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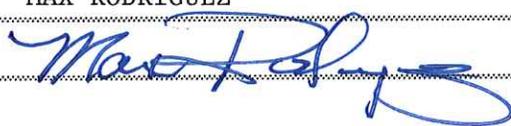
Outcomes and Accountability Bureau
Children and Family Services Division
California Department of Social Services
744 P Street, MS 8-12-91
Sacramento, CA 95814

Contact Information

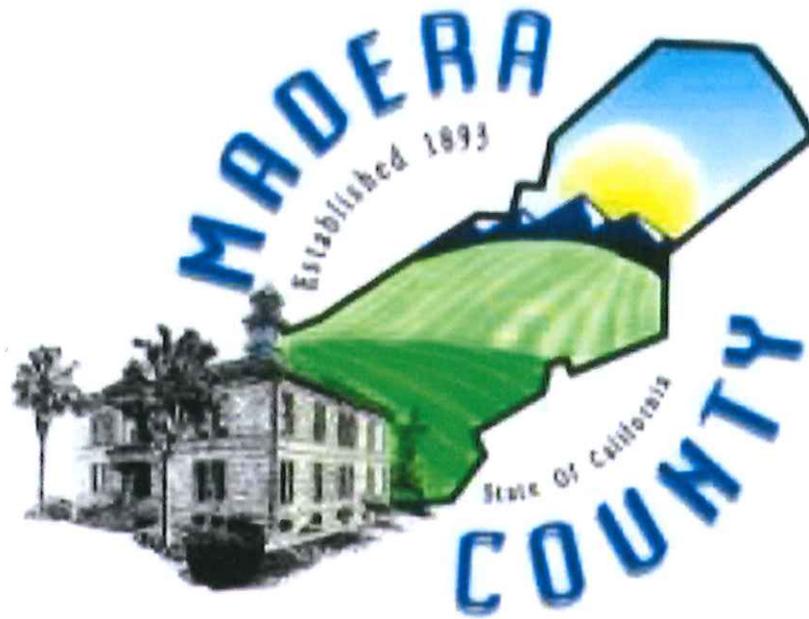
Child Welfare Agency	Name	KELLY WOODARD, DIRECTOR MADERA COUNTY DEPARTMENT OF SOCIAL SERVICES
	E-mail address	kelly.woodard@co.madera.ca.us
	Phone Number	559-675-7841
	Mailing address	P O BOX 569 MADERA, CA 93639
Probation Agency	Name	RICK DUPREE
	E-mail address	RDupree@madera-county.com
	Phone Number	(559) 675-7739 ext 285
	Mailing address	209 W YOSEMITE MADERA, CA 93637
CAPIC Liaison	Name	ELIZABETH INMAN
	E-mail address	beth.inman@co.madera.ca.us
	Phone Number	559-675-7841
	Mailing address	P O BOX 569 MADERA, CA 93639
CBCAP Liaison	Name	ELIZABETH INMAN
	E-mail address	beth.inman@co.madera.ca.us
	Phone Number	559-675-7841
	Mailing address	P O BOX 569 MADERA, CA 93639
PSSE Liaison	Name	ELIZABETH INMAN
	E-mail address	beth.inman@co.madera.ca.us

	Phone Number	559-675-7841
	Mailing address	P O BOX 569 MADERA, CA 93639

California – Child and Family Services Review Signature Sheet

County	MADERA
CSA Period Dates	03/18/2013 – 03/18/2018
SIP Period Plan Dates	08/18/2013 – 08/18/2018
Outcome Data Period	OCTOBER 2012; Q2 2012
County Child Welfare Agency Director	
Name	KELLY WOODARD
Signature*	
Phone Number	559-675-7841
Mailing Address	P O BOX 569 MADERA, CA 93639
County Chief Probation Officer	
Name	RICK DUPREE
Signature*	
Phone Number	(559) 675-7739 ext 285
Mailing Address	209 W. Yosemite Ave Madera, CA 93637
Board of Supervisors (BOS) Signature	
BOS Approval Date	October 8, 2013
Name	MAX RODRIGUEZ
Signature*	

*Signatures must be in blue ink



MADERA COUNTY SYSTEM IMPROVEMENT PLAN

AUGUST 2013

California-Child and Family Services Review (C-CFSR)
AB636 Outcomes and Accountability

Department of Social Services
Kelly Woodard, Director

Probation Department
Rick Dupree, Chief Probation Officer

Madera County System Improvement Plan - 2013

I. SIP Narrative

1. Process the County used to conduct the SIP

In November 2012, Madera County conducted its fourth Peer Review (PR) followed by the County Self-Assessment (CSA). In an effort to glean as much information as possible from peer counties, Madera invited the counties of Riverside, Merced and San Mateo (Child Welfare) and Kings, Tulare and Merced (Probation) to participate on the interview teams and provide peer county insights and recommendations. Madera County held numerous stakeholders meetings, as well as, convened nine (9) focus groups.

Through the PR and CSA meetings, as well as System Improvement planning meetings, outcome improvement areas were reviewed. Strengths, barriers and potential system approaches were identified throughout the process, while strategies and activities for improvement were developed for the county's plan, as required by AB 636. Representatives from the community, foster parents, foster children, child-care providers, education, law enforcement, probation, behavioral health, public health, ICWA Representatives, community based organizations, parents, Eligibility workers, Welfare to Work workers, and Child Welfare Staff were involved and included in these efforts. Additional participants included representatives from the Madera County Child Abuse Prevention Council and the Madera County Interagency Children and Youth Services Council. The team membership roster was provided in the CSA report.

Data from the University of California, Berkeley, Center for Social Services Research' (Q2 2012) website was used along with Safe Measures and CWS/CMS, so the county's performance could be reviewed and assessed. These discussions and data analysis provided an arena for stakeholders and internal CWS staff to engage in dialogue, addressing system improvement areas and developing community approaches and system strategies to improve outcomes for children and families in both the CWS and Probation systems.

Madera County is in a unique environment, having many of the same participants as collaborative partners. Madera County engaged in collaborative and planning relationships with a diverse and extensive array of stakeholders that serve at risk children and families. This report represents the continued collaborative efforts of Madera County Child Welfare Services and Probation with Behavioral Health Services, Public Health, California Work Opportunity and Responsibility to Kids (CALWORKS), Temporary Assistance to needy Families, First 5 Madera County Children and Families Commission, Madera County Office of Education, Madera County Community Action Agency, State Center Community Colleges, the Housing Authority of the City of Madera, Madera County Local Planning Council, CASA, and the Interagency Children and Youth Services Council in developing our priority improvement goals and processes for achieving improvements in the provision of services for youth and their families.

2. Prioritization of Outcome Measures/Systemic Factors/Strategy Rationale

The outcomes selected to be addressed in the SIP were chosen based upon the information obtained throughout the collaborative process, as well as the data obtained from the CSSR Berkeley data website, CWS/CMS, and Safe Measures.

Building on information gathered during the 2012 Peer Review process and County Self Assessment, the following four child welfare federal outcome measurers and two composite areas for probation were selected to be included in the Madera County 2013 System Improvement Plan.

Child Welfare Outcome Measures/Systematic Factors:

1) Re-entry following reunification (C1.4)

This permanency measure reflects the percentage of children discharged from foster care to reunification then reentered foster care in less than 12 months from the date of the earliest discharge to reunification.

Q2, 2012, Berkeley data also shows that of those that reunified between July 1, 2010 and June 30, 2011, 20.4% of these children re entered the system. The data extract April 2013, Q4, 2012, shows that of the 81.3% that reunified, 31% re entered the system. This area continues to be a challenge for Madera County. Issues found that impact the county's performance include the following:

- Large sibling groups
- A high portion of parents, who are methamphetamines users,
- No inpatient services within Madera County
- No sober/transitional home
- Lack of transportation, hindering the ability of families to access services

Future improvement on this measure is expected based on the following:

- Ongoing use of Structured Decision Making (SDM) assessment tools to increase utilization and compliance, along with continuous monitoring to assess for additional training needs.
- Ongoing use of the Rushmore review process in order to examine timely and accurate completion of the risk and safety assessment tools (SDM).
- Use of the Edinburgh Postnatal Depression Scale (EPDS)
 - *Up to 50% of women with postpartum depression are missed by primary care physicians when screening instruments are not used. (Gale & Harlow, 2003, Steiner, 2002, Cooper & Murray*

1998) *The Edinburgh Postnatal Depression Scale (EPDS) has 10 self-report questions for screening. It is easy to score, specifically designed for peripartum use, cross-culturally validated; available in over 20 languages and quick. It is not an assessment tool. Using the EPDS will provide an opportunity for social workers to screen for risk factors such as lack of social support, family history of depression, stressful life events, and low self-esteem. Dr. Deborrah Bremond of Oakland, California stated on December 6, 2012, "Depressed mood in pregnancy has been associated with poor attendance to prenatal visits, substance abuse, low birth weight and pre-term delivery".*

2) Adoption within 12 months (17 months in care) (C2.3)

This composite reflects all children in foster care for 17 continuous months or longer on the first day of the year, what percent were discharged to a finalized adoption by the last day of the year?

The data from Q2, 2012 Berkeley finds that only 11.1% of children that had been in care 17 months or longer had been discharged from foster care to adoption. The national standard for this measure is 22.7%. In addition, of all children in foster care that became legally free for adoption during the year 38.5% were discharged to a finalized adoption in less than 12 months. The national standard for this measure is 53.7%. Not only have children in Madera County lingered in foster care for longer than necessary, once freed, the finalization process was slow. In regards to challenges identified that impacted the County's performance in this composite, included:

- Lack of adoptive homes
- Need faith based resources for building support of adoptive families
- Continued support of adoptive families after families leave the system
- More Community Based Organizations
- Parenting Resources

Future improvement on this measure is expected based on the following:

- Madera County has responsibility for its own adoption program
- PRIDE is now offered in Madera County for families wishing to adopt
- Implementation of a recruitment campaign.
- Use of the Consortium for Children

- *The Consortium for Children is a private nonprofit organization that provides medication services to the family of origin and the prospective permanent family. It has no connection or fiscal relationship to the Court or the public Child Welfare Agency.*
- *Permanency Planning Mediation (PPM) is a non-adversarial, confidential service provided by a specially trained mediator at the request of the Child Welfare Agency, Parent's Attorney, Adoptive Parent's Attorney, Child's Attorney, Child Appointed Special Advocate (CASA) or the Court. It is initiated when it becomes clear that reunification efforts with the family of origin of a particular child or sibling group will not be successful and before the beginning of any court action to terminate parental rights.*
- *The purpose of the mediation is to focus the family of origin and the prospective permanent family on children's need for permanence as well as to invite their participation in making a permanent plan. One of the purposes of the mediation process is to minimize loss for children. The PPM process gives participants lots of time to make thoughtful decisions and seek advice and counsel from people they trust. PPM services are provided in the participant's homes, or other places that are safe and comfortable for the parties to the mediation.*

3) Exits to permanency (24 months in care) (C3.1)

This permanency measure computes the percentage of children discharged to a permanent home by the last day of the period (Q2, 2012), and before turning 18 who had been in foster care 24 months or longer.

In reference to permanency outcome C3.1 Exits to permanency (24months in care), Madera County scored 13.9%, which is below the National Standard/Goal of 29.1%. When looking at Berkeley data for January 1, 2012 – December 2012 (Q4, 2012), it shows that Madera improved in this composite to 18.9%; however, still far below the National goal.

- Need more foster homes willing to keep children permanently
- Active efforts to find family members or non-related family members early on in the process
- Educate social workers on the importance of permanency

Future improvement on this measure is expected based on the following:

- Implementation of wraparound services
- Foster parent recruitment campaign.

- Implementation of Team Decision Making for all placement situations
- Permanency training for child welfare staff

4) Placement stability for youth in care more than 24 months. (C4.3)

This composite reflects the percentage of children served in foster care during a year who were in foster care for at least 24 months that had two or fewer placement settings.

Child Welfare Services has slipped below the Federal standard of 41.8%, with a current rate of 29.3% (17 of 58 children). Per Safe Measures, the data reporting period of 10/01/2011 to 09/30/2012, showed Madera County with a compliance rate of 40.9%, (27 out of 66 children) only one child short of meeting the National goal for this measurement.

The previous data reporting periods extracted from UC-Berkeley on measurement C4.3 represent a small portion of the overall population of youth in out of home care and the impacts of one or two large sibling sets can and has drastically skewed the data to reflect a failure to meet the National goal associated with this outcome measurement.

Additional efforts that could help support this area include:

- Recently revised State Licensing regulations that support Prudent Parent Standard and allow foster youth to live a more “normalized life
- Enhancing training and communication with Relative and Non-Related perspective placement providers about the mutual expectations that we will have with one another.
- Streamlining concurrent planning efforts from Emergency Response forward to expedite youth into plans of permanency prior spending 24 months in foster care.
- Extending our recruitment efforts for foster homes in the community to faith based organizations along with local community clubs.
- The use of SDM for Substitute Care Providers. SCP Safety Assessment will allow for consistency in determining if the home is in fact meeting the needs of the youth placed there.

Probation/Outcome Measures/Systematic Factors:

1) Reunification within 12 months (C1.1)

This permanency measure reflects the percentage of children discharged from foster care to reunification in less than 12 months from the date of the latest removal from home.

According to the Data Extract Q2 2012 Report from January 1, 2011 to June 30, 2011, of all children who were in foster care for the first time in the 6-month period who remained for 8 days or longer, 0% exited to reunification within 12 months from the first date of removal.

Services provided to the minor and their families include but are not limited to phone calls, on ground visits (at the current placement facility), off ground visits (in the minor's home) and family involvement in therapy through the placement facilities.

Issues identified include:

- Child's willingness to return home
- Parent's ability to parent child
- Child's willingness to stay out of trouble

2) Least Restrictive placements (4B)

This composite measures the percentage of children placed in the least restrictive placement.

According to the Data Extract Q2 2012 Report from July 1, 2011, to June 30, 2012, 0 out of 9 children (0%) in foster care were placed in the least restrictive placement or placed with a relative as their first placement in out of home care.

Probation's challenges included

- Early engagement of relatives
- Counseling for parents and child- in and out of home
- Transportation

Child Welfare Strategies/Rationale:

Strategies that have been identified to improve outcomes include:

1. Integrate Safety Organized Practice as the standard for all Child Welfare social work interventions. Incorporate the following practices as part of the model: Coaching/Reflective Practice, Trauma Informed Practice, Motivational Interviewing and Cultural Humility. (Outcome measures affected: Re-entry following reunification (C1.4), Exits to permanency (C3.1), adoption within 12 months (C2.3) and placement stability (C4.3))

Madera County child welfare staff has participated in an introductory training for Safety Organized Practice, which lays the foundation of the model. Nine modules have been developed to support training and coaching of Safety Organized Practice/Signs of Safety. The training will cover core modules with an opportunity to practice and build skill.

The modules include (in draft)

- *Interviewing for Safety as well as Danger*
- *Three Questions*
- *Solution-Focused Inquiry*
- *Interviewing Children*
- *Safety Mapping: In the Office and in the Field*
- *Danger and Harm Statements*
- *Family Safety Networks*
- *Safety Planning*
- *Organizational Environments: Reflection, Appreciation and Ongoing Learning*
- *Implementation*

Understanding trauma and how it affects children can help mitigate the impact of trauma and rebuild the family relationship. Madera County child welfare will infuse this knowledge in our practice. We will work in collaboration with our foster parents to identify strategies to manage a child's difficult behaviors and overwhelming emotions and ensuring that the child receives the services he/she needs.

Trauma affects everyone. Our primary focus will be on the child. However, secondary to the child is the parent and the social worker. Madera County will utilize the tools from the National Advisory Committee of the Chadwick Trauma-Informed Systems Project (CTISP) to find healthier ways to help children, families, and professionals heal.

Our goal is to reduce the amount of time children stay in foster care and reduce recidivism; improve outcome C1.4 – re-entry by understanding how Childhood traumatic stress impacts children; how the system can either help mitigate the impact of trauma or inadvertently add new traumatic experiences; how trauma impacts the child welfare system; and finally by understanding that trauma interferes with a parent's ability to care and support their children.

"Recognizing trauma and its potentially pervasive effects on children and families presents a critical challenge to the child welfare agency. Mismanagement of trauma reduces the likelihood of reunification (Rubin, O'Reilly, Luan & Localio, 2007), increases placement instability (Hartnett,

Leathers, Falconnier & Testa, 1999), results in the application of increasingly more restrictive placements (Pecora et al., 2005), increases the likelihood of administration of strong psychotropic medicines (Raghavan et al., 2005), and increases the likelihood that the child will carry on an intergenerational cycle of abuse or neglect upon becoming a parent (Fang & Corso, 2007).” (National Advisory Committee of the Chadwick Trauma-Informed Systems Project)

Coaching and Reflective Practice can be a powerful and valuable tool for supporting work with children and their families. Reflective Practice is the ability to sit and listen to others without imposing your thoughts and ideas upon them. Mary Claire Heffron, PhD. of Children’s Hospital and Research Center in Oakland, California stated on October 11, 2012, “Don’t do something, just stand there”. Reflective Practice is about knowing yourself first; what triggers you; what your biases are and then learning how to self regulate when working with families.

Madera County intends to partner with Madera County First 5 and Fresno State University to train staff in Reflective Practice. UC Davis will provide training to all staff on Safety Organized Practice and Coaching. Safety Organized Practice will be rolled out in stages, starting with emergency response staff. Social Worker Supervisors will be expected to use both coaching and reflective practice during their weekly conferences with staff; modeling these concepts to their staff.

By using this model, Madera County will improve re-entry (C1.4), exits to permanency (C3.1), adoption (C2.3) and placement stability (C4.3). By understanding trauma and its effect on families, we will be able to increase the likelihood of permanency for children.

2. Madera County will fully implement Team Decision Making (TDM) for all placement decisions. (Outcome measures affected: placement stability (C4.3))

In the Peer Review Process, it was identified that Madera County uses a modified version of Team Decision Making process which is not uniform. Therefore, Madera County will implement the TDM model into every placement decision. The TDM model gives everyone a voice, the parent, the child, the clinician, the social worker, and other’s involved with the family. TDM’s will stabilize and reduce placement moves; reduce recidivism, and reduce the amount of time spent in foster care, moving children, when necessary, on to adoption in a timely manner.

By fully implementing Team Decision Making for all placement decisions, children and families will have a voice in where placement occurs. This will

improve placement stability (C4.3) as it will reduce the number of placement changes.

Madera County will utilize Efforts to Outcome program to track and evaluate the effectiveness of TDM's for placement changes.

Safety Organized Practice will be infused in this process by utilizing Safety Mapping tools. Being able to develop a sound safety plan will allow children to return to the care of their parents instead of remaining in foster care.

In addition, the TDM model will be integrated into Katie A for the Child and Family Team Meetings. TDM's will strengthen collaboration and teaming for families within the child welfare system and mental health system.

3. *Madera County will implement wrap around services. (Outcome measures affected: placement stability (C4.3) for child welfare and reunification with 12 months (C1.1) and Least Restrictive Placement (4B) for Probation)*

Madera County has been in the developmental stages of Wrap around services. In FY 2013 – 2014, Madera County will move to the implementation stage. Wrap around services are vital to the stepping down of youth from group home setting to a family setting; either at home or in a foster family home.

Wraparound is a collaborative partnership between DSS, Behavioral Health Services, Probation and community service providers to offer individualized, comprehensive and intensive care for youth at high risk of group home placement so that they may live with their families or in a home like environment (Foster Family Home).

By implementing wrap around services Madera County will improve placement stability (C4.3) for child welfare and reunification with 12 months (C1.1) and Least Restrictive Placement (4B) for Probation as children will step down to a least restrictive setting with wrap around – 24 hour – service delivery. These intensive services will allow children to remain in a safe and stable placement, including their own homes.

Madera County contracted with EMQ Families First to provide wrap around services to Probation and Child Welfare eligible youth. Madera County will first look at Probation youth for services as those youth will likely return home with wrap around services.

Although it will take years to build up a trust fund, the monies derived from such a trust fund will allow the County the flexibility to support more services for children in Madera County.

4. Engage Churches and Community Organizations in recruitment of foster homes and development of parent mentors. (Outcome measures affected: Reunification with 12 months (C1.1) and Least Restrictive Placement (4B) for Probation and Re-entry following reunification (C1.4), Exits to permanency (C3.1), adoption within 12 months (C2.3) and placement stability (C4.3))

Madera County currently has sixteen (16) County Foster Homes. Keeping children in their community becomes a struggle with very few county homes. Madera County child welfare has been successful in placing children with relatives. However, if no relative can be located and there are limited county homes, children must then be placed in a higher level of care. From July 1, 2011 through June 30, 2012, 55.9% of children in child welfare were placed in a Foster Family Agency home (FFA).

In order to increase the capacity of county homes and improve outcomes for children in Madera County, the Department will begin a recruitment campaign that will reach out to Churches and Community Organizations. This effort will not only be to recruit foster and adoptive families, but to develop a parent mentor program.

A need identified in the stakeholders meeting was for a parent mentor program. Madera County will explore evidenced based parent partnership programs/models to determine which best fits our community. The Quality Parenting Initiative (QPI) supports the use of parent partners. Madera County is a participant in QPI and will use that venue as a starting point for research.

By partnering with our community and faith based organization, Madera County hopes to increase the number of foster homes and caregivers willing to be partners with the Department to provide for the safety and well-being of our community's children. In addition, this partnership will produce mentors who are willing to work with parents, youth and caregivers alike. This partnership will decrease re-entry rates, decrease time to reunification and increase placement stability.

In addition to an increase in foster homes, this effort will seek to increase the number of families who adopt Madera County children. By creating more adoptive homes, we will decrease the time to adoption for children.

On October 5, 2013, the Madera County Foster Parent Liaison will participate in "Love Madera", a community services event which will inform community leaders and families about the foster care system and the opportunity to be a part of that system. In addition, Madera County will utilize the Efforts to Outcome program to track foster homes and adoptive homes.

Quarterly meetings will be established with Faith-Based community to increase community and organizational involvement in meeting the needs of children and families in the welfare system. Identify available tangible support and basic assistance through churches to assist specific needs requested by youth and families.

Recruitment efforts are currently underway in the form of brochures, signs, and attendance at community events.

5. Train social workers, foster parents, court, community partners on permanency and connection. (Outcome measures affected: Exits to permanency (C3.1), adoption within 12 months (C2.3) and placement stability (C4.3))

The Berkeley data from Q2, October 2012, outcome measure C3.1, shows that only 13.9% of children in foster care for 24 months or longer in Madera County were discharged to a permanent home before turning 18. The national standard is 29.1%. Madera County continues to work on building a permanent connection for children in foster care. With the addition of adoptions, it is imperative that social workers, foster parents, relative caregivers, and the community understand the importance of looking towards the future for children from the very onset of placement. To that end, Madera County needs to train our community on permanency and what that looks like for children in the child welfare system.

Child welfare meets on a monthly basis with the juvenile court judge, child's attorney, parent's attorney's and county counsel to discuss case related issues. Social service staff will train those in attendance on permanency and lifelong connections. In addition, social work staff will provide yearly training to foster parents and community partners on permanency and lifelong connections. By having a shared understanding of permanency and the importance of a lifelong connection, the community can work together to ensure youth do not exit the child welfare system with no connection.

To that end, Madera County Department of Social Services and Madera County Probation Department have partnered with Big Brothers Big Sisters to provide one on one mentoring services and help youth achieve educational success and develop positive attitudes.

In July 2012, Madera County took responsibility for adoptions in Madera County. Madera County will continue to provide post adoptive services to potential, prospective and adoptive families through the REACH program; a contract between CDSS and AspiraNet. It is anticipated that we will see an increase in placement stability and time to adoption.

These strategies will increase our outcomes in the areas of placement stability, exit to permanency and timely reunification.

6. Madera County will develop a Differential Response protocol for reports of child abuse and/or neglect. (Outcome measures affected: Re-entry following reunification (C1.4))

Differential Response allows for a flexible way to respond to allegations of abuse and/or neglect. Differential Response promotes permanency within the family and understands that other community services may be able to provide for the needs of the family outside of CWS.

Madera County will explore various models for Differential Response and take a look at successes in other Counties in order to determine the best course of action for Madera County.

Differential Response allows case workers to interact more positively with families, and focuses efforts on prevention as opposed to intervention. DR allows county workers more flexibility in how they address a report and allows them to be more efficient in their efforts. The use of differential response will enable children to remain in their home through preventative services. Differential Response will lead to a more collaborative and holistic service approach which will strengthen families, keep children safe and improve outcomes for re-entry.

7. Utilize the Central Valley Children's Hospital Child Advocacy Clinic for early identification of potential special needs of children in care. (Outcome measures affected: (C4.3) Placement Stability, at least 24 months in care)

Madera County and Central Valley Children's Hospital will work in collaboration to ensure that children who were exposed to drugs, have unexplained injuries, emotional abuse, suspected histories for sexual abuse, physical abuse, neglect and exposure to domestic violence have a complete medical work up at the Central Valley Children's Hospital Child Advocacy Clinic. This medical work up is not a CHDP physical but rather an examination which correlates to the reason the child was removed from the home.

Data from Q2; October 2012, Berkeley shows that of all children served in foster care from July 1, 2011 through June 30, 2012 who were in foster care for at least 24 months, 70.7% had three or more placements. This examination will serve as an early sign of possible issues with children and will assist the Department in making a "match" placement for the child, thus

decreasing the number of placements a child has and increasing our outcome for placement stability.

The Child Advocacy Clinic at Children's Hospital Central California is a full-service practice that provides expert diagnosis and management of suspected child maltreatment cases in infants, children and adolescents. The medical professionals will assist in protecting an injured child or to intervene preventatively in all cases that are identified and referred. It is the Department's policy that when minors are taken into protective custody due to their parents or guardians, illegal use, manufacture, and/or distribution of any controlled substances, including methamphetamine, marijuana, cocaine, opiates, pharmaceuticals, hallucinogens, and possession of drug paraphernalia, or other hazardous materials used in the manufacturing of controlled substances, that child shall be immediately tested by trained medical personnel to assess the minor for such ingested or assimilated chemicals and drugs.

8. *Improve and increase access to mental health services for families who are impacted by child abuse or neglect and for youth ages 6 – 18. . (Outcome measures affected: Re-entry following reunification (C1.4), Exits to permanency (C3.1), adoption within 12 months (C2.3) and placement stability (C4.3)*

Madera County currently contracts with Madera County Behavioral Health for mental health services for children within the foster care system. These children are currently being seen by one therapist for an average of ½ to 1 hour per session. As stated before in this document, Madera County is limited as to service providers within the community and therefore the Department relies heavily upon our community partners.

Through the CSA process and analysis, it was clear that there is a lack of mental health services for youth between the ages of 6 and 18. Children who are maltreated are at risk for a host of mental health problems including but not limited to depression, anxiety, reactive attachment and low self-esteem. These mental health conditions impact the ability of the child to remain in a stable placement and can affect reunification.

- a. *Implementation of the Core Practice Model (Katie A). Madera County child welfare will partner with Madera County Behavioral Health to implement services that will meet the needs of children, youth, and young adults with significant mental health conditions. The Department will identify a screening tool to be used on all children who come to the attention of child welfare. Child and Family Team meetings will be facilitated by trained TDM facilitators.*

In addition, Safety Organized Practice will be fully integrated into the Child and Family team meetings. The three houses, Safety Circle, and Safety Mapping will be used to explore family relationships and how, when and with whom the children feel safe.

Moreover, the Department will continue to use the SDM Family Strengths and Needs Assessment and Child Assessment to assess children and parents mental health needs. These tools assist Madera County in determining and linking the family to mental health services quickly.

- b. Drug addiction resulting in neglect of children is the main reason children are removed from their parents in Madera County. Although clients are identified at an early stage, not all clients get the services needed. Within Madera County there is a lack of residential facilities and a lack of treatment providers. This is an unmet need in the community. This department will continue to work with Madera County Behavioral Health to improve outcomes for parents with severe addiction and at the same time engage stakeholders and community leadership in a discussion around bringing residential treatment facilities to Madera County.*

By implementing these strategies to improve and increase access to mental health services for families who are impacted by child abuse or neglect and for youth ages 6 – 18, Madera County hopes to see an improvement in time to reunification and placement stability.

Probation Strategies/Rationale:

- 1. Utilize Reunification Training for the probation placement officer and placement supervisor to enhance staff's ability to identify the youth's needs and readiness to return home and be maintained in a stable home environment and avoid re-entry into the foster care system. (C1.1 Reunification within 12 months)**

Reunification training should assist the probation officer in improving reunification of youth with their families. Youth in placement and their families can be provided with the appropriate services in order to increase the chances of a successful reunification and decrease the probability of re-entry into the foster care system.

Staff will attend training specific to Reunification to assist in identifying the needs of the youth and family. The probation officer will develop a case plan with the family and the youth that includes concurrent planning for the youth's permanency should Reunification efforts fail. The Department will implement reunification focus program activities(meeting with parent and minor regularly,

following case plan needs, referrals to services needed, home visits, and home evaluations) to reunite youth with their families and decrease continued juvenile offenses, prevent, replacement outside the home, and support the family to maintain long-term stability. Families will be referred to parenting programs such as Staying Connected with Your teen, Strengthening Families and Triple P(Positive Parenting Program.)

2. Probation Staff will engage youth and their families early on to develop case plan activities that will assist in identifying the needs of the youth and their family. (4B Least Restrictive Placements)

Increasing contact and communication with the youth and their family in order to identify at an early stage the needs of the youth and services desired by the family is necessary in order to promote positive behavioral changes. Positive communication and interaction encourages compliance with terms and conditions and influences their motivational level. Positive communication with our youth and their families is an effective method in reducing crime and reducing re-entry.

The probation officer will develop a case plan with the minor and the family to identify the needs of the minor/family and develop action steps to effect youth's behavioral changes. The probation officer will meet monthly with the parent to ensure understanding of case plan goals and ensure referral to proper services. The Department will utilize Motivational Interviewing Practices to enhance communication between staff and youth and their families to promote positive behavioral changes.

Educational/Training needs

Madera County Child Welfare Staff have received initial training on Safety Organized Practice. However, more in-depth training is needed to fully implement the model and integrate it into our practice. In addition, it will be necessary for coaching to take place on a monthly basis first with a trainer, who has already been identified, and then between supervisor and staff. Finally, as it relates to coaching, Reflect Practice education and training will be needed. Madera County Social Services will continue its partnership with Madera County First 5 to provide on going education and training as it relates to trauma informed practice and reflective practice.

Madera County will utilize University of California, Davis for continuing education and training in Team Decision Making, permanency and connections, Differential Response and core child welfare practices.

In order to screen sub-class for Katie A. Madera County is looking at implementation of on-line training for the Child and Adolescent Needs and Strengths assessment tool - CANS. We are also exploring the possibility of using on-line training for foster parents who live in remote areas using such web sites as QPI Florida, QPI California, and Foster Parent College.

Madera County will continue to utilize the Central Valley Training Academy for CMS/CWS and core Child Welfare trainings for new staff.

Agency Collaboration/Community Partners

Madera County is challenged in not having a robust array of Community Based Organizations, and therefore relies heavily on the available County systems that can serve this at-risk population, such as Behavioral Health, Public Health and Social Services. Fortunately, County service providers have taken the lead in expanding the County's capabilities through building partnerships toward service provision and financial leveraging. However, the continuing reduction in State budget allocations to these Departments has a negative impact on their ability to meet the service needs of our children families.

First 5 Madera County Children and Families Commission led collaborations have provided funding opportunities to implement and/or enhance the service array for children 0-5 and their families who are served by CWS. The Department will continue to partner with First 5 for Reflective Practice training and Infant Mental Health training.

The Madera County Child Abuse Prevention Council works collaboratively with CWS and Probation to fund and support child abuse prevention and intervention outreach and educational activities. The Child Abuse Prevention Council will provide Mandated Reporter Training, Staying Connected to your Teen parenting training, and Head Trauma training. These trainings will increase service array and will decrease the time to reunification. The Child Abuse Prevention Council is funded through CAPIT, CBCAP and CCTF.

In order to increase outcomes for placement stability and time to adoption, Madera County is actively recruiting for foster family and adoptive homes. In order to find quality families willing to become foster or adoptive homes, DSS will collaborate with the Ministers Association in Madera. On October 5, 2013, the Madera County Foster Parent Liaison will participate in "Love Madera", a community services event which will inform community leaders and families about the foster care system and the opportunity to be a part of that system.

In July 2013, the Department of Social Services and the Probation Department partnered with Big Brothers Big Sisters to provide one on one mentoring services and help youth achieve educational success and develop positive attitudes.

3. Literature Review

Madera County has looked at current research on evidenced based practices, utilizing the Evidenced Based Clearing House (<http://cachildwelfareclearinghousetest.org>), which provides vital information about selected child welfare related programs, as well as initiatives and practices utilized in other counties with promising results. Services and practices researched to affect the areas identified in the CSA include:

1. **Safe Care** has been rated by the CEBC in the areas of Home Visiting, Interventions for Neglect, Parent Training, and Prevention (Secondary). **Safe Care** is an in-home parenting model program that provides direct skill training to parents in child behavior management and planned activities training, home safety training, and child health care skills to prevent child maltreatment.

<http://www.cebc4cw.org/program/safecare/>

2. **Team Decision Making** has been labeled by CEBC as a family centered practice approach. **TDM** is an approach that involves the child and family in the decisions of placement and case planning. Madera County will follow the protocol developed by the Casey Foundation.

<http://www.f2f.ca.gov/team.htm>

3. **Safety Organized Practice** formerly known as Signs of Safety creates an environment for open and honest communication with children and their families by utilizing several different tools including the three houses and safety mapping.

<http://safetyorganizedpractice.blogspot.com/p/sop-home.html>

4. **Triple P** has been labeled by CEBC as prevention program. It currently has a provisional Scientific Rating of "2 – Supported by Research Evidence". Triple P helps parents learn strategies that promote social competence and self-regulation in children.

<http://www.cebc4cw.org/program/triple-p-positive-parenting-program-system/>

5. **Solution Based Case Management** is an approach to case management that works with children and families on trauma issues. Solution Based Casework (SBC) provides a common conceptual map for child welfare caseworkers, supervisors, and treatment providers to help focus everyone's

efforts on clear and agreed upon outcomes. SBC combines what we know from research on family development, clinical behavioral change, and child welfare outcomes to help staff stay focused on three key elements, or tenets 1) to create a partnership based on problem consensus in language the family understands, 2) to focus that partnership on the patterns of everyday family life that directly relate to threats to safety, and 3) to target solutions specific to the prevention skills needed to create safety and reduce risk in those family situations. SBC has been the subject of 10 published research studies over 12 years, and has been successfully applied to investigation, assessment, prevention, foster care, adoption, residential, juvenile services, and juvenile justice cases in multiple states and jurisdictions.

<http://www.cebc4cw.org/program/solution-based-casework/>

6. ***PRIDE (Parent Resources for Information, Development, and Education)*** has been reviewed by the CEBC in the areas of Placement Stabilization and Resource Parent Recruitment and Training. ***PRIDE*** was developed with the Child Welfare League of America (CWLA) through a collaboration of 14 state child welfare agencies, two national resource centers, and several universities and colleges. It is a model for the development and support of foster care families that is used by private and public child welfare agencies in 30 states and 19 other countries. ***PRIDE*** is designed to strengthen the quality of foster care and adoption services by providing a standardized, structured process for recruiting, training, and selecting foster parents and adoptive parents. This 14-step model for delivering foster care services includes instructions and tools on how to implement the steps of the model and is described in the ***PRIDE*** Practice Handbook.

<http://www.cebc4cw.org/program/parent-resources-for-information-development-and-education/detailed>

4. Prioritization of Direct Service Needs

Stakeholders representing the entire continuum of prevention participated in the PR/CSA/SIP planning process and assisted in identifying strategies to be included in the plan.

Funding expenditures shall comply with applicable regulations. Madera County DSS is proposing to utilize a minimum of 20% of the funds for Adoption Promotion, Family Support and Family Preservation, and a minimum of 33% will be utilized for Time Limited Reunification.

The use of CAPIT/CBCAP/PSSF and CCTF money is being used to build on promising collaborations and increasing services to the community. Funds will continue to support

parenting classes, In-patient drug treatment, Counseling, transportation, community outreach and education, adoption education and recruitment of adoptive homes and much more as allowed by funding.

Madera County DSS researches evidence based and evidenced informed practices using the Evidenced Based Clearinghouse and SAMSHA web sights. Programs being supported by the use of CAPIT/CBCAP/PSSF and CCTF money are all evidenced based or evidenced informed practices and include: Triple P, Strengthening Families, Staying Connected to your Teen and Nurturing Parent.

In regards to barriers, the County has identified that the reentry rate is due enlarge to the need for dual diagnosis mental health services. This is a recurring theme throughout this assessment as dual diagnosis clients, usually substance abuse and mental illness, do not receive appropriate services to ameliorate the reason the children were removed.

The greatest risk of maltreatment is the inability of the parent to live free from illegal substances, especially those parents who have mental health issues.

Another barrier is the limited services available in Madera County for children in the age range of 8 and above.

5. State and Federally Mandated Child Welfare/Probation Initiatives

Madera County has integrated AB12 in our policy and procedures. We currently have eighteen non minor dependents in Madera County. These youth are supported by the ILP coordinator.

This year Madera County partnered with Madera County Office of Education to ensure Madera County foster/relative/NREFM youth receive support for educational opportunities, in accord with Welfare and Institutions Code Section 10601 and Education Code Section 49069.5. In addition, this MOU is intended to allow the participation in certain pre-placement prevention activities for children who are candidates for foster care in accord with 471(a)(15)(B)(i) of the Social Security Act and CFR Section 1356.60(c), 42 USC 675. This partnership will continue in FY 2013 – 2014.

Madera County is an active participant in the Quality Parenting Initiative. In July 2012, Madera County came up with its “brand” for foster parents:

Become a Madera County Foster Parent Partner

Be a valued member of your child serving community that advocates for a child's best interest, individuality and connections to family and other important people.

*Embrace and value our children, by opening your home; so that they feel loved and respected.
Be a supporter of their background and uniqueness through safety, security and lifelong
commitment.*

*Join us in shaping the future of our community by raising every child to be a healthy and
successful adult.*

The Rewards are Endless!

Madera County invites community partners, foster parents, relative caregivers, non related extended family members and staff to participate in webinars and meetings. The Madera County Foster Parent Association disbanded in December 2012. Madera County Department of Social Services continues to provide training opportunities for foster parents, relative caregivers, and non related extended family members through a partnership with the Kin-Ship program at Fresno City College. Weekly morning foster parent classes are held at the Department (Traditions of Caring), as well as PRIDE classes in the evening. In addition to that, the Foster Parent Liaison schedules periodic training on specific child related subjects.

Each Wednesday, the leadership in Child Welfare participates in Katie A conference calls. These calls are co-chaired by CDSS and DHCS and provide updated information technical assistance. Madera County DSS and Behavioral Health Services have been collaborating together to develop a County plan to implement Katie A. Madera completed their Katie A Readiness Assessment in May. By January 2014, the Department will have identified those youth eligible under the sub-class.

Madera County also participates in a workgroup for the Continuum of Care Reform. The Department participates through conference calls and emails. The Department is currently working on efforts to transform group and foster family agency placement programs. These efforts will support positive outcomes for children and their families.

6. California's PIP

Madera County's SIP addresses several areas identified in the California PIP; Foster care re-entries, placement stability, length of time for reunification, and length of time to adoption.

As previously discussed, Madera County continues to identify strategies to improve its performance in these areas. Madera County is making a significant positive contribution towards reaching California's goals.

5 – Year SIP Chart – Child Welfare

Priority Outcome Measure or Systemic Factor: C1.4 Re-entry following reunification

National Standard: 9.9%

Current Performance: Berkeley data from October 2012, Q2 indicates that 20.4% of children, who left the foster care system, re-entered within a 12 month time frame.

Target Improvement Goal: The County will increase performance on process measure C1.4 Re-entry (following reunification) from 20.4% to 12% by the end of the 5 year SIP.

Priority Outcome Measure or Systemic Factor: C2.3 Adoption within 12 months

National Standard: 22.7%

Current Performance: Berkeley data from October 2012, Q2 indicates that 11.1% of children that had been in care 17 months or longer had been discharged from foster care to adoption.

Target Improvement Goal: In July 2012, the County took over responsibility for its adoptions. This event will assist the county in increasing time to adoptions to the national standard of 22.7% by the end of the 5 year SIP.

Priority Outcome Measure or Systemic Factor: C3.1 Exits to permanency (24 months in care)

National Standard: 29.1%

Current Performance: Berkeley data from October 2012, Q2 indicates 13.9% of children discharged to a permanent home by the last day of the period (Q2, 2012), and before turning 18 had been in foster care 24 months or longer.

Target Improvement Goal: The County will increase performance on process measure C3.1 Exit to permanency (24 months in care) from 13.9% to 21% by the end of the 5 year SIP.

Priority Outcome Measure or Systemic Factor: C4.3 Placement stability for youth in care more than 24 months

National Standard: 41.8%

Current Performance: Berkeley data from October 2012, Q2 indicates that 29.3% of children served in foster care during a year that were in foster care for at least 24 months had two or fewer placement settings.

Target Improvement Goal: The County will increase performance on process measure C4.3 Placement stability from 29.3% to 34%, a 1% increase per year over the next 5 years.

PROBATION

Priority Outcome Measure or Systemic Factor: C1.1 Reunification within 12 months(exit cohort)

National Standard: 75.2%

Current Performance: From July 1, 2011 to June 30, 2012, 33.3% of probation children discharged from foster care to reunification during the year and were discharged within 12 months from the date of the latest removal from the home.

Target Improvement Goal: Madera County Juvenile Probation will improve performance in C1.1 Reunification within 12 months (exit cohort) from 33.3% to 55% by the end of the 5 year SIP period.

Priority Outcome Measure or Systemic Factor: 4B Least Restrictive placements

National Standard: N/A

Current Performance: From July 1, 2011, to June 30, 2012, 0% out of 9 children in foster care were placed in the least restrictive placement or placed with a relative.

Target Improvement Goal: Probation will set a goal of having 50% of children in foster care placed in the care of relatives.

<p>Strategy 1: Integrate Safety Organized Practice as the standard for all Child Welfare social work interventions. Incorporate the following practices as part of the model: Coaching, Reflective Practice, Trauma Informed Practice, Motivational Interviewing and Cultural Humility.</p>	<p><input checked="" 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): Re-entry following reunification (C1.4), Exits to permanency (C3.1), adoption within 12 months (C2.3) and placement stability (C4.3)</p>
<p>Action Steps:</p>		<p>Person Responsible:</p>
<p>Timeframe:</p>		
<p>A. All ER staff and supervisors to complete the SOP two-day overview.</p>	<p>September 2013 - January 2014</p>	<p>Program Manager</p>
<p>B. Complete the 12 coaching modules developed by U.C. Davis.</p>	<p>Start no later than January 2014, or as soon as all staff has completed the 2-day overview.</p>	<p>Program Manager identified coaching leader.</p>
<p>C. Individual conferences, no less than twice monthly, preferably weekly for coaching follow up on SOP practices (this will include trauma-informed practice, solution focused inquiry and cultural humility components as trainings are completed. All are essential elements for effective SOP practice.)</p>	<p>June 2014 – August 2014</p>	<p>Program Manager and Supervisors (additional coach)</p>

<p>D. Supervisors to attend Reflective Practice Training for supervision.</p>	<p>August 2014 – October 2014</p>	<p>Program Manager and Supervisors</p>
<p>E. Develop tracking tool for capturing quantitative and qualitative data to evaluate SOP implementation.</p>	<p>October 2014</p>	<p>Program Manager and Supervisors</p>
<p>F. Quarterly meetings to be held to review data captured and provide feedback as to effectiveness of SOP.</p>	<p>October 2014</p>	<p>Child Welfare Administrative Analyst II and Leadership staff</p>
<p>E. All ER staff and supervisors to complete one-day trauma informed practice training.</p>	<p>January 2014 – February 2014</p>	<p>Program Manager</p>
<p>F. All ER staff and supervisors to complete one-day solution focused inquiry training.</p>	<p>February 2014 – March 2014</p>	<p>Program Manager</p>
<p>G. All staff and supervisors to complete one-half-day cultural humility training.</p>	<p>January 2014 – February 2014</p>	<p>Program Manager</p>

<p>H. In order to achieve a more effective implementation of SOP, the Department will focus on ER staff and supervisors and concentrate on having all of them fully trained in the relevant strategies. Assuming evaluation shows a positive impact and social work practice is strengthened, the plan for implementation will be repeated in other CWS units.</p>	<p>October 2014 – November 2015</p>	<p>Program Manager</p>
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<p>Strategy 2: Fully Implement Team Decision Making Model</p>	<p><input checked="" 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): Placement stability (C4.3)</p>
<p>Action Steps:</p>		
<p>A. Communicate to staff a new policy that TDMs be conducted for all initial placements and prior to all placement changes.</p>	<p>Timeframe: August 2013 – August 2018</p>	<p>Person Responsible: Child Welfare TDM facilitators, Child Welfare Supervisors, Child Welfare Program Manager</p>
<p>B. Use Efforts to Outcomes computer tracking program to monitor and evaluate performance and outcomes.</p>	<p>September 2013 – December 2013</p>	<p>Administrative Analyst II, Child Welfare Supervisors, Child Welfare Program Manager</p>

<p>C. Conduct quarterly TDM meetings to discuss and address on going practice improvements and evaluate performance.</p>	<p>January 2014 – August 2018</p>	<p>Child Welfare TDM facilitators, Child Welfare Supervisors, Child Welfare Program Manager</p>
<p>D. Conduct once a year training for new staff, new community partners, and new foster parents on TDM's</p>	<p>January 2014 – August 2018</p>	<p>Child welfare manager</p>

<p>Strategy 3: Madera County will implement wrap around services.</p>	<p><input checked="" 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): Probation: Reunification within 12 months (C1.1) and Lease Restrictive Placement (4B) Child Welfare: Re-entry following reunification (C1.4), Exits to permanency (C3.1), adoption within 12 months (C2.3) and placement stability (C4.3)</p>
<p>Action Steps:</p>		<p>Person Responsible:</p>
<p>Timeframe:</p>		
<p>A. Identify key members of the placement committee</p>	<p>August 2013 – October 2013</p>	<p>Madera County Probation, DSS, EMQ Families First, Madera County Behavioral Health</p>
<p>B. Arrange regularly scheduled meetings; placement committee/ wraparound management team</p>	<p>August 2013 – October 2013</p>	<p>Madera County Probation, DSS, EMQ Families First, Madera County Behavioral Health</p>
<p>C. Identify those youth who qualify for wraparound services</p>	<p>October 2013 – December 2013</p>	<p>Placement committee, wraparound management team (includes DSS, Probation, BHS, and EMQ provider)</p>
<p>D. Placement of 3 probation youth in wraparound services</p>	<p>December 2013 – January 2014</p>	<p>Probation Placement Officer, Wraparound Management Team</p>

<p>E. Monitor and evaluate placements</p>	<p>January 2014 – June 2014</p>	<p>Placement committee, wraparound management team</p>
<p>F. Placement of 2 child welfare youth in wraparound services</p>	<p>June 2014 – December 2014</p>	<p>Child Welfare Social Worker, Wraparound Management Team, Placement committee</p>
<p>G. Monitor and evaluate placements</p>	<p>June 2014 – December 2014</p>	<p>Placement committee, wraparound management team</p>
<p>H. Increase slot number to 10</p>	<p>January 2016 – August 2018</p>	<p>Wraparound Management Team</p>
<p>I. Monitor monies accumulated in the Trust Fund and determine appropriate use for the money</p>	<p>January 2014 – August 2018</p>	<p>Wraparound Management Team, Stakeholders,</p>

Strategy 4: Engage Churches and Community Organizations in recruitment of foster homes and development of parent mentors	<input checked="" type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input checked="" type="checkbox"/> PSSF <input type="checkbox"/> N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): Probation Reunification within 12 months (C1.1) and Lease Restrictive Placement (4B) Re-entry following reunification (C1.4), Exits to permanency (C3.1), adoption within 12 months (C2.3) and placement stability (C4.3)
Action Steps:		Person Responsible:
Timeframe:		
A. Presentation on foster care and foster adopt at Love Madera community meeting.	10/5/2013	DSS Foster parent liaison
B. Use Efforts to Outcome for tracking and monitoring of foster homes	October 2013 – August 2018	DSS Foster parent liaison
C. Establish quarterly meetings with Faith-Based community.	November 2013 - 03/01/2014 and quarterly thereafter	DSS Foster parent liaison, Child welfare management team
D. Develop and present outreach materials for foster homes and foster adopt homes to at least 2 community organizations.	October 2013 – March 2014	DSS Foster parent liaison
E. Identify available tangible support and basic assistance through churches to assist specific needs requested by youth and families.	March 2014 – December 2014	DSS Foster parent liaison, ILP coordinator, Child welfare management team

<p>F. Explore evidenced based models of parent mentor programs. Contact at least two counties who currently use parent partners/mentors.</p>	<p>December 2014 – December 2015</p>	<p>DSS Foster parent liaison, Child welfare management team</p>
<p>G. Develop and present outreach materials for parent and community mentors to at least 3 communities and/or faith based organizations.</p>	<p>December 2015 – December 2016</p>	<p>DSS Foster parent liaison, Child welfare management team</p>
<p>H. Identify parent mentors</p>	<p>December 2015 – June 2016</p>	<p>DSS Foster parent liaison, Child welfare management team</p>
<p>I. Provide training to parent mentors to empower them to advocate for families, become change agents for children and gain a voice for children and families.</p>	<p>June 2016 – December 2016</p>	<p>DSS Foster parent liaison, Child welfare management team</p>
<p>J. Develop tracking tool for capturing quantitative and qualitative data to evaluate Parent Mentor program.</p>	<p>December 2016 – August 2018</p>	<p>DSS Administrative Analyst II</p>

Strategy 5: Train social workers, foster parents, court, community partners on permanency and connection	<input checked="" type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): Exits to permanency (C3.1), adoption within 12 months (C2.3) and placement stability (C4.3)
Action Steps:		Person Responsible:
Timeframe:		
A. Research and develop curriculum / materials on permanency and life long connections.	01/2014 – 06/30/2014	Child Welfare Program Manager and Supervisors, Administrative Analyst II
B. Train social workers on permanency	07/2014 – 12/31/2014	Child Welfare Program Manager and Supervisors
B. Train foster parents on permanency	07/2014 – 12/31/2014 and yearly thereafter	Foster Parent Liaison
C. Train Court (Judge and attorney's) on permanency	January 2015 – December 2015	Court Supervisor

<p>D. Train community partners on permanency</p>	<p>January 2015 – December 2015</p>	<p>Child Welfare Program Manager or designee</p>
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<p>Strategy 6: Develop a Differential Response Protocol Madera County will investigate the advantages of implementing a differential response protocol and develop a plan with local stakeholders to implement differential response if it will serve the needs of CWS and the Madera community.</p>	<table border="1"> <tr> <td><input checked="" type="checkbox"/></td> <td>CAPIT</td> </tr> <tr> <td><input type="checkbox"/></td> <td>CBCAP</td> </tr> <tr> <td><input type="checkbox"/></td> <td>PSSF</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>N/A</td> </tr> </table>	<input checked="" 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): Child Welfare Re-entry following reunification (C1.4)</p>
<input checked="" type="checkbox"/>	CAPIT									
<input type="checkbox"/>	CBCAP									
<input type="checkbox"/>	PSSF									
<input checked="" type="checkbox"/>	N/A									
<p>Action Steps:</p> <p>A. Conduct a comprehensive literature review on the use of differential response (DR) as part of the CWS response to referrals received.</p>		<p>Timeframe: September 2013 - March 2014</p> <p>Person Responsible: Program Manager, Staff Analyst, FBT</p>								

<p>B. Contact at least three other counties that employ a DR protocol. If possible, contact counties with similar size and demographics to Madera County.</p>	<p>March, 2014 – August 2014</p>	<p>Program Manager, Staff Analyst, FBT</p>
<p>C. Review practice model employed by other counties using DR to assess if their model would work for Madera County.</p>	<p>March, 2014 – August 2014</p>	<p>Program Manager, Staff Analyst, FBT</p>
<p>D. Create summary report regarding findings of research and review</p>	<p>September 2014 - November 2014</p>	<p>Program Manager, Staff Analyst, FBT</p>
<p>E. Create implementation group to review findings and make decision whether to implement DR</p>	<p>November 2014 – December 2014</p>	<p>Program Manager, Staff Analyst, FBT</p>
<p>F. Set regular meetings for implementation group to discuss possibility of implementing DR. Meetings should be a minimum of once a month, preferably twice a month. Expectation that group should reach consensus and decision by January 2015.</p>	<p>December 2014 – February 2015</p>	<p>Program Manager, group members to include community stakeholders and designated ER staff/ supervisors</p>

<p>G. If decision is to go forward with DR, implementation group will continue meeting to outline the process and establish procedures.</p>	<p>February 2015 – April 2015</p>	<p>Implementation group</p>
<p>H. Program Implementation</p>	<p>April 2015 – December 2015</p>	<p>Implementation group</p>
<p>I. Develop tracking tool for capturing quantitative and qualitative data to evaluate DR.</p>	<p>January 2015 – August 2018</p>	<p>Administrative Analyst II</p>

<p>Strategy 7: Coordinate services with Central Valley Children's Hospital Child Advocacy Clinic</p>	<p><input checked="" 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): Placement stability (C4.3)</p>
<p>Action Steps:</p>		<p>Timeframe:</p>
<p>Person Responsible:</p>		
<p>A. ER will follow the Drug Exposed Children Policy and Procedure to determine the need for services at Central Valley Children's Hospital Child Advocacy Clinic.</p>	<p>August 2013 – August 2018</p>	<p>Emergency Response Staff and Supervisor</p>
<p>B. Child Abuse Advocacy Clinic staff will conduct an informational training for social workers.</p>	<p>August 2013 – December 2013</p>	<p>Child Abuse Advocacy Clinic staff and Child Welfare Supervisors</p>
<p>C. Child Abuse Advocacy Clinic staff will conduct an informational training for judicial and collaborative partners.</p>	<p>December 2013 – March 2014</p>	<p>Child Abuse Advocacy Clinic staff and Child Welfare Court Supervisor</p>
<p>D. Child Abuse Advocacy Clinic staff will conduct an informational training for foster parents.</p>	<p>December 2013 – March 2014</p>	<p>Child Abuse Advocacy Clinic staff and foster parent liaison.</p>
<p>E. The Child Welfare Public Health Nurse will identify and coordinate with Child Advocacy Clinic for abused and neglected children.</p>	<p>August 2013 – August 2018</p>	<p>Child Welfare, Public Health Department, and Children's Hospital.</p>

<p>F. Utilize Rushmore to ensure that policies and procedures are being followed.</p>	<p>August 2013 – August 2018</p>	<p>DSS Program Manager and Child Welfare Supervisors</p>
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<p>Strategy 8: Improve and increase access to mental health services for families who are impacted by child abuse or neglect and for youth ages 6 – 18.</p>	<table border="1"> <tr> <td><input checked="" type="checkbox"/></td> <td>CAPIT</td> </tr> <tr> <td><input type="checkbox"/></td> <td>CBCAP</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>PSSF</td> </tr> <tr> <td><input type="checkbox"/></td> <td>N/A</td> </tr> </table>	<input checked="" type="checkbox"/>	CAPIT	<input type="checkbox"/>	CBCAP	<input checked="" type="checkbox"/>	PSSF	<input type="checkbox"/>	N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): Re-entry following reunification (C1.4), Exits to permanency (C3.1), adoption within 12 months (C2.3) and placement stability (C4.3)</p>
<input checked="" type="checkbox"/>	CAPIT									
<input type="checkbox"/>	CBCAP									
<input checked="" type="checkbox"/>	PSSF									
<input type="checkbox"/>	N/A									
<p>Action Steps:</p>		<p>Person Responsible:</p>								
<p>A. The Departments of Behavioral Health (DBH) and the Department of Social Services, Child Welfare (DSS) will identify children/youth (children) currently meeting subclass criteria and those at risk of subclass criteria (Katie A).</p>	<p>Timeframe: August 2013 – January 2014</p>	<p>Behavioral Health and Child Welfare Staff</p>								

<p>B. Select and Formalize a screening process for class and subclass children. (Katie A).</p>	<p>January 2014 – February 2014</p>	<p>Behavioral Health and Child Welfare Staff</p>
<p>C. Train staff on screening tool and process. (Katie A)</p>	<p>March 2014</p>	<p>Child Welfare Supervisors</p>
<p>D. Identify preventative resources within mental health services for children ages 6 – 18.</p>	<p>March 2014 – June 2014</p>	<p>Behavioral Health and Child Welfare Staff</p>
<p>E. Identify service providers for in-patient treatment facilities for families who are impacted by child abuse or neglect and for youth ages 6 – 18.</p>	<p>January 2015 – June 2015</p>	<p>Stakeholders/DSS and Child Welfare Management</p>
<p>F.. Utilize quarterly meetings between Behavioral Health and DSS to review data in regards to Katie A and discuss/address implementation issues. In addition, discuss how to meet the needs of youth ages 6 – 18.</p>	<p>January 2014 - August 2018</p>	<p>Behavioral Health and Child Welfare Staff</p>

<p>Strategy 1: Probation</p> <p>Utilize Reunification Training for the probation placement officer and placement supervisor to enhance staff's ability to identify the youth's needs and readiness to return home and be maintained in a stable home environment and avoid re-entry into the foster care system.</p>	<p><input checked="" type="checkbox"/> CAPIT</p> <p><input type="checkbox"/> CBCAP</p> <p><input type="checkbox"/> PSSF</p> <p><input checked="" type="checkbox"/> N/A</p>	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):</p> <p>Reunification within 12 months (C1.1)</p>	
<p>Action Steps:</p>		<p>Timeframe:</p>	<p>Person Responsible:</p>
<p>A.</p> <p>Staff will attend training specific to Reunification to assist in identifying the needs of the youth and family.</p>	<p>September 2013 and August 2018 - as becomes available</p>	<p>Probation Officers, Seniors and Supervisors</p>	
<p>B.</p> <p>The probation officer will develop a case plan with the family and the youth that includes concurrent planning for the youth's permanency should Reunification efforts fail.</p>	<p>October 2013 – August 2018</p>	<p>Probation Officers</p>	
<p>C.</p> <p>Implement reunification focused program activities(meeting with parent and minor regularly, following case plan needs, referrals to services needed, home visits, and home evaluations) to reunite youth with their families and decrease continued juvenile offenses, prevent, replacement outside the home, and support the family to maintain long-term</p>	<p>August 2013 and August 2018</p>	<p>Probation Officers, Seniors and Supervisors</p>	

<p>stability.</p>		
<p>D. The placement officer will refer minor and family to parenting programs such as Staying Connected with Your Teen, Strengthening Families and Triple P (Positive Parenting Program.)</p>	<p>August 2013 – August 2018</p>	<p>Probation Officers</p>

Strategy 2: Probation Staff will engage youth and their families early on to develop case plan activities that will assist in identifying the needs of the youth and their family.	<input checked="" type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): Lease Restrictive Placement (4B)	
Action Steps:		Timeframe:	Person Responsible:
A. With the use of motivational interviewing and review of the juvenile assessment completed by the probation officer at time of disposition, the probation officer will develop a case plan with the minor and the family to identify the needs of the minor / family and develop action steps to effect youth's behavioral changes.	August 2013 – August 2018		Probation officers, seniors and Supervisors
B. The probation officer will meet monthly with the parent to ensure understanding of case plan goals and ensure referral to proper services.	August 2013 – August 2018		Probation officers
C. Utilize Motivational Interviewing Practices to enhance communication between staff and youth and their families to promote positive behavioral changes.	August 2013 – August 2018		Probation officers, seniors and Supervisors

CAPIT/CBCAP/PSSF
Program and Evaluation Description (Template)

Program Name	Parent Support and Advocacy Program
Service Provider	Madera County Community Action Partnership
Program Description	<p>The Parent Support and Advocacy Program includes the following services:</p> <p>Strengthening Families Program is an evidence-based parenting program involving the entire family, consisting of 14 sessions, and meets once a week on Mondays and Tuesdays evenings for one hour sessions in both English and Spanish, offered in Madera and Chowchilla.</p> <p>Triple P (Positive Parenting Program) is an evidence based, broad-focused parent program consisting of 8 sessions, 5 one hour sessions and 3 phone sessions each week, and meets once a week on Thursdays mornings for 2 hour sessions in English, offered in Madera and Oakhurst.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Group Classes <input type="checkbox"/> 1:1 sessions (scheduled & walk-ins) <input type="checkbox"/> Parent support and resource referrals <input type="checkbox"/> Community parent meeting presentations (46 parents) <input type="checkbox"/> Madera County Resource Guides (Madera, Chowchilla, Mtn. Area) <input type="checkbox"/> Parenting Programs Directory <input type="checkbox"/> Home Visitation <input type="checkbox"/> Follow-up
OCAP Funding Source(s)	CAPIT will be used for at families at risk or with open child welfare; Parenting education, home visitation and 10% administrative costs. CBCAP will be used for those families who are at risk of abuse and/or neglect; Resource Guides, Parenting directory, resource referrals, parenting classes. These families are typically

	<p>referred through Domestic Violence (MCCAP) and the schools. CCTF supports these programs as well; parenting classes, community meetings, and administrative costs. CCTF funds support families involved with the probation department.</p>
<p>Identified Priority Need Outlined in CSA</p>	<p>Madera County has limited parenting classes and one on one instruction/guidance. During the CSA, a focus group identified the lack of parenting services for Spanish speaking families. This Parent Support program meets that need in our community.</p>
<p>Target Population</p>	<p>Families at risk of abuse or neglect, families within the child welfare system and probation.</p>
<p>Target Geographic Area</p>	<p>Madera County</p>
<p>Timeline</p>	<p>07/2013 – 12/31/2013</p>
<p>Evaluation</p>	<p>Participants know how to manage child behavior in a nurturing and effective manner (behavior management, discipline).</p> <p>Participants know how to access formal support systems in their communities.</p> <p>Part Participants know the importance of supervision and how to monitor their children.</p> <p>Participants know the importance of having a mutual support network of friends, family, and neighbors.</p> <p>Participants practice appropriate and effective strategies for mediating their children's challenging behaviors.</p> <p>Participants have a mutual support network of friends, family, and neighbors that they use for support and assistance as needed.</p> <p>90% of all participants will score a 70% or better on the post test.</p>

<p>Pre and Post test</p> <p>Parent Satisfaction Survey</p> <p>Community Satisfaction Survey</p> <p>Quarterly Meetings</p> <p>Site visitation every six months</p> <p>The Parent Advocacy Program provides qualitative and quantitative data to the DSS Administrative Analyst II. In addition, the DSS Administrative Analyst II and the fiscal Analyst II track expenditures and funding sources.</p>	<p>Quality Assurance (QA) Methods/Tracking Tools</p>
<p>Parent Satisfaction Survey</p>	<p>Client Satisfaction</p>

CAPIT/CBCAP/PSSF

Program Name	Program Description
Prevention and Outreach Services, Staying Connected to your Teens, Mandated Reporter Training, Multi-Disciplinary Teams	
Service Provider	Child Abuse Prevention Council
Program Description	<p>Madera County has one Child Abuse Prevention Council is a 501 (c) (3) and is made up of an Executive Director, Board of Directors and Executive Board and general membership. The CAPC is designated by the Interagency Youth and Services Council to coordinate with a host of agencies to accomplish the following:</p> <ul style="list-style-type: none"> ▪ Promote public awareness of the abuse and neglect of children and facilitate community support for intervention and treatment programs; ▪ Mandated Reporter Training and prevention ▪ Teach parenting classes – Staying Connected to Your Teens ▪ Encourage and facilitate trainings of professionals in the detection, treatment and prevention of child abuse and neglect; ▪ Recommend improvement in services to families and victims via public and non-profit agencies; ▪ Advise the County Board of Supervisors via the ICYSC on the selection of child abuse and neglect prevention and intervention projects, programs, services and special studies funded through AB2994, Children's Trust Fund, CAPIT and any other monies available. ▪ Participate on Madera County Child Death Review Team and Madera County Suspected Child Abuse and Neglect Team. <p>The MCCAPC also promotes public awareness about abuse and neglect of children and facilitates community support via public awareness activities and educational programs. The MCCAPC provides the following services and events on an annual basis:</p> <ul style="list-style-type: none"> • Public Awareness: Chowchilla Annual Block Party, Family Fun Day, Student Recognition Award

<p>Luncheon, Community Service Opportunities Fair and Child Abuse Prevention Month Activities and Education: Day for Children's Conference, Informational Session.</p> <p>MCCAPC is a member on the local Interagency for Children and Youth Services Council which is the Board of Supervisors' designated entity to oversee both the Children's Trust Fund and CAPIT/CBCAP/PSSF funding streams. As indicated above, the CAPC is included in the CAPIT/CBCAP/PSSF three year planning activities and has participated in the County's C-CFSR activities. CTF funds the Mandated Reporter Training along with CBCAP. In addition, CAPIT funds the Staying Connected to Your Teens parenting classes- an evidenced based program, 10% administrative costs and participation on the two Multi-disciplinary teams. CBCAP funds Day for Children's Conference (adult education), child abuse and neglect prevention activities, outreach and follow up services, and public information activities such as Annual Block Party.</p>	<p>CAPIT , CBCAP (families at risk with no open CWS cases) , CCTF</p>	<p>The CAPC provides a parenting program for adults and teens which is an unmet need in Madera County. They also focus on prevention and intervention throughout the community which is limited and is a gap in services. They are the primary agency to provide prevention and outreach activities throughout the County. The CAPC provides mandated reporter training. Prior to their involvement, child welfare staff would facilitate when requested.</p>	<p>Community leaders, Mandated Reporter, Families in Madera County with children at risk and children in placement.</p> <p>Teens and Parents.</p>
<p>OCAP Funding Source(s)</p>	<p>Identified Priority Need Outlined in CSA</p>	<p>Target Population</p>	

<p style="text-align: center;">Target Geographic Area</p>	<p>All Madera County and at risk and families within the system</p>
<p style="text-align: center;">Timeline</p>	<p>07/2013 – 06/30/2014. Contract renewed annually as long as the services continue to meet the needs of the community.</p>
<p style="text-align: center;">Program Outcome(s)</p>	<ul style="list-style-type: none"> • Increase community connections • Increase community knowledge of parenting and child development, • Provide mandated training to professionals so that they are able to recognize signs of abuse and neglect and understand how and when to report, • Increase community awareness of domestic violence and the effects it has on children, • Provide resource materials to the community.
<p style="text-align: center;">Evaluation</p>	<p>Effectiveness will be determined by the number of parents educated and pre and post test completed by training participants. Also the number of materials handed out to the community.</p> <p>The director of the Madera County Child Abuse Prevention Council will keep documentation of all pre and post tests for the Staying Connected to your Teen parenting class. She will also do the same for community outreach and mandated reporter training. The director will track the following data: male/female, adult/child, DOB, ethnicity, language, disability, completion of program, outcome achieved. She will provide a report to the</p>

	<p>DSS Administrative Analyst II on a quarterly basis. The President and Director of the Madera County Child Abuse Prevention Council will meet with the DSS Administrative Analyst II on a quarterly basis to evaluate the outcomes of projects/activities and determine how they help to meet the unmet needs in Madera County.</p> <p>If the activities/projects are not meeting the identified unmet needs within the community, DSS Administrative Analyst II will reconvene a stakeholders meeting to discuss possible changes in services provided.</p>
<p>Client Satisfaction</p>	<p>Client Satisfaction Survey</p>

CAPIT/CBCAP/PSSF

Program and Evaluation Program Description	
Program Name	Healthy Beginnings Program
Service Provider	CWS
Program Description	<p>The Healthy Beginnings Program is a team approach to providing services to Madera County families with children between the ages of 0 – 5. This is meant to be a one stop shop for those families that require a multi-disciplinary approach to child abuse prevention, intervention and treatment. Referrals are generated by various partners. The Child Welfare families are referred and served within the program have moderate to high service needs and receive services through multiple agencies. Agencies involved include: Child Welfare, Behavioral Health, Public Health, Schools, First 5 and more.</p> <p>The Healthy Beginnings Program provides direct services, intensive home visitation, transportation to and from services, temporary housing needs, domestic violence counseling/classes, parenting classes, other mental health services, and other services that assist with families in crisis or to assist in the adoption process.</p> <p>The Healthy Beginnings Program meets on a weekly basis. The families served are invited to attend a staffing. A written service plan is developed and agreed upon by all involved parties. A “lead” agency is designated based upon the service needs of the family. Many of the HBP families are referred for services to which they are available.</p> <p>PSSF Family Preservation funds will be used to support intensive home visitation to prevent the removal of children from their home and counseling services to a child who has been returned to the home after foster care placement. PSSF Family Support funds will be used to increase the strength and stability of families which can include mental health services, parenting skills, counseling services. PSSF Time-Limited Reunification funds will be used to support inpatient or outpatient substance abuse treatment services, mental health services, domestic violence counseling, and transportation to services.</p>
OCAP Funding Source(s)	PSSF Family Preservation, PSSF Family Support, PSSF Time-Limited Reunification

<p>Identified Priority Need Outlined in CSA</p>	<p>Healthy Beginnings program targets families with children 0 – 5 and is the only multidisciplinary for this population. This program provides in home support and teaching.</p>
<p>Target Population</p>	<p>Families with children 0 – 5 who are at risk of being removed, or who have been removed from parental care.</p>
<p>Target Geographic Area</p>	<p>All Madera County</p>
<p>Timeline</p>	<p>2013 - 2018</p>
<p>Program Outcome(s)</p>	<ul style="list-style-type: none"> • Families will receive a agreed upon written plan which identifies service needs • Early Start Intervention – In home services to teach child development to parents • Parents will gain knowledge on community resources • Parents will not have to make multiple appointments – all issues will be addressed at HB • Barriers to participation in services will be ameliorated • Promote placement stability
<p>Quality Assurance (QA) Methods/Tracking Tools</p>	<p>HB Program Manager tracks outcomes via spreadsheet and provides case notes to social workers after each family meeting. These case notes include progress of family, needs of family, recommendation of HB group.</p> <p>An administrative request was developed to track expenditures in PSSF categories. When funds are requested, the social worker supervisor or manager must indicate which fund the monies are requested from and who the funds are serving (male/female, adult/child, ethnicity, language, disability).</p> <p>The program administrator for the Healthy Beginnings program will meet with the DSS Administrative Analyst II on a quarterly basis to review outcome data and evaluate the program. The HB program administrator will provide the Department with quarterly quantitative data.</p>

	Client Satisfaction
<p>There is currently only verbal communication regarding client satisfaction. However, the HB Program Manager will be developing a survey to measure client satisfaction.</p>	

CAPIT/CBCAP/PSSF

Program and Evaluation Program Description	Program Name	In-Patient Substance Abuse Treatment
	Service Provider	Spirit of Women, West care and Light House Recovery
	Program Description	<p>These programs are substance abuse programs that use a family focused approach to addressing the needs of women and their children through 90 and 180 day intensive in-patient treatment programs followed by aftercare and transitional housing support.</p> <p>The programs include substance abuse treatment and education, relapse prevention, domestic violence, anger management, individual, group, and family mental health therapy, parenting program, reunification support, and more. The Spirit of Women and Westcare both use an evidenced based parenting program – Nurturing Parent Program. In addition, Westcare also uses, sporadically, the Incredible Years parenting program, another evidenced based program.</p>

	Initially, participants are given the opportunity to have their children placed with them after 30 days in treatment. These programs are supported with Child Welfare funds, as well as, PSSF Time-limited Family Reunification funds.
OCAP Funding Source(s)	PSSF – Time Limited Family Reunification and PSSF – Family Preservation
Identified Priority Need Outlined in CSA	Madera County has no in-patient rehabilitation drug/alcohol treatment facilities. This is a huge gap in services within the County.
Target Population	Child welfare mother's with substance abuse issues that can not be ameliorated without in-patient services.
Target Geographic Area	Madera County
Timeline	2013 - 2018
Evaluation	<ul style="list-style-type: none"> • Participants will learn to live free of drugs, • Participants will learn coping skills to deal with life outside of the facility, • Participants will develop parenting skills, • Participants will reunify with their children within 6 to 12 months, • Participants will develop a support system,

<p>Quality Assurance (QA) Methods/ Tracking Tools</p>	<p>Monthly reports received from program staff updating progress of participant. Social worker has monthly contact with participant inside the facility. The DSS Administrative Analyst II meets with Behavioral Health staff on a quarterly basis to monitor and evaluate services rendered.</p>
<p>Client Satisfaction</p>	<p>Verbal statement from participant.</p>

CAPIT/CBCAP/PSSF

Program Description	Program Name	Counseling Services
<p>Program Description</p>	<p>Service Provider</p>	<p>Comprehensive Counseling Services - Rudolpho Garza, LCSW</p> <ul style="list-style-type: none"> • 26 weeks of anger management linked to domestic violence • Individual and Family Counseling, • 12 week parenting program, • 52 week child abuse parenting program, • 26 week substance abuse treatment program <p>All services are offered in Spanish and English and meet the needs of children and families in Madera County.</p> <p>PSFF – Family Preservation funds activities designed to improve parenting skills (12 and 52 week parenting program) and intensive family counseling.</p> <p>PSFF – Family Support funds activities to increase and strengthen families such as the parenting programs, family counseling and domestic violence services.</p> <p>PSFF - Adoption Promotion and Support funds activities designed to expedite the adoption process and support adoptive families including parenting classes and counseling.</p> <p>PSFF – Time Limed Reunification funds support individual and family counseling, outpatient substance abuse treatment, and domestic violence services.</p>
<p>OCAP Funding Source(s)</p>		<p>PSFF – Time Limited Reunification, PSFF – Family Preservation, PSFF – Family Support, PSFF – Adoptions Promotion and Support</p>

<p>Identified Priority Need Outlined in CSA</p>	<p>There are limited services for Spanish speakers in the area of domestic violence services, parenting classes and substance abuse treatment. As indicated in the Madera County CSA, Madera County has a large population of Hispanic/Spanish speakers. These services enable the Department to meet an unmet need in the community.</p>
<p>Target Population</p>	<p>Spanish and English speaking children and families within the child welfare system</p>
<p>Target Geographic Area</p>	<p>Madera County</p>
<p>Timeline</p>	<p>2013 - 2018</p>
<p>Program Outcome(s)</p>	<p>Address and treat a clients identified or diagnosed problems including but not limited to social, psychological, substance abuse, medical and/or other problems so that they are able to provide a safe and nurturing home for their children.</p>
<p>Quality Assurance (QA)</p>	<p>Written assessment from Rudolpho Garza. Participants are tracked through a written approval document</p>
<p>Evaluation</p>	

<p>Methods/Tracking Tools</p>	<p>submitted to the DSS Administrative Analyst II. The Administrative Analyst II tracks each PSFF funding source separately and identifies participants in each funding source by gender, ethnicity, language, disability.</p> <p>Issues identified with the program will be addressed during the Department's weekly leadership and/or program integrity meeting.</p>
<p>Client Satisfaction</p>	<p>Verbal statement(s) from participants.</p>

CAPIT/CBCAP/PSSF

<p>Program Name</p>	<p>Adoption Promotion and Support</p>
<p>Service Provider</p>	<p>CWS Adoption Unit</p>
<p>Program Description</p>	<p>This program is used to remove barriers which impede the process of adoption when children cannot be safely reunified with their families and to address the unique issues adoptive families and children may face.</p> <p>The adoption unit consists of one supervisor and two adoption workers, one 366.26 report writer and the relative approval social worker.</p>

	<p>The adoption social workers complete the "Safe" home studies for matched families. They assume care, custody and control of the child through relinquishment or involuntary termination of parental rights; assess birth parents, prospective adoptive parents; place children for adoption; complete cooperative placement agreements; finalizes the adoption; provide post adoptive services, and provides Adoption Assistance Program services (AAP).</p> <p>Recruitment for adoptive homes.</p>
OCAP Funding Source(s)	PSFF- Adoption Promotion and Support and CWS funds support this program.
Identified Priority Need Outlined in CSA	Madera County began their adoption program in July 2012. Although still developing, an unmet need was identified in the CSA. Madera County lacks adoptive homes. Adoptive homes are needed to move children from long term care to a permanent home.
Target Population	Child Welfare Dependents who 's permanent plan is adoption
Target Geographic Area	Madera County
Timeline	On going through 2018
Evaluation	<p>Decrease the amount of time a child stays in the foster care system</p> <p>Decrease the amount of time a child is legally freed for adoption</p> <p>Increase the number of adoptive homes in Madera County</p> <p>Increase participation in Post Adoptive Services</p>

<p>Quality Assurance (QA) Methods/Tracking Tools</p>	<p>Business Objects and Safe Measures will be used to track time frames Rushmore will be used to ensure state standards are being met. In addition, issues regarding performance are addressed during the Department's weekly program integrity meeting.</p>
<p>Client Satisfaction</p>	<p>Client satisfaction survey will be developed and give to all post adoptive services families.</p>

CAPIT/CBCAP/PSSF
Program and Evaluation Description (Template)

<p>Program Name</p>	<p>In House Provision of Services for Child Welfare Clients</p>
<p>Service Provider</p>	<p>CWS</p>
<p>Program Description</p>	<p>Child Welfare's primary goal is to prevent or remedy neglect, abuse or exploitation of children while preserving, rehabilitating or reuniting families. A major responsibility is to assure adequate care of children in out of home care.</p> <p>Child Welfare provides a variety of services to parent and children under these programs: Emergency Response, Family Reunification, Family Maintenance, Permanency Placement and Adoption.</p> <p>Services include: case management by AmeriCorp Volunteers, bus passes, gas vouchers, and mileage reimbursement to and from services, respite care from an approved vender, mental health services, teaching and demonstrating homemakers by AmeriCorp Volunteers and/or social workers or aides, in-house parenting classes or outsourced through faith based or other, adult education for mental challenged parents by social workers . Concrete supports which includes furniture, food, transportation, clothing, and utility assistance.</p>

<p>This program is used to support services to strengthen parental relationships, to improve parenting skills, promote timely reunification and support and preserve the family.</p> <p>Funds for this program comes from the following sources: PSFF- Time Limited Reunification, PSFF-Family Support Services, PSFF- Adoption Promotion and Support , and child welfare dollars (\$1,331,845)</p> <p>Activities funded by PSFF – TLFR include transportation to services including gas vouchers or bus passes, counseling, parent support group, in-patient substance abuse treatment, peer to peer mentoring, and mental health services.</p> <p>Activities funded by PSFF-APS include counseling, and services/activities that support adoptive families and expedite the adoption process.</p> <p>Activities funded by PSFF-FS include parenting classes, teaching and demonstrating homemakers, and emergency housing.</p>	
<p>PSFF- Time Limited Reunification, PSFF-Family Support Services, PSFF- Adoption Promotion and Support ,</p>	<p>OCAP Funding Source(s)</p>
<p>Madera County has no CBO's. Madera County Child Welfare relies on internal direct services or community agencies to assist in the reunification process.</p>	<p>Identified Priority Need Outlined in CSA</p>
<p>Families whose children have been removed from their care.</p>	<p>Target Population</p>
<p>Madera County Child Welfare open cases</p>	<p>Target Geographic Area</p>
<p>On going through 2018</p>	<p>Timeline</p>

<p style="text-align: center;">Evaluation</p>	<p style="text-align: center;">Program Outcome(s)</p>	<p>Increase rate in time to reunification or a permanent plan. Increase strength and stability of the family. Ensure children have a safe environment.</p>
	<p style="text-align: center;">Quality Assurance (QA) Methods/Tracking Tools</p>	<p>Safe Measure and Berkeley data will track outcomes. Reduction in re-entry will show success in this area. DSS Administrative Analyst II will track of adults and children who receive services, including ethnicity and disability status. Issues regarding performance are addressed during the Department's weekly program integrity meeting.</p>
	<p style="text-align: center;">Client Satisfaction</p>	<p>Social workers will narrate client satisfaction in CWS when services are provided. A client satisfaction survey will be developed as well.</p>

Approved as to Legal Form:
COUNTY COUNSEL

** nothing in document requires review or approval to legal form.*

By *Greider*

TITLE OF DOCUMENT:

Madera County System Improvement Plan August 2013
(California-Child and Family Services Review)

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

Appendix X

(1) DATE SUBMITTED: 8/28/13 (2) VERSION: 8/18/13 thru 8/18/13 (3) COUNTY: Madera (4) PERIOD OF SIP: 8/18/13 (5) YEAR: 1-5 (6) Other Funds: \$2,392,948

(6) ALLOCATION (Use the latest Fiscal or All County Information Notice for Allocation): CAPIT: \$ 91,308 CBCAP: \$20,890 PSSF: \$155,059 Other Funds: \$2,392,948

No.	Title of Program	Function of Program	Name of Service Provider	Service Provider is Unknown, Date Revised Workbook to be Submitted to OCAP	CAPIT		CBCAP		PSSF					OTHER SOURCES	NAME OF OTHER	TOTAL	
					E1	E2	F1	F2	G1	G2	G3	G4	G5				G6
1	Healthy Beginnings	Direct Service	MCDSS		\$0	\$0	\$0	\$0	\$27,694	\$27,694	\$27,694	\$0	\$0	\$83,082	\$594,765	CWS/First 5	\$760,929
2	Prevention and Outreach services	Public Awareness	Child Abuse Prevention Council		\$0	\$0	\$10,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$30,940	CCTF	\$30,940
3	Staying Connected with Your Teens	Direct Services	Child Abuse Prevention Council		\$21,600	X	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$21,600
4	Multi-Disciplinary Teams	None	Child Abuse Prevention Council		\$8,790		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$8,790
5	Mandated Reporter Training	None	Child Abuse Prevention Council		\$0		\$5,890	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,157	CCTF	\$11,047
6	Parent Support and Advocacy Program	Direct Services	Community Action Partnership Madera County		\$50,918		\$5,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$19,082	CCTF	\$75,000
7	In-patient Substance Abuse Treatment	Direct Services	Spirit of Woman/Westcare/Light House Recovery		\$0		\$0	\$4,355	\$0	\$0	\$11,494	\$0	\$0	\$15,849	\$8,843	CWS	\$40,541

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

Appendix X

No.	Title of Program	Function of Program	Name of Service Provider	Service Provider is Unknown, Date Revised Workbook to be Submitted to OCAP	CAPIT		CBCAP		PSSF						OTHER SOURCES	NAME OF OTHER	TOTAL	
					E1	E2	F1	F2	G1	G2	G3	G4	G5	G6				H1
8	In House Provision of Services to CW Clients and Adoption Promotion & Support	Direct Services	MCDSS			\$0	\$0	\$0	\$0	\$0	\$7,400	\$8,000	\$34,032	\$49,432		\$1,331,845		\$1,430,709
9	Counseling Services	Direct Services	CCS-Rudolpho Garza, LCSW			\$0	\$0	\$0	\$0	\$480	\$941	\$4,445	\$830	\$6,696	\$0	\$0		\$13,392
						\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0
						\$81,308	\$0	\$211,890	\$0	\$37,529	\$36,035	\$51,633	\$34,862	\$155,059		\$1,980,632		\$2,392,948
						21%	0%	23%	0%	21%	23%	33%	22%	100%				

Appendix X: BOS Notice of Intent

This form serves as notification of the County's intent to meet assurances for the CAPIT/CBCAP/PSSF Programs.

**CAPIT/CBCAP/PSSF DESIGNATION OF ADMINISTRATION OF FUNDS AND
FUNDING ASSURANCES FOR MADERA COUNTY
PERIOD OF PLAN 08/18/2013 THROUGH 08/18/2018**

DESIGNATION OF ADMINISTRATION OF FUNDS

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

W&I Code Section 16602 (b) requires that the local Welfare Department administer the PSSF funds. The County Board of Supervisors designates Madera County Department of Social Services as the local welfare department to administer PSSF.

FUNDING ASSURANCES

The undersigned assures that the Child Abuse Prevention, Intervention and Treatment (CAPIT), Community Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) funds will be used as outlined in state and federal statute¹:

- Funding will be used to supplement, but not supplant, existing child welfare services;
- Funds will be expended by the county in a manner that will maximize eligibility for federal financial participation;
- The designated public agency to administer the CAPIT/CBCAP/PSSF funds will provide to the OCAP all information necessary to meet federal reporting mandates;
- Approval will be obtained from the California Department of Social Services (CDSS), Office of Child Abuse Prevention (OCAP) prior to modifying the service provision plan for CAPIT, CBCAP and/or PSSF funds to avoid any potential disallowances;
- Compliance with federal requirements to ensure that anyone who has or will be awarded funds has not been excluded from receiving Federal contracts, certain subcontracts, certain Federal financial and nonfinancial assistance or benefits as specified at <http://www.epls.gov/>.

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

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

	<u>October 8, 2013</u>
County Board of Supervisors Authorized Signature	Date
<u>Max Rodriguez</u>	<u>Chairman of the Board of Supervisors</u>
Print Name	Title

¹ Fact Sheets for the CAPIT, CBCAP and PSSF Programs outlining state and federal requirements can be found at: <http://www.dss.cahwnet.gov/cfsweb/PG2287.htm>

Approved as to Legal Form:
COUNTY COUNSEL

By  _____

ACCOUNT NUMBERS:

CONTRACTING PARTIES:

California Department of Social Services

Madera County Department of Social Services

TITLE OF CONTRACT:

Appendix X: BOS Notice of Intent (CAPIT/CABCAP Designation

of Administration of Funds and Funding Assurances for Madera County)
