early intervention providers, specialty providers, dentists, mental health providers, California Children’s Services, and other community programs. CWS Social Workers and the nurse collaborate to meet and document medical, dental, developmental, and mental health needs of children at referral and throughout CWS involvement. This is funded through by the county’s CWS basic allocation including state-realigned funding.

TCOSS provides the assurance that CBCAP funds will only be used to provide Path 1 and 2 services for CWS referrals. If a case is opened for a family, CBCAP monies will not be used to fund services from that point forward.

Outcomes

- Engagement outcomes will measure the customer’s willingness to engage in services. *For Path 1, the family will be willing to talk with the contractor, and become aware of the community services available. For Path 2, the family will be willing to talk with the contractor and CWS Social Worker to discuss reported concerns, and become aware of the community services available to them.*
- Short-term outcomes will describe the customer’s learning, with respect to behaviors and beliefs. *For both Path 1 and 2: The family understands and agrees that prevention or intervention is needed; The family voluntarily accepts the contractor’s support; The family openly talks with contractor to assess their situation, and discuss the need to change the situation and alter behaviors; The family voluntarily attends preventative classes, programs and activities.*
- Intermediate outcomes will measure the application and efficacy of new behaviors learned. *For Path 1 and 2: The parent will increase their knowledge of the triggers for abusive and/or coercive behavior and how these triggers relate to their family; The parent will effectively use anger management techniques to de-escalate situations that might otherwise lead to abusive and/or coercive behaviors.*

- Long-term outcomes will measure the impact of Differential Response on the needs described in Tehama County's 2012 CSA: *Fewer children will enter out-of-home placement. Fewer new CWS cases will open.*

Data Collection/Evaluation

The effectiveness of Path 1 and Path 2 DR in addressing domestic violence issues will be measured predominantly in terms of their ability to stabilize the family in a preventative fashion, thereby reducing the number of children entering out-of-home placement or having a new CWS case opened. The CWS Analyst will utilize Safe Measures and data extracts from the UC Berkeley CWS/CMS Dynamic Reporting System website to monitor the progress of long-term outcomes.

Customer engagement or lack of engagement, as reported below, will also provide an indication of program effectiveness and necessity.

Customers accepting services will be asked by the contractor to sign Releases of Information allowing the agencies to communicate with one another. These will allow CWS to solicit additional information on the quality of services provided, as well effectiveness and outcomes for the families.

To enumerate and track referrals received with domestic violence allegations, and to track Path 1 and 2 referrals, special project code(s) will be created in CWS/CMS to be used by CWS Screeners.

For Path 1 and 2, data will be collected quarterly via contractor reporting to CWS. At a minimum, the contractor must collect data and submit to CWS in accordance with the CDSS OCAP annual report guidelines. This data will include, but not be limited to, the total number of:

- Customers referred for Path 1
- Customers referred for Path 2
- Path 1 customers who engaged in assessment/services with contractor, by service type
- Path 1 customers who did not engage in assessment/services with contractor
- Path 2 joint response requests made by county to contractor
- Path 2 joint response requests that contractor was able to meet/respond with CWS

The CWS Analyst will review the reports to ensure contractor is performing services as agreed, and that data is being collected accordingly. CWS staff feedback may be solicited to assess contractor's performance. Following receipt of the quarterly report, the CWS Leadership Team, CWS Analyst and contractor will meet to discuss referrals sent to contractor, services being provided, effectiveness classes/activities offered, and any other issues or concerns. If problems arise, they will be discussed at these meetings, or a special meeting convened. With direction from the CWS Leadership Team, the CWS Analyst will be responsible to ensure that corrective action is taken and the problem resolved.

The contractor will offer customers an anonymous satisfaction survey designed to solicit feedback and evaluate customer satisfaction on services offered or received. These will be sent to the CWS Analyst, along with the quarterly report.

Therapy (FFT) – Family Preservation Services

Expenditure Summary Line No. 5

Funding: 25% PSSF, Family Preservation, \$14,066

FFT- Family Preservation Services will enhance the permanency found in adoption, by adapting the FFT model to pre- and post-adoptive families. As noted in the 2012 CSA, whole family counseling services are currently unavailable in Tehama County. It is believed that by offering pre- and post-adoptive support services to families, improvements will be made in the following areas: adoption within 24 months, median time to adoption, and adoption within 12 months (CFSR Measures C2.1-2.3 and C2.5). In a post-adoptive capacity, FFT is another preventative service designed to maintain families by mitigating the need to open a new CWS case and/or remove children from the home.

Functional Family Therapy- Family Preservation Services will consist of two pieces: Aftercare services, which will assist families within one year of an adoption being finalized; and Pre-Placement Preventative services geared toward families with more than one year together after the finalization of the adoption, up to the third year. Families may be self-referred, or receive services as the result of a CWS referral.

Northern Valley Catholic Social Services (NVCSS) will be the contracted service provider for PSSF-Family Preservation FFT for pre- and post-adoptive families, beginning in fiscal year 2012-13. Service provision will be countywide, with the family's home acting as the preferred location. Costs associated with these Family Preservation services will account for 25% of total PSSF funds, with no additional County dollars. The contractor is expected to bill Medi-Cal for eligible children and family members. All children in placement have Midi-Cal coverage, but adoptive parents may not be Midi-Cal eligible. With the contractor receiving Midi-Cal reimbursement for those that are eligible, PSSF Family Preservation funds will be freed to serve additional families.

While three separate contractors will provide FFT to distinctly different CWS populations in the current fiscal year, continuity of service provision to families is important to TCDSS. If disruption of services becomes an apparent problem, contracts may be amended or changed in subsequent years. When FFT is completed, but additional counseling is deemed appropriate for the family, and the family requests to return to the same therapist, the TCDSS will consider the family's request, along with other available options. Separate monies will be used to fund the appropriate counseling services.

In addition to FFT, counseling services are provided through other current counseling contracts, as well as the Tehama County Health Services Agency's Mental Health Division. Children of all ages and families in varying phases of CWS involvement in need of counseling may be offered services through these providers or others, as appropriate to meet their individual needs. These services are funded by the county's CWS basic allocation, including state-realigned funding.

Outcomes

- Engagement outcomes will coincide with the Engagement and Motivation phase. Example: *The family will respond to and accept an invitation from the FFT clinician to participate in counseling services.*

- Short-term outcomes indicative of the learning process will also be exhibited in the Engagement and Motivation phase. Example: *Family members will learn to identify stressors that contribute to crises and confrontation within the home.*
- Intermediate outcomes will measure the efficacy of the Behavior Change phase, wherein specific positive behavior changes are modeled. Example: *Family members will consistently demonstrate positive communication skills toward one another.*
- Long-term treatment outcomes will pertain to the Generalization phase, wherein families are encouraged to find and develop natural supports and community resources, while applying the learning and behaviors acquired in the previous phases. Examples: *Increased placement stability; Increased adoption within 24 months; Reduced median time to adoption; Adoption within 12 months (17 months in care); Adoption within 12 months (legally free.)*

As TCDSS's new in-house Adoptions program develops, the need for outcomes pertaining to disruption of adoptions and/or re-entry into care following adoption may arise. If necessary, outcomes designed to reduce the disruption of adoptions will be discussed with the contractor and incorporated into the contract in subsequent years.

Data Collection/Evaluation

Outcomes for both pre- and post-adoptive families will remain consistent with those for open CWS cases and aftercare/prevention FFT services: engagement, short-term, and intermediate outcomes will be recorded by the contractor, using pre- and post-measurements of FFT's parental stress and child behavioral change indices.

The contractor must collect and submit data to TCDSS in accordance with CDSS OCAP annual report instructions for the service/program category of mental health services. Applicable sections of the OCAP annual report provided to contractor as an example. In addition, Contractor quarterly reports shall also include information relevant to the provision of major activities, performance indicators, data collected and client satisfaction. The TCDSS CWS Analyst will review the reports to ensure the contractor is performing the services as contracted and data is being collected in accordingly. CWS staff feedback may also be solicited to help assess contractor's performance.

The contractor will submit this data to the CWS Analyst on a quarterly basis, in accordance with CDSS OCAP Annual Report guidelines. Pertinent Information will include, but not be limited to: the number of referrals received, number of families served, and results of the outcomes described above. Following receipt of the quarterly report, the CWS Leadership Team, CWS Analyst and contractor will meet to discuss referrals sent to contractor, services being provided, effectiveness of services offered, and any other issues or concerns. If necessary, the CWS Analyst will draft a corrective action plan to address any performance and/or quality issues that may arise.

The CWS Analyst will utilize Safe Measures and data extracts from the UC Berkeley CWS/CMS Dynamic Reporting System website to monitor the progress of long-term outcomes, and include this information in Tehama County's Annual Report submitted to OCAP.

For families referred by CWS, Tehama County social workers will inquire with CWS customers as to their perception of the quality and efficacy of FFT services through the use of an exit questionnaire, and provide this information to the CWS Analyst. With respect to self-referred post-adoptive families, the contractor will provide an anonymous satisfaction survey, and submit this information to the CWS Analyst.

Adoption Promotion and Support (In-House)

Expenditure Summary Line No. 6

Funding: 25% PSSF, \$14,754 (Adoption Promotion and Support)

PSSF Adoption Promotion and Support funds will be kept in-house at TCDSS. These funds will be used for our CWS Social Services Aide charged with the role of encouraging adoption from foster care and supporting families who are or have adopted from foster care.

Upon referral from the Social Worker, CWS Adoption Promotion and Support activities include: helping the family to identify what they need (peer support, parent education, counseling, respite or concrete/material needs) in order to commit to the child in their home; advocating and finding ways to meet those needs; providing transportation to and from services (i.e., medical, counseling, visits, housing searches); helping to complete applications and forms; linkage to local resources; performing recruitment activities at community events; and distributing informational materials to community partners. In addition, two family events are held annually (i.e., a day at local Exploratorium or bowling alley), to provide an opportunity for pre and post adoptive families to come together for a day of fun and respite, and parents supporting one another.

Costs associated with these Adoption Promotion and Support activities will account for 25% of total PSSF funds, and will fund about 1/3 of the CWS staff position and the events. All other tasks completed by CWS staff will be funded by the county's state-realigned CWS funds, complimented by PSSF funds for Adoption Promotion and Support. This form of braided funding allows for flexibility in applying resources where the need currently exists, without supplanting county funds.

Without PSSF funding, TCDSS staff would not be afforded time to specifically affect our pre- and post-adoptive families, and the family events would not take place.

Effective July 1, 2012, TCDSS established an in-house public adoption agency. Increasing permanency for children in care is the mission of Tehama County's adoption program. As noted in the 2012 CSA, CFSR Measure C2.3 (timely adoptions within 12 months) was an area of concern. According to point-in-time information taken from the Q2 2011 Data Extract, this focus measure consistently remained below the national standard of 22.7%. Just months into our agency adoption program, we have not yet identified ways in which PSSF funded programs would complement our developing program. With continued

development, and more time running the adoptions program, we will be able to identify the specific needs of our post adoptive families and how we may be able to meet those needs.

Outcomes for Pre-Adoptive Support Services

- Engagement outcomes will measure the efficacy of initial recruitment efforts. *Increased number of families expressing interest in adoption, including current foster families.*
- Short-term outcomes will be indicative of following through with initial recruitment efforts. *Increased number of families completing pre-adoption documentation; Increased attendance at informational adoption meetings.*
- Intermediate outcomes will measure the effectiveness of efforts to increase the likelihood of adoption by providing services aimed at maintaining stability. *Increased number of ancillary services provided to pre-adoptive families.*
- Long-term outcomes will pertain to increased stability and permanency for children in the form of finalized adoption. *Increased placement stability; Increased adoption within 24 months; Reduced median time to adoption; Increased adoption within 12 months (17 months in care); Increased Adoption within 12 months (legally free.)*

Outcomes for Post-Adoptive Support Services

- Engagement outcomes will relate to events designed to sustain a family's lifelong commitment to adoption. *Increased participation in bi-annual adoptive family networking and support events.*

Data Collection/Evaluation

The CWS Analyst will utilize Safe Measures and data extracts from the UC Berkeley CWS/CMS Dynamic Reporting System website to monitor the progress of long-term outcomes, and may include this information in Tehama County's Annual Report submitted to OCAP.

Data will be collected ongoing and quarterly by the CWS Social Service Aide, and reported to the CWS Analyst. At a minimum, the Aide must collect data and submit in accordance with the CDSS OCAP annual report, under the service/program category of PSSF "Adoption Promotion and Support Services." This will include, but not be limited to, the number of:

- Parents, caregivers and children provided services, by service type
- Informational adoption meetings held
- Parents, caregivers and children attending each informational adoption meeting
- Supportive events held
- Parents, caregivers and children attending each supportive event
- Informational pamphlets/packets distributed

The CWS Analyst will review the reports to ensure services are provided as intended, and that data is being collected accordingly. CWS staff feedback may be solicited to assess the Aide's performance. Following receipt of the quarterly report, the CWS Leadership Team and CWS Analyst will meet to discuss families referred for services, services being provided and their effectiveness, satisfaction of families receiving the services, and any other issues or problems. If problems arise, they will be discussed at these meetings, or a special meeting convened. With direction from the CWS Leadership Team, the CWS Analyst or SW Supervisor, as appropriate, will be responsible to ensure that corrective action is taken and the problem resolved.

The CWS Social Service Aide will offer families an anonymous satisfaction survey designed to solicit feedback and evaluate customer satisfaction on services received. These will be sent to the CWS Analyst, along with the quarterly report, and used to plan for program improvement, evaluate effectiveness of services provided, as well as the quality of services provided. CWS Social Workers will also verbally obtain information from families as to their level of satisfaction with services provided, and may provide that information to the CWS Aide and/or Social Worker Supervisor, as appropriate.

**Attachment G:
Tehama County Service Array**

CHILDREN'S SERVICES			
California Children's Services (CCS): <i>Tehama County</i>	1860 Walnut Street Suite C, Red Bluff CA 96080 Web: www.tehamacohealthservices.net	M/Tu/Th/F 8-5pm; Wed 8-5pm	(530) 527-6824 <i>1-800</i>
Children's Defense Fund	2201 Broadway Suite 705 Oakland CA 94601 Web: www.childrensdefense.org/state-offices/cdf-california/	Mon-Fri 9-5pm	(510) 663-3224 <i>(510) 662</i>
Far Northern Regional Center <i>Mail: PO Box 402419</i>	1900 Churn Creek Road Suite #319, Redding CA 96002		(530) 222-4791; <i>(530) 222</i>
First 5 Tehama	Web: www.first5tehama.com	Mon-Fri 8-5pm	(530) 528-1395
Rowell Family Empowerment of Northern California	962 Maraglia St. Redding CA 96002 Web: http://www.rfenc.org/		(530) 226-5129 <i>1-877</i>
Shasta-Tehama Early Intervention Program	3711 Oasis Road Redding CA		(530) 225-0303
Sunshine Sanctuary for Kids and Horses	110 Sunshine Way Web: www.sunshinesanctuary.org		(530) 529-0183
Tehama County Dept of Education	1135 Lincoln Street Red Bluff CA 96080		(530) 527-5811
Tehama County Head Start	220 Sycamore Street #200 Red Bluff CA Web: www.nccdi.com	Mon-Fri 7:30-5pm	(530) 529-1500
COUNSELING			
Alternatives to Violence (Red Bluff)	717 Pine Street Red Bluff PO Box 135 Red Bluff, CA 96080 <i>Web: http://www.avredbluff.com</i>	Mon-Fri 9-4pm	(530) 528-0226 <i>1-800</i>
Children First Counseling Program	562 Antelope Blvd Red Bluff Web: http://www.childrenfirstffa.com/index.html	Mon-Fri 8-6pm	(530) 528-2938 <i>(530) 528</i>
Family Resource Center	220 Sycamore Street Suite 101, Red Bluff CA 96080		(530) 528-9351 <i>1-888</i>
Family Service Agency of Tehama County	1347 Grant Street Red Bluff, CA 96080	Mon-Fri 9-5pm	(530) 527-6702
Mental Health Division of Tehama County Health	1860 Walnut Street Red Bluff CA 96080		(530) 527-5631 <i>(530) 527</i>
National Council of La Raza (NCLR)	523 West 6th Street Suite 801 Los Angeles CA 90014 <i>Web: http://www.nclr.org/</i>	Mon-Fri 8:30-5:30pm	(213) 489-3428 <i>(213) 489</i>
Northern California Youth and Family Program Anderson	2877 Childress Dr. Anderson CA 96007 Web: http://youthandfamily.info/employment/	Mon-Fri 8:30-5pm	(530) 893-1614 <i>(530) 893</i>
Rape Crisis Intervention	723 Pine Street Red Bluff CA 96080	Mon-Fri 9-5pm	(530) 529-3980 <i>(530) 242</i>
CRISIS RESPITE			

Bondage Breakers Recovery Service	PO Box 8652 Red Bluff Web: http://www.bondagebreaker.net/homepage/		(530) 529-0634 (530) 529
California Youth Crisis Line	1220 H Street Suite 103 Sacramento CA 95816 Web: http://www.youthcrisisline.org/	7/24 hours	1-800-843-5200
Right Roads Counseling Center	645 Antelope Blvd. Suite 20 Red Bluff Web: http://rightroadrecovery.org/index.html	Mon-Fri 11-5pm	(530) 529-2445 (530) 529
Tehama County Drug & Alcohol	1850 Walnut Street Suite G Red Bluff or http://www.tehamacohealthservices.net/DrugAlcoholDirector.asp	Mon-Fri 8-5pm Red Bluff	(530) 527-7893 (530) 527
Tehama County Drug & Alcohol	1600 Solano Street Corning	Mon-Fri 8-5pm Corning	(530) 824-4890 (530) 824
Tehama County Mental Health	1860 Walnut Street Suite A Red Bluff Web: http://www.tehamacohealthservices.net/MentalHealthAssessments	Mon-Fri 8-5pm	(530) 527-5631 1-800
DENTAL CLINICS			
Greenville Rancheria Health Clinic	1425 Montgomery Road Red Bluff	Mon-Fri 8-5pm	(530) 528-8600 (530) 528
Mobile Dental Clinic-First 5 Tehama			(530) 528-1395 call for appt
Rolling Hills Clinic-Corning	740 Solano Street Corning CA		(530) 690-2827
Rolling Hills Clinic-Red Bluff	2540 Sister Mary Columba Drive Red Bluff CA 96080		(530) 690-2778
DISABILITIES			
California Department of Rehabilitation	705 Pine Street Red Bluff CA 96080	Mon-Fri 8-5pm	(530) 529-4270 (530) 529
Child Health and Disability Prevention Program (CHDDP)	1850 Walnut Street Red Bluff, CA 96080	Mon-Fri 8-5pm	(530) 527-0350 or 1-800-655
Far Northern Regional Center	1900 Churn Creek Rd. Suite 319 PO Box 492418 Redding CA Web: http://www.farnerthorpe.org/home.htm	Mon-Thurs 8-5pm; Fri 8-4pm	(530) 222-4791 (530) 222
Lighthouse Living Services, Inc.	PO Box 8713 Red Bluff CA 96080 Web: http://www.lighthouseils.com/		(530) 527-0312 or 1-877-744
Mountain Caregiver Resource Center	2491 Carmichael Dr. Suite 400 Chico CA 95928 Web: http://www.passagescenter.org/caregivers/		(530) 898-5923 or 1-800-695
Nor Cal Center on Deafness, Inc.	871 Mistletoe Lane Redding CA 96002 Web: www.norcalcenter.org	Mon-Fri 8-12 & 1-4:30pm	(530) 221-1689
EDUCATIONAL SERVICES			
CA Mini Corps., Region II Area IV Migrant Education	Chico University Siskiyou Blvd #137	Mon-Fri 7-3pm	(530) 898-6828
Corning Adult Learning Center	250 E. Fig Ln. Corning	Mon-Fri 8:30-4pm	(530) 824-7414
CSUC, Center for Communication Disorders	400 West 1st St. Chico CA 95929 Web: http://www.csuchico.edu/comm/med/center.php	Mon-Fri 8-5pm	(530) 898-5871 (530) 898

Even Start Family Literacy Program	California Department of Education 1430 N Street, Suite 3410 Sacramento, CA 95811-5004		(916) 319-0275 (916) 319-
INEA (National Institute of Mexican Education for Adults)	Web: inea.gob.mx		
Job Training Center-Red Bluff	718 Main Street Red Bluff CA		(530) 529-7000
Language Development Center (Title VIII)	1135 Lincoln Street Red Bluff CA 96080	Mon-Fri 8-5pm	(530) 527-5811
Migrant Education	California Department of Education 1430 N Street, Suite 3410 Sacramento, CA 95811-5004		(916) 323-4711
Red Bluff Adult Education	1295 Red Bud Avenue Red Bluff CA 96080		(530) 529-8757
SELPA-Special Education Local Plan Area	1135 Lincoln Street Red Bluff CA 96080 Web: http://www.tehama-schools.org/department/special	Mon-Fri 8-5pm	(530) 527-5811
SERRF (Safe, Education, Recreation for Rural Families)	1135 Lincoln Street Red Bluff CA 96080 PO Box 689 Red Bluff CA 96080 Web: http://www.tehama-schools.org/	Mon-Fri 8-5pm	(530) 528-7381
Tehama County Department of Education	1135 Lincoln Street Red Bluff CA 96080 Web: http://www.tehama-schools.org/	Mon-Fri 8-5	(530) 527-5811 or (530) 529-
HEALTH			
AIDS Education and Prevention Program	1860 Walnut Street Suite.C Red Bluff CA 96080	Mon-Fri 8-5pm	(530) 527-6824 (530) 527-
American Cancer Society North State	754 Mangrove Avenue Chico, California 95926 Web: www.cancer.org	Mon-Fri 9-5pm	(530) 222-1058 or 1-800-227-
CMSP (County Medical Services Program)	310 South Main Street Red Bluff CA 96080	Mon-Fri 8-11:00 & 1-4	(530) 527-1911
Medi-Cal	310 South Main Street Red Bluff CA 96080		(530) 527-9416
Mother and Baby Clinic	702 Solano Street Corning CA 96080	Tues-Thurs 8:30-4:30pm	(530) 824-7942
Planned Parenthood	556 Vallombrosa Avenue Chico CA		(530) 342-8367
Tehama County Health Services Agency-Clinic	1850 Walnut Street Red Bluff CA 95928 Web: http://www.tehamacohealthservices.net	Mon-Fri 8-5pm	(530) 527-0350 (530) 529-
Tehama County Health Services Agency-Public Health	1860 Walnut Street Red Bluff CA 95928 Web: http://www.tehamacohealthservices.net	Mon-Thurs 8-6pm: Fri 8-5pm	(530) 527-6824 1 (800)
HOMELESS			
P.A.T.H. Poor and the Homeless Coalition	PO Box 315 Red Bluff, CA 96080 Web: www.redbluffpath.com	7/24 hours	(530) 776-7165 Winter
HOUSING: Shelter & Housing Locations			
Alternatives to Violence Red Bluff	721 Pine Street Red Bluff PO Box 135 Red Bluff, CA 96080 Web: www.alternativetoviolence.org	Mon-Fri 9am-4pm	(530) 528-0226 Red Bluff

Community Action Agency (CAA)	310 South Main Street Red Bluff CA 96080	Mon-Fri 8-5pm	(530) 527-6159
Community Housing Improvement Program (CHIP)	1001 Willow Street Chico CA 95929 Web: www.chiphousing.org	Mon-Fri 8:30-5pm	1-888-912-4663 Fax: (520) 530-5290
Bondage Breaker Recovery Service (Christian Based)	PO Box 8652 Red Bluff 96080 Web: http://www.bondagebreaker.net/homepage/		530-529-0634 (520) 520-5290
P.A.T.H. Poor and the Homeless Coalition (Winter Shelter)	PO Box 315 Red Bluff CA 96080 Web: http://redbluffpath.com		(530) 776-7165 Winter
MEDICAL SERVICES			
Child Health and Disability Prevention Program (CHDP)	1860 Walnut Street Red Bluff CA 96080 Web: www.dhcs.ca.gov/services/chdp		(530) 527-6824
Home Help for Hispanic Mothers (MHCS)	220 Sycamore Street Red Bluff CA 96080		1-888-797-7233 toll free
Tehama County Health Services: Clinic	1850 Walnut Street Red Bluff	8am-5pm	(530) 527-0350
Tehama County Health Services: Mental Health	1860 Walnut Street Red Bluff	8am-5pm	(530) 527-5631
Tehama County Health Services: Public Health Division	1860 Walnut Street Red Bluff	8am-5pm	(530) 527-6824
MENTAL HEALTH			
Adult Day Rehab & Recovery Program	1445 Vista Way Red Bluff	Mon-Fri 9-2pm	(530) 527-5500
Tehama County Health Services Agency: Community	1860 Walnut Street Suite B, Red Bluff CA 96080	24/7	(530) 527-5637
Tehama County Health Services Agency: Mental	1860 Walnut Street Suite A, Red Bluff CA 96080	Mon-Fri 8-5pm	1 (800) 240-3208 toll free
NATIVE AMERICAN			
Bureau of Indian Affairs (Northern California Agency)	1900 Churn Creek Road Suite 300, Redding, CA 96002-0292 Web: www.bia.gov	Mon-Fri 7:30-4:30pm	(530) 246-5141 (520) 246-5141
LIFE Center (Local Indians for Education, Inc.)	4440 Shasta Dam Blvd City of Shasta Lake CA 96019 Web: www.localindiansforeducation.org	Mon-Fri 9-5pm	(530) 275-1513
PARENTING			
California Coalition for Grandparents Raising Grandchildren	PO Box 6748 Chico, CA 95927 Web: http://www.grandsplace.org		(530) 898-6067
California School Age Families Education Center	250 Fig Lane Corning CA 96021	Mon-Fri 7:30-4pm	(530) 824-7420
CareNet Pregnancy Center	810 Main Street Red Bluff		(530) 528-8102
Childbirth Classes	2550 Sister Mary Columba Drive Red Bluff CA 96080		(530) 529-8377

La Leche League	956 Jackson Street Red Bluff CA 96080 Sunrise Fellowship	2nd Thurs of month 11:00	(530) 527- 6818
Parents In Control			(530) 527- 3699
St. Elizabeth Community Hospital Perinatal Education	2550 Sister Mary Columba Drive Red Bluff CA 96080		(530) 529- 8377
Teenage Pregnancy Prevention	1615 Capitol Avenue Sacramento CA 95814 PO Box 997420 MS 8400 Sacramento CA 95814		1(916) 650-0414
Women, Infants and Children's Program AMIC Red Bluff	1850 Walnut Street Red Bluff CA 95928 Web: www.fns.usda.gov/wic		(530) 527- 8791
Women, Infants and Children's Program AMIC Corning	145 Solano Street Corning CA Web: www.fns.usda.gov/wic		1(800) 698-4942
PROTECTIVE SERVICES			
Alternatives to Violence	717 Pine Street Red Bluff, CA 96080 PO Box 135 Red Bluff, CA 96080 Web: http://www.alternativesviolence.org	Mon-Fri 9- 4pm	(530) 528- 0226
Rape Crisis Intervention	723 Pine Street Red Bluff, CA 96080		1(800) (530) 529- 3980 or 242
SOCIAL SERVICES			
California Children's Services (CCS): Tehama County	1860 Walnut Street Red Bluff CA 96080		(530) 527- 6824
Child Abuse Prevention Counsel of Tehama County	220 Sycamore Street Suite 101 Red Bluff CA 96080		1(800) (530) 528- 7950
Dorcus Community Center	24052 Hoag Road Corning CA 96021	Mon 9-12pm	824-2753
Family Resource Center of Tehama County Red Bluff	220 Sycamore Street Suite 101 Red Bluff CA 96080 Web: www.nvcss.org	Mon-Fri 8- 5pm	(530) 528- 8066
Family Resource Center of Tehama County Corning	1480 South Street Corning, CA 96021 Web: www.nvcss.org		(888) 707 (530) 824- 7670
Home Help for Hispanic Mothers (NVCCS)	PO Box 185 Red Bluff CA 96080 220 Sycamore Street Suite 101 Red Bluff, CA 96080	Mon-Thurs 8- 5pm	(530) 528- 8066
Independent Living Skills Program of Tehama County	220 Sycamore Street Suite 100 Red Bluff CA 96080	Mon-Fri 8- 5pm	(530) 528- 8066
Latino Outreach of Tehama County	PO Box 395 Red Bluff CA 96080 220 Sycamore Street Red Bluff, CA 96080	1st Thurs of Month	(530) 570- 5257
Northern California Youth and Family Program Anderson	2877 Childress Drive Anderson CA 96007 Web: www.youthandfamily.info	Mon-Thurs 8- 5pm; Fri 8:30- 4pm	(530) 893- 5026
Northern California Youth and Family Program Chico Office	2577 California Park Drive Chico CA 95928 Web: www.youthandfamily.info	Mon-Fri 8:30- 5pm	(530) 893- 1614
Northern Valley Catholic Social Service Red Bluff	220 Sycamore Street Suite 101 Red Bluff CA 96080	Mon-Fri 10- 5pm closed 12-1:00	(530) 528- 8066
Northern Valley Catholic Social Service Corning	1480 South Street Corning CA 96021	Mon-Fri 10- 5pm (closed for	(530) 824- 7670 (530) 824-

Parent Education Network/Parent Talkline	2070 Talbert Drive Chico CA 95928	Mon-Fri 8-5pm; closed 49	893-0391
North Valley Services Adult Development Program Opportunity	13315 Baker Road Red Bluff CA 96080	Mon-Fri 7-4pm	(530) 528-1083
North Valley Services Adult Development Program Community	1605 Kimball Road Red Bluff CA 96080	Mon-Fri 8-4pm	(530) 527-9602
Family Start	220 Sycamore Suite 200 Red Bluff CA 96080	Mon-Fri 8-5pm	(530) 529-1500
SUICIDE PREVENTION			
Help, Inc.	PO Box 992498 Redding CA 96099-2498 Web: www.helpshasta.org	24 hour hotline	(530) 244-2222 Crisis Line
SUPPORT GROUPS			
Al-Anon	601 Walnut Street Red Bluff CA 96080	Wed noon; Thurs 7-8pm	
	838 Jefferson Street Red Bluff CA 96080	Mon 6pm; Wed noon	
Alcoholics Anonymous Corning	712 5th Street Corning CA 529-0301	Sun-Fri 1-7pm Sat 6am	(530) 529-0301 (530) 225
Alcoholics Anonymous Los Melina	Senior Citizen's Hall, Josephine St. & Sherwood	Wed 8pm-Non smoking Wed 7am	1 (800) 252-6465
Alcoholics Anonymous Rancho Tehama	Rancho Tehama Community Center	Sun 12:00pm	1 (800) 252-6465
Alcoholics Anonymous Red Bluff	124 South Jackson Red Bluff CA 96080		(530) 529-0301 (530) 225
Alcoholics Anonymous Red Bluff	785 Musick Red Bluff CA 96080	Sun 4pm & 8pm; Mon 9am	1 (800) 252-6465
	Presbyterian Church 838 Jefferson Red Bluff CA 96080	Thurs 6:30pm (Non-smoking)	1 (800) 252-6465
	Villa Columba Rio Street Entrance	Wed 6:00pm; Sat 10:00am; Sun 8:30am	1 (800) 252-6465
	St. Peter's Episcopal Church, Corner Jefferson & Elm	Mon 6:30pm Ladies; Mon 8:00am	1 (800) 252-6465
	523 1/2 Wiltsey Avenue	Tues 8:00pm	1 (800) 252-6465
	Idlewheels RV Park Clubhouse, 25 Gilmore Space #36, Road Red Bluff CA 96080	Tues 7:30pm	1 (800) 252-6465
Alternatives to Violence-Red Bluff	721 Pine Street Red Bluff CA 96080 PO Box 135 Red Bluff, CA 96080 Web:	Mon-Fri 9-4pm	(530) 528-0226 1 800
Bondage Breakers Recovery Service	PO Box 8652 Red Bluff, CA 96080 Web: www.bondagebreaker.net		(530) 529-0634 (530) 529
California School Age Families Education-Red Bluff	1050 Kimball Red Bluff CA 96080		(530) 529-8760

California School Age Families Education- Corning	250 E. Fig Lane Corning CA 96021 Web: http://www.corninghs.org/		(530) 384-7833
Narcotics Anonymous Corning	240 Edith Avenue, Rec. Room Corning CA 96080		(530) 366-1016 1 (877)
Narcotics Anonymous Los Molinos	United Methodist Church, Sherwood & Josephine Street Red Bluff CA 96080	Wed 6:00pm	1 (877) 669-1669 24 hour
Narcotics Anonymous Red Bluff	900 Walnut Street Red Bluff CA 96080	Mon 7-8:30pm; Tues 7-8:30pm	1 (877) 669-1669 24 hour
	925 Walnut Street Red Bluff CA 96080	7-8:30pm	1 (877) 669-1669 24 hour
	Right Road Recovery Center, 645 Antelope Blvd Red Bluff, CA 96080	Mon 8-9pm-men	1 (877) 669-1669 24 hour
	525 Pine Street Red Bluff Ca 96080	Mon-Fri 11:00am	1 (877) 669-1669 24 hour
	First Church of God, Luther Road & S. Jackson Red Bluff CA 96080	Thurs 8pm-men	1 (877) 669-1669 24 hour
	River Park Conference Room, 100 Main Street Red Bluff CA 96080	Mon 7:30pm	1 (877) 669-1669 24 hour
Parents In Control	PO Box 1148 Red Bluff CA 96080		1-877-787-5806 or 527
Stonewall Alliance Center	PO Box 8855 Chico CA 95927	M W F 10-2:00pm; Th 2-6:00pm	(530) 893-3336
Tehama County Health Services Agency Drug/Alcohol	1600 Solano Street Suite D, Corning		(530) 824-4890
Tehama County Health Services Agency Drug/Alcohol	1850 Walnut Street Red Bluff, CA 96080		(530) 527-7893 Red Bluff
YOUTH ENGAGEMENT			
Tehama County University of California Cooperative	1754 Walnut Street Red Bluff CA 96080	Mon-Fri 8-12 & 12-5 by appt only	(530) 527-3101 (530) 527
PAL Police Activity League	22840 Antelope Blvd Red Bluff CA 96080 PO Box 9187 Red Bluff CA 96080 Web: www.tehama.org		(530) 529-7920 (530) 529

**Attachment H:
SIP Checklist**

County Name: Tehama
 Start date of the System Improvement Plan: 12/1/2012
 End date of the System Improvement Plan: 6/30/2017

No	Page in Guide	Element	Element Present (provide page no.)	Element Not Present	Element N/A
		CONTACT INFORMATION			
1	21	Name, mailing address, e-mail address and phone number of lead agency (BOS Designated Public Agency to administer CAPIT/CBCAP/PSSF programs).	24		
2	21	Name, mailing address, e-mail address and phone number of CAPIT liaison.	25		
3	21	Name, mailing address, e-mail address and phone number of CBCAP liaison.	26		
4	21	Name, mailing address, e-mail address and phone number of PSSF liaison.	26		
		APPROVALS			
5	21	Evidence that the plan was approved and signed by the BOS	Attachment J		
6	21	Evidence that the plan was approved and signed by the BOS designated public agency to administer CAPIT/CBCAP/PSSF programs.	24		
7	21	Evidence that the plan was approved and signed by CAPC representative.	24		
8	21	Evidence that the plan was approved and signed by parent consumer/former consumer if the parent is not a member of the CAPC.		X	
9	21	Evidence that the plan was approved and signed by PSSF Collaborative representative, if appropriate.	25		
		CAPC			
10	22	Description of the structure and role of the local CAPC.	27		
11	22	Proposed dollar amount from CAPIT, CBCAP, PSSF Family Support, CCTF, KidsPlate, or other funds that will be used to support the local CAPC.	27		
		Promoting Safe and Stable Families (PSSF) Collaborative			
12	23	Description of the membership or the name of the agency, commission, board or council designated to carry out this function. If the county does not have a PSSF collaborative, description of who carries out this function.	28		
		County Children's Trust Fund (CCTF) Commission, Board or Council			

13	23	Description of the CCTF membership or identification of the name of the commission, board or council designated to carry out this function.	28		
14	23	Description of how and where the county's children's trust fund information will be collected and published.	28		
		PARENTS/CONSUMERS			
15	23	Description of activities and training that will be implemented to enhance parent participation and leadership.	28		
16	23	Description of how parents will be involved in the planning, implementation and evaluation of funded programs.	28		
17	23	Description of any financial support that will be provided for parent participation.	29		
		FISCAL NARRATIVE			
18	24	Description of processes and systems for fiscal accountability, including the established or proposed process for tracking, storing, and disseminating separate CAPIT/CBCAP/PSSF and Children's Trust Fund fiscal data as required.	30		
19	24	Description on how funding will be maximized through leveraging of funds for establishing, operating, or expanding community-based and prevention-focused programs and activities.	30		
20	24	Assurance that funds received will supplement, not supplant, other State and local public funds and services.	30		
21	24	Does the attached CAPIT/CBCAP/PSSF Expenditure Summary demonstrate a minimum of twenty (20) percent to each service category for PSSF funds? If not, a rationale is provided. A plan of correction is also provided to meet compliance in this area.	Attachment E		
		LOCAL AGENCIES – REQUEST FOR PROPOSAL (Narrative regarding the following is present in the SIP)			
22	25	Assurance that a competitive process was used to select and fund programs.	30		
23	25	Assurance that priority was given to private, nonprofit agencies with programs that serve the needs of children at risk of abuse or neglect and that have demonstrated effectiveness in prevention or intervention.	30		
24	25	Assurance that agencies eligible for funding provided evidence that demonstrates broad-based community support and that proposed services are not duplicated in the community, are based on needs of children at risk, and are supported by a local public agency.	31		
25	25	Assurance that the project funded shall be culturally and linguistically appropriate to the populations served.	31		
26	25	Assurance that training and technical assistance shall be provided by private, nonprofit agencies to those agencies funded to provide services.	31		
27	25	Assurance that services to minority populations shall be reflected in the funding of projects.	31		
28	25	Assurance that projects funded shall clearly be related to the needs of children, especially those 14 years of age and	31		

		under.			
29	25	Assurance that the county complied with federal requirements to ensure that anyone who has or will be awarded funds has not been suspended or debarred from participation in an affected program. (For specifics visit: http://www.epls.gov/)	31		
30	25	Indicates that non-profit subcontract agencies have the capacity to transmit data electronically.	31		
31	25	For the use of CAPIT funds, assurance that priority for services shall be given to children who are at high risk, including children who are being served by the county welfare departments for being abused and neglected and other children who are referred for services by legal, medical, or social services agencies.	31		
32	26	For the use of CAPIT funds, assurance that the agency funded shall demonstrate the existence of a 10 percent cash or in-kind match, other than funding provided by the State Department of Social Services.	31		
		CBCAP Outcomes:			
33	26	Description of the plan to evaluate Engagement Outcomes.	Attachment F		
34	26	Description of the plan to evaluate Short Term Outcomes.	Attachment F		
35	26	Description of the plan to evaluate Intermediate Term Outcomes.	Attachment F		
36	26	Description of the plan to evaluate Long Term Outcomes.	Attachment F		
		Peer Review			
37	26	Description of intended CBCAP peer review activities.	31		
		Service Array			
38	26	Description of how CAPIT/CBCAP/PSSF funded services are coordinated with the array of services available in the county.	32		
		CAPIT/CBCAP/PSSF SERVICES AND EXPENDITURE SUMMARY			
39	26	Submits an electronic copy in excel format of the CAPIT/CBCAP/ PSSF Services and Expenditure Summary that contains a comprehensive expenditure plan for CAPIT/CBCAP/PSSF.	X		
40	26	Submits a hardcopy of the CAPIT/CBCAP/PSSF Services and Expenditure Summary that contains a comprehensive expenditure plan for CAPIT/CBCAP/PSSF.	Attachment E		
41	27	CAPIT/CBCAP/PSSF Services and Expenditure Summary contains the cross reference to the CSA of the unmet need for each of the planned programs and/or activities.	Attachment E		
42	27	CAPIT/CBCAP/PSSF Services and Expenditure Summary provides an inventory of the planned programs/strategies.	Attachment E		
43	27	A half page description for each of the planned programs is attached to the SIP.	Attachment F		
		CBCAP Services and Expenditure Summary Sheet			

44	excel worksheet	The level of evidence-based or evidence-informed using the Program Assessment Rating Tool (PART) has been determined for programs/ practices funded by CBCAP.	Attachment E		
45	excel worksheet	Identification on whether the logic model exists for CBCAP funded programs or whether it will be developed.	Attachment E		
BOS RESOLUTIONS					
46	28	Board of Supervisors (BOS) resolution approving the SIP is attached.	Attachment J		
47	28	BOS resolution establishing a Child Abuse Prevention Council (CAPC) is attached.	Attachment C		
48	28	BOS resolution identifying the Commission, Board or Council for administration of the County Children's Trust Fund (CCTF) is attached.	Attachment C		
ROSTERS					
49	28	Copy of the Child Abuse Prevention Council (CAPC) roster is attached	Attachment D		
50	28	Copy of the PSSF Collaborative roster, if appropriate, is attached.			X
51	28	Copy of County Children's Trust Fund (CCTF) roster is attached.			X
52	28	Copy of the SIP Planning Committee roster. List should contain the name, title and affiliation of the individuals involved in SIP planning process. List includes parents, local nonprofit organizations and private sector representatives. Roster identifies the required core representatives.	4		
ASSURANCES					
53	28	Attach the "Notice of Intent" letter identifying the public agency(s) to administer CAPIT/CBCAP/PSSF programs. The letter also confirms the county's intent to contract.	Attachment I		

**NOTICE OF INTENT
CAPIT/CBCAP/PSSF PLAN CONTRACTS
FOR TEHAMA COUNTY**

PERIOD OF PLAN (MM/DD/YY): 12/01/12 THROUGH (MM/DD/YY) 06/30/2017

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 Tehama Co. Dept. of Social Services as the public agency to administer CAPIT and CBCAP.

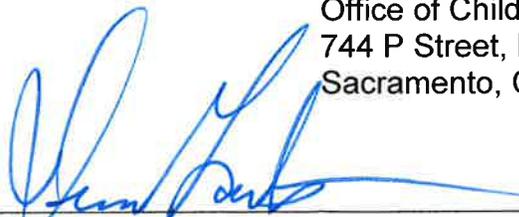
W&I Code Section 16602 (b) requires that the local Welfare Department shall administer PSSF. The County Board of Supervisors designates Tehama Dept. of Social Services as the public agency to administer PSSF.

Please enter an X in the appropriate box.

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

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

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



County Board of Supervisors Authorized Signature

1/29/13

Date

Dennis Garton

Print Name

Chairman

Title

RESOLUTION NO. 14-2013

RESOLUTION OF THE TEHAMA COUNTY BOARD OF SUPERVISORS APPROVING AND AUTHORIZING THE TEHAMA COUNTY CHILD WELFARE SERVICES (CWS) AND PROBATION SYSTEM IMPROVEMENT PLAN (SIP) FOR 2012-2017

WHEREAS, in 2004, the implementation of Assembly Bill 636 brought new Child Welfare Services Outcome and Accountability to California, also known as the California-Children and Family Services Review (C-CFSR); and

WHEREAS, the C-CFSR includes several processes all California counties must participate in including Quarterly Outcome and Accountability Data Reports, Peer Quality Case Review (PQCR), County Self-Assessment (CSA), System Improvement Plan (SIP), and Annual SIP Updates and is overseen by the California Department of Social Services (CDSS); and

WHEREAS, the SIP outlines how the County will remodel its Child Welfare Services (CWS) and Probation services to improve outcomes for children, youth and families and includes specific action steps, timeframes, and improvement targets; and

WHEREAS, the CDSS has combined the Child Abuse Prevention and Treatment (CAPIT)/Community-Based Child Abuse Prevention (CBCAP)/Promoting Safe and Stable Families (PSSF) Three-Year Plan, overseen by its Office of Child Abuse Prevention (OCAP), with the SIP; and

WHEREAS, the SIP serves as a commitment to measurable improvements in performance outcomes that the County will achieve within a defined timeframe including prevention strategies; and

WHEREAS, the CDSS has extended the combined SIP from a three-year to a five-year plan and the 2012 SIP Tehama County SIP for CWS/Probation will be effective December 1, 2012 through June 30, 2017

NOW, THEREFORE, BE IT RESOLVED that the Board of Supervisors of the County of Tehama approves the 2012-2017 Tehama County SIP for CWS/Probation which now incorporates the CAPIT/CBCAP/PSSF Plan for the five-year period of December 1, 2012 through June 30, 2017, and authorizes the Chair to sign the Notice of Intent to contract with the public or non-profit agencies to provide services in accordance with the CAPIT/CBCAP/PSSF section of the SIP.

The foregoing Resolution was offered on a motion by Supervisor Chamblin, seconded by Supervisor Bundy, and carried by the following vote of the Board:

AYES: Supervisors Chamblin, Bundy, Williams, and Garton

NOES: None

ABSENT OR NOT VOTING: The District 2 Supervisor position is vacant

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STATE OF CALIFORNIA)
) SS
COUNTY OF TEHAMA)

I, BEVERLY ROSS, County Clerk and ex-officio Clerk of the Board of Supervisors of the County of Tehama, State of California, hereby certify the above and foregoing to be a full, true and correct copy of a resolution adopted by said Board of Supervisors on the 29th day of January, 2013.

DATED: This 5th day of February, 2013.

BEVERLY ROSS, County Clerk and Ex-Officio
Clerk of the Board of Supervisors of the
County of Tehama, State of California

By Mackenzie Parkinson
Deputy

MINUTE ORDER
BOARD OF SUPERVISORS
COUNTY OF TEHAMA, STATE OF CALIFORNIA

R E G U L A R A G E N D A

RESOLUTION / DEPARTMENT OF SOCIAL SERVICES – Approval of Tehama County's 2012-2017 System Improvement Plan (SIP); Adoption of a Resolution Approving and Authorizing the Tehama County Child Welfare Services (CWS) and Probation System Improvement Plan (SIP) for 2012-17; and Approval of and Authorization for the Chairman to Sign the Notice of Intent for Child Abuse Prevention & Intervention (CAPIT), Community Based Child Abuse Prevention (CBCAP) and Preserving Safe & Stable Families (PSSF)

Following comments, a motion was made by Supervisor Chamblin, seconded by Supervisor and carried by the unanimous vote of the Board to approve Tehama County's 2012-2017 System Improvement Plan (SIP) for Child Welfare Services and Probation, and authorization for the Chairman to sign the "California Child and Family Services Review System Improvement Plan" (SIP) to be submitted to the California Department of Social Services.

A motion was made by Supervisor Chamblin, seconded by Supervisor Bundy and carried by the unanimous vote of the Board to adopt the following resolution:

RESOLUTION NO. 14-2013 – Approving and authorizing the Tehama County Child Welfare Services (CWS) and Probation System Improvement Plan (SIP) for 2012-17.

A motion was made by Supervisor Chamblin, seconded by Supervisor Bundy and carried by the unanimous vote of the Board to approve and authorize the Chairman to sign the Notice of Intent for Child Abuse Prevention & Intervention (CAPIT), Community-Based Child Abuse Prevention (CBCAP) and Preserving Safe & Stable Families (PSSF); thereby confirming the intent to enter into contracts, assuring funds will be used as mandated, and designating Social Services to administer these programs.

STATE OF CALIFORNIA)
) ss
COUNTY OF TEHAMA)

I, BEVERLY ROSS, County Clerk and ex-officio Clerk of the Board of Supervisors of the County of Tehama, State of California, hereby certify the above and foregoing to be a full, true and correct copy of an order adopted by said Board of Supervisors on the 29th day of January, 2013.

DATED: February 5, 2013

BEVERLY ROSS, County Clerk and
Ex-officio Clerk of the Board of Supervisors
of the County of Tehama, State of California

by Mackenz Parkinson Deputy

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