



COUNTY OF VENTURA HUMAN SERVICES AGENCY

Barry L. Zimmerman
Director

February 4, 2013

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

Attached you will find a hard copy of the County of Ventura System Improvement Plan 2012-2017.

Thank you.

Pamela Grothe
Ventura County Human Services Agency
Children and Family Services
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Ventura, CA 93003
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BOARD MINUTES
BOARD OF SUPERVISORS, COUNTY OF VENTURA, STATE OF CALIFORNIA

SUPERVISORS STEVE BENNETT, LINDA PARKS,
KATHY I. LONG, PETER C. FOY AND JOHN ZARAGOZA
December 4, 2012 at 10:30 a.m.

223/233

Approval of, and Authorization for, the Ventura County's Five-Year System Improvement Plan (SIP) for Child Welfare Services Provided by the Human Services Agency Children and Family Services and Probation Juvenile Commitment Services Division to be Submitted to the California Department of Social Services; Adoption of a Resolution Approving Ventura County's SIP for the Period Beginning November 30, 2012 Through November 30, 2017; and Adoption of a Resolution Recognizing the Continuation of the Partnership for Safe Families Child Abuse Prevention Council. (Human Services Agency and Probation Agency)

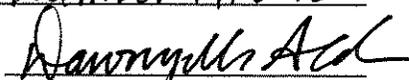
- (X) All board members are present.
- (X) The following persons are heard: Barry Zimmerman, Judy Webber, Mark Varela and Michael Powers.
- (X) The following document is submitted to the Board for consideration:
(X) PowerPoint Presentation: County of Ventura County System Improvement Plan
- (X) Upon motion of Supervisor Long, seconded by Supervisor Bennett, and duly carried, the Board hereby approves the attached staff recommendations as modified; direct staff to send the quarterly reports to the Board.

By: 
Dawnyelle Addison
Deputy Clerk of the Board

CLERK'S CERTIFICATE

I hereby certify that the annexed instrument is a true and correct copy of the document which is on file in this office.
MICHAEL POWERS, Clerk of the Board of Supervisors,
County of Ventura, State of California.

Dated: December 14, 2012

By: 
Deputy Clerk of the Board



**RESOLUTION APPROVING THE VENTURA COUNTY SYSTEM IMPROVEMENT PLAN
FOR CHILD WELFARE SERVICES
FOR THE PERIOD NOVEMBER 30, 2012 TO NOVEMBER 30, 2017**

WHEREAS, Ventura County is required to complete a System Improvement Plan (SIP) for child welfare services pursuant to AB 636 (Chapter 678, the Child Welfare System Improvement and Accountability Act of 2001); and

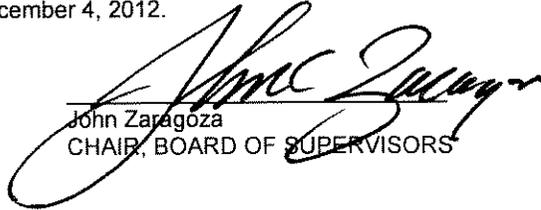
WHEREAS, Ventura County Human Services Agency (HSA) Children & Family Services and Ventura County Probation Agency Juvenile Commitment Services Division have developed the SIP in collaboration with local community and prevention partners and in accordance with all applicable requirements from the California Department of Social Services (CDSS); and

WHEREAS, Ventura County's SIP includes specific milestones, time frames, and improvement targets relative to measurable improvements in performance outcomes that the County will achieve within a defined time frame including prevention strategies; and

WHEREAS, Ventura County's SIP has also incorporated planning and requirements relative to Child Abuse Prevention Intervention and Treatment (CAPIT), Community Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) as required by CDSS Office of Child Abuse and Prevention (OCAP); and

NOW, THEREFORE, BE IT RESOLVED that the Ventura County Board of Supervisors hereby approves this resolution affirming its review and approval of the Ventura County System Improvement Plan for child welfare services for the five-year period beginning November 30, 2012 to November 30, 2017, and authorizes the Human Services Agency to submit the Plan to the California Department of Social Services as required.

On motion of Supervisor Long, seconded by Supervisor Bennett the foregoing resolution was passed and adopted on December 4, 2012.


John Zaragoza
CHAIR, BOARD OF SUPERVISORS

ATTEST:

MICHAEL POWERS, Clerk of the Board of Supervisors
County of Ventura, State of California.

Dated: December 19, 2012

By: Rawonjith Ail
Deputy Clerk



California Outcomes & Accountability System

County of Ventura System Improvement Plan 2012 - 2017



Prepared by the
Ventura County Human Services Agency
Department of Children & Family Services
&
Ventura County Probation Agency
Juvenile Services Division

Submitted to the California Department of Human Services
Children & Family Services Division

December 4, 2012

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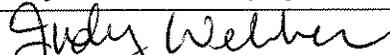
California's Child and Family Services Review System Improvement Plan

County:	Ventura County
Responsible County Child Welfare Agency:	Human Services Agency Children & Family Services
Period of Plan:	November 30, 2012 – November 30, 2017
Period of Outcomes Data:	Quarter ending: July 2012 (2012 Quarter 1 Extract)
Date Submitted:	December 4, 2012

County System Improvement Plan Contact Person

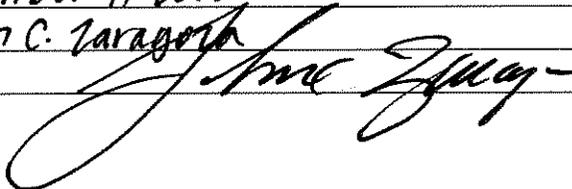
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Submitted by each agency for the children under its care

Submitted by:	County Child Welfare Agency Director (Lead Agency)
Name:	Judy Webber, HSA Deputy Director
Signature:	

Submitted by:	County Chief Probation Officer
Name:	Mark Varela
Signature:	

Board of Supervisors (BOS) Approval

BOS Approval Date:	December 4, 2012
Name:	John C. Zaragoza
Signature:	



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Introduction

Assembly Bill 636 (Chapter 678, The Child Welfare System Improvement and Accountability Act of 2001) established the Child Welfare Outcomes and Accountability System to improve child welfare outcomes for children and their families in California. The process for achieving this goal is the California Child and Family Services Review (C-CFSR). The review occurs in 5-year cycles during which the performance of each of the state's 58 counties is monitored regularly in five outcome domains: (a) protection of children from abuse and neglect; (b) safety of children not removed from their home; (c) permanence and stability for children in foster care; (d) maintenance of a child's family relationships and connections; and (e) preparation of youth for transition to adulthood. An initial assessment consisting of a qualitatively focused Peer Review and a quantitatively focused County Self-Assessment (CSA) begins each cycle. The results of both reviews are used to support the development of a System Improvement Plan (SIP) that specifies measurable goals for system improvement and presents strategies for achieving those goals. Process and outcome data extracted from the statewide Child Welfare Services/Case Management System (CWS/CMS) are contained in Quarterly County Data Reports and used to monitor the results of system improvement efforts. Using this information, counties submit a yearly update that indicates goals, strategies and action steps that have been accomplished, need revision or need to be added.

The Peer Review and CSA that support this Plan were conducted in 2012. Staff interviews for the Peer Review were conducted during the week of April 23, 2012. The focus area for both child welfare and probation was Placement Stability. The Peer Review summary of findings was included in the CSA report that was submitted to the California Department of Social Services (CDSS) and approved by the Ventura County Board of Supervisor's on July 24, 2012. The CSA was based on results that were presented in the C-CFSR Quarterly Data Report for July 2012 (Quarter 1 Extract). Data that have become available since the submission of the County's CSA are contained in the most recent Quarterly Data Report and are summarized in the current performance section for each of the targets presented in this Plan.

The Plan consists of two parts. Part I provides a narrative that describes the SIP planning process and identifies and summarizes activities linked to outcome improvement. The SIP chart outlines the components of the plan including each priority outcome measure or systemic factor that is targeted for improvement, the most current performance for that target, the improvement goals to be achieved, and the strategies and action steps whose completion will result in improvement in the target. Part II provides the Child Abuse Prevention Intervention and Treatment (CAPIT)/ Community-Based Child Abuse Prevention (CBCAP)/ Promoting Safe and Stable Families (PSSF) components of the five year plan.

A. System Improvement Plan Narrative

Peer Review

The County's Peer Review was conducted during the week of April 23, 2012. Structured interviews and case reviews were conducted to gather information on the stability of placements for children in out-of-home care. The interviewees were Ventura County Child Welfare Social Workers and a Probation Officer. Potential peer counties were nominated based on their performance in the area of placement stability and then invited individually to participate. The focus area for both child welfare and probation was placement stability which measures, for all children in foster care, the percent who have no more than two placements. Placement stability was selected based on reports provided by the Center for Social Services Research (CSSR), University of California, Berkeley¹ that are based on records contained in the California Child Welfare Services/Case Management System (CWS/CMS) through July 2012 (2012 Quarter 1 Extract). The review also includes additional data for some COAS measures provided by the Children's Research Center SafeMeasures® data retrieved October 2012 from the Children's Research Center website².

Child welfare focused on the three measures that define placement stability. Performance levels for children in care less than 12 months (Measure C4.1) have remained below the National Standard (86%) for the five most recent report periods. Most recent performance shows 80.3% of children in care experienced two placements or less for the report period ending March 2012. Performance levels for children in care 12 to 24 months (Measure C4.2) have remained below the National Standard (65.4%) and have remained fairly stable over the last seven report periods. Most recent performance shows 58.5% of children in care experienced two placements or less for the report period ending March 2012. Performance levels for children in care 24 months or more (Measure C4.3) have remained below the National Standard (41.8%) and performance has declined consistently over time. Most recent performance shows 26.6% of children in care experienced two placements or less for the report period ending March 2012.

The child welfare portion of the Peer Review focused on various topic areas related to the focus area of placement stability. Themes identified from the Peer Review are presented in the Peer Review Executive Summary (see Attachment A). In summary, themes included: (a) placement practices to ensure best match; (b) services to support stable placements; and (c) maintaining family connections.

¹ Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Williams, D., Simon, V., Hamilton, D., Lou, 26 C., Peng, C., Moore, M., Jacobs, L., & King, B. (2011). *Child Welfare Services Reports for California*. Retrieved 1/17/2011, from University of California at Berkeley Center for Social Services Research website. URL: http://cssr.berkeley.edu/ucb_childwelfare

² Children's Research Center SafeMeasures® Data. Ventura County data through June 2011 from the Children's Research Center website. URL: <http://www.safemeasures.org/ca>

Probation focused on the Placement Stability Measure C4.2 (In Care 12 to 24 Months), which computes the percentage of children with two or more placements in foster care for 12 to 24 months, and Measure C4.3 (In Care 24 Months or Longer), which computes the percentage of children with two or more placements for 24 months or longer. Measure C4.2 increased and decreased in alternating cycles, but increased toward the end of the report cycles to 52.9%. It did not meet or exceed the National Standard of 65.4% over the report periods. Measure C4.3 also increased and decreased in cycles, but increased toward the end of the report cycles to roughly 19%. It, too, did not meet or exceed the National Standard of 41.8% over the report periods.

For Probation, the Peer Review focused on various topic areas related to the focus area of placement stability. Themes identified included: (a) maintaining family connections; (b) youth needs related to stability; and (c) maintaining youth connection. Themes identified from the Peer Review are presented in the Executive Summary (see Attachment A).

County Self Assessment

The self-assessment process involved gathering results from reports provided by the Center for Social Services Research (CSSR), University of California, Berkeley³ that are based on records contained in the California Child Welfare Services/Case Management System (CWS/CMS) through July 2012 (2012 Quarter 1 Extract). The review also includes additional data for some COAS measures provided by the Children's Research Center SafeMeasures® data retrieved October 2012 from the Children's Research Center website⁴. Finally, data from local Business Objects® reports of CWS/CMS records and from locally maintained databases were also included in the self-assessment process.

The following summary includes a review of strengths and areas needing improvement and presents general strategies for improving the county's performance on targeted outcomes.

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

Child Welfare

Strengths. Areas of strength for this outcome include: (a) timeliness of emergency response investigations of reports of suspected abuse/neglect; (b) implementation of

³ Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Williams, D., Simon, V., Hamilton, D., Lou, 26 C., Peng, C., Moore, M., Jacobs, L., & King, B. (2011). *Child Welfare Services Reports for California*. Retrieved 1/17/2011, from University of California at Berkeley Center for Social Services Research website. URL: http://cssr.berkeley.edu/ucb_childwelfare

⁴ Children's Research Center SafeMeasures® Data. Ventura County data through June 2011 from the Children's Research Center website. URL: <http://safemeasures.org/ca>

the Structured Decision Making (SDM) tool for establishing response priority for investigating abuse/neglect referrals; (c) implementation of SDM tools for assessing child safety in investigated referrals and risk in investigated referrals with a substantiated or inconclusive allegation(s); (d) Team Decision Making (TDM) process including parental involvement in the decision-making process; (e) implementation of a revised referral association policy; (f) Multi-Disciplinary Team (MDT) engagement and provision of targeted services; and (g) timeliness with which regular child visits are completed by assigned social workers.

Areas Needing Improvement. Areas needing improvement include: (a) review and revision of process for investigating reports of suspected abuse/neglect involving children in group foster care; (b) documentation of investigations of reports of suspected abuse/neglect by caregivers in CWS/CMS; (c) reinstatement of formal TDM process for children at-risk for a placement change; and (d) improved service delivery completion documentation for Pathways families.

Probation

Strengths. Relevant factors that contribute to the zero percent of probation youth who are abused or neglected in foster care are current procedures to place children. This includes using best match philosophy, meeting caseload standards for monthly face-to-face visits with the youth, regular site inspections of the placements, treatment and support services to the youth and their families, and involvement of all parties in decision making and treatment goals when possible.

Areas Needing Improvement. Areas that can be strengthened to keep the level for this outcome low include continued support to caregivers, and ongoing training and supervision of officers and placements. Improvement efforts can also include the protocol for investigating reports of suspected abuse/neglect involving probation-supervised youths in care and the documentation of the results of these investigations into the CWS/CMS database.

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

Child Welfare

Strengths. Performance levels for timeliness of abuse/neglect referrals and completed child visits by social workers reflect increasing staffing levels for social work positions.

Areas Needing Improvement. Delayed visits documentation in CWS/CMS impacting actual performance levels.

Permanency Outcome 1: Children have permanency and stability in their living situations without increasing re-entry to foster care.

Child Welfare

Strengths. Factors that have contributed to the positive trends for Composite 1 include: (a) maintenance of continuing contact between parents and their children in the Family Reunification program, including family involvement in decision-making and (b) in-home support services that focus on developing parenting skills and that provide short-term counseling/therapy to address issues related to child safety and development; and (c) implementation of revised policy to support Dependency Drug Court cases.

Areas Needing Improvement. Although the Juvenile Court ultimately makes the final determination as to Family Reunification, performance for timely and permanent reunification may be increased further by improvements in the following areas: (a) more consistent usage of the SDM tool for assessing family strengths and needs during the initial case planning process; (b) more consistent usage of the SDM tool for assessing the family's readiness for reunification; and (c) Emergency Placement TDM process.

Strengths. Performance for Composite 2 reflect: (a) increased staffing levels in the Children and Family Services Adoptions Unit; (b) coordination between ongoing and adoption workers to integrate reunification and permanency planning; (c) recruitment of relative and non-related caregivers willing to adoption children entering care or in care; and (d) services and supports provided to caregivers during the adoption process.

Areas needing improvement. Improvements in the following aspects of adoption planning can be expected to further improve the performance in the timely adoption measures: (a) more systematic implementation of concurrent planning for all children entering the child welfare system; (b) initiation of home studies as early as possible in the adoption planning process; (c) more consistent usage of tools for assessing readiness for reunification on a regular basis; and (d) increased staff resources.

Strengths. Performance for Composite 3 includes the adoption measures where the County has performed well (C2.1, C2.2, C2.3, and C2.5). In addition, the following strengths have been identified: (a) implementation of a new Unmatched Home Study process; and (b) identification of resources and strategies to match unmet needs of exiting youth and support services to caregivers.

Areas needing improvement. Areas needing improvement include: (a) more systematic implementation of concurrent planning; (b) more consistent scheduling of permanency planning staffings on a regular basis following termination of reunification services; (c) engagement of youths and caregivers in case planning and staffings; and (d) child specific targeted recruitment.

Strengths. Performance for Composite 4 reflects: (a) continuing improvement in regular child visits conducted by social workers (Measure 2C); (b) the ongoing placement of children in relative homes which, with foster family homes, tend to be the most stable (Measure 4B-2); (c) services and supports provided to relative and non-relative caregivers; (d) placement of children with caregivers who are best-suited to

meet the child's needs; (e) ongoing recruitment and retention of foster family homes and (f) ongoing efforts to move children to less restrictive foster care settings and eventual exit from foster care (Measure 4B-2).

Areas needing improvement. The consistent decrease in performance for children in care 2 years or longer suggests the need to focus on current processes for serving children who have been in care for extended periods of time: (a) developing services and supports that address the needs of the children who remain in care for long periods of time; (b) strengthening the services and supports for the caregivers of these children; (c) re-assessing reunification with family of origin; and (d) increased relative approval staffing resources.

Preparation for self-sufficient adulthood

Strengths. The current availability of resources and services for Independent Living Program (ILP) participants is an important element in the program's success. These include transportation, housing, health care, education and employment.

Areas needing improvement. Children and Family Services assumed management of the ILP beginning in July 2009 (the program had been managed by an independent contractor during the preceding 3 years). In addition to a change in personnel, the transition in management of the program has resulted in reorganization of case management, data collection (including case tracking and outcome reporting) and program oversight processes. With the transition complete, the department is committed to the development of an ILP database that will enhance access to program data.

Probation

Timely and permanent reunification with parents or primary caretakers.

Strengths. The strengths that promote reunification first are "best match" placements that enhance the ability to reunify the youth and family. Secondly, Probation's main philosophy is geared to reunification. Lastly, Probation's use of placements that are closer to the family encourages their involvement in treatment, which enhances the chances for reunification. The Juvenile Probation Placement Unit also collaborates with Juvenile Probation Field Supervision Units and utilizes Wraparound services when necessary in an attempt to prevent the youth from entering foster care and to support the youth's transition from foster care to their communities when reunified with their families.

Areas needing improvement. A number of areas still need to be addressed and they include, but are not limited to verification of reunification data produced by CWS/CMS; participation of youth, families and caregivers in case planning; and engaging parents

and caregivers in implementation of case plans. Additional areas include implementing the use of formal family finding; further development of the process for transitioning youth from foster care to their parents/primary caregiver; parenting classes for caregivers and birth parents; and developing processes for identifying and working with alternative caregivers when return to a youth's parents is not an option.

Timely adoption.

Strengths. Adoption planning is possible given the close working relationship between the Probation and Human Services Agencies.

Areas needing improvement. Efforts to explore adoption with probation-supervised youths face several challenges including (a) the age of youths in the probation caseload, (b) youth resistance to pursuing adoption, and (c) the difficulty in identifying caregivers who are willing to adopt a youth with a criminal record.

Permanency for children in care for long periods of time.

Strengths. The strength that promotes probation youth to exit to permanency before age 18 comes from finding the best match possible in local group homes because the longer they stay in one placement, the better chance they have in meeting their rehabilitative goals. It also enhances their transition back to their communities.

Areas needing improvement. Areas for improvement include (a) more systematic implementation of concurrent planning; (b) more consistent scheduling of permanency planning staffing; and (c) collaboration with caregivers to assist with independent living skills program activities with youths.

Stable foster care placements.

Strengths. Increased levels of placement stability reflect improvement in the process of identifying youth for whom foster care is the most appropriate placement. Factors that have had a positive effect on this outcome include: (a) improved screening that has resulted in more appropriate placement of youths and improved service planning; (b) a range of services including Therapeutic Behavioral Services, that help to improve youths' functioning in group care settings; (c) caregiver's promoting the participation of families in family therapy; and the referral of youth at imminent risk for removal to alternative programs that are able to meet their special needs while they remain in their homes.

Areas needing improvement. The unfavorable trend for youth in care 12 months or longer reflects the need to focus on current practices for serving youth who have been in care for extended periods. Areas needing improvement include (a) the integration of group home services and resources in treatment planning and implementation; (b) engaging more intensively parents who have issues themselves or who are otherwise

marginally committed to participating in their child's case plan (c) the utilization of WrapAround services at an earlier point in a case when appropriate; and (d) strengthening case management and service delivery in order to decrease the amount of probation youth who go Absent Without Leave (AWOL).

Preparation for self-sufficient adulthood.

Strengths. Probation Officers are solely responsible for case managing ILP activities as a result of the change in management of the local ILP program. While this adds additional responsibilities to their case management work, the removal of the contract case manager simplifies their planning and communication tasks. In addition, Probation, in its collaborative relationship with Children and Family Services, benefits from the latter's monitoring of contracted services.

Areas needing improvement. The new procedures resulting from the change will undoubtedly involve a period of adaptation by the Probation Officers until their use becomes routine. During this time of change, it is important that supervision be used to establish uniformity and consistency in the new procedures.

Permanency Outcome 2: The continuity of family relationships and connections is preserved.

Child Welfare

Strengths. Improving trends for sibling placements reflect: (a) placement of siblings with relatives; (b) ongoing efforts to accommodate sibling placements in existing foster family homes whenever possible; (c) ongoing efforts to recruit new foster homes that are willing to accept sibling placements. For placement in less restrictive settings, strengths include: (d) the local process for screening and approving relative homes for placement; (e) the availability of foster family homes to provide emergency shelter care; and (f) services and supports available for relative caregivers (e.g., Kinship Support Services Program).

Areas Needing Improvement. Focus areas for improving performance in the measures that comprise Permanency Outcome 2 should focus on: (a) ongoing efforts to recruit foster family homes to serve children with special needs including children with medical and mental health issues, developmental delays, teenage youth, and parenting or pregnant youths; and (b) increased utilization of the local Wraparound program that allows children in group care to be served in their own homes.

Child Welfare

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

Strengths. Performance trends primarily reflect problems with data entry rather than the true levels for timely examinations and medication authorization. As a result, standardized processes have developed to ensure timely and accurate reporting.

Areas Needing Improvement. The entry of data for the authorization of psychotropic medication continues to improve, but the current trend suggests that consistent data entry has yet to stabilize.

System Improvement Plan

Plan Development

The County Children's Services System Oversight Committee (CSOC) has a key role for planning and overseeing Ventura County's Self-Assessment and System Improvement efforts. The CSOC includes representatives from a number of County Agencies/Departments: Department of Children and Family Services, Probation Agency, Public Health Department, Behavioral Health Department, Alcohol and Drug Programs, Office of Education, Tri-Counties Regional Center, Juvenile Dependency Court, and Community College Foster and Kinship Care Education Program. Examples of the private, nonprofit providers of services for children and families that also participate on the CSOC include: Aspiranet Foster Family Agency, Casa Pacifica, Coalition for Family Harmony, Interface Children Family Services, and Kids & Families Together and The Partnership for Safe Families & Communities (CAPC).

Development of the Plan began in August 2012, beginning with a review of the results of the Peer Review and Self-Assessment with a focus on findings that indicated a need for improvement in particular areas of the Ventura County child welfare/foster care system. Personnel from Children and Family Services and the Probation Agency participated in this stage of the Plan's development. The Children and Family Services Operations Team consisting of Regional Managers, Program Administrators and line staff participated in a brainstorming session to identify strategies that would support placement stability and timely reunification. Additional meetings were convened to further define strategies and supporting action steps for the two child welfare priority outcome measures in the SIP Chart. In addition, the Division Manager and Supervising Deputy Probation Officer for the Probation Agency Juvenile Division worked with members of the Operations Team to draft the plan components for the probation priority outcome measure. Like Children and Family Services, Probation also utilize agency management and line staff personnel to identify strategies and supporting action steps that would support their target of placement stability.

In order to receive input from stakeholders, staff from the Child Death Review Team (CDRT), Interagency Case Management Committee (ICMC), Interagency Placement Expansion and Review Committee (IPERC), Children's Services Oversight Committee (CSOC) and The Partnership for Safe Families & Communities of Ventura County - The Designated Child Abuse Prevention Council ("The Partnership") were invited to attend a Townhall meeting and SIP presentation. Participants from these groups included a membership of more than four-dozen family-serving organizations and institutions and

dozens of individuals. In addition to the presentation, meeting staff participated in a facilitated discussion to identify strategies, resources, and services that support placement stability and timely reunification. As the designated Child Abuse Prevention Council (CAPC) for Ventura County, the Partnership served multiple roles as System Improvement Plan developer, reviewer and input to the targeted measures.

Given the absence of an Indian reservation in Ventura County and a federally recognized tribe in Ventura County, Children and Family Services continues to work with Barbara Marquez-O'Neill. Ms. Marquez-O'Neill is a well-known community broker of Native American Heritage and was integral in arranging a meeting with a local Chumash Tribe elder by the name of Julie Tumamait-Stenslie. As a result, Ms. Tumamait-Stenslie volunteered to be a part of a panel for training on cultural sensitivity if Children & Family Services and Probation pursue training in this area.

Outcomes Needing Improvement

The County Self Assessment identified outcomes where improvement was needed based on reports provided by the Center for Social Services Research (CSSR), University of California, Berkeley⁵ that are based on records contained in the California Child Welfare Services/Case Management System (CWS/CMS) through July 2012 (2012 Quarter 1 Extract). The review also includes additional data for some COAS measures provided by the Children's Research Center SafeMeasures® data retrieved October 2012 from the Children's Research Center website⁶. Recent performance levels fall below the National Standard for the following outcomes:

Child Welfare

- a. Child welfare no recurrence of abuse/ neglect (S1.1). Performance levels for this outcome have remained just below the National Standard (94.6%) for the last three report periods. Most recent performance shows 93.9% of children did not experience maltreatment during the report period ending in Sep 11. However, the most recent SafeMeasures estimate was 94.7% for the Dec 11 report period, exceeding the National Standard for the first time since Dec 07. Improved performance for this outcome is attributed to strategies successfully implemented as part of the 2010 – 2012 SIP.
- b. Child welfare timely abuse/neglect investigation by referral response type (2B). Prior performance for 10-day response referrals met timeliness requirements. Most recent performance shows 84.1% of 10-day response referrals were investigated timely during the report period ending in Mar 12. The most recent SafeMeasures

⁵ Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Williams, D., Simon, V., Hamilton, D., Lou, 26 C., Peng, C., Moore, M., Jacobs, L., & King, B. (2011). *Child Welfare Services Reports for California*. Retrieved 1/17/2011, from University of California at Berkeley Center for Social Services Research website. URL: http://cssr.berkeley.edu/ucb_childwelfare

⁶ Children's Research Center SafeMeasures® Data. Ventura County data through June 2011 from the Children's Research Center website. URL: <http://safemeasures.org/ca>

estimate shows 84.7% of 10-day investigations were completed timely. As noted in the County Self Assessment, the recent unfavorable trend is attributed to delayed data entry into CWS/CMS and not a failure to respond timely.

- c. Child welfare months to reunification – exit cohort (C1.2). Performance for this outcome has remained an average of one month higher than the National Standard (5.4 months) since the Jul 06-Jun 07 period. Most recent performance shows a median of 6.8 months for the report period ending in Mar 12. Recent SafeMeasures data estimates for the periods ending Dec 11 and Mar 12 were medians of 6.1 months and 6.8 months respectively. Estimated data for Jun 12 (5.7 months) continues to remain just above the National Standard.
- d. Child welfare reunification in 12 months – entry cohort (C1.3). Levels have varied widely across report periods and have exceeded the National Standard (48.4%) in seven of those periods. Most recently, the trend for this measure has increased from 37.1% for the entry period Oct 09-Sep 10 to 45.0% for the Apr 10-Mar 11 period. Although the most recent SafeMeasures estimate was 38.1% for the Jun 11 entry period, overall performance reveals an upward trend.
- e. Child welfare reentry within 12 months of reunification (C1.4). Following a brief period below the National Standard (9.9%), levels have increased to 15.3% for the Mar 11 report period. The SafeMeasures estimate shows 14.5% of children re-entered foster care after reunification. Previously targeted in the prior SIP, improved performance for this outcome is anticipated due to policy revisions implemented during May 11.
- f. Child welfare adoption in 12 months – in care 17 months or longer (C2.3). Although overall performance levels have followed a general upward trend, recent levels have fluctuated around the National Standard (22.7%). Most recent performance shows 21.9% of adoptions occurred within 12 months for children in care 17 months or longer for the Mar 12 report period. Additionally, the SafeMeasures estimate shows that 21.5% of adoptions occurred within 12 months for children for the report period ending in Jun 12.
- g. Child welfare legally freed in 6 months - in care 17 months or longer (C2.4). Except for four periods, levels have remained below the National Standard for this measure (10.9%). Most recent performance shows 7.8% of children in foster care became legally free for adoption during the Sep 11 report period. SafeMeasures estimates were 8.3% for both periods ending Dec 11 and Mar 11, and 6.3% for the report period ending Jun 12. Trends for this measure have been cyclical, with the most recent report period estimate marking a downward trend.
- h. Child welfare exit to permanency before 18 - in care 2 years or longer (C3.1). Levels have increased from 18.6% (end Mar 11) to 29.6% (end Dec 11), surpassing the National Standard (29.1%) at the latter point. However, most recent performance shows 25.5% of children exited to permanency for the report period ending Mar 12.

Subsequent performance levels have decreased, although overall performance reveals an upward trend.

- i. Child welfare in care 3 years or longer – emancipated or turned 18 (C3.3).
Performance levels have remained well above the National Standard (37.5%) across previous years. Following the downward trend, levels exceeded the National Standard for the first time in measured performance for report period ending Jun 11. Most recent performance shows 39.0% of children in foster care three years or longer were discharged to emancipation or turned 18 while in foster care during the report period Mar 12. Additionally, the SafeMeasures estimate was 42.9% for the most recent report period ending Jun 12. However, overall performance reveals a downward trend.
- j. Child welfare two placements or less - in care less than 12 months (C4.1).
Performance levels for the Jul 09-Jun 10 period exceeded the National Standard (86.0%), however, subsequent performance has remained below the National Standard. Most recent performance shows 80.3% of children in care less than 12 months had two or fewer placements for the report period ending Mar 12. The SafeMeasures estimate was 81.6% for the period ending Jun 12.
- k. Child welfare two placements or less - in care 12 to 24 months (C4.2). Recent levels for children in care between 12 and 24 months have remained stable (58.5%), but below the National Standard (65.4%). The SafeMeasures estimate shows 61.8% of children in care experienced two placements or less for the report period ending Jun 12.
- l. Child welfare two placements or less - in care 24 months or longer (C4.3).
Performance levels have remained below the National Standard (41.8%) for this measure through the Apr 06-Mar 07 period, including most recent performance (26.6%). The most recent SafeMeasures estimate was 29.7% for the report period ending Jun 12.

Probation

- a. Reunification within 12 months for exit cohorts (C1.1). This measure has been a focus area for Probation for two prior System Improvement Plans (SIP) and was most recently targeted in the 2010-2013 SIP. Following submission of the SIP in January 2010, performance levels for Probation-supervised youth increased from 0% (Oct 08-Sept 09 through Jul 09-Jun 10) to 50% (Apr 10-Mar 11) and then decreased to 20% (Apr 11-Mar 12). Performance has remained below the National Standard for this measure (75.2%) for all periods since the Apr 03-Mar 04 period.
- b. Probation exit to permanency before 18 (in care 2 years or longer) (C3.1).
Performance levels have alternately increase and decreased since the Apr 03-Mar 04 report period, marked by significant variation across report periods. Following

submission of the SIP in January 2010, performance levels increased from 0% (Oct 08-Sep 09 through Jan 10-Dec 10) to 33% (Apr 11-Mar 12). Although performance has been above the National Standard for this measure (29.1%) since the Oct 10-Sep 11 period, improvement is still needed to stay above the National Standard.

- c. Probation two placements or less (in care 12 to 24 months) (C4.2). Levels have increased and decreased in alternating cycles over the twelve most recent report periods. Since the Apr 09-Mar 10 report period, levels increased for two periods, decreased for the next two periods, and then increased to 52.9%. Most recently, levels decreased to 42.9%. None of the points since Apr 05-Mar 06 met or exceeded the National Standard for this measure (65.4%).
- d. Probation two placements or less (in care 24 months or longer) (C4.3). Similar to performance for Measure C4.2, levels have increased and decreased in alternating cycles since the Jan 08-Dec 08 period. Performance has remained below the National Standard for this measure (41.8%) for all periods since the Jan 07-Dec 08 period.

Additional outcomes requiring improvement are selected targets included in the following section.

Priority Outcome Measures

Outcomes identified as needing improvement have been prioritized for improvement based on recent performance levels that were below National Standards and in some cases below Statewide performance. As a result, plan components to address the following outcome measures and improvement goals will be implemented across the five years of the Plan:

Child Welfare

A. Increase the percentage of children with two or fewer placements who have been in foster care for 8 days or more, but less than 12 months (Child Welfare Only).

The Self-Assessment reported results for children with initial substantiated abuse/neglect in 6-month periods through December 2011 (the last point in the trendline was based on results reported in SafeMeasures). Since completion of the Self-Assessment, two new points for initial abuse/neglect are available through June 2012. The latest points (80.3% and 81.6%) are similar to the two points that preceded them (80.9% and 80.5%) and suggest that performance levels for this outcome have not changed since the Self-Assessment. Ventura County's current performance continues to fall below the National Standard for this measure (86.0%) and California's most recent performance (85.0% for Apr 11-Mar 12). As an integral part of the Placement Stability Composite, focusing on this measure will support improved performance for all placement stability measures.

The improvement strategies selected to increase placement stability will require collaborative work with SIP stakeholders and partners. Support and training for foster parents and relative caregivers will include the combination of Prevention and Early Intervention programs with Kinship Support Services and the exploration of strength-based training. Additional work with First 5 to prioritize access for Children and Family Services families for Triple P parenting is critical in supporting foster parents and relative caregivers.

Improvement Strategies:

1. Increase placement options for foster children by increasing the number of foster family and relative homes.
2. Reinstate Team Decision Making for placement changes to promote placement stability.
3. Increase services and supports for foster youth.
4. Maintain the concurrent planning model to decrease the number of placement moves while in foster care.

Research has shown that placement stability promotes better outcomes and supports child well-being⁷. The improvement strategies selected by Ventura County to increase foster family and relative homes, reinstate Team Decision Making (TDM), increase services and supports for foster youth and maintain the concurrent planning model will positively affect placement stability. The placement stabilizing strategies and action steps identified in the SIP chart support fewer placement disruptions while children achieve permanency.

Developing relative approval efforts supports relative placement, the ideal placement resource for out of home care due to the close connection with extended family. Furthermore, initial placement with relative caregivers has revealed much lower rates of placement disruption than children placed in non-relative foster homes⁸.

Strategies to reinstate Team Decision Making support placement stability. Although some placement moves may be in the child's best interest, when a placement move is needed, utilizing Team Decision Making ensures that a family support system is in place and placement is the least restrictive level of care to decrease future placement moves and support families in the reunification process.

B. Increase the percent of children who reunify within 12 months of removal (Child Welfare Only).

⁷ Jackson, S. and Martin, P.Y. (1998) 'Surviving the care system: Education and resilience', *Journal of Adolescence*, vol 21, pp 569-583.

⁸ Rubin D, Downes K, O'Reilly A, Mekonnen R, Luan X, Localio R. Impact of kinship care on behavioral well-being for children in out-of-home care. *Archives of Pediatric and Adolescent Medicine*.2008;162:550-6.

The Self-Assessment reported reunification results for children who were reunified in 12-month periods through March 2011 (the last data point in the reunification trendline, was based on a SafeMeasures report). Updated data points have been reported since the completion of the Self-Assessment (44.8% and 45.0% for the 12-month reunification periods ending December 2010 and March 2011 respectively). These most recent points continue the unfavorable trendline, along with most recent SafeMeasures estimate that reports 38.1% for the reunification period ending June 2011. Although the last two report periods have exceeded statewide performance, the last 5 report periods remain below the National Standard for this measure (48.4%). As a contributing measure to the Reunification Composite that reflects a longitudinal approach to measured performance, focusing on this measure will promote improved performance for other reunification measures.

The improvement strategies selected to promote timely reunification will require collaborative work with SIP stakeholders and partners. Activities to support parental engagement that is upfront, consistent and continuous will include the exploration of supervised visitation options including substitute care providers and Ventura County Behavioral Health. Additional strategies to increase parent and child visitation will engage Parents With Purpose at TDM meetings and integrate parent support into standard reunification practices. Activities to identify Ventura County Behavioral Health engagement points for youth and family services will include support for an integrated service model and prioritized access to resources.

Improvement Strategies:

1. Parental engagement that is upfront, consistent and continuous will contribute to timely reunification.
2. Identify Behavioral Health engagement points for youth and family services.
3. Streamline and standardize policy and process to support timely reunification and maximize staff time.

Research shows that children who spend extended periods of time in foster care are at risk for poorer outcomes than their peers, especially in the areas of mental health, education and employment⁹. However, timely reunification can be impacted by families with facing complex issues to address and access to resources. The improvement strategies and action steps selected by Ventura County to increase parental engagement, identify engagement points and revise policy support timely reunification support timely reunification.

Strategies that promote continuity and consistency of parental engagement opportunities positively impact reunification. The pursuit to increase the frequency and consistency of visitation offers many benefits including: healthy attachment and strengthening of the parent-child bond, opportunities to improve parent-child interactions

⁹ Fred Wuiczyzn, 2004, --Family Reunification, || Children, Families and Foster Care, Volume 14, Number 1, www.futureofchildren.org

and for parents to learn new skills, the maintenance and strengthening of family relationships, and an increased likelihood for reunification.

C. Identify, utilize and create technology options that support staff and business process to manage increased caseload and workload growth (Child Welfare Only).

As identified in the County Self Assessment, Ventura County has experienced caseload growth that has adversely impacted the county's ability to sustain progress and achieve goals for outcome performance. Incorporating technology solutions into current business processes will ultimately have a positive impact on multiple outcome measures.

Improvement Strategies:

1. Identify technology options that streamline business process and increase access to resources.

Probation

Increase the percent of children who have no more than two placements or less while in care 12 months or longer following their entry into foster care (Measures C4.2, C4.3).

Performance levels for Measure C4.1 (in care less than 12 months) reported in the Self-Assessment have increased and decreased in alternating cycles, but remained above the National Standard (86%) for ten out of the most recent twelve report periods. During this time, the total number of Probation youth who had been in care for at least 8 days but less than 12 months decreased from 23 in report periods ending December 2008 to 9 in December 2011. As Probation youth stayed in care longer than 12 months however, the percentage of them maintaining with two placements or less decreased.

Data for Measure C4.2 (12 to 24 months in care) from the CSSR¹⁰ website (CWS/CMS 2012 Quarter 1 Extract) indicated for report period Oct 10-Sep 11, 9 of 17 (53%) Probation youth maintained with two placements or less. During report periods Jan 11-Dec 11 and Apr 11-Mar 12, 6 of 13 (46%) and 6 of 14 (43%) youth respectively maintained with two placements or less. These results fall well below the National Standard (65.4%) and the statewide performance levels for probation-supervised youth. For the same periods above, statewide levels were 78% for Oct 10-Sep 11, 79% for Jan 11-Dec 11, and 80% for Apr 11-Mar 12.

¹⁰ Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Williams, D., Simon, V., Hamilton, D., Lou, 26 C., Peng, C., Moore, M., Jacobs, L., & King, B. (2011). *Child Welfare Services Reports for California*. Retrieved 1/17/2011, from University of California at Berkeley Center for Social Services Research website. URL: http://cssr.berkeley.edu/ucb_childwelfare

Data for Measure C4.3 (at least 24 months in care) from the CSSR¹⁰ website (CWS/CMS 2012 Quarter 1 Extract) indicated for report period Oct 10-Sep 11, 4 of 21 (19%) Probation youth maintained with two placements or less. During report periods Jan 11-Dec 11 and Apr 11-Mar 12, 5 of 27 (18.5%) and 4 of 21 (19%) youth respectively maintained with two placements or less. These results fall well below the National Standard (41.8%) and the statewide performance levels for probation-supervised youth. For the same periods above, statewide levels were 43% for Oct 10-Sep 11, 44% for Jan 11-Dec 11, and 47% for Apr 11-Mar 12.

Probation chose to focus on placement stability because the decreasing performance trend for youth in care 12 months or longer reflects the need to focus on current practices for serving youth who have been in care for extended periods. Planning for increasing stability for probation youth and reducing the amount that go AWOL will build on ongoing efforts to match youth to the most appropriate group home setting. Additionally, the decrease in performance levels for Measures C4.2 and C4.3 has occurred in the context of a steady decline in both the total population of probation-supervised placements and the number of youth who have maintained with two placements or less while in care 12 months or more. In the latter regard, 14 youth were in two placements or less while in care 12 to 24 months during the Jan-Dec 09 period compared to 6 during the most recent Apr 11-Mar 12 period (CWS/CMS 2012 Quarter 1 Extract). Additionally, 5 youth were in two placements or less while in care at least 24 months during the Jan-Dec 09 period compared to 4 during the most recent Apr 11-Mar 12 period (CWS/CMS 2012 Quarter 1 Extract). These small numbers make questionable comparisons with the County's previous performance levels and with concurrent statewide levels.

Improvement Strategies:

1. Enhance family engagement.
2. Enhance service delivery.
3. Improve assessments and case plans.

Strategies and action steps in the following charts were developed in an effort to improve the placement stability of probation-supervised youth. These were primarily based on the philosophy of the Probation Agency that the goal of reunification should guide placement, case planning, case management and service delivery. Strategies 1, 2 and 3 address family engagement and their focus is to encourage family involvement from the beginning. Involving birth families enhances stable placements and facilitating visits between foster youth and their parents is a vital component to reunification. Additionally, increasing a family's knowledge of the process from the beginning will provide a clear understanding of how they can support their child, and local support systems will benefit the family during and after their child's placement.

Strategy 4 addresses service delivery. Its focus is based on the rationale that targeted services that meet individualized needs of children and families are instrumental to

achieving placement stability and family reunification, and ensuring youth safety. It is also based on the belief that educating parents about what is available in their community is important in their discovery for solutions and independence. A family will have a better chance of being successful if they can utilize resources in their own community, as transportation is often a problem for them. Strategies 5, 6 and 7 address assessments and case plans. Their focus is the identified need for early family engagement and case planning prior to youth placement, communication of case plan goals with the youth's caregivers, developing case plans that are individualized and case plan development training. They also address improving the communication and relationship between placement staff and Juvenile Hall staff as this will help educate Juvenile Hall staff about youth's histories, risk factors and goals identified to achieve placement stability and subsequent reunification.

A systemic factor needing to be addressed that supports the improvement plan goals is the small number of probation staff operating the placement unit. Currently there is one supervisor, one senior officer, and two placement officers within the placement unit. Having such a small number of staff is a deficiency for foster youth and their families as it simply does not allow probation staff to explore resources, implement procedures, seek funding streams, develop programs, etc. Given the various State mandates and regulations, it is simply overwhelming for a small unit to carry out all the possible operations that Children and Family Services (CFS) offers. Any changes to the current makeup of the placement unit are not expected anytime soon due to a realignment of probation services to adult parolees. Although it is an impediment, it is hoped that we will continue to improve our delivery of services with the collaborative relationship Probation has with CFS.

An educational/training need to achieve the improvement goals is training on how to work with uncooperative parents. During the Peer Review, probation officers expressed a need for more training in this area, specifically in regards to Title IV-E and Division 31 regulations, and group home expectations and requirements. The interviews and focus groups revealed that parents' unwillingness to participate in services is a significant barrier to achieving stability and reunification (parents' lack of participation; parents not signing case plans; parents' unwillingness to engage in services; and resistive parents. Parents' unwillingness to participate is important because the court is not able to order resistive parents to participate in services. This in turn, highlights the critical role that case management plays in achieving successful parent engagement with unwilling parents.

In regards to the roles of partners in achieving improvement goals, the Ventura County Probation Agency continues to work collaboratively with other County Departments and Community Partners. The partnership includes Children and Family Services, Behavioral Health, Juvenile Delinquency Court, and community-based organizations. These partnerships all have one goal in common, and that is to provide quality care to foster youth in our County and address issues that face this population when needed. Their input and support is extremely vital for Probation to accomplish the goals as identified.

The stability of probation-supervised placements is affected by a variety of factors. Among these is an increase in the number of probation youth with behavioral and mental challenges that affect program adjustment and runaway, and a reduction in the number of delinquent conduct disorder youth entering placement due to improved screening of youth entering placement. Additionally, the opening of more local group homes has allowed the Probation Agency to place youth closer to home and involve the families more intensively. Returning children in foster care to their families is the goal for the majority of children. Prior to a child's return, accurate and comprehensive assessment along with engaged case planning are critical in successful reunification (Macdonald, 2001). It is essential to provide services that will allow a child to be safely returned, and that will promote a stable environment to support reunification. Effective support services engage all members of the family and include a range of life skills and competencies such as anger control, communication, and problem solving (Corcoran, 2000).

Program Improvement Plan Linkages

Ventura County SIP strategies to increase placement stability (see Table 1) support the State Program Improvement Plan (PIP) strategies to sustain and enhance permanency efforts across the life of the case and to expand options and create flexibility for services and supports to meet the needs of children and families.

Strategies to increase timely reunification (see Table 2) support the PIP to expand the use of participatory case planning strategies, enhance and expand caregiver recruitment, training and support efforts, and to sustain and enhance permanency efforts across the life of the case.

In addition, the strategy to optimize technology use to support caseload and workload growth (see Table 3) supports the PIP to expand options and create flexibility for services and supports to meet the needs of children and families.

Strategies identified by Probation to increase placement stability (see Table 4) support the PIP to expand the use of participatory case planning strategies, and to sustain and enhance permanency efforts across the life of the case. The strategies also support the PIP to enhance and expand caregiver support efforts, and to expand options and create flexibility for services and supports to meet the needs of children and families.

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Table 1. SIP Linkage to the State PIP

State Program Improvement Plan Strategies						
	Expand use of participatory case planning strategies	Sustain and enhance permanency efforts across the life of the case	Enhance and expand caregiver recruitment, training and support efforts	Expand options and create flexibility for services and supports to meet the needs of children and families	Sustain and expand staff/supervisor training	Strengthen implementation of the statewide safety assessment system
Placement Stability Strategies – Child Welfare Only		✓	✓	✓		
	1. Increase placement options for foster children (increase the number of foster family and relative homes).				✓	
	2. Reinstate Team Decision Making (TDM) for placement changes to promote placement stability.	✓	✓		✓	
	3. Increase services and supports for foster youth.				✓	
		✓				

Table 2. SIP Linkage to the State PIP

State Program Improvement Plan Strategies						
	Expand use of participatory case planning strategies	Sustain and enhance permanency efforts across the life of the case	Enhance and expand caregiver recruitment, training and support efforts	Expand options and create flexibility for services and supports to meet the needs of children and families	Sustain and expand staff/supervisor training	Strengthen implementation of the statewide safety assessment system
Reunification Strategies – Child Welfare Only		✓	✓	✓		
	1. Parental engagement that is upfront, consistent and continuous will contribute to timely reunification.		✓		✓	
	2. Identify Behavioral Health (BH) engagement points for youth and family services.		✓	✓	✓	
		✓				

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Table 3. SIP Linkage to the State PIP

	State Program Improvement Plan Strategies					
	Expand use of participatory case planning strategies	Sustain and enhance permanency efforts across the life of the case	Enhance and expand caregiver recruitment, training and support efforts	Expand options and create flexibility for services and supports to meet the needs of children and families	Sustain and expand staff/supervisor training	Strengthen implementation of the statewide safety assessment system
Technology Strategies – Child Welfare Only 1. Identify technology options that streamline business process and increase access to resources.				✓	✓	

Table 4. SIP Linkage to the State PIP

	State Program Improvement Plan Strategies					
	Expand use of participatory case planning strategies	Sustain and enhance permanency efforts across the life of the case	Enhance and expand caregiver recruitment, training and support efforts	Expand options and create flexibility for services and supports to meet the needs of children and families	Sustain and expand staff/supervisor training	Strengthen implementation of the statewide safety assessment system
Placement Stability Strategies – Probation Only 1. Enhance family engagement by improving communication between the assigned Probation officer and the birth parent(s). The Court and Probation’s expectations should be discussed with families from the beginning. 2. Enhance family engagement by involving birth families in the planning and decision-making process during the course of the client’s placement. 3. Enhance family engagement and reunification by identifying parent support groups that are available to support families who have children involved in the delinquency court system.	✓					
	✓			✓		
			✓			

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Placement Stability Strategies – Probation Only	Expand use of participatory case planning strategies	Sustain and enhance permanency efforts across the life of the case	Enhance and expand caregiver recruitment, training and support efforts	Expand options and create flexibility for services and supports to meet the needs of children and families	Sustain and expand staff/supervisor training	Strengthen implementation of the statewide safety assessment system
4. Enhance service delivery by referring families to community resources that offer support and contribute to positive placement stability and reunification outcomes including: in-home services, mental health or counseling services, substance abuse services, parenting support, child care, housing, financial assistance and transportation.	✓	✓	✓	✓		
5. Improve assessments and case plans to increase placement stability and reunification outcomes.	✓	✓				
6. Utilize the Agency's current juvenile risk assessment tool, Compas, to assist youth, families, and assigned Probation Officers to develop realistic case plans.	✓	✓		✓		
7. Enhance communication with Juvenile Facilities (JF) probation and behavioral health staff to ensure services are delivered as identified in the youth's case plan and to keep staff abreast of youth's placement plans.	✓					

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Priority Outcome Measure 1: Increase the percent of children with two or fewer placements in foster care for 8 days or more, but less than 12 months (**Child Welfare Only – Measure C4.1**).

National Standard: 86.0%

Current Performance: According to the CSSR July 2012 Quarter 1 Extract, 80.3% of children in care less than 12 months had two or fewer placements. Performance has remained below the National Standard (86.0%) for the past five most recent report periods. Results reported in SafeMeasures show a consistent decline with 81.6% of children having two or fewer placements while in care during the 12 period between July 2011 and June 2012.

Target Improvement Goal: The County of Ventura will improve performance on this measure from 80.6% to a minimum of 86.0%, increasing the percentage of children with two or fewer placements and resulting in at least 30 or more youth with stable placements.

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<p>Strategy 1: Increase placement options for foster children (increase the number of foster family and relative homes).</p>	<p><input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A</p>	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.1 Reunification within 12 months (exit cohort) C1.2 Median time to reunification (exit cohort) C1.3 Reunification within 12 months (entry cohort) C4.2 Placement stability (12 to 24 Months in Care) C4.3 Placement stability (At Least 24 Months in Care) 4B-1 and 4B-2 Placement in least restrictive setting</p>
<p>Action Steps:</p>		<p>Person Responsible:</p>
<p>A. Complete Recruitment Workplan activities:</p>		<p>Timeframe:</p>
<p>A1 - Streamline the licensing process by reducing hours for licensure. A2 - Conduct targeted training and recruitment for each placement to support Best Match guidelines. A3 - Develop online Informational Session video. A4 - Analyze recruitment efforts by monitoring net gain in licensed foster homes. A5 - Identify promising practices and further areas for development. A6 - Monitor, evaluate, and modify recruitment activities. Continue to analyze gain in licensed foster homes.</p>	<p><u>Implementation</u> December 2012 December 2012 December 2012 December 2014 December 2015 December 2016 December 2016</p>	<p><u>Completion</u> March 2013 November 2013 December 2013 December 2015 December 2016 November 2017</p> <p>Central Programs Manager, Administration and Program Administrator</p>
<p>B. Develop Relative Approval placement efforts:</p>	<p><u>Implementation</u> November 2012 February 2013 July 2013 January 2014</p>	<p><u>Completion</u> November 2017 February 2014 July 2014 June 2014</p> <p>Central Programs Manager, Administration and Program Administrator</p>

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<p>B4 - Maintain the Kinship Support Services Program (KSSP). B5 - Monitor, evaluate, and modify relative Approval activities.</p>	<p><u>Year 4/5:</u> B5 August 2014 November 2017</p>	
<p>C. Support and training for foster parents and relative caregivers using strength-based protective factors approach: C1 - Combine Prevention & Early Intervention (PEI) programs with KSSP, explore strength-based training. C2 - Explore alternative funding for childcare and emergency housing program for relatives C3 - Work with First 5 to prioritize access for CFS families (with children age 0 to 5) for Triple P Parenting and include Peer Educators and Trainers. C4 - Monitor, evaluate, and modify training activities.</p>	<p><u>Year 1:</u> C1 December 2012 December 2013 <u>Year 2/3:</u> C2 December 2013 December 2015 <u>Year 4:</u> C3 December 2015 December 2016 <u>Year 5:</u> C4 December 2016 November 2017</p>	<p>Central Programs Manager, Administration and Program Administrator</p>
<p>D. Support and training for specialized populations of foster parents: D1 - Develop Intensive Treatment Foster Care (ITFC) and integrate into the recruitment continuum. D2 - Monitor, evaluate, and modify training activities.</p>	<p><u>Year 1:</u> D1 December 2012 December 2016 <u>Year 4/5:</u> D2 December 2015 November 2017</p>	<p>Central Programs Manager, Administration and Program Administrator</p>

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<p>E. Structured Decision Making (SDM) tools: E1 - Explore training opportunities to use the Family Strengths and Needs Assessment for placement considerations, used in conjunction with the child needs and services plan. E2 - Monitor, evaluate, and modify training activities.</p>	<p><u>Implementation</u> Year 2: E1 December 2013 Year 4/5: E2 December 2016 November 2017</p>	<p><u>Completion</u> June 2014 November 2017</p> <p>Ventura Regional Manager and Staff Development Program Administrator</p>
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<p>Strategy 2: Reinstate Team Decision Making (TDM) for placement changes to promote placement stability.</p>	<p><input type="checkbox"/> CAPIIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A</p>	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): S1.1 No recurrence of maltreatment C1.1 Reunification within 12 months (exit cohort) C1.2 Median time to reunification (exit cohort) C1.3 Reunification within 12 months (entry cohort) C4.2 Placement stability (12 to 24 Months in Care) C4.3 Placement stability (At Least 24 Months in Care) 4B-1 and 4B-2 Placement in least restrictive setting</p>
<p>Timeframe:</p>		
<p>Action Steps: A. Identify staffing resources/ facilitators for Team Decision Making: A1 - Explore opportunity to provide facilitator positions to CFS MSW interns. A2 - Develop recruitment process and plan for MSW interns. A3 - Implement CFS facilitator training plan and recruitment. A4 - Monitor, evaluate, and modify activities.</p>	<p><u>Implementation</u> Year 2: A1 December 2013 Year 3: A2 June 2014 A3 Sept 2014 Year 4/5: A4 December 2015 November 2017</p>	<p><u>Completion</u> June 2014 August 2014 December 2015 November 2017</p> <p>Central Programs Manager, Administration and Program Administrator</p>

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	<u>Year 3:</u> B1	<u>Implementation</u> Sept 2014	<u>Completion</u> December 2015	Staff Development Program Administrator
<p>B. Provide standardized training for TDM facilitators:</p> <p>B1 - Incorporate family strengthening protective factors into TDM meetings.</p> <p>B2 - Coordinate training to maintain at least three regional TDM facilitators concurrently.</p> <p>B3 - Monitor, evaluate, and modify training activities.</p>	<p><u>Year 4:</u> B2</p> <p>December 2015</p> <p>June 2016</p>	<p>June 2016</p> <p>November 2017</p>		

	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):</p> <p>C1.1 Reunification within 12 months (exit cohort)</p> <p>C1.2 Median time to reunification (exit cohort)</p> <p>C1.3 Reunification within 12 months (entry cohort)</p> <p>C4.2 Placement stability (12 to 24 Months in Care)</p> <p>C4.3 Placement stability (At Least 24 Months in Care)</p> <p>4B-1 and 4B-2 Placement in least restrictive setting</p>	<p>Person Responsible:</p> <p>Central Programs Manager, Administration and Program Administrator</p>
<p>Strategy 3: Increase services and supports for foster youth.</p>			
<p>Action Steps:</p> <p>A. Maximize foster youth referrals to the Wraparound program:</p> <p>A1 - Conduct mapping to identify the key triggers, engagement points, and gaps in the Wraparound referral process.</p> <p>A2 - Explore impact of family strengthening and protective factors to support Wraparound practice.</p> <p>A3 - Standardize the Wraparound referral process and review policy and procedure.</p> <p>A4 - Monitor, evaluate, and modify activities.</p>	<p>Timeframe:</p> <p><u>Year 2:</u> A1</p> <p>December 2013</p> <p>June 2014</p> <p><u>Year 3:</u> A2</p> <p>June 2015</p> <p><u>Year 4:</u> A3</p> <p>June 2015</p> <p><u>Year 5:</u> A4</p> <p>December 2015</p> <p>November 2017</p>		

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<p>B. Sustain and grow the number, variety, and class length of Independent Living Program (ILP) classes offered and access contracted resources: B1 - Assess framework for youth development skills using protective factors model. B2 - Monitor, evaluate, and modify activities.</p>	<p><u>Year 3:</u> B1 December 2014 June 2015 <u>Year 4/5:</u> B2 December 2015 November 2017</p> <p><u>Implementation</u> December 2014 June 2015 December 2015 November 2017</p> <p><u>Completion</u> June 2015 November 2017</p>	<p>Central Programs Manager, Administration and Program Administrator</p>
<p>C. Provide services and supports targeted to non-minor dependents: C1 - Identify specific supports/needs for this population and develop workplan to address service delivery. C2 - Assess framework for youth development skills using protective factors model. C3 - Monitor, evaluate, and modify training activities.</p>	<p><u>Year 1:</u> C1 December 2012 June 2013 <u>Year 2/3:</u> C2 June 2013 December 2014 <u>Year 4/5:</u> C3 December 2014 November 2017</p> <p><u>Implementation</u> December 2012 June 2013 December 2014 November 2017</p> <p><u>Completion</u> June 2013 December 2014 November 2017</p>	<p>Central Programs Manager, Administration and Program Administrator</p>

<p>Strategy 4: Engage in early and collaborative concurrent planning with children and families.</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.1 Reunification within 12 months (exit cohort) C1.2 Median time to reunification (exit cohort) C1.3 Reunification within 12 months (entry cohort) C4.2 Placement stability (12 to 24 Months in Care) C4.3 Placement stability (At Least 24 Months in Care) 4B-1 and 4B-2 Placement in least restrictive setting</p>
<p>Action Steps:</p>		
<p>A. Maintain the concurrent planning model to decrease the number of placement moves while in foster care: A1 - Conduct data review to determine concurrent planning best practices A2 - Revise policy and procedure as needed and implement. A3 - Monitor, evaluate, and modify concurrent planning activities.</p>	<p>Timeframe:</p> <p><u>Implementation</u> Year 3: A1 December 2014 Year 4/5: A2 December 2015 A3 December 2016</p> <p><u>Completion</u> December 2015 November 2016 November 2017</p>	<p>Person Responsible: Central Programs Manager, Administration and Program Administrator</p>
<p>B. Develop a Unified Home Study process: B1 - Conduct a process improvement event to standardize the unified home study business process and develop related policy and procedure. B2 - Identify appropriate staffing resources. B3 - Monitor and evaluate performance via metrics established in the process improvement event to maximize performance outcomes.</p>	<p><u>Implementation</u> Year 3: B1 December 2014 Year 4: B2 June 2015 Year 5: B3 September 2015</p> <p><u>Completion</u> June 2015 September 2015 November 2017</p>	<p>Central Programs Manager, Administration and Program Administrator</p>

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Priority Outcome Measure 2: Increase the percent of children who reunify within 12 months of removal (Child Welfare Only – Measure C1.3).

National Standard: 48.4%

Current Performance: According to the CSSR July 2012 Quarter 1 Extract, 45% of children reunified within 12 months of removal. Although levels have varied widely since the beginning of recorded performance, more recent performance reflects a downward trend. Performance has remained below the National Standard (48.4%) for the past five most recent report periods. Results reported in SafeMeasures show that 38.1% of children were reunified in 12 months for the entry period ending June 2011.

Target Improvement Goal: The County of Ventura will improve performance on this measure from 45% to a minimum of 49%, increasing the percentage of children who reunify within 12 months of removal and resulting in at least 9 or more youth reunifying timely.

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<p>Strategy 1: Parental engagement that is upfront, consistent and continuous will contribute to timely reunification.</p>	<p><input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A</p>	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): S1.1 No recurrence of maltreatment C1.1 Reunification within 12 months (exit cohort) C1.2 Median time to reunification (exit cohort) C4.1 Placement Stability (12 months or less) C4.2 Placement stability (12 to 24 Months in Care) C4.3 Placement stability (At Least 24 Months in Care)</p>	
<p>Action Steps:</p>		<p>Timeframe:</p>	<p>Person Responsible:</p>
<p>A. Combine the Emergency Response (ER) and Court Investigation Units to support early parent engagement: A1 - Develop pilot project to assess capacity, resources, and business process strategies. A2 - Create a workplan to integrate ER and Court activities. Revise policy and procedure as needed. A3- Monitor, evaluate, and activities.</p>	<p><u>Year 3:</u> A1 December 2014 <u>Year 4:</u> A2 June 2015 <u>Year 5:</u> A3 September 2015</p>	<p><u>Completion</u> June 2015 September 2015 November 2017</p> <p>East County Region Program Manager and Program Administrator</p>	
<p>B. Pursue strategies to increase parent and child visitation: B1 - Explore opportunity for Behavioral Health (BH) to conduct therapeutic visits. B2 - Explore the option for substitute care providers to provide supervised visitation and transportation. B3 - Engage Parents With Purpose at TDM Meetings.</p>	<p><u>Year 1:</u> B1 December 2012 B2 February 2013 <u>Year 2:</u> B4 June 2013 <u>Year 3:</u> B3 December 2014</p>	<p><u>Completion</u> March 2013 March 2012 December 2014 January 2015</p> <p>Oxnard Region Program Manager and Program Administrator</p>	

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<p>B4 - Design program to develop visitation centers in collaboration with BH to include therapeutic services.</p> <p>B5 - Monitor, evaluate, and modify activities.</p>	<p><u>Year 4/5:</u> B5</p> <p>December 2014</p> <p>November 2017</p>	
<p>C. Integrate Parents with Purpose parent support into standard reunification practices:</p> <p>C1 - Identify mentorship opportunities</p> <p>C2 - Develop structured engagement and referral processes</p> <p>C3 - Monitor, evaluate, and modify activities.</p>	<p><u>Year 3:</u> C1</p> <p>December 2014</p> <p>February 2015</p> <p><u>Year 4:</u> C2</p> <p>February 2015</p> <p>July 2015</p> <p><u>Year 5:</u> C3</p> <p>December 2015</p> <p>November 2017</p>	<p>East County Region Program Manager and Program Administrator</p>

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<p>Strategy 2: Identify Behavioral Health (BH) engagement points for youth and family services.</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):</p> <p>S1.1 No recurrence of maltreatment C1.1 Reunification within 12 months (exit cohort) C1.2 Median time to reunification (exit cohort) C4.1 Placement Stability (12 months or less) C4.2 Placement stability (12 to 24 Months in Care) C4.3 Placement stability (At Least 24 Months in Care)</p>
<p>Action Steps:</p>		
<p>A. Support a Behavioral Health integrated service model:</p> <p>A1 - Conduct a Children and Family Services Department Value Stream Analysis to identify available services through BH.</p> <p>A2 – Develop workgroups to identify BH points of engagement and prioritize opportunities for improvement.</p> <p>A3 – Develop plans to address opportunities for improvement (Kempe Center Model for therapeutic visitation).</p> <p>A4 - Identify measurable outcomes to monitor functioning.</p>	<p>Timeframe:</p> <p><u>Implementation</u></p> <p><u>Year 1:</u> A1 December 2012 A2 March 2013</p> <p><u>Year 2/3:</u> A3 June 2013 A4 December 2014</p> <p><u>Year 4/5:</u> A4 December 2014</p> <p><u>Completion</u></p> <p>March 2013 June 2013 December 2014 November 2017</p>	<p>Person Responsible:</p> <p>Administration and Program Administrator</p>
<p>B. Prioritize access to resources:</p> <p>B1 - Work with First 5 and Behavioral Health to prioritize access for Children and Family Services Department families for Triple P parenting at the trial home visit.</p> <p>B2 - Identify necessary process changes, develop process and procedure, and implement changes</p> <p>B3 - Monitor, evaluate, and modify activities.</p>	<p><u>Implementation</u></p> <p><u>Year 3:</u> B1 December 2013</p> <p><u>Year 4/5:</u> B2 June 2015 B3 December 2015</p> <p><u>Completion</u></p> <p>June 2015 November 2017 November 2017</p>	<p>Person Responsible:</p> <p>East County Region Program Manager and Program Administrator</p>

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Systemic Factor 3: Identify, utilize and create technology options that support staff and business process to manage increased caseload and workload growth (Child Welfare Only).

National Standard: N/A

Current Performance: As identified in the County Self Assessment (CSA), Ventura County has experienced a caseload growth that has adversely impacted the county's ability to sustain progress and achieve goals for outcome performance. Incorporating technology solutions into current business processes will maximize staff time, reduce data entry, and support quality case management.

Target Improvement Goal: The County of Ventura will improve data entry timeliness for Immediate Response and 10-day referral investigation compliance performance measures (2B-1 & 2B2).

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<p>Strategy 1: identify technology options that streamline business process and increase access to resources.</p>	<p><input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A</p>	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.1 Reunification within 12 months (exit cohort) C1.2 Median time to reunification (exit cohort) C4.1 Placement Stability (12 months or less) C4.2 Placement stability (12 to 24 Months in Care) C4.3 Placement stability (At Least 24 Months in Care) 2B Timely response</p>	
<p>Action Steps:</p>		<p>Timeframe:</p>	<p>Person Responsible:</p>
<p>A. Utilize technology (tablets and other mobility devices) to streamline data entry. A1 - Issue tablets to case carrying staff, provide training and develop utilization policy. A2 - Review usage and identify areas for improvement. A3 - Monitor, evaluate, and modify activities.</p>	<p><u>Year 1:</u> A1 December 2012 A2 June 2013 <u>Year 2-5:</u> A3 December 2013</p>	<p><u>Implementation</u> Completion June 2013 December 2013 November 2017</p>	<p>Oxnard Region Program Manager and Program Administrator</p>
<p>B. Utilize HSA Net to streamline service matching and referral to services (Maximize 211 database resources): B1 - Identify necessary services B2 - Engage community partners and match resources B3 - Monitor, evaluate, and modify activities.</p>	<p><u>Year 3:</u> B1 December 2014 <u>Year 4/5:</u> B2 June 2015 B3 December 2017</p>	<p><u>Implementation</u> Completion June 2015 December 2016 November 2017</p>	<p>Oxnard Region Program Manager and Program Administrator</p>
<p>C. Design technology projects to streamline business process: C1 - Develop Foster Parent Recruitment and Retention (FPRR) database.</p>	<p><u>Year 1:</u> C1 December 2012 C2 December 2012 <u>Year 2/3:</u></p>	<p><u>Implementation</u> Completion June 2014 June 2014</p>	<p>Central Programs Manager and Program Administrator</p>

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<p>C2 - Implement electronic cross-reporting from law enforcement. C3 - Develop electronic signing process for warrants and court reports. C4 - Enhance Independent Living Program (ILP) database. C5 - Develop centralized assignment tool (White Board). C6 - Monitor, evaluate, and modify activities.</p>	<p>C3 June 2014 C4 June 2014 C5 December 2013 Year 5: C6 December 2014</p>	<p>December 2014 December 2014 December 2014 November 2017</p>
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Priority Outcome Measure 4: Increase the percent of children with two or fewer placement in foster care for 12 to 24 months in Care) (Probation Only – Measure C4.2)

National Standard: 65.4%

Current Performance: According to the CSSR CWS/CMS 2012 Quarter 1 Extract, data indicated for report period Oct 10-Sep 11 that 9 of 17 (53%) of Probation youth maintained with two placements or less. During report periods Jan 11-Dec 11 and Apr 11-Mar 12, 6 of 13 (46%) and 6 of 14 (43%) youth respectively maintained with two placements or less. This reflects a downward trend over the last three most recent report periods with the last report period showing a 43% rate of placement stability.

Target Improvement Goal: The county will improve performance on this measure from 43% to 60%, resulting in two to three more youth with stable placements.

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<p>C. Identify family needs based on meetings PO has with family. Seek resources to address those needs using the protective factors framework and funding for families in need of services: e.g. transportation, housing, parenting classes, childcare. Once identified, resources will be accessed by PO to see if appropriate for family.</p>	<p>Seek resources and explore funding: Reassess funding streams/add new sources if necessary: Monitor/modify:</p>	<p>Start Qtr. 4/2012</p> <p>End Qtr. 4/2013</p>	<p>Juvenile Division Manager</p>
<p>D. Ensure on a quarterly basis that assigned Probation Officers have engaged with birth parent(s), if available, and attempt to rectify any barriers that exist if the parents are resistant to being involved. Evaluate strategy by reviewing PO chrono entries for information gathered from meetings between families and PO.</p>	<p>Implementation: Ongoing quarterly Assessment: Ongoing quarterly Assessment:</p>	<p>Start Qtr. 4/2012</p> <p>End Qtr. 4/2013</p> <p>Start Qtr. 4/2013</p> <p>End Qtr. 4/2015</p> <p>Start Qtr. 4/2015</p> <p>End Qtr. 4/2017</p>	<p>Placement Supervisor Senior Deputy Probation Officer</p>

<p>Strategy 2: Enhance family engagement by involving birth families in the planning and decision-making process during the course of the client's placement.</p>	<p><input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A</p>	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): C4.2 Placement Stability (12 to 24 Months in Care) C4.3 Placement Stability (At Least 24 Months in Care)</p>
<p>Action Steps:</p>		
<p>A. Implement team meetings involving the family during the intake process to review placement needs and goals, and reunification needs and goals. The assigned Probation Officer will facilitate the meeting. Team meetings should include parents, relatives, group home providers, the assigned JF probation officer and the assigned placement probation officer.</p>	<p>Timeframe: Implementation: Reassess/Adjust: Monitor/modify:</p>	<p>Person Responsible: Senior Deputy Probation Officer Assigned Probation Officers</p>

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<p>B. Identify relatives and/or individuals that will offer support to the youth and their parents/guardians during the placement process, and after the youth is reunified with his/her family by using "family finding" through Casa Pacifica (Kindle). Also, assess relatives for potential placement possibility in lieu of youth being placed in a group home setting.</p>	<p>Implementation: Assess/Adjust: Monitor/modify:</p>	<p>Start Qtr. 4/2012 Qtr. 4/2013 Qtr. 4/2015</p> <p>End Qtr. 4/2013 Qtr. 4/2015 Qtr. 4/2017</p> <p>Senior Deputy Probation Officer Assigned Probation Officers</p>
<p>C. Implement an increase in the frequency of client visits to exceed the current mandate leading up to reunification to help maintain a stable placement and to facilitate the reunification transition.</p>	<p>Implementation: Reassess/Adjust: Monitor/modify:</p>	<p>Start Qtr. 4/2012 Qtr. 4/2013 Qtr. 4/2015</p> <p>End Qtr. 4/2013 Qtr. 4/2015 Qtr. 4/2017</p> <p>Assigned Probation Officers</p>
<p>D. Ensure on a quarterly basis that assigned Probation Officers are involving parents and any available relatives in the planning and decision-making of the client's placement and reunification transition. Evaluate strategy by reviewing PO chrono entries from family meetings with PO.</p>	<p>Implementation: Quarterly Assessment: Quarterly assessment:</p>	<p>Start Qtr. 4/2012 Qtr. 4/2013 Qtr. 4/2015</p> <p>End Qtr. 4/2013 Qtr. 4/2015 Qtr. 4/2017</p> <p>Placement Supervisor Senior Deputy Probation Officer</p>

<p>Strategy 3: Reunification by identifying parent support groups that are available to support families who have children involved in the delinquency court system.</p>	<p><input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A</p>	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): C4.2 Placement Stability (12 to 24 Months in Care) C4.3 Placement Stability (At Least 24 Months in Care)</p>
<p>Action Steps:</p>		<p>Person Responsible:</p>
<p>A. Attend meetings with the Children's Services Oversight Committee (CSOC) to receive input in identifying services that promote timely reunification, best practices, gaps in services that support placement stability and reunification, and to evaluate the roles and expectations of group home providers that promote family participation.</p>	<p>Implementation: Reassess/Adjust: Monitor/modify:</p> <p>Start Qtr. 4/2012 Qtr. 4/2013 Qtr. 4/2015</p> <p>End Qtr. 4/2013 Qtr. 4/2015 Qtr. 4/2017</p> <p>Juvenile Division Manager Placement Supervisor</p>	<p>Juvenile Division Manager Placement Supervisor</p>

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<p>The information will be provided to the assigned Probation Officers.</p>		
<p>B. Attend meetings with the statewide Probation Advisory Committee to receive assistance in identifying successful reunification services and best practices regarding placement stability from other probation departments. The information will be provided to the assigned Probation Officers.</p>	<p>Implementation: Reassess/Adjust: Monitor/modify:</p> <p><u>Start</u> Qtr. 4/2012 Qtr. 4/2013 Qtr. 4/2015</p> <p><u>End</u> Qtr. 4/2013 Qtr. 4/2015 Qtr. 4/2017</p>	<p>Placement Supervisor Senior Deputy Probation Officer</p>
<p>C. Meet with community partners and group home providers to identify supportive services available to biological families.</p>	<p>Implementation: Reassess/Adjust: Monitor/modify:</p> <p><u>Start</u> Qtr. 4/2012 Qtr. 4/2013 Qtr. 4/2015</p> <p><u>End</u> Qtr. 4/2013 Qtr. 4/2015 Qtr. 4/2017</p>	<p>Juvenile Division Manager Placement Supervisor</p>
<p>D. Evaluate identified services and best practices received from this strategy on a quarterly basis to see if applicable for this agency's supervised youth and if so, provide information to assigned Probation Officers. Evaluate quarterly the effectiveness of services by having POs report out at staff meetings.</p>	<p>Implementation: Quarterly assessment: Quarterly assessment:</p> <p><u>Start</u> Qtr. 4/2012 Qtr. 4/2013 Qtr. 4/2015</p> <p><u>End</u> Qtr. 4/2013 Qtr. 4/2015 Qtr. 4/2017</p>	<p>Placement Supervisor</p>

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<p>Strategy 4: Enhance service delivery by referring families to community resources that offer support and contribute to positive placement stability and reunification outcomes including: in-home services, mental health or counseling services, substance abuse services, parenting support, child care, housing, financial assistance and transportation.</p>	<p><input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A</p>	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): C4.2 Placement Stability (12 to 24 Months in Care) C4.3 Placement Stability (At Least 24 Months in Care)</p>	
<p>Action Steps:</p>		<p>Timeframe:</p>	<p>Person Responsible:</p>
<p>A. Obtain resource guides utilized by community partners that include services for foster youth. Identify effective community-based interventions and programs that emphasize family interactions.</p>	<p>Implementation: Qtr. 4/2012 Qtr. 4/2013 Reassess/Adjust: Qtr. 4/2013 Qtr. 4/2015 Monitor/modify: Qtr. 4/2015 Qtr. 4/2017</p>	<p>End Qtr. 4/2013 Qtr. 4/2015 Qtr. 4/2017</p>	<p>Placement Supervisor Senior Deputy Probation Officer</p>
<p>B. Refer families to in-home services such as Therapeutic Behavioral Services (TBS), Intensive Family Services (IFS), and Wraparound for youth who are at-risk for removal from the home, for youth currently in foster care and their families, and for youth who are transitioning home for reunification.</p>	<p>Implementation: Qtr. 4/2012 Qtr. 4/2013 Reassess/Adjust: Qtr. 4/2013 Qtr. 4/2015 Monitor/modify: Qtr. 4/2015 Qtr. 4/2017</p>	<p>End Qtr. 4/2013 Qtr. 4/2015 Qtr. 4/2017</p>	<p>Senior Deputy Probation Officer Assigned Probation Officer</p>
<p>C. Design and implement a resource guide for linkages and referrals to services to include information regarding housing, employment, health care, transportation, education, support groups and counseling. The assigned probation officer is to provide this guide to families that reunify and to youth with plans to emancipate. He/she will also educate parents and youth to utilize guide(s) and seek services independently as needed.</p>	<p>Implementation: Qtr. 4/2012 Qtr. 4/2013 Assess resources and modify: Qtr. 4/2013 Qtr. 4/2015 Assess resources and modify: Qtr. 4/2015 Qtr. 4/2017</p>	<p>End Qtr. 4/2013 Qtr. 4/2015 Qtr. 4/2017</p>	<p>Senior Deputy Probation Officer Assigned Probation Officer</p>
<p>D. Evaluate identified services on a quarterly basis to insure the services offered are active and potentially successful for referred youth and their families. Evaluate quarterly the effectiveness of services by having POs report at staff meetings.</p>	<p>Implementation: Qtr. 4/2012 Qtr. 4/2013 Quarterly assessment: Qtr. 4/2013 Qtr. 4/2015 Quarterly assessment: Qtr. 4/2015 Qtr. 4/2017</p>	<p>End Qtr. 4/2013 Qtr. 4/2015 Qtr. 4/2017</p>	<p>Placement Supervisor Senior Deputy Probation Officer</p>

<p>Strategy 5: Improve assessments and case plans to increase placement stability and reunification outcomes.</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):</p> <p>C4.2 Placement Stability (12 to 24 Months in Care) C4.3 Placement Stability (At Least 24 Months in Care) C1.1 Reunification within 12 months of entering care</p>
<p>Action Steps:</p> <p>A. Revise and implement current intake process that occurs while the youth is in custody and before he/she is placed or returned to an out-of-home placement. Intake process to include birth parents (if available) and assigned probation officers.</p> <p>B. Identify community resources that assist foster youth with challenges that impede placement stability and reunification efforts (substance abuse counseling, anger mgmt., mental health therapy, parenting classes, domestic violence therapy, etc.). A list will then be created, including but not limited to community organizations and websites, to be used by the Probation Officers as needed for each individual case.</p> <p>C. Placement Officers to attend specialized training for probation officers working with foster youth, including Placement Officer CORE, case planning and family engagement. In addition, to attend training offered by UC Davis Extension and in-house training provided by Probation and Human Services Agencies.</p> <p>D. Evaluate on a quarterly basis the effectiveness of the revised intake process to ensure all needed parties are involved as much as possible. Also, evaluate if the identified resources are being utilized to assist the probation supervised youth with their challenges in foster care.</p>	<p>Timeframe:</p> <p>Implementation: Qtr. 4/2012 Qtr. 4/2013 Reassess/Adjust: Qtr. 4/2013 Qtr. 4/2015 Monitor/modify: Qtr. 4/2015 Qtr. 4/2017</p> <p>Implementation: Qtr. 4/2012 Qtr. 4/2013 Reassess/Adjust: Qtr. 4/2013 Qtr. 4/2015 Assess resources and modify: Qtr. 4/2015 Qtr. 4/2017</p> <p>Implementation: Qtr. 4/2012 Qtr. 4/2013 Reassess/Adjust: Qtr. 4/2013 Qtr. 4/2015 Monitor/modify: Qtr. 4/2015 Qtr. 4/2017</p> <p>Implementation: Qtr. 4/2012 Qtr. 4/2013 Quarterly assessment: Qtr. 4/2013 Qtr. 4/2015 Quarterly assessment: Qtr. 4/2013 Qtr. 4/2017</p>	<p>Person Responsible:</p> <p>Placement Supervisor</p> <p>Placement Supervisor Senior Deputy Probation Officer</p> <p>Placement Supervisor</p> <p>Placement Supervisor</p>

<p>Strategy 6: Utilize the Agency's current juvenile risk assessment tool, Compas, to assist youth, families, and assigned Probation Officers to develop realistic case plans.</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):</p> <p>C4.2 Placement Stability (12 to 24 Months in Care) C4.3 Placement Stability (At Least 24 Months in Care)</p>
	<p>Timeframe:</p>	<p>Person Responsible:</p>
<p>A. Probation Officers to use questions in current risk assessment tool to obtain participation from the youth and families to create a case plan with realistic goals and timeframes to help with placement stability and reunification efforts.</p>	<p>Implementation: Reassess/Adjust: Monitor/modify:</p>	<p>Start End Qtr. 4/2012 Qtr. 4/2013 Qtr. 4/2013 Qtr. 4/2015 Qtr. 4/2015 Qtr. 4/2017</p> <p>Assigned Probation Officers</p>
<p>B. Develop questions that facilitate early concurrent planning. Identify immediate family members (parents, grandparents, aunts, uncles, great aunts/great uncles, siblings, non-relatives) and educate parents/caregivers about the foster care process.</p>	<p>Implementation: Reassess/Adjust: Monitor/modify:</p>	<p>Start End Qtr. 4/2012 Qtr. 4/2013 Qtr. 4/2013 Qtr. 4/2015 Qtr. 4/2015 Qtr. 4/2017</p> <p>Placement Supervisor Senior Deputy Probation Officer Assigned Probation Officers</p>
<p>C. Ensure quarterly that the Agency's risk assessment tool is being used by the Probation Officers to create realistic case plans with the youth and their immediate family members, if available.</p>	<p>Implementation: Quarterly assessment: Quarterly assessment:</p>	<p>Start End Qtr. 4/2012 Qtr. 4/2013 Qtr. 4/2013 Qtr. 4/2015 Qtr. 4/2015 Qtr. 4/2017</p> <p>Senior Deputy Probation Officer</p>

County of Ventura
2012- 2017 Child Welfare System Improvement Plan

<p>Strategy Z: Enhance communication with Juvenile Facilities (JF) probation and behavioral health staff to ensure services are delivered as identified in the youth's case plan and to keep staff abreast of youth's placement plans.</p>	<p><input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A</p>	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): C4.2 Placement Stability (12 to 24 Months in Care) C4.3 Placement Stability (At Least 24 Months in Care)</p>
<p>Action Steps:</p>		<p>Person Responsible:</p>
<p>Timeframe:</p>		
<p>A. Schedule meetings with JF probation and behavioral health staff to educate about pending placement youth's risk factors and needs. Other meetings regarding the youth may involve the placement supervisor and/or the senior probation officer, who will then forward the information to JF staff.</p>	<p>Implementation: Reassess/Adjust: Monitor/modify:</p> <p>Start Qtr. 4/2012 Qtr. 4/2013 Qtr. 4/2015</p> <p>End Qtr. 4/2013 Qtr. 4/2015 Qtr. 4/2017</p>	<p>Placement Supervisor Senior Deputy Probation Officer</p>
<p>B. Assigned Probation Officers and JF staff to begin meeting on a bi-monthly basis to review youth's progress while in custody, case plan objectives, child/family's needs, and potential release. The process should also include parents and they should be involved in at least one meeting per month if available.</p>	<p>Implementation: Reassess/Adjust: Monitor/modify:</p> <p>Start Qtr. 4/2012 Qtr. 4/2013 Qtr. 4/2015</p> <p>End Qtr. 4/2013 Qtr. 4/2015 Qtr. 4/2017</p>	<p>Senior Deputy Probation Officer Assigned Probation Officers</p>
<p>C. Ensure quarterly that meetings are being conducted between placement and JF staff and that communication regarding placement youth between all parties involved remains open. Meet with JF supervisors (Probation and Behavioral Health) quarterly to evaluate communication effectiveness and rectify any issues that may exist.</p>	<p>Implementation: Quarterly assessment: Quarterly assessment:</p> <p>Start Qtr. 4/2012 Qtr. 4/2013 Qtr. 4/2015</p> <p>End Qtr. 4/2013 Qtr. 4/2015 Qtr. 4/2017</p>	<p>Placement Supervisor</p>

D. Child Welfare Services Outcome Improvement Project Narrative

Probation

In accordance to County Fiscal Letter 09/10-14, dated 10/7/09, the Probation Agency must adhere to Title IV-E rules when claiming federally allowable activities associated with CWSOIP. Counties must also ensure that the current Memorandum of Understanding (MOU) between the County Welfare Department (CWD) and the Probation Agency supports these expenditures. Therefore, the Probation Agency met with the Child Welfare Department regarding this matter. The current MOU was revised to include this information and it was finalized in January 2010. It has been renewed each following year with no changes.

The Probation Agency plans to utilize the CWSOIP allocation to support family reunification and facilitate family visitation for Probation youth in placement. The funds will support youth placed in residential treatment facilities and for youth transitioning home. It will permit parents/ relatives/ guardians to visit with their children, participate in family therapy sessions, attend parenting classes, and receive in-home counseling services or any other required programming as noted in the youth's case plan goals. The allocation will particularly assist families that have children residing outside the county and also pay for other fees and services as needed to improve parental involvement. The goal is to strengthen family bonds and aid in the family reunification process.

The Probation Agency also plans to utilize the CWSOIP allocation to pay for specialized training for juvenile placement staff. Training courses would include, but are not limited to the case plans and family engagement as offered by UC Davis or other vendors. The funding would pay for travel, meals and hotel accommodations when trainings are offered outside the county.

CAPIT/ CBCAP/ PSSF Plan

a. County SIP Team Composition

The county SIP Team composition is presented in Attachment C.

b. CAPC Role

The Partnership for Safe Families & Communities, The Designated Child Abuse Council ("The Partnership") has been designated by the Board of Supervisors as the Ventura County Child Abuse Prevention Council (CAPC). The CAPC has agreed to also act as the County Children's Trust Fund (CCTF) Commission and the Promoting Safe and Stable Families (PSSF) Collaborative.

The Child Abuse Prevention Council Advisory Board is an official advisory body for the use of child abuse prevention funding in Ventura County, as defined in the California

Welfare and Institutions Code. The CAPC Advisory Board meets quarterly and assists in advising the Ventura County Board of Supervisors on Child Abuse Prevention, Intervention and Treatment (CAPIT), Community Based Child Abuse Prevention (CBCAP) and PSSF representation on The Partnership for Safe Families Board as advisors on those funding streams and in alignment with the mandates of the California Welfare & Institutions Code. Funding to support the local CAPC is provided by CAPIT (\$120,973) and CBCAP (\$38,000). The Partnership CAPC receives additional funding through donations, annual membership, contracts with the Mixteco/Indigena Community Organizing Project (MICOP) through Behavioral Health Prevention and Early Intervention and Public Health Healthy Eating Active Living Zones and community safety.

The CAPC promotes community awareness, facilitates education and training, and provides networking toward the prevention, intervention and treatment of child abuse and neglect. CAPC provides ongoing educational forums in the community on child abuse and neglect, domestic violence prevention, sexual abuse prevention and various other educational activities to support youth engagement and development. Workshops, trainings and meetings are open to all populations and focus on family violence prevention, family strengthening, community building, protective factors, family support, child development, and parenting. Information topics include: sexual abuse prevention, children exposed to domestic violence, 5 Protective Factors, outreach and training in Shaken Baby Syndrome, Safe Surrender laws and locations, Protecting Your Children From Internet Predators, child fatality prevention, Mandated Reporter training, Family Activism and youth engagement.

c. PSSF Collaborative

As previously noted, the CAPC has agreed to also act as the PSSF Collaborative. The board resolution to effect this change is submitted with this SIP (B).

d. CCTF Commission, Board, or Council

The CAPC Advisory Board of The Partnership carries out this function. The CAPC Advisory Board membership includes members from The Partnership for Safe Families & Communities, The Designated Child Abuse Prevention Council, United Parents, Aspiranet, County of Ventura Children & Family Services Agency, Kids and Families Together, Ventura County Public Health and Barbara Marquez-O'Neill Consulting.

The Partnership Board

The Partnership has a governing board of 17 members, five of which also represent the Child Abuse Prevention and Education Committee. The Partnership Board is comprised of elected officers and board advisors who meet monthly. The Partnership Board uses a unique consensus model for decision-making, focusing on equity and the development of a collective opinion. The Board seeks the advisement from the CAPC Advisory Board and Coastal Tri-Counties Child Abuse Prevention Coalition (CTC-CAPC) to ensure The Partnership is meeting the mandates of the California Welfare & Institutions Code (W&I code).

The Partnership produces a CAPC annual report which is presented to the Ventura County Board of Supervisors and is available for public viewing on the Board's website. The CAPC annual report is also available on the Partnership's website. CTF information is collected by HSA and then disseminated to the CAPC Advisory Board at each quarterly meeting.

e. Parent Consumers

Ventura County Parents With Purpose (PWP) is a parent peer support group and holds a board position on the Ventura County CAPC. PWP assists with the evaluation and implementation of programs that serve targeted parent populations for the purpose of child abuse and neglect prevention. PWP has been involved in policymaking, decision making and maintaining a visible presence in the community through an advisory role with the Ventura County Human Services Agency's Children & Family Services; Team Decision Meeting Strategic Planning and consulting with leadership to create the County of Ventura CAPIT/ CBCAP/PSSF Five-Year Plan.

PWP participates in the planning, implementation, and evaluation process through attendance at the Children's Services Oversight Committee, Child Abuse Prevention Council, Child Abuse & Neglect Education Committee, the Partnership and Parent Leadership meetings and conferences. In addition, PWP is part of the committee that makes recommendations for the funding of programs using CAPIT/CBCAP/PSSF dollars. Approximately 7.6 % of the total CAPIT budget supports the Parents With Purpose program. Parent consumers receive a stipend of \$15.00 for attending all required trainings, conferences and meetings.

Monthly Parents with Purpose (PWP) support groups take place that offer parent leaders the ability to identify and recruit other potential parent leaders. Through United Parents, Parents with Purpose recruited four parent leaders to participate in the Coastal Tri County CAPC (CTC-CAPC) parent engagement efforts.

Parent leaders attend the monthly Ventura County CAPC community meetings, which provides them the opportunity to stay updated on community partner child abuse prevention efforts. Parents with Purpose is part of a Ventura County Behavioral Health Prevention and Early Intervention grant which allows our parent partners to be active members of the Community Coalition for Stronger Families. As ongoing members of the planning committee, parent leaders in this coalition help create training for community partners, including faith based partners, on how to engage parents to become Parent Mentors.

Parent leaders receive ongoing training from Ventura County Behavioral Health for Parent Partners working with high risk families; they also attend Strategies trainings on local and statewide child abuse prevention efforts. Parent leaders have weekly supervision through United Parents and often bring attention to trainings on the child abuse prevention efforts offered by other community organizations.

f. The Designated Public Agency

The County Human Services Agency has established policies and procedures for maintaining programmatic and fiscal oversight of all contract activity. Accordingly, these procedures apply to CAPIT, CBCAP, and PSSF funded programs and services. Contractors are monitored at least once annually by designated staff of the HSA Contracts Unit. The monitoring process includes a desk review and onsite monitoring of appropriate program and financial documentation. This information is used to determine compliance with contract terms and conditions as well as applicable laws and regulations. Fiscal reviews include verification of documentation to support expenditures billed to the contract and compliance with applicable audit requirements. At the conclusion of each monitoring visit, a formal letter is sent to the contractor that outlines the review's findings and any corrective actions necessary to resolve the findings. Staff of the Contracts Unit work with the contractor to provide necessary technical assistance or other guidance to ensure effective program operation and proper tracking. Coordination with assigned Children and Family Services staff project liaison is also maintained to ensure ongoing communication of any contractor issues identified, corrective action needs and follow-up. Timelines are established to ensure all monitoring issues are addressed in a reasonable amount of time. Working papers including any official correspondence are maintained for each monitoring visit and a final letter is sent to the contractor when all corrective actions have been completed. In addition to regular monitoring activities, contractors are also required to submit quarterly statistical reports that provide information on identified contract performance measures and outcomes. The reports are compiled, analyzed and reviewed and distributed to appropriate Children and Family Services management and others involved with project oversight.

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

The liaison works directly with the Partnership for Safe Families & Communities of Ventura County, The Designated Child Abuse Prevention Council (CAPC) and supports the CAPC to:

- Coordinate community stakeholders, professionals and service providers in a county-wide effort to prevent child abuse & neglect
- Serve as a major networking, educational, outreach, and communication resource to promote and strengthen community awareness and community resources available for prevention, intervention, and treatment of child abuse and neglect.
- Include representatives from a variety of organizations and groups, including county agencies, community based organizations, community members, early care, education representatives, law enforcement, criminal justice, education, faith leadership, mental and physical health, and social services.
- Strengthen community connections and enhance efforts to those working in the area of abuse and neglect.

- Play a unique role in bringing together key constituents to address gaps and utilize current resources in a truly collaborative manner.
- Promote community awareness and community resources available for prevention, intervention, and treatment.
- Recommend improvements in services to families and victims.
- Encourage and facilitate training of community members and professionals in prevention, intervention, and treatment.
- Provide a forum for interagency cooperation and coordination.
- Develop and support public policy and legislation that furthers the mission and goals of the Partnership.

Child Abuse Prevention Council Advisory Board

The Partnership established a CAPC Advisory Board in 2009, to serve as an official advisory body for the use of child abuse prevention funding in Ventura County, as defined in the Welfare & Institutions (W&I) Code. The CAPC assists in advising the Ventura County Board of Supervisors on local, state, and federal child abuse prevention and intervention fund allocations and recommends improvements in services to families and victims.

The Partnership Task Forces

The CAPC oversees the work of The Partnership Committees and Task Forces to meet the requirements of the Office of Child Abuse and Prevention (OCAP) and mandates of the W&I code. CAPC disseminates prevention information with key prevention partners through the monthly Partnership General Meetings and by developing and implementing strategic plans within each of the following Partnership Task Forces:

Child Abuse & Neglect Education Committee (CANEC)

- CANEC provides and supports educational training, advocacy and outreach activities in relation to child abuse and neglect prevention as stated in the W&I Code, in alignment with the Tri-Counties Child Abuse Prevention Coalition strategic plan per direction by the Office of Child Abuse Prevention. Community outreach, education, advocacy and training focus is in the areas of parenting, child development, strengthening families, protective factors and social connections in collaboration with public and private community agencies and organizations. Five members of the CANEC are represented on The Partnership Board.
- CANEC supports the work and activities of Parent Leaders in Ventura County.

Domestic Violence Prevention Task Force

- Domestic Violence Prevention Task Force addresses the issue of domestic violence through collaborations that strengthen prevention and intervention through assessment, advocacy, and education. The Co-Chair has representation on The Partnership Board of Directors.
- Provides educational training, advocacy and outreach activities in relation to domestic violence and family violence in relation to prevention, reoccurrence, intervention and treatment of child sexual abuse and neglect to parents, families, community members and service providers.
- Advise on and provide direction and leadership in having the Partnership collaborate and coordinate with community partners on the prevention of domestic and family violence.
- Be aware of and make recommendations on legislation relating to committee subject matter.
- Be aware of and make recommendations regarding training, education, and cultural relevancy relating to committee subject matter.

Faith Collaborative Task Force

- This task force works to increase and sustain collaboration with the Faith Community and increase and support the efforts of The Partnership to prevent child abuse and neglect, elder and dependent adult abuse, domestic violence and sexual abuse. The committee supports the work of parent and youth leadership. The Chair has representation on The Partnership's Board of Directors.

Parents With Purpose/ Parent Leadership Task Force

The Co-Chair of the Parent Leadership Task Force has representation on The Partnership's Board of Directors. The Parent Leadership Task Force:

- Provides educational training, advocacy and outreach activities in relation to prevention and reoccurrence of child abuse and neglect, and development of parent partners and leaders
- Promotes meaningful parent leadership by developing leadership skills.
- Provides parent voice on system and policies on county systems committees, Child Abuse Prevention Council, boards, and in systems and policy changes that train parents to provide parent leadership in the community, to Child Abuse Prevention organizations and with other parents.
- Incorporates fathers, grandparents and resource parents.
- Helps parents learn to use their voice to create powerful, positive changes in their communities.
- Helps parents and professionals effectively partner together and develop achievable plans to positively impact schools, health care systems, social service agencies, government entities and overall community well-being.

Sexual Abuse Prevention Task Force

The Co-Chair of the Sexual Abuse Prevention Task Force has representation on The Partnership's Board of Directors. The Sexual Abuse Prevention Task Force:

- Provides educational training, advocacy and outreach activities in relation to sexual abuse prevention in relation to prevention, reoccurrence, intervention and treatment of child sexual abuse and neglect to parents, families, community members and service providers.
- Advises on and provide direction and leadership in having the Partnership collaborate and coordinate with community partners on the prevention of sexual abuse.
- Is aware of, and makes, recommendations on legislation relating to committee subject matter.
- Is aware of, and makes, recommendations regarding training, education, and cultural relevancy relating to committee subject matter.

Youth Engagement & Development Task Force

The Co-Chair of the Youth Engagement & Development Task Force has representation on The Partnership's Board of Directors. The Youth Engagement & Development Task Force:

- Provides educational training, advocacy and outreach in relation to youth violence prevention and youth empowerment/leadership activities to youth, parents, service providers and community at large.
- Provides organized plan and direction and identify means for Partnership to achieve its objectives in relation to youth violence issues.
- Advises on, provide direction and leadership in having the Partnership collaborate and coordinate with community partners on youth issues.
- Is aware of, and makes, recommendations on legislation relating to committee subject matter.
- Is aware of, and makes, recommendations regarding training, education, and cultural relevancy relating to committee subject matter.

Marketing and Outreach Committee

The Marketing and Outreach Committee develops and implements marketing materials for The Partnership to reach goals for providing educational materials, advocacy and outreach activities in relation to child abuse & neglect and family violence prevention.

Community Partnerships/Representation

The Partnership works in collaboration with, and is represented on, the following organizational committees: Ventura County System Improvement Plan, Safe Harbor Ventura County Multi-Disciplinary Interview Center (MDIC) Steering Committee, The Oxnard Community Peace Project, The Oxnard Alliance for Family Strength, Ventura County Differential Response Team (Pathways), VC Behavioral Health Prevention Early Intervention, Community Commissions of Ventura County (CCVC), Clergy Council, Children's Oversight Committee, Child Death Review Team, Community Coalition for

Stronger Families, Ventura County Healthy Eating Active Living (VC LEAN), California Network of Family Strengthening Networks (CNFSN), California Strengthening Families Roundtable and Ventura County Adult Abuse Prevention Council.

Data Collection

The Partnership collects, compiles and analyzes data from CAPC committee events, activities, outreach and workshops through registrations and evaluations. Additionally, the dissemination of marketing materials is tracked.

h. Fiscal Narrative

Processes and Systems

Fiscal accountability of CAPIT, CBCAP, PSSF and trust funds is coordinated and managed within the Agency's Fiscal Services department, which includes general accounting, budgeting, county expense claim processing, and contracting so as to efficiently and effectively manage these funds within the Ventura County Financial Management System established by the County's Auditor-Controller's Office. In advance, management designates the funding sources associated with each program/service and selected contractors are provided billing/claiming instructions as well as other financial requirements so that allowable expenses for services rendered can be claimed to the appropriate funding source. The Fiscal Department also manages the Trust Funds so that birth certificate fees, Kids Plate and other funds which are deposited are expended according to the restrictions on their use. Management is provided with regular reports as to the cash flows in and out of the trust fund associated with deposits (revenue) and program activity (expenditures). Ongoing review of revenues and expenses is conducted through a coordinated effort that involves Fiscal Services, as well as Children and Family Services program managers assigned to the funded projects. This combined oversight allows for better tracking and monitoring of program and fiscal accountability for CAPIT, CBCAP, PSSF and Trust funds allocated services.

Leveraging of Funds

Ventura County will maximize funding through leveraging of funds. The Partnership in collaboration with Strategies is implementing The Strengthening Families Framework and protective factors to improve health and well-being of families, strengthen member agencies, improve the ability to provide quality child abuse prevention services, implement effective practices, and enhance child permanency and safety in Ventura County. The Partnership will bring together current CAPC members and new partners to increase their capacity to assist local children and families to work towards countywide implementation of the Strengthening Families Framework and 5 Protective Factors.

The CAPC partners with Mixteco/Indigena Community Organizing Project (MICOP) to work with Promotoras and Mixteco community to promote awareness, education and prevention on Domestic and Family Violence and the effects on children.

Additionally, CAPC works in partnership with Coastal Tri- Counties Child Abuse Prevention Council (CTC-CAPC) partners to synchronize child abuse prevention efforts in Santa Barbara and San Luis Obispo Counties, communicate Office of Child Abuse and Prevention (OCAP) planning efforts to Ventura County CAPC, foster relationships between CTC-CAPC and Ventura County Child Welfare Services, determine strategies with CTC-CAPC partners to grow parent leadership, create involvement in each respective CAPC and CTC-CAPC, and participate in CTC-CAPC meetings and regional trainings.

Fund Assurance

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

i. Local Agencies – Request for Proposal

i. Assurance that a competitive process was used to select and fund programs.

As an Agency of the County of Ventura, the Human Services Agency (HSA) complies with the County's local purchasing ordinance including the policy to develop maximum competition for all purchases in accordance with such policy. Accordingly, the HSA uses the Request for Proposal (RFP) process to competitively select contractors for the provision of services when required. The RFP is the formal document containing the specific terms and conditions of the solicitation and evaluation criteria for award. The RFP is sufficiently advertised via newspapers, mail outs, county website and other means in an effort to solicit as many interested applicants/bidders as possible to facilitate maximum competition for awards. Exceptions to competitive bidding may be used when reasonable and appropriately justified (i.e. only one proposal received, only one source available, minimal/low funding threshold etc.) and when allowable in accordance with any applicable laws or regulations.

ii. Assurance that priority was given to private, non-profit agencies with programs that serve the needs of children at risk of abuse or neglect and that have demonstrated effectiveness in prevention or intervention.

The solicitation process (i.e. RFP) used by the HSA solicits applications from qualified organizations and agencies and is tailored to address services to specific target populations (i.e. children at risk of abuse/neglect) and always requires applicants to provide background information on their experience, qualifications, skills and abilities relative to providing the services solicited under the RFP. This provides us with the ability to review/validate examples of past experience in prevention and intervention programs and strategies, when applicable. While priority to private, non-profit agencies in general is not exclusively stated in the solicitation, past experience and solicitations

have resulted in selecting non-profit agencies with such key background/experience to provide services. Future solicitations will identify such priority when applicable.

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

Selected agencies providing services are queried during the solicitation process to identify and describe in their proposals current community-based supports, collaborative partnerships and demonstrated effectiveness in child abuse and neglect prevention programs or similar programs serving the target population. Typically, the agencies are well known in the local community, established service providers offering a broad range of support to children and their families, and have conducted outreach in the community and participated in various partnerships (i.e. Pathways, membership in children's coordinating councils etc.) with the County Children & Family Services (CFS) to facilitate/promote community support. Therefore, evidence relating to broad-based community support can be ascertained through this review process. Services solicited by the County are not duplicated in the community, but rather target a unique and specific need that has been identified, resulting in new/enhanced services for children at risk. Essentially programs solicited through an RFP fill gaps in services that are not funded through other sources. The HSA-CFS is the primary supporting Local Public Agency that supports various community-based organizations/agencies providing the applicable services to children and their families via contractual or other arrangements and partnerships, but other County public agencies such as the local Probation Agency, Behavioral Health Department, and Public Health are also public partners.

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

Solicitations for services require that applicants address in their proposals how they will meet the specific needs referenced in the RFP of the identified target populations to be served including cultural and linguistic needs, when applicable. For example, if bilingual (i.e. Spanish/English) skills are needed because the demographics of the target area include a significant number of Latino monolingual clients, then applicants must respond how they plan to address such need, describe current or planned resources and experience in working with such populations. These factors are then considered in the applicant's responsiveness to address needs as well as its commitment to provide services proposed. If selected, the contract includes specific provisions (i.e. provision of bilingual staff-Spanish/English) to bind the contractor to such commitments and is monitored to assure compliance. Program services are solicited to address each child's and his/her family's special language and cultural needs. This may include, but not be limited to, arranging for program staff, therapists, and other service providers who are conversant in the child's and parent's language, of the same culture and/or ethnicity as the child, and geographically accessible to the child and family.

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

Ventura County assures that training and technical assistance will be provided by private, nonprofit agencies to those agencies funded to provide services. Currently, various partnerships among non-profit and community-based organizations, County and other public and private agencies and stakeholders exist to address a variety of children and family services needs in the local community and provide the network for coordination of service delivery, information dissemination, training and technical assistance and support. For example, The Partnership is a private non-profit agency and coordinates within another private non-profit organization that provides staff support to assist in coordinating activities related to technical assistance and training on issues related to family violence prevention and family support resources and activities. This includes structured training sessions and outreach to mandated reporters of child abuse. In this manner, training and technical assistance is assured on relevant topics and is available, including to those agencies funded to provide services.

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

Services for any projects funded are all inclusive to any individuals identified in the target populations (i.e. at-risk children) unless otherwise specified. Hence, the demographics of an area where service delivery is provided determines services to minority populations. A significant number of minority populations are located throughout Ventura County with heavier concentrations in certain areas, such as Oxnard. Typically, project services are available and provided in all areas of Ventura County and/or regionalized to address specific community needs, thereby assisting to assure that services will be available and provided to minority populations as needed.

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

All solicitations and funded projects relating to the applicable fund sources are targeted in general to address the needs of children and their families. While priority for services to children 14 years of age and under is not specifically referenced in solicitations or contractual agreements, funded projects typically include services to younger children. Future solicitations and projects will include reference to service priority to children 14 years of age and under, as applicable.

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

During the solicitation process prospective applicants/bidders are required to read and sign a standard form titled "Certification Regarding Debarment, Suspension, and Other Responsibility Matters Primary Covered Transactions" which contains the specific

references and assurances relating to such requirements per applicable federal regulations. The signed certification remains on file with HSA and provides the assurance for agency compliance should a contract be awarded to the applicant under any solicitation.

ix. Indicate that non-profit subcontract agencies have the capacity to transmit data electronically.

As part of solicitation requirements bidders are asked to describe their processes for program data collection and reporting including automation capability of information collected and reported. Design and/or sample formats, tools, software applications currently used for data collection and reporting are also requested. Therefore, early on it is possible to assess and validate bidder's capacity as it relates to automation and probability of electronic transmission of data as applicable. All funded projects have access to computers with the capacity to maintain relevant data (i.e. program statistics) within their own data base and transmit electronically such information as may be required by HSA CFS. Quarterly report formats with relative data related to performance and outcomes may be transmitted to the HSA via electronic mail or by delivery of a hard copy.

CAPIT Funds

i. 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.

Ventura County assures that priority for services will be given to children who are at high risk, including children who are being served by the county welfare department for being abused and neglected and other children who are referred for services by legal, medical, or social services agencies. Projects are defined to serve the eligible population of children and their families referred by the HSA CFS or as otherwise may be specified by the County. The underlying premise is that the County is authorized to enter into agreements as mandated by applicable requirements for services for children at risk of abuse and/or neglect and in accordance with applicable federal and state regulations. Typically references to applicable requirements are included in the RFP. For example, bidders are asked to ensure that their programs comply with requirements contained in the County's PSSF/CAPIT/CBCAP plan approved by the State. Thus, the plan makes specific reference to target populations and service priority to high risk children as well as identified services and needs. Solicitations are structured to correspond with such requirements and needs, and funded projects must provide assurance of compliance.

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

Matching requirements when applicable are included in all solicitations. Bidders are asked to describe in their proposals and budgets matching amounts, sources and how the match resource contributes to specific components of the project. This information allows the HSA to assure that the match is from other non-CDSS sources and to bind the bidder and prospective contractor to any match commitment made in its proposal. Further, selected contractors are required to include the match amount in the approved contract budget and report expenditures against the match on monthly invoices submitted to the HSA. Periodic onsite monitoring verifies that the match is auditable and can be traced to verifiable source documents and that the amount at the conclusion of the contract has met the required percentage (i.e. 10%) contribution as applicable for the funded project.

Training and Services

Aspiranet, a private non-profit, houses the positions of the Program Manager, Community Outreach Resource Staff and Mandated Reporter Trainer Outreach Specialist for the Partnership through a grant using CAPIT funding. The Program Manager acts as Chair of the Child Abuse Prevention Council's (CAPC) Advisory Board. The CAPC Advisory Board is an official advisory body for the use of child abuse prevention funding in Ventura County. The Program Manager acts in an advisory role to help ensure that the CAPC makes decisions on how to fund services using CAPIT dollars under CAPIT guidelines. The role of this position is currently being reviewed by the County to ensure there is not a conflict of interest. The Program Manager responsibilities/role may change, depending on the findings of the review. Programs selected are prioritized by need as identified in CSA and by the type of prevention or intervention services proposed that appear to have the most promising chance of preventing child abuse and neglect.

The Mandated Reporter Trainer/Outreach Specialist supports The Partnership. The position provides outreach and public awareness of child abuse and neglect. This position is responsible for providing and conducting Mandated Child Abuse Reporter Training, information and referral resources to the general public via telephone and website inquiries, conducting and coordinating outreach activities related to the prevention of child abuse and neglect, and assisting in the coordination of agency outreach activities including health fairs, preparing materials for conferences and events to health, mental health, child care, education, social services, law enforcement, faith, other professionals and The Partnership's constituents. The position is responsible for maintaining The Partnership's website of information, referrals, and services available to community members regarding child abuse and violence prevention across the lifespan, committee activities and events.

The Community Outreach Resource Staff position conducts community education and outreach efforts on child abuse & neglect and violence prevention through scheduled presentations and events. The position provides resources and information on child abuse & neglect prevention, Early Start, Shaken Baby Syndrome, Safely Surrender Baby laws, family and violence prevention, parenting resources, strengthening families

and Five Protective Factors information at community events, meetings, fairs, and conferences.

The Child Abuse and Neglect Education Committee (CANEC) is a collaborative under the Partnership. Membership includes representation from Public Health, Children and Family Services, Ventura County Medical Center, Parents with Purpose, and other local agencies and individuals with an interest in child abuse prevention. The goal of CANEC is to promote a community committed to family strengthening, and to safe, healthy and peaceful and well being of families, and to ensure that children are safe and families are strong and connected. This collaborative effort focuses on community outreach and education to raise awareness about child abuse and neglect, as well as protective factors. Materials are distributed to parents, families and community-based organizations, schools, child care providers, hospitals and law enforcement aimed at the prevention of child abuse and neglect, family strengthening and on help for building safer communities.

The CAPC recommended the use of CAPIT funding for Public Health's Child Abuse Prevention Program (CAPP) targeting parents of newborns with regard to health, safety, and well being. The CAPP Public Health Nurse (PHN) provides in-home visitation services to families identified by Children and Family Services as being at risk for abuse or neglect. These services include parenting education, parent-child interaction assessments, maternal depression screening, developmental assessments, domestic violence screening, health and wellness education, and referrals to community resources. This PHN also provides education using evidence-based curriculum to a variety of audiences. Their curriculum covers parenting, health and wellness, child abuse and neglect prevention, the effects of substance use during pregnancy, and the effects of domestic violence on children. In addition, the CAPP program provides education on Shaken Baby Syndrome and how to parent babies with Fetal Alcohol Syndrome or prenatal exposure to drugs. The audiences include parents, pregnant and parenting adolescents, pregnant and parenting substance using women, parents of pre-schoolers, and incarcerated parents.

CAPIT funds also provide services to parents in the child welfare system through "Parents with Purpose", a peer support program for parents entering the system. This program helps parents gain a better understanding of the child welfare system so that they can more effectively understand and meet the requirements for having their child(ren) returned home.

j. CBCAP Outcomes

As previously noted, vendors are formally monitored at least once annually and reports of findings and recommendations are completed and distributed to contractor and appropriate County staff for review and follow-up of any corrective action required. The reports provide an overview of contractors' compliance with the terms and conditions of the contract and progress in achieving identified outcomes. Hence, strengths of the program may be correlated with achieving high levels of performance and meeting

contract goals while poor outcomes may indicate program deficiencies and/or need for additional support and follow-up. Ongoing communication between the County Children and Family Services program liaison and contractor as well as feedback sessions and meetings involving stakeholders and other partners such as PSF CAPC, PSSF collaborative are used to further review funded programs service delivery system and needs.

CBCAP funds are being used toward public awareness and public education outreach and are not used to provide direct services. Data is collected and tracked for the number of mandated reporter trainings, number of attendees at the training sessions, number/type of outreach/education activities, as well as the total number of calls to the Child Abuse Hotline. During FY 09-10 to FY 11-12 the number of mandated reporter trainings increased by 39% and the number of participants by 47%. During FY 10-11 to FY 11-12, community outreach events have increased by 3% and number of participants by 33%. It is anticipated that these outreach/education programs will have an effect. Using the Logic Model, one outcome may include an increase in calls to the Ventura County Child Abuse Hotline as a result of the numerous mandated reporter trainings that are held on a regular basis. As mandated reporters become aware of the requirements to report child abuse, the number of reports of child abuse will increase. In addition, outreach makes members of the general public more aware of child abuse and how to report it. These activities have short term, intermediate term and long term effects, as indicated in the program description section. These outcomes include:

- Parents will increase their knowledge of community resources and how to access them.
- Families will increase their use of community resources and be knowledgeable as to who to call in time of crisis.
- Families will establish safe and supportive environments for their children.

Process and outcome data for CAPIT/CBCAP and PSSF-funded programs are captured in two ways. Agencies that contract with HSA Children and Family Services to provide CAPIT/CBCAP and PSSF-funded services are required to collect and maintain information that describe children and families served, services that are provided under the contract, outcomes that are specific and obtained in connection with delivery of contract services, and financial information related to delivery of contract services. The capacity to collect and maintain the above information at the case and program level is a requirement and contractors must have reporting systems in place to meet needs. To that end, contractors may employ existing protocols for goal setting and goal tracking at the case and program level or establish new reporting systems as needed.

In addition, the statewide child welfare case management database (CWS/CMS) will serve as the repository for all information that is collected on families who are referred for abuse and neglect and for children and those families for whom a case is opened following an abuse/neglect investigation. Referral data include information on children referred, allegations and disposition of abuse/neglect referrals, and child removal and out-of-home placement information. Case data include information on child and family

characteristics, case planning, legal proceedings, out-of-home placement, adoptions activity, and case staffing.

Evaluation processes employed depend upon the nature of the program being evaluated. For programs which serve at-risk children and families to prevent their entering the child welfare system, evaluation may, when possible focus on tracking those cases over time to determine whether they do enter the system at some point, as in the case of the CAPP program. For short term outcomes, evaluation may focus on assessing the amount of change that occurs between the beginning and ending of services using pre- and post-testing (ex. Mandated Reporter training). A similar strategy may be employed for programs seeking to achieve intermediate outcomes. Finally, long-term outcomes may be tracked to determine if a change has occurred over time in a specific area such as the prevention of involvement in the child welfare system (ex. CAPP). Program-specific information is described in each of the individual program descriptions.

The following resources will be employed in gathering, analyzing and reporting the above data: (a) Contracts Unit in HSA Department of Administrative Services; (b) Office of Strategy Management in HSA Department of Administrative Services; (c) CWS/CMS Support Unit in Children and Family Services; (d) CDSS Quarterly Outcome and Accountability County Data Reports.

Issues of contractor non-compliance are noted in monitoring reports and addressed through corrective action plans when applicable to resolve deficiencies. Repeated non-compliance could include penalties and/or termination when necessary. Written monitoring reports are issued to each contractor following the onsite review. Reports that include findings and require corrective actions also include a specific time frame and due date when the contractor must respond with a plan to address identified deficiencies and/or provide additional information/documentation to satisfy and resolve questioned items. Corrective action requests are tracked on a schedule to ensure appropriate follow-up within the allotted time frame and to document closure of issues identified. Subsequent spot checks or additional monitoring may be employed to further validate implementation of corrective action as needed. Children and Family Services program staff are also notified of contractor corrective action for input and coordination to address issues.

Evaluation of engagement outcomes will include the following:

- Measurements may include pre/post tests, evaluation, number of participants and registration list with agency name and job title.
- Distribution of materials, location, number and type of materials distributed, number of Public Service Announcements, number of events and participants, and type of event and location.
- Parent Leaders – number of parent leaders recruited and trained.
- Meetings – sign-in attendance lists and meeting minutes.

k. Peer Review

Ventura County recognizes the importance of developing a supportive and working relationship with colleagues toward the goal of ensuring families receive quality services. The CBCAP funds are currently not being used for direct service programs, however, we will continue to collaborate with peers. Children and Family Services participated in peer review activities with Santa Barbara County and it is anticipated that they will be helping us, as appropriate, over the next 5 years for peer review on how our CBCAP funds are used.

The Partnership for Safe Families & Communities plans to develop a peer to peer process and include a request for the provision of training and technical assistance support from Strategies and the Office of Child Abuse Prevention. In addition, The Partnership will engage Family Support programs and CAPC regional partners in this process.

I. Service Array

CAPIT/CBCAP/PSSF funded services are coordinated through a variety of systems, including interagency meetings such as The Partnership meetings, Children's Services Oversight Committee (CSOC), and Child Abuse and Neglect Education. Each of these meetings is attended by members of multiple community service organizations. Community services and events are shared at these meetings. Service providers understand other services that are available within the community, which helps assure that services are coordinated and not duplicated.

The Ventura County Children's Services Oversight Committee (CSOC) meets monthly and is comprised of both public and private partners with the goal of ensuring there is an effective interface of agencies serving children towards the goal of maintaining a system of care that nurtures, supports and educates children. Within the mission of CSOC it is a natural fit for this committee to bi-annually review all the CAPIT/CBCAP/PSSF funded services with all service providers. The Partnership Program Director is a member of the CSOC.

Programs to support youth and families are reflective of Ventura County's diversity with regard to ethnicity, race, culture, and personal family values. Mono-lingual and bilingual service providers from a wide variety of ethnic, socio-economic, and cultural backgrounds are employed to work with youth and families in their homes, schools, and communities. Whenever possible, respect is demonstrated with regard to service locations and times, language preference, and most importantly, the individuality and uniqueness of each family in an effort to achieve lasting and successful outcomes.

Child Abuse Prevention Education. The Partnership oversees the Mandated Reporter Training Program, which is funded by CAPIT to provide staff support to The Partnership to provide structured training sessions and outreach to mandated reporters of suspected child abuse and neglect. The Partnership provides ongoing educational forums in the community on child abuse and neglect, domestic violence prevention,

sexual abuse prevention, family strengthening, protective factors and various other educational activities to support youth engagement and healthy development.

Child Abuse Prevention Program (CAPP). Funded by CAPIT, Public Health Nurse (PHN) early intervention home visitation services are provided to children and families who are at risk for abuse and neglect. Interventions include intensive home visitation, linkages to private and public entities, and referrals to community resources, ongoing developmental, behavioral and social-emotional assessments; health screening, and education in prevention, while providing family support. Community outreach activities provide a forum to educate families about the causes, prevention and remediation of health related needs, family violence, and child abuse and neglect.

Services for reunification. Core services in this area include ongoing contact, assessment, service referral, case planning, Indian Child services, Foster Care Licensing/Relative Approval and Interstate Compact services.

Services that assist with Family Reunification include:

In-home parenting education, which is funded by PSSF, provides weekly in-home support services for up to 3 months to address parenting skills.

In-home therapy, which is funded by PSSF, provides weekly therapy sessions in the client's home or where most convenient for the client.

Services for permanency. Core services in this area include ongoing contact, assessment, service referral, case planning, concurrent planning Kinship Guardianship Assistance Program, Adoption Assistance Program, Indian Child services, Foster Care Licensing/Relative Approval and Interstate Compact for The Placement of Children services.

Services that assist in developing permanency for children include:

Adoption support, which is funded by PSSF, provides in-home case management and support for pre/post adoptive, long-term care, guardianship and kinship families.

Adoption therapy, which is funded by PSSF, provides family-centered therapy services for pre/post adoptive, long-term care, guardianship and kinship families.

Attachment A
Peer Review Executive Summary

Peer Quality Case Review Executive Summary

The County's Peer Review was conducted during April 23, 2012 through April 26, 2012. The focus area for child welfare was Placement Stability which reports the percentage of children who have no more than two placements while in foster care. Placement Stability was selected as the target for the County's Peer Review based on results from the July 2012 COAS Quarterly Report which indicated levels (a) for the Placement Stability Composite decreased consistently for cohorts entering between January – December 2010 (92.5) and January – December 2011 (87.1), (b) for Measure C4.1 remained below the National Standard of 86% for the five most recent report periods, and (b) fell below the statewide average for five consecutive report periods since the period ending March 2006.

Probation focused on Placement Stability Measure C4.2 which reports the percentage of children with two or more placements in foster care for 12 to 24 months, and Measure C4.3 which reports the percentage of children with two or more placements for 24 months or longer. Measure C4.2 increased and decreased in alternating cycles, but increased toward the end of the report cycles to 52.9%. It failed to meet or exceed the National Standard of 65.4% over all report periods. Measure C4.3 also increased and decreased in cycles, but increased toward the end of the report cycles to roughly 19%. It, too, failed to meet or exceed the National Standard of 41.8% over all report periods.

Summary of Findings

The Peer Review for both Child Welfare and Probation focused on placement stability. A number of themes emerged from the cases presented at the Peer Review regarding promising practices that support placement stability for out-of-home placements. Various comments and suggestions for practice were provided in each of these areas as follows:

Promising Practices. Discussion focused on (a) placement practices that support best match, (b) specific services and processes that contribute to stable placements, (c) maintaining family connections utilizing technology, (d) youth needs related to stability, and (e) maintaining youth connection and contact.

Barriers and Challenges. Discussion focused on (a) child characteristics that contribute to placement instability, (b) underutilization of Structured Decision Making tools, (c) limited availability of placement resources, (d) impact of placement decisions, and (e) case documentation.

Training Needs. Discussion focused on (a) the case transition process, (b) specialized and targeted training for caregivers, and (c) staff training.

Systemic/Policy Changes. Discussion focused on (a) increasing foster parent support, (b) supporting smaller caseloads to maintain quality case management, (c) more comprehensive training for relatives and Non-Related Extended Family Members (NREFMs), (d) formalized family finding, (e) clarification of the legal guardian definition for Probation staff, and (f) case management practices.

Resource Issues. Discussion focused on lack of (a) placement options for youth, (b) technology options to support placement stability, (c) youth mentors, and (d) access to services for birth parents.

Documentation Trends/ Use of CWS/CMS. Discussion focused on (a) case documentation and (b) completed assessments.

Technical Assistance. Discussion focused on (a) flexibility in placement guidelines for relative and NREFM placements and (b) ICWA policy related to Probation.

Staff Recommendations. Discussion focused on (a) recommendations from social workers to support placement stability included additional foster parent support, training for relatives and NREFMs and smaller caseloads, (b) recommendations from probation officers included rapport and relationship with placement youth as key to placement stability.

Attachment B

BOS Resolution Establishing a Child Abuse Prevention Council (CAPC)

**RESOLUTION RECOGNIZING THE CONTINUATION OF THE
PARTNERSHIP FOR SAFE FAMILIES CHILD ABUSE PREVENTION COUNCIL
(PSF/CAPC)**

WHEREAS, Ventura County has maintained a Child Abuse Prevention Council, the Partnership for Safe Families/Child Abuse Prevention Council (PSF/CAPC), comprised of professional, agency and community representation whose primary purpose is to coordinate the community's efforts to prevent and respond to child abuse and neglect; and

WHEREAS, the PSF/CAPC was established to meet the requirements of Welfare and Institutions Code (W&I C), Section 18965 et seq., and 18980 et seq.; and

WHEREAS, Ventura County acknowledges the PSF/CAPC as an entity whose current membership roster is identified in Ventura County's System Improvement Plan as part of the Plan's incorporation of Child Abuse Prevention, Intervention and Treatment (CAPIT), Community Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) programs for the period November 30, 2012 to November 30, 2017; and

WHEREAS, the PSF/CAPC is hereby designated as the PSSF Collaborative and County Children's Trust Fund (CCTF) Commission and performs the following functions: provides a forum for interagency cooperation and coordination in the prevention, detection, and treatment of child abuse cases; promotes public awareness of abuse and neglect and the resources available; encourages and facilitates training of professionals in detection, treatment and prevention of child abuse and neglect; recommends improvements in services to families and victims, encourages and facilitates community support for child abuse and neglect programs, and reviews proposed child abuse and neglect prevention and intervention programs and advises the Board of Supervisors on the plans that should be awarded funding from the CCTF; and

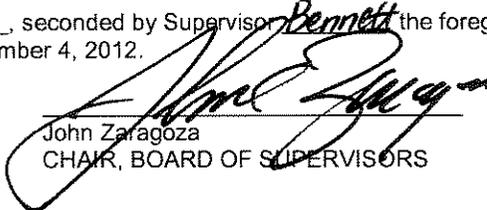
WHEREAS, the Human Services Agency has been designated by the Board of Supervisors to administer funding and programs for CAPIT, CBCAP, PSSF, and the Children's Trust Fund; and

WHEREAS, the Human Services Agency, along with PSF/CAPC, will maintain all necessary administrative and fiduciary responsibilities pursuant to funds for identified services, match requirements, and any necessary support to the child abuse council referenced herein; and

WHEREAS, the PSF/CAPC will continue to receive ongoing technical assistance and training as necessary for growth and development through the State Office of Child Abuse Prevention (OCAP) and its Child Abuse Training and Technical Assistance (CATT) grantees; and

NOW, THEREFORE, BE IT RESOLVED that the Ventura County Board of Supervisors hereby approves this resolution affirming the role of the Human Services Agency to administer funding and programs for CAPIT, CBCAP, PSSF, and the Children's Trust Fund and affirming the continued advisory role of the PSF/CAPC as the PSSF Collaborative and CCTF Commission, whose primary purpose is to coordinate the community's efforts to prevent and respond to child abuse and neglect.

On motion of Supervisor Long, seconded by Supervisor Bennett the foregoing resolution was passed and adopted on December 4, 2012.


John Zaragoza
CHAIR, BOARD OF SUPERVISORS

ATTEST:
MICHAEL POWERS, Clerk of the Board of Supervisors
County of Ventura, State of California.

Dated: December 14, 2012
By: Dawnmilk Aul
Deputy Clerk



Attachment C

Copies of the Following Rosters:

County SIP Team Composition

Child Abuse Prevention Council (CAPC)

SIP Planning Committee Roster

Child Abuse Prevention Council Representation	
Name	Title
Elaine Martinez Curry	Executive Director, The Partnership for Safe Families & Communities of Ventura County, The Designated Child Abuse Prevention Council
Parents/ Consumers	
Name	Title
Anitta Talley	Family Support Liaison, Parents With Purpose/ United Parents
HSA Management and Administrative Staff	
Name	Title
Judy Webber	Deputy Director, Children and Family Services, Human Services Agency
Pamela Grothe	Senior Manager, Children and Family Services, Human Services Agency
Elaine Martinez	Senior Manager, Children and Family Services, Human Services Agency
Daryl Woodward	Administrative Specialist, Children and Family Services, Human Services Agency
Leticia Lachberg	Administrative Specialist, Office of Strategy Management, Human Services Agency
Probation Department Management Staff	
Name	Title
Mark Varela	Chief Probation Officer, Ventura County Probation Agency
Theresa Hart	Division Manager, Ventura County Probation Agency
Steve Dean	Supervising Deputy Probation Officer, Ventura County Probation Agency
SIP Planning Core Representatives	
Name	Title
Elaine Martinez Curry	Executive Director, The Partnership for Safe Families & Communities of Ventura County, The Designated Child Abuse Prevention Council

Anitta Talley	Family Support Liaison, Parents With Purpose/ United Parents
Steve Dean	Supervising Deputy Probation Officer, Ventura County Probation Agency
Theresa Hart	Division Manager, Ventura County Probation Agency
Judy Webber	Deputy Director, Children and Family Services, Human Services Agency
Pamela Grothe	Senior Manager, Children and Family Services, Human Services Agency
Daryl Woodward	Administrative Specialist, Children and Family Services, Human Services Agency
Leticia Lachberg	Administrative Specialist, Office of Strategy Management, Human Services Agency



The Partnership for Safe Families & Communities of Ventura County
The Designated Child Abuse Prevention Council

2012-2013 ROSTER
CHILD ABUSE PREVENTION COUNCIL (CAPC) ADVISORY BOARD

Name	Title	Organization	Address	Phone	Email	CAPC Board Position
Kris Bennett, MFT	Program Director	Aspiranet	1838 Eastman Ave, Suite 100 Ventura, Ca 93003	(805) 289-0120	kbennet@aspiranet.org	Member
Seleta Dobrosky	Program Manager/ CANEC Chair	Public Health	2220 E. Gonzales Road #102 Oxnard, CA	(805) Voice: 805 981-5190 654-7638	seleta.dobrosky@ventura.org	Member
Sonia Sandoval-Edinger	Contractor/ The Partnership Co- President	Oxnard PD	324 S B St, Oxnard	(805)801-8628	ssedinger@gmail.com	Member
Jennifer Frank	Member The Partnership Co-President	The Partnership for Safe Families & Communities, <i>The Designated Child Abuse Council</i>	1838 Eastman Ave. Ventura Ca 93003	(805) 551-2078	mamatopj@gmail.com	Member
David Friedlander	Executive Director/ Partnership Treasurer	Kids & Families Together	856 East Thompson Blvd. Ventura, CA 93001	805.643.1446, ext. 100	david@kidsandfamilies.org	Member
Pamela Grothe	Senior Manager	H S A Children and Family Services	855 Partridge Dr. Ventura CA 93003	(805) 477-5317	Pamela.Grothe@ventura.org	Member
Barbara Marquez-O'Neill	Violence Prevention Consultant	Barbara Marquez- O'Neill Consulting	70 W. Mission Ave, Ventura, CA 93001	(805) 643-0924 (805) 746-0391 (cell)	bjmarquez@aol.com	Member

County of Ventura
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Name	Title	Organization	Address	Phone	Email	CAPC Board Position
Elaine Martinez Curry	Executive Director	The Partnership for Safe Families & Communities of Ventura County, The Designated Child Abuse Council	1838 Eastman Ave Ventura, Ca 93003	(805) 289-0120 (805) 794-9386 (cell)	emcurry@aspiranet.org	Chair
Daryl Woodward	Adm. Specialist II	HSA Children and Family Services	855 Partridge Dr. Ventura CA 93003	(805) 477-5320	daryl.woodward@ventura.org	Member
Judy Webber, L.C.S.W.	Deputy Director	HSA Children and Family Services	855 Partridge Drive Ventura CA 93003	(805) 477-5311	judy.webber@ventura.org	Advisor
CAPC Staff						
Jackie Flores-Ortega	CAPC Community Outreach	The Partnership for Safe Families & Communities of Ventura County, The Designated Child Abuse Council	1838 Eastman Ave Ventura, Ca 93003	(805) 289-0120	jflores-ortega@aspiranet.org	CAPC Community Outreach

STAKEHOLDER PARTICIPANT LIST

LAST NAME	FIRST NAME	TITLE	ORGANIZATION	STAKEHOLDER GROUP REPRESENTATION
ABITIA	HANNAH	ADMIN. ASSISTANT	UNITED PARENTS	SERVICE PROVIDER
AKSEVEN	MICHAEL		VENTURA COUNTY SHERIFF'S DEPARTMENT	LAW ENFORCEMENT
AREVALO	MARY	COMMUNITY SERVICE COORDINATOR	VENTURA COUNTY PUBLIC HEALTH	COUNTY HEALTH DEPT.
ARROYO	LINDA	MFTI	INTERFACE CHILDREN & FAMILY SERVICES	SERVICE PROVIDER
AVILA	SANDRA	VICTIMS ADVOCATE	DISTRICT ATTORNEY'S OFFICE VICTIMS SERVICES	LAW ENFORCEMENT
BALCHUM	AMY		VENTURA COUNTY JEWISH FAMILY	SERVICE PROVIDER
BALLARD	NANCY	PROGRAM DIRECTOR	VENTURA COUNTY PUBLIC HEALTH	COUNTY HEALTH DEPT.
BALLARD	PAM	STATE DIRECTOR	ARROW CHILD & FAMILY MINISTRIES	SERVICE PROVIDER
BARNES	ROSIE	VICTIM ADVOCATE	NAVAL BASE VENTURA COUNTY CHILDREN & FAMILY SERVICES	SERVICE PROVIDER
BARRAGAN	JACKIE	CASE AIDE		CHILD WELFARE STAFF
BARROSO	DAVI	CHILD WELFARE SOCIAL WORKER	CHILDREN & FAMILY SERVICES	CHILD WELFARE SOCIAL WORKER
BECKER	SUSAN		VENTURA COUNTY DISTRICT ATTORNEY'S OFFICE	LAW ENFORCEMENT
BENNETT	KRIS	PROGRAM DIRECTOR	ASPIRANET	RESOURCE FAMILIES
BENTON	MARY		RAINBOW CONNECTION	REGIONAL CENTER
BISHOP	PEGGY	MANAGER OF FAMILY SERVICES	CHANNEL ISLANDS SOCIAL SERVICES	SERVICE PROVIDER
BOOTH	KARIS	SUPERVISOR	CHILDREN & FAMILY SERVICES	CHILD WELFARE SUPERVISOR
BROMAN	KARIANNE	COMMUNITY OUTREACH COORDINATOR	FIRST 5 VENTURA COUNTY	PROP 10 COMMISSION
BURCH	LASHELLE	STUDENT	VENTURA COUNTY JEWISH FAMILY SERVICES	SERVICE PROVIDER
CAGAN	STEVEN	LMFT	RESTORING HOPE FOUNDATION	FOUNDATIONS
CAJALA	GIL	EXCEPTIONAL FAMILY MEMBER LIAISON	FLEET & FAMILY SERVICES	SERVICE PROVIDER
CARDENAS	BERNADETTE	ADVOCATE	CASA OF VENTURA COUNTY	COURT APPOINTED SPECIAL ADVOCATE
CARPENTER	CHRISTOPHER	RECRUITER/TRAINER SUPERVISOR	CHILDREN & FAMILY SERVICES	CHILD WELFARE SUPERVISOR
CASTRONI	CHEYNE	STUDENT	VENTURA COUNTY JEWISH FAMILY SERVICES	SERVICE PROVIDER
CHAPARRO	JUANA		PLEASANT VALLEY NFL	PROP 10 COMMISSION
CHAVEZ	MARTHA	OA III	ADOLESCENT FAMILY LIFE PROGRAM, VC PUBLIC HEALTH DEPT.	COUNTY HEALTH DEPT.

County of Ventura
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LAST NAME	FIRST NAME	TITLE	ORGANIZATION	STAKEHOLDER GROUP REPRESENTATION
CHAVEZ	SILVIA	SPECIAL POPULATION ANALYST	VENTURA COUNTY OFFICE OF EDUCATION	EDUCATION
COCHRAN-OTIS	TIA	CLINIC ADMINISTRATOR	VCBH- JUVENILE FACILITIES	LAW ENFORCEMENT
COLE	THERESA	BH MANAGER	VENTURA COUNTY BEHAVIORAL HEALTH	COUNTY MENTAL HEALTH DEPT.
COLLINS	GARRIE	TRAINING COORDINATOR	CHILD DEVELOPMENT RESOURCES	EARLY CHILDHOOD EDUCATION
CONNOLLY	LISA	SUPERVISOR	CHILDREN & FAMILY SERVICES	CHILD WELFARE SUPERVISOR
CONROY	GAY	SUPERIOR COURT JUDGE	VENTURA COUNTY SUPERIOR COURT	JUVENILE COURT BENCH OFFICER
CORTEZ	VANNESSA		PACIFIC CLINICS	SERVICE PROVIDER
CRAYTON	BENNIE	COMMUNITY SERVICE COORDINATOR	VENTURA COUNTY BEHAVIORAL HEALTH	COUNTY ALCOHOL & DRUG PROGRAMS
CROMARTIE	SHARON	EXECUTIVE ASSISTANT	KIDS & FAMILIES TOGETHER	SERVICE PROVIDER
DE PRETIS	APRIL	JUSTICE & RECONCILIATION INITIATIVE COORDINATOR	YWAM/IRC	SERVICE PROVIDER
DELAROCHA	ALBERT	CENTER DIRECTOR	NATIONAL UNIVERSITY	EDUCATION
DELATORRE	CATHY	PROGRAM ADMINISTRATOR	CHILDREN & FAMILY SERVICES	CHILD WELFARE SUPERVISOR
DOBROSKY	SELETA	PROGRAM MANAGER	VENTURA COUNTY PUBLIC HEALTH DEPT.	COUNTY HEALTH DEPT.
DODSON	CLAUDE	EXECUTIVE ADMINISTRATOR	LIEWN LAW	SERVICE PROVIDER
EMERICK	DIANE	PROGRAM COORDINATOR	VENTURA COUNTY PUBLIC HEALTH DEPT.	COUNTY HEALTH DEPT.
FEW	DANTE	CHILD WELFARE SOCIAL WORKER	CHILDREN & FAMILY SERVICES	CHILD WELFARE SOCIAL WORKER
FLORES-ORTEGA	JACKIE	CAPC COMMUNITY OUTREACH	THE PARTNERSHIP	CAPC
FORAVANTI	JILL	CONSULTANT		SERVICE PROVIDER
FRANCIS	SHARON	CEO	CHANNEL ISLANDS SOCIAL SERVICES	SERVICE PROVIDER
FRANCIS FRANK	TIM	DIRECTOR OF OPERATIONS	CHANNEL ISLANDS SOCIAL SERVICES	SERVICE PROVIDER
FRANKLIN	JENNIFER	BOARD CHAIR	THE PARTNERSHIP	PARENT
FRIEDLANDER	JOHN	DIRECTOR	DARK TO DAWN/ANTHEM CHURCH	FAITH-BASED COMMUNITY
FUTVOYE	DAVID	MANDATED REPORTER	KIDS & FAMILIES TOGETHER	SERVICE PROVIDER
GARMAN	KARI	TRAINER & OUTREACH SUPERVISOR	THE PARTNERSHIP	CAPC
GOMEZ	JEN	PROGRAM DIRECTOR	CHILDREN & FAMILY SERVICES	CHILD WELFARE SUPERVISOR
			PACIFIC CLINICS	SERVICE PROVIDER

LAST NAME	FIRST NAME	TITLE	ORGANIZATION	STAKEHOLDER GROUP REPRESENTATION
GORDON	ROSEMARY	AREA DIRECTOR	ALZHEIMER'S ASSOCIATION	SERVICE PROVIDER
GREEN	DOUG	CONSULTANT		FOUNDATIONS
GROTHE	PAMELA	SENIOR MANAGER	CHILDREN & FAMILY SERVICES	CHILD WELFARE MANAGEMENT
GUERRERO	VICTOR	MANAGER	BUSINESS TECHNOLOGY DEPARTMENT	COUNTY ADMINISTRATION
HANDEL	DEANNA	PROGRAM MANAGER	FIRST 5 VENTURA COUNTY	PROP 10 COMMISSION
HART	TERRY	DIVISION MANAGER	PROBATION AGENCY, JUVENILE SERVICES	PROBATION
HORNSEY	TAMARA	CHILD WELFARE SOCIAL WORKER	CHILDREN & FAMILY SERVICES	CHILD WELFARE SOCIAL WORKER
HORTON	TIMOTHY	CHILD WELFARE SOCIAL WORKER	CHILDREN & FAMILY SERVICES	CHILD WELFARE SOCIAL WORKER
HUGHES, LCSW	CAROL	CLINIC ADMINISTRATOR	VC BEHAVIORAL HEALTH/YOUTH & FAMILIES DIVISION	COUNTY MENTAL HEALTH DEPT.
HYDE	DEBRA	SENIOR CARE MANAGER	JEWISH FAMILY SERVICES	SERVICE PROVIDER
KELLEGREW	DIANE	REGIONAL DIRECTOR	INTERFACE/STRATEGIES	SERVICE PROVIDER
KNAUSS	JENNA	PROGRAM ADMINISTRATOR	CAL LUTHERAN UNIVERSITY	EDUCATION
KROTH	SONIA	COMMUNITY RELATIONS	VENTURA COUNTY HUMAN SERVICES AGENCY	CAPC
KUONEN	DONNA	PROGRAM ADMINISTRATOR	CHILDREN & FAMILY SERVICES	CHILD WELFARE MANAGEMENT
LINDER	ELLEN	EXECUTIVE DIRECTOR	UNITED PARENTS	SERVICE PROVIDER
LOMELI	STEPHANIE	INTERN	GOODWILL/CALWORKS	SERVICE PROVIDER
MARQUEZ-O'NEILL	BARBARA	CONSULTANT	BARBARA MARQUEZ CONSULTING	CAPC
MARTINEZ	DOMINIQUE	YOUTH ADVOCATE	CALIFORNIA YOUTH CONNECTION	FOSTER YOUTH
MARTINEZ	KATALINA	PROGRAM MANAGER	MICOP	SERVICE PROVIDER
MARTINEZ-CURRY	ELAINE	EXECUTIVE DIRECTOR	THE PARTNERSHIP	CAPC
MASTRIGHT	ELLEN	MANAGER	CHILDREN & FAMILY SERVICES	CHILD WELFARE MANAGEMENT
MCCUALIFFE	CARRIE	PSF BOARD MEMBER	HEART TO HEART	CAPC
MENDOZA	ALEX	ADMINISTRATOR	NEW WAY GROUP HOMES	FOSTER CARE PROVIDER
MYERS	TIM	MANAGER	CHILDREN & FAMILY SERVICES	CHILD WELFARE MANAGEMENT
NAVARRO	RACHEL	PROGRAM MANAGER	INTERFACE CHILDREN & FAMILY SERVICES	DOM. VIOLENCE SVC PROVIDER
PHAM	THIN	DIRECTOR	NEW WAY GROUP HOMES	FOSTER CARE PROVIDER
PUCGETTI	CATHY	DIRECTOR	VENTURA NEIGHBORHOOD FOR LEARNING	EARLY CHILDHOOD EDUCATION
QUINTING	MARY	PUBLIC HEALTH NURSE	VENTURA COUNTY PUBLIC HEALTH	COUNTY HEALTH DEPT.
RAMIREZ	MELISSA	YOUTH CRISIS OUTREACH PROGRAM COORDINATOR	INTERFACE CHILDREN FAMILY SERVICES	SERVICE PROVIDER

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LAST NAME	FIRST NAME	TITLE	ORGANIZATION	STAKEHOLDER GROUP REPRESENTATION
RAMOS REID	CLARA DAWN	MIGRANT SPECIALIST	OXNARD SCHOOL DISTRICT	EDUCATION
RINGEN	DEBORAH RN	COMMUNITY OUTREACH LIASON	INTERFACE CHILDREN FAMILY SERVICES	SERVICE PROVIDER
ROBERTS	JEANNENE	PROGRAM ADMINISTRATOR	LIVINGSTON MEMORIAL VISTING NURSE ASSOCIATES	HEALTH PROVIDER
RYLAND	LEANN	MANAGER	CHILDREN & FAMILY SERVICES	CHILD WELFARE MANAGEMENT
SALAZAR	ROSANNA	CHILD WELFARE SOCIAL WORKER	CHILDREN & FAMILY SERVICES	CHILD WELFARE MANAGEMENT
SANDOVAL	CHRISTINA		CHILDREN & FAMILY SERVICES	CHILD WELFARE SOCIAL WORKER
SANDOVAL-EDINGER	SONIA	PSF BOARD MEMBER	CHILD DEVELOPMENT RESOURCES	CHILDCARE
SATTERFIELD	TERESE	CHILD SUPPORT SERVICES SPECIALIST	OXNARD POLICE DEPT.	LAW ENFORCEMENT
SIMERI	ART	MANAGER	CHILDREN SUPPORT SERVICES	SERVICE PROVIDER
SIRIANNI	DANIELLE	DA IV	BUSINESS TECHNOLOGY DEPARTMENT	COUNTY ADMINISTRATION
SMITH	KRISTI	NURSE/MANAGER	VENTURA COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES	SERVICE PROVIDER
STEFFY	MEGAN	PEER ADVOCATE	INTERFACE CHILDREN FAMILY SERVICES	SERVICE PROVIDER
STOUT	JACLYN	PROGRAM COORDINATOR	VENTURA COUNTY PUBLIC HEALTH	COUNTY HEALTH DEPT.
TALLEY	ANITTA	DIRECTOR OF PROG/EVAL	CALIFORNIA YOUTH CONNECTION	FOSTER YOUTH
TORRES	CHARLOTTE	CHILD WELFARE SOCIAL WORKER	PARENTS WITH PURPOSE	PARENT
VAHIDI	DAVID	DEPUTY DIRECTOR	FIRST 5 VENTURA COUNTY	PROP 10 COMMISSION
WEBBER	JUDY	MANAGER	CHILDREN & FAMILY SERVICES	CHILD WELFARE SOCIAL WORKER
WEINREICH	DAVID	ADMINISTRATIVE SPECIALIST	CHILDREN & FAMILY SERVICES	CHILD WELFARE MANAGEMENT
WOODWARD	DARYL		CHILDREN & FAMILY SERVICES	CHILD WELFARE MANAGEMENT

Attachment D

Notice of Intent Identifying the Public Agency(s) to Administer CAPIT/ CBCAP/
PSSF Programs and Intent to Contract

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

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

PERIOD OF PLAN (MM/DD/YY): 11/30/12 **THROUGH (MM/DD/YY)** 11/30/17

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 The Human Services Agency 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 The Human Services Agency 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

December 4th, 2012

County Board of Supervisors Authorized Signature

Date

**Chair, Ventura County Board of
Supervisors**

Print Name

Title

Appendix A

CAPIT/CBCAP/PSSF Expenditure Plan Worksheets

CAPIT/CBCAP/PSSF Services and Expenditure Summary

Program Descriptions

1. PROGRAM DESCRIPTION

Program Name: Permanency Support and Treatment Program

Program Description: Adoption Support & Permanency services are provided by MFT Interns and include family sessions that employ the use of interventions intended to strengthen family cohesiveness utilizing psycho-educational, Cognitive Behavioral Therapy, attached-focused stress reduction techniques and self-care skills. These interventions are provided in an attachment focused context to further enhance strengthening of family bonds.

Service Provider: Kids and Families Together

OCAP Funding Source: PSSF funds all services for caregivers who are non-recipients of Medi-Cal/EPSDT.

Target Population: Adoptive and permanent families who can benefit from support and services promoting permanency for children who will not be reunited with their biological parents.

Target Geographic Area: This service is open to families county-wide

Identified Unmet/Continued Need as Outlined in CSA:

This program addresses the continuing priority need for permanency services (adoption support and adoption therapy) throughout the county, as indicated on page 124/125 of the CSA.

Timeline: Ongoing 2012-2017

EVALUATION

Short, Intermediate and Long Term Program Outcomes:

Short Term – Successful completion of an 18-session in-home program. Comprehension and retention of trauma focused psycho-educational material.

Intermediate Term –

Reduced Caregiver Stress – Assessed through Evaluation Survey, 3 month follow-up survey and/or Parenting Stress Index (PSI)

Reduced Challenging Behaviors – Outcome measured through Child Behavior Checklist (CBCL)

Improvement in outlook of life – Assessed through Hopefulness Survey

Long Term – Placement stability - Assessed using 3-month follow-up survey

C-CFSR Outcome(s) Affected:

The program primarily impacts measures in the Adoption composite but may also have an impact on measures in the Long Term Care composite and Placement Stability composite.

Client Satisfaction: Client satisfaction is measured by the percentage of caregivers who indicate service satisfaction on their evaluation survey. In the event these measures are not meeting the goals of the program, contractor will meet with the HSA contract liaison to identify the reasons and ways to improve satisfaction.

Quality Assurance Methods and Tracking Tools:

Program effectiveness is measured by the percentage of caregivers who complete services and remain as permanent caretakers. Service effectiveness is measured through data collected and compared at baseline, completion of program and 3 months post-program to assess achievement of program objectives. Data is maintained using an electronic database.

Ongoing outcomes are sent to the County in a quarterly program report providing process and outcome data on services provided/clients seen during that quarter. In addition, this program is monitored a minimum of once a year by the County's contracts representative. In the event measures are not meeting the goals of the program, the HSA contract liaison will meet with the contractor to identify the reasons and ways to improve the measures and may result in changes in program delivery or tracking of outcome data.

2. PROGRAM DESCRIPTION

Program Name: In-Home Support and Treatment Services

Program Description: Provide family preservation and family reunification services in the home to parents who need to develop the life skills to provide their children with a safe and nurturing environment in which to develop their full potential, free from all forms of abuse and neglect. The goal of these services is to help the family maintain their child safely in the home or return their child to the home setting.

In-Home Support Services consists of two components:

1. In-Home Therapy

In-Home Therapy is provided by licensed Marriage and Family Therapists, registered interns, or trainees. The main therapy modality used is trauma-informed Cognitive-Behavioral Therapy that is supported with additional Eye Movement Desensitization and Reprocessing (EMDR) therapy. The program has a family reunification focus and provides short-term therapy to individuals or couples whose children are in, or at risk of, out-of-home placement. Each client is seen in his home or a site he chooses for four months in order to stabilize crisis issues and address the challenges the client is facing that brought them into the child welfare system. Most clients are parents, but occasionally the sessions include one or more children.

2. In-Home Parent Aide Services

The In-Home Family Support Services program provides Parent Aide services to birth families that have open cases with the child welfare system. Services are provided by paraprofessional Parent Mentors trained in child development and resource development and referral. Models used by the Parent Aides are Active Parenting, Triple P Parenting, and the Family Development Matrix assessment tool. Services include teaching parenting skills, education on normal stages of child development, and referrals to community services that will be available to the families on an ongoing basis. Families receive twelve weeks of two hour visits in the home, in a treatment center, and/or during the supervised visits with their children. The Parent Aides focus on the connection between the parent and child, and work to strengthen the relationship within the family to create a safe and stable environment in which a child can remain or to which a child can be reunified if removed from the parent's custody.

Service Provider: Aspiranet

OCAP Funding Source: PSSF

Target Population: Parents who have an open case in the Child Welfare System and who would benefit from in-home therapy or parent education services to keep their family intact.

Target Geographic Area: This service is available to families throughout Ventura County.

Identified Unmet/Continued Need as Outlined in CSA:

This program addresses the continuing priority need for in-home parenting education and in-home therapy, as indicated on page 123 of the CSA.

Timeline: Ongoing 2012-2017

EVALUATION

Short, Intermediate and Long Term Program Outcomes:

In-Home Therapy

Short Term - Clients will engage in therapy.

Intermediate Term: Clients that engage in therapy for the allotted time will make progress on behavioral goals as well as decrease anxiety and depression.

Long Term: Clients that successfully complete services are reunified with their children for at least 6 months.

In-Home Parent Aide

Short Term - Families will engage in services and have a treatment plan developed

Intermediate Term - Clients ending services will increase their functioning in four out of five identified domain areas of need.

Long Term - Clients that completed services are successfully reunified with their children for at least 6 months.

C-CFSR Outcome(s) Affected:

The programs primarily impact measures in the Reunification composite however, they may also impact safety measures related to recurrence of maltreatment.

Client Satisfaction: Client satisfaction is measured by the percentage of families who engage in services and have a treatment plan developed.

Quality Assurance Methods and Tracking Tools:

In-Home Therapy

Program delivery and effectiveness:

After the first session, client is given the Beck's Anxiety and the Depression inventories to self score. In addition, client and therapist agree on the goals of the therapy.

A treatment plan is developed within the first 30 days and signed off by the client.

Monthly and quarterly updates/progress reports are sent to the client's Child Welfare Social Worker to keep him/her apprised of the progress.

At the end of services, the client is given Beck's inventories again to self score. In addition, the therapist sends a discharge report to the client's County Social Worker describing the client's self-report and the therapist's observations as to her progress as well as any recommendations for continued services.

Ongoing outcomes are sent to the County in a quarterly program report providing process and outcome data on all clients served during that quarter. In addition, this program is monitored once a year by the County's contracts representative. When applicable, findings will result in changes in program delivery or tracking of outcome data.

In-Home Parent Aide Services

Program delivery and effectiveness:

During the first several visits, the Parent Aide asks the parent(s) to self score the Family Development Matrix inventory covering 29 life domains. The scoring is rated from not functioning to fully functioning in each domain. By looking at the domains in which the family is already functioning the family feels empowered to make other changes with the help of

the Parent Aide. The Parent Aide and the family combines the family's self-scored goals with the County's goals for the family into a Service Plan.

A monthly update is sent to the family's Child Welfare Social Worker to keep him/her apprised of the progress.

Since this service is limited to twelve two-hour sessions, at the end of the services, the family is given the Family Development Matrix inventory again to self-score their progress. When the family sees how much progress it has made, parents are again empowered to continue to make progress on keeping their children with their family. At the end of services, the family is given a satisfaction survey to complete.

The Parent Aide sends a summary of the progress made to the family's Child Welfare Social Worker with observed changes in behavior. Ongoing outcomes are sent to the County in a quarterly program report providing process and outcome data on all clients served during that quarter. In addition, this program is monitored once a year by the County's contracts representative. When applicable, findings will result in changes in program delivery or tracking of outcome data.

3. PROGRAM DESCRIPTION

Program Name: School Based Child Welfare Support

Program Description: School and community based preventative/early intervention services to help children and families in time of need. The spectrum of concerns range from general neglect, multiple familial stressors, maladaptive parenting/coping, health, communication barriers, and unfamiliarity in navigation of systems of service or behavioral concerns that require the skill set of a Child Welfare Social Worker.

The Child Welfare Social Workers (CWSW) are located in 2 schools and serve students and the community by connecting families to services and community resources through intensive service facilitation, advocacy, brokering of services, support systems, multidisciplinary team coordination, service mediation & collaboration, family education & academic support & information case management.

Referrals to the school based social workers are received from teachers, outreach consultants, principal, school psychologist, the school's Coordinated Services Team (CST), Student Success Team (SST), Student Attendance Review Board (SARB), walk-in clients or other service organizations.

Service Provider: Children and Family Services, in collaboration with Oxnard School District Healthy Start Family Resource Centers

OCAP Funding Source: PSSF. Although there are two school based Healthy Start Child Welfare Social Workers (one per school), PSSF only supports the social worker at McKinna Elementary school.

Target Population: Students and families of students who attend McKinna Elementary school in Oxnard

Target Geographic Area: McKinna Elementary school attendance area in the city of Oxnard

Identified Unmet/Continued Need as Outlined in CSA:

This program addresses the continuing priority need for secondary prevention services to families by school-based Child Welfare Social Workers, as indicated on page 121 of the CSA.

Timeline: Ongoing 2012 - 2017

EVALUATION

Short, Intermediate and Long Term Program Outcomes:

Short Term – Engage parents and children into services utilizing community agencies and parent education directly from Healthy Start social worker. Areas of interest are attendance, parental involvement and family dynamics.

Intermediate: Improve student attendance, academic performance, and family functioning within three months of services.

Long Term – Families that successfully completed services are not referred to the Child Welfare System within six months of completion of services.

C-CFSR Outcome(s) Affected:

The program addresses family stressors, health needs, communication barriers, unfamiliarity with available systems of service and provides academic support. It is believed that referral rates, and entry into care rates, are reduced when families receive services and support.

Client Satisfaction: Although client satisfaction is not currently being assessed, a client satisfaction survey will be created to assess parent's satisfaction.

Quality Assurance Methods and Tracking Tools:

The purpose of the program is to provide family support, help parents navigate the education system and address barriers to academic success. Program and service effectiveness will be measured through reviewing student attendance records, academic performance, and tracking if the families that were provided services were referred to the Child Welfare System within six months of receiving services.

The Healthy Start clerical aides will be tracking program participation and effectiveness data using an Excel spreadsheet that includes, among other areas, the clients that are served, the type of services they receive and reason for case closure. Clerical, together with the Healthy Start social worker, will obtain information from referral source and attendance and academic records regarding the outcomes after services.

Effectiveness of the program and services will also be assessed through periodic meetings that are held with county and school district personnel, as well as through a survey that is provided to service participants. If issues arise, they will be addressed through consultation with the social worker, Healthy Start Supervisor and identified school personnel.

4. PROGRAM DESCRIPTION

Program Name: Child Abuse Prevention Program (CAPP)

Program Description: The Child Abuse Prevention Program (CAPP) is a collaborative effort between the Human Services Agency and Ventura County Public Health. CAPP is comprised of Public Health Nurses (PHNs) who provide in-home visitation services to families identified by Children and Family Services as being at risk for abuse or neglect. There is great diversity among the families referred to CAPP, including minorities, children with special needs, and children of all ages. The goal of the program is to maintain at-risk families outside of the child welfare system, while empowering them to raise their children in a nurturing and safe environment. The program is voluntary.

The services provided by the PHNs include comprehensive bio-psychosocial assessments, parent-child interaction assessments, screening for maternal depression, domestic violence, and substance abuse, developmental screenings for children, health and wellness education, parenting education, linkages to community resources and services, and overall case management.

Service Provider: Ventura County Public Health

OCAP Funding Source: CAPIT

Target Population: Families identified by Children and Family Services as being at risk for abuse or neglect and can benefit from Public Health services.

Target Geographic Area: This service is provided in the family's home county-wide.

Identified Unmet/Continued Need as Outlined in CSA:

This program addresses the continuing priority need for in-home interventions, including developmental, behavioral and social-emotional assessments and health screening, as indicated on page 122 of the CSA.

Timeline: Ongoing 2012 - 2017

EVALUATION

Short, Intermediate and Long Term Program Outcomes:

Short Term – CAPP will engage at least 65% of families referred by Children and Family Services

Intermediate Term – At least 65% of families served by CAPP will successfully meet outcomes outlined in the nursing plan of care.

Long Term - At least 95% of children served by CAPP will remain outside the child welfare system.

C-CFSR Outcome(s) Affected:

This program primarily impacts measures in the referral and entry rate composites.

Client Satisfaction: Client satisfaction is measured by the number of families referred to CAPP who follow through with the voluntary nursing plan of care.

Quality Assurance Methods and Tracking Tools:

The effectiveness of the program is measured by the percentage of children served by CAPP who remain outside the child welfare system. To track this data, the program has a database that cross references children served by the program with the children entering the child welfare system. The effectiveness of service delivery will be measured by the percentage of families referred to CAPP engaging in services. To track the rate of engagement of families referred to CAPP, the program uses a nursing documentation system called the Nursing Referral System (NRS). In the event these measures are not meeting the goals of the program, the program coordinator will work with staff to identify the reasons and to improve the measures.

This program is also supported, in part, through Kids Plate, Birth Certificate fees and Maternal Child Adolescent Health (MCAH) funding. All clients receive the same services. CAPIT funds 27% of the total program.

5. PROGRAM DESCRIPTION

Program Name: Parents With Purpose

Program Description: Parents with Purpose offers weekly parent support groups to parents whose children have become involved with the child welfare system. They also assist parents in receiving services to complete their case plans, accompany parents to court dates and help to bridge the gap between parents and social workers.

Parent Leaders participate in parent engagement efforts and attend the monthly The Partnership For Safe Families & Communities of Ventura County, the Designated Child Abuse Prevention Council and the Coastal Tri County CAPC (CTCAPC) community

meetings in order to remain current for their participation in community partner activities supporting child abuse prevention efforts.

Parents with Purpose is part of a Ventura County Behavioral Health (VCBH) Prevention and Early Intervention grant which allows parent partners to be active members of the Community Coalition for Stronger Families. As ongoing members of the planning committee, the role of Parent Leaders in this coalition is to create training for community partners on how to engage parents in their organization to become parent mentors. Parent Leaders receive ongoing training from VCBH for parent partners working with high risk families. They also receive training through Strategies on child abuse prevention efforts for father engagement.

CAPIT funding is used toward supporting attendance at relevant conferences/meetings, training parents to become Parent Leaders, and training Parent Leaders to facilitate support groups and develop their leadership skills. Parent consumers receive \$15.00/hr for attending all required trainings, conferences and meetings.

Service Provider: United Parents

OCAP Funding Source: CAPIT

Target Population: Parents, grandparents and relative caregivers with children who are involved in the child welfare system or at risk of entering the child welfare system.

Target Geographic Area: County-wide

Identified Unmet/Continued Need as Outlined in CSA:

This program addresses the continuing priority need for provider training, partnership with parents and parent support to contribute to timely reunification, as indicated on page 152 of the CSA.

Timeline: Ongoing 2012 - 2017

EVALUATION

Short, Intermediate and Long Term Program Outcomes:

Short Term – Number of families who call for services and engage in services.

Intermediate Term – Parents will actively engage in their case plans and work toward reunification.

Long Term – Reunification or acceptance of an alternative permanent plan.

C-CFSR Outcome(s) Affected:

This program primarily impacts measures in the reunification composite.

Client Satisfaction: Client satisfaction will be measured by evaluations from support groups & trainings.

Quality Assurance Methods and Tracking Tools:

The effectiveness of the program is measured through the total number of parents engaged in services, the numbers of Parent Leaders and number of Parent Leaders having a seat on community coalitions, county committees, boards and collaborative efforts in the community. Service delivery effectiveness is measured through the number of support groups held, attendance at support groups, number of father support groups held and services being offered throughout the county. In the event these measures are not meeting the goals of the program, the United Parents coordinator will work with Parent Leaders, CAPC and/or CFS designated staff, as appropriate, to identify the reasons and means for improvements.

6. PROGRAM DESCRIPTION

Program Name: The Partnership for Safe Families & Communities of Ventura County, The Designated Child Abuse Prevention Council (The Partnership/CAPC)

Program Description: The Partnership/CAPC has been designated by the Board of Supervisors as the Ventura County Child Abuse Prevention Council. The Partnership/CAPC provides interagency coordination, networking, professional training, advocacy, public awareness and education for child abuse, neglect, and family violence prevention forum for service providers, professionals, and concerned parents. The Partnership/CAPC has agreed to also act as the CCTF Commission and the PSSF Collaborative. The Partnership/CAPC goals include community outreach, raising awareness of child abuse and neglect prevention, promoting early health and child development, parenting skills, the Five Protective Factors, recommending improvements in services to families and victims, providing interagency cooperation and coordination, and supporting public policy and legislation aimed at prevention of child abuse and neglect. Resource materials are distributed to parents, families and community-based organizations, schools, child care providers, hospitals and law enforcement on the prevention of child abuse and neglect, family strengthening and help for building safer communities.

To support the ongoing work of The Partnership/CAPC, three positions, the Program Manager, Mandated Reporter Trainer Specialist and Community Outreach Resource Staff are funded through a local non-profit agency, Aspiranet, using CAPIT and CBCAP funds. The County has a contract and/or Statement of Work which includes a description of the expectations for the positions.

The Program Manager has the primary responsibility of developing, maintaining, supporting and providing strategic direction to The Partnership/CAPC programs and staff. This position manages daily operations, contracts, budget, agency, county and state reports, Mandated Reporter training and community outreach. The Program Manager provides oversight to five violence prevention task forces, membership, database, and ensures that work done for The Partnership/CAPC meets the WIC code for Child Abuse Prevention Councils. This

position represents The Partnership/CAPC in an advisory capacity on community and county coalitions/committees. The Program Manager acts as chair and provides oversight to The Partnership/CAPC Advisory Board, a subcommittee of The Partnership/CAPC. The The Partnership/CAPC Advisory Board is an official advisory body for the use of child abuse prevention funding in Ventura County. The Program Manager helps to educate and provides support to the The Partnership/CAPC in an advisory capacity in making decisions on how to fund services using CAPIT dollars under CAPIT guidelines. Programs selected are prioritized by the type of prevention or intervention services proposed that would have the most promising outcomes, as well as by the needs identified in the County Self Assessment for preventing child abuse and neglect. In addition, programs are also prioritized that educate mandated reporters and the general public on reporting child abuse and neglect. The Program Manager is The Partnership/CAPC liaison with the Coastal Tri-Counties Child Abuse Prevention Council (CTC-CAPC), and provides support/technical assistance to Parent Leaders. In conjunction with The Partnership/CAPC Board, this position provides oversight to organizational development, fund development, marketing and fundraising. This position is funded through CAPIT.

The Mandated Reporter Trainer Outreach Specialist is a part-time position funded at 35 hours a week through CAPIT and supports The Partnership/CAPC. The position provides training outreach and public awareness of child abuse and neglect. This position is responsible for provision, coordination, preparation and logistics of Mandated Child Abuse Reporter Training, The Partnership/CAPC meetings, trainings, events, workshops, conferences on child abuse prevention and family strengthening, membership drive, informational referral resources and phone and/or website inquiries from the general public, members, county agencies and community based organizations. The Mandated Reporter Trainer conducts fourteen mandated reporter trainings each year. This position coordinates and assists in agency outreach activities, including health fairs, to professionals in the fields of health, mental health, child care, education, social services, law enforcement, faith and The Partnership's constituents. The position is responsible for design, development, maintenance and update of The Partnership/CAPC's website, quarterly newsletter and marketing materials, resource information, referrals, and services available to community members regarding child abuse and violence prevention across the lifespan, committee activities and events.

The Community Outreach Resource Staff part-time position is funded at 25 hours a week through CBCAP and conducts community education and outreach efforts on child abuse & neglect and violence prevention through scheduled presentations, including Shaken Baby Syndrome, and assists with mandated reporting training. The position provides resources and information on child abuse & neglect prevention, Early Start, Shaken Baby Syndrome, Safely Surrender Baby laws, family and violence prevention, parenting resources, strengthening families and Five Protective Factors information at community events, meetings, fairs, and conferences. The position is responsible for providing program assistance in support of the work of The Partnership/CAPC, provides outreach work that is recommended by the CANEC Task Force and works in collaboration with the CANEC Task Force on community events and conferences.

The Partnership/CAPC provides funding for the Child Abuse and Neglect Education Committee (CANEC), a task force under the oversight of The Partnership/CAPC. CANEC makes recommendations to The Partnership/CAPC on the educational focus of Child Abuse and Neglect outreach, target populations and necessary materials/resources.

Task force members include representatives from Public Health, Children and Family Services, Parents with Purpose, Ventura County Medical Center, and other local community based agencies and individuals with an interest in child abuse prevention education. CANEC is involved in community based efforts to develop, operate, expand and coordinate resources and activities between The Partnership/CAPC of Ventura County and regional Coastal Tri-County CAPC. CANEC also supports the work of child abuse and neglect prevention by co-sponsoring other community events, or trainings, including parent leaders. CANEC develops a yearly strategic plan of safety, prevention, family strengthening, and community building, including Child Abuse Prevention Awareness month campaign. CANEC's mission is to promote community awareness of the abuse and neglect of children and the resources available for prevention and intervention. CANEC promotes a community committed to safe, healthy and peaceful families, and to ensure that children are safe and families are strong and connected. Through collaboration, CANEC leverages work and helps reduce duplication of efforts.

Service Provider: Aspiranet

OCAP Funding Source: CBCAP and CAPIT

Target Population: Families at risk of becoming involved in the child welfare system

Target Geographic Area: County-wide

Identified Unmet/Continued Need as Outlined in CSA:

This program addresses the continuing priority need for child abuse prevention education, as indicated on page 20 of the CSA.

Timeline: Ongoing 2012-2017

EVALUATION

Short , Intermediate and Long Term Program Outcomes:

Short Term – Community and Family Engagement

Mandated Reporter trainings will increase their knowledge of child abuse and neglect reporting criteria.

Parents will increase their knowledge of community resources and how to access them.

Intermediate Term – Mandated reporters will know how, when and who to call to make a suspected child abuse report and increase compliance with mandated reporting requirements.

Families will increase their use of community resources as they learn who to call in time of crisis.

Long Term - Mandated Reporters will increase compliance with mandated reporting requirements.

Families will establish safe and supportive environments for their children.

C-CFSR Outcome(s) Affected:

This program primarily impacts measures in the referral and entry rates composites.

Client Satisfaction:

Client satisfaction will be measured through pre and post tests provided at Mandated Reporter trainings, along with a course evaluation.

Quality Assurance Methods and Tracking Tools:

Program effectiveness will be measured by the number of health fairs and events held; the number of participants; number of child abuse prevention trainings, training evaluations; name and number of resources distributed in English and Spanish and representation at county and community meetings. Satisfaction will be measured by community surveys. Training effectiveness and client satisfaction will be measured through pre/post tests and training evaluations given at Mandated Reporter trainings. The findings are summarized in a year-end report.

Cumulative performance reports are submitted on a quarterly basis to the County. Reports detail all work performed as identified in the CAPIT contract and any obstacles to achieving the expected outcomes. Performance is measured by nine outcome indicators and the number of mandated reporter trainings, The Partnership/CAPC meetings, The Partnership/CAPC Board meetings, Parent Leader meetings, and The Partnership/CAPC Advisory meetings completed, oversight of CCTF and updating of The Partnership/CAPC membership database and website.

Ongoing outcomes are sent to the County in a quarterly program report providing process and outcome data on identified services provided during that quarter. In addition, this program is monitored a minimum of once a year by the County's contracts representative. When applicable, findings will result in changes in program delivery or tracking of outcome data.

If issues arise, the designated CFS representative and The Partnership/CAPC Program Manager and/or The Partnership/CAPC membership review the issues and work in partnership toward resolution.

**Workforce Investment Act
Internal Phone List - By Site Location**

Revised 2-4-2013

PARTRIDGE - BM #4400			
Name	Friday Scheduled Off		
Terry Sapp	Time Card	477-5347	(c) 415-2628
Nancy Ambriz	Pay Day	477-5346	
Fred Garcia	Time Card	477-5350	(c) 443-5162
Kristine Stratas	Time Card	477-5351	
WEST OXNARD JCC - BM #5255			
Alex Garcia	Payday	204-5150	(c) 256-5505
Kristi Vandenharn	Time Card	204-5151	
Claudia Rodriguez	Pay Day	204-5166	
Elsa Banuelos	Pay Day	204-5156	
Gloria Perez	Works till 4:00	204-5164	
Letty Hernandez	Time Card	204-5163	
Nancy Villegas (NA)	Time Card	204-5158	
Randy Dalton (NA)	Pay Day	204-5169	
Ricardo Bravo	Time Card	204-5159	
Christy Norton	Pay Day	204-5165	(c) 218-3399
Cheryl Rice	Work Fridays	204-5154	(c) 320-1122
Raul Ornelas	Pay Day	204-5168	(c) 312-0601
Sam Castillo	Time Card	204-5155	(c) 340-2417
Patrick Newburn	Time Card	204-5157	(c) 320-3084
Peggy Hernandez	Time Card	204-5167	
Robert Contreras (Probation)	Pay Day	cell - 850-8255	
Vivian Pettit	Time Card	204-5170	(c) 746-9419
EAST COUNTY JCC - BM #5891			
Deborah Cammer (Christy)	Payday	955-2230	(c) 377-0270
Liza Vasquez-Castro (Alex)	Payday	955-2285	
RESOURCE CENTER COORDINATORS		Phone	9/80
WOJCC - BM #5255	Ana Verduzco	204-5161	No 9/80
WOJCC - BM #5255	Chris Cruse	204-5118	Time Card
WOJCC - BM #5255	Martha H. (Wed. & Thurs.)	204-5171	
Vanguard RC-BM #5265	Martha H. (M-Tu-Fri.)	385-1857	Pay Day
OCJCC - BM #5252	Staff	986-7366	
SCVJCC - BM #6225	Marty Estrada	933-8314	off P.M. Mon.
VJCC - BM #4005	Staff	654-3435	
ECJCC - BM #5891	Veronica Ramirez	955-2287	Pay Day Mon.
MPJCC - BM #6040	Staff	523-5444	
TOJCC - BM #5756	Staff	374-9006	
FAX NUMBERS			
Partridge (3rd Floor)		477-5386	or 477-5387
VJCC (2nd Floor)		654-5554	
WOJCC		382-6554	
VANGUARD		382-9162	
ECJCC		955-2233	
SCVJCC - 1st Floor		933-8362	
MPJCC		658-4563	
TOJCC		374-9833	
VOS SUPPORT-Maria Lopez	Time Card	477-5132	

**Workforce Investment Act
Internal Phone List - By Site Location**

Revised 2-4-2013

PARTRIDGE - BM #4400			
Name	Friday Scheduled Off		
Terry Sapp	Time Card	477-5347 (c) 415-2628	
Nancy Ambriz	Pay Day	477-5346	
Fred Garcia	Time Card	477-5350 (c) 443-5162	
Kristine Stratas	Time Card	477-5351	
WEST OXNARD JCC - BM #5255			
Alex Garcia	Payday	204-5150 (c) 256-5505	
Kristi Vandenharn	Time Card	204-5151	
Claudia Rodriguez	Pay Day	204-5166	
Elsa Banuelos	Pay Day	204-5156	
Gloria Perez	Works till 4:00	204-5164	
Letty Hernandez	Time Card	204-5163	
Nancy Villegas (NA)	Time Card	204-5158	
Randy Dalton (NA)	Pay Day	204-5169	
Ricardo Bravo	Time Card	204-5159	
Christy Norton	Pay Day	204-5165 (c) 218-3399	
Cheryl Rice	Work Fridays	204-5154 (c) 320-1122	
Raul Ornelas	Pay Day	204-5168 (c) 312-0601	
Sam Castillo	Time Card	204-5155 (c) 340-2417	
Patrick Newburn	Time Card	204-5157 (c) 320-3084	
Peggy Hernandez	Time Card	204-5167	
Robert Contreras (Probation)	Pay Day	cell - 850-8255	
Vivian Pettit	Time Card	204-5170 (c) 746-9419	
EAST COUNTY JCC - BM #5891			
Deborah Cammer (Christy)	Payday	955-2230 (c) 377-0270	
Liza Vasquez-Castro (Alex)	Payday	955-2285	
RESOURCE CENTER COORDINATORS		Phone	9/80
WOJCC - BM #5255	Ana Verduzco	204-5161	No 9/80
WOJCC - BM #5255	Chris Cruse	204-5118	Time Card
WOJCC - BM #5255	Martha H. (Wed. & Thurs.)	204-5171	
Vanguard RC-BM #5265	Martha H. (M-Tu-Fri.)	385-1857	Pay Day
OCJCC - BM #5252	Staff	986-7366	
SCVJCC - BM #6225	Marty Estrada	933-8314	off P.M. Mon.
VJCC - BM #4005	Staff	654-3435	
ECJCC - BM #5891	Veronica Ramirez	955-2287	Pay Day Mon.
MPJCC - BM #6040	Staff	523-5444	
TOJCC - BM #5756	Staff	374-9006	
FAX NUMBERS			
Partridge (3rd Floor)		477-5386 or 477-5387	
VJCC (2nd Floor)		654-5554	
WOJCC		382-6554	
VANGUARD		382-9162	
ECJCC		955-2233	
SCVJCC - 1st Floor		933-8362	
MPJCC		658-4563	
TOJCC		374-9833	
VOS SUPPORT-Maria Lopez	Time Card	477-5132	

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Internal Phone List - By Site Location**

Revised 2-4-2013

PARTRIDGE - BM #4400			
Name	Friday Scheduled Off		
Terry Sapp	Time Card	477-5347 (c) 415-2628	
Nancy Ambriz	Pay Day	477-5346	
Fred Garcia	Time Card	477-5350 (c) 443-5162	
Kristine Stratas	Time Card	477-5351	
WEST OXNARD JCC - BM #5255			
Alex Garcia	Payday	204-5150 (c) 256-5505	
Kristi Vandenharn	Time Card	204-5151	
Claudia Rodriguez	Pay Day	204-5166	
Elsa Banuelos	Pay Day	204-5156	
Gloria Perez	Works till 4:00	204-5164	
Letty Hernandez	Time Card	204-5163	
Nancy Villegas (NA)	Time Card	204-5158	
Randy Dalton (NA)	Pay Day	204-5169	
Ricardo Bravo	Time Card	204-5159	
Christy Norton	Pay Day	204-5165 (c) 218-3399	
Cheryl Rice	Work Fridays	204-5154 (c) 320-1122	
Raul Ornelas	Pay Day	204-5168 (c) 312-0601	
Sam Castillo	Time Card	204-5155 (c) 340-2417	
Patrick Newburn	Time Card	204-5157 (c) 320-3084	
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Robert Contreras (Probation)	Pay Day	cell - 850-8255	
Vivian Pettit	Time Card	204-5170 (c) 746-9419	
EAST COUNTY JCC - BM #5891			
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WOJCC - BM #5255	Chris Cruse	204-5118	Time Card
WOJCC - BM #5255	Martha H. (Wed. & Thurs.)	204-5171	
Vanguard RC-BM #5265	Martha H. (M-Tu-Fri.)	385-1857	Pay Day
OCJCC - BM #5252	Staff	986-7366	
SCVJCC - BM #6225	Marty Estrada	933-8314	off P.M. Mon.
VJCC - BM #4005	Staff	654-3435	
ECJCC - BM #5891	Veronica Ramirez	955-2287	Pay Day Mon.
MPJCC - BM #6040	Staff	523-5444	
TOJCC - BM #5756	Staff	374-9006	
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VANGUARD		382-9162	
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