

California - Child and Family Services Review

System Improvement Plan

JUNE 2013 – JUNE 2018



A Tradition of Stewardship
A Commitment to Service

County	Napa
CSA Period Dates	2012 – 2017
SIP Period Plan Dates	June 4, 2013 – June 3, 2018
Outcome Data Period	October 2012 Data Extract: Q2 2012
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Introduction

Background – Child and Family Services Review

In 1994, amendments to the Social Security Act (SSA) authorized the U.S. Department of Health and Human Services (HHS) to review state child and family service programs' conformity with the requirements in Titles IV-B and IV-E of the SSA. In response, the Federal Children's Bureau initiated the Child and Family Services Reviews (CFSR) nationwide in 2000. It marked the first time the federal government evaluated state child welfare service programs using performance-based outcome measures in contrast to solely assessing indicators of processes associated with the provision of child welfare services. California was first reviewed by the Federal Health and Human Services Agency in 2002 and began its first round of the CFSRs in the same year. Ultimately, the goal of these reviews is to help states achieve consistent improvement in child welfare service delivery and outcomes essential to the safety, permanency, and well-being of children and their families.

California Child and Family Services Review (C-CFSR)

The California Child and Family Services Review (C-CFSR), an outcomes-based review mandated by the Child Welfare System Improvement and Accountability Act (Assembly Bill 636), was passed by the state legislature in 2001. The goal of the C-CFSR is to establish and subsequently strengthen a system of accountability for child and family outcomes resulting from the array of services offered by California's Child Welfare Services (CWS). As a state-county partnership, this accountability system is an enhanced version of the federal oversight system mandated by Congress to monitor states' performance, and is comprised of multiple elements.

Quarterly Outcome and Accountability Data Reports

The California Department of Social Services (CDSS) issues quarterly data reports which include key safety, permanency and well-being outcomes for each county. These quarterly reports provide summary-level federal and state program measures that serve as the basis for the C-CFSR and are used to track performance over time. Data are used to inform and guide both the assessment and planning processes, and are used to analyze policies and procedures. This level of evaluation allows for a systematic assessment of program strengths and limitations in order to improve service delivery. Linking program processes or performance with federal and state outcomes helps staff to evaluate their progress and modify the program or practice as appropriate. Information obtained can be used by program managers to make decisions about future program goals, strategies, and options. In addition, this reporting cycle is consistent with the notion that data analysis of this type is best viewed as a continuous process, as opposed to a one-time activity for the purpose of quality improvement.

County Self-Assessment and Peer Review

The County Self-Assessment (CSA) is a comprehensive review of each county's Child Welfare Services (CWS) and affords an opportunity for the quantitative analysis of child welfare data. Embedded in this process is the Peer Review (PR), formerly known as the Peer Quality Case Review (PQCR). The design of the PR is intended to provide counties with issue-specific, qualitative information gathered by outside peer experts. Information garnered through intensive case worker interviews and focus groups helps to illuminate areas of program strength, as well as those in which improvement is needed.

In September 2012, Napa County completed its Peer Review. Though Napa County Child Welfare Services retains overall accountability for conducting and completing this assessment, the process also incorporates input from various child welfare constituents and reviews the full scope of child welfare and juvenile probation services provided within the county. The CSA is developed every five years by the lead agencies in coordination with their local community and prevention partners, whose fundamental responsibilities align with CWS' view of a continual system of improvement and accountability. The CSA includes a multidisciplinary needs assessment to be conducted once every five years, and requires Board of Supervisor (BOS) approval. Largely, information gathered from both the CSA and the PR serves as the foundation for the County System Improvement Plan.

System Improvement Plan

Incorporating data collected through the PR and the CSA, the final component of the C-CSFR is the System Improvement Plan (SIP). The SIP serves as the operational agreement between the county and state, outlining how the county will improve its system to provide better outcomes for children, youth and families. Quarterly county data reports, quarterly monitoring by CDSS, and annual SIP progress reports are the mechanism for tracking a county's progress. The SIP is developed every five years by the lead agencies in collaboration with their local community and prevention partners. The SIP includes specific action steps, timeframes, and improvement targets and is approved by the BOS and CDSS. The plan is a commitment to specific measurable improvements in performance outcomes that the county will achieve within a defined timeframe including prevention strategies. Counties, in partnership with the state, utilize quarterly data reports to track progress. The process is a continuous cycle and the county systematically attempts to improve outcomes. The SIP is updated yearly and thus, becomes one mechanism through which counties report on progress toward meeting agreed upon improvement goals.

SIP Narrative

SIP Development Process

In January 2013, the System Improvement Planning process was initiated. Internal meetings were conducted with all levels of staff to review the Peer Review (PR) and County Self Assessment (CSA). Information and outcomes for inclusion in the SIP were identified. Lead responsibilities were assigned. In addition, smaller groups of external stakeholders were consulted regarding specific strategies and actions in which they had indicated an interest and/or where there was a need for buy in and partnership. This occurred at the numerous meetings that were already scheduled with stakeholders and issues pertinent to the plan were discussed. For example, at regular meetings with the Bay Area Academy, training regarding Safety Organized Practice and family engagement was discussed in detail (Strategy 2); during scheduled meetings with the Domestic Violence Task Force, grant opportunities to support cross agency collaboration were identified and discussed (Strategy 4). With respect to adoption and concurrent planning (Strategies 5 & 10), during already scheduled meeting with community based private adoption agencies, barriers to concurrent planning were discussed and input provided in the development of the SIP. The following stakeholders were involved in the overall SIP process:

Name	Affiliation
Molly Arnott	CAPC Director, Child Abuse Prevention Council
Pat Wells	Board Member, Juvenile Justice Coordinating Committee (Children’s Trust Fund Commission)
Linda Canan	Director, Child Welfare Services, Napa County Health and Human Services (Designated agency to administer CAPIT/CBCAP/PSSF)
Rebecca Feiner	Assistant Director, Child Welfare Services, Napa County HHSA
Marjorie Lewis	Assistant Director, Child Welfare Services, Napa County HHSA
Laura Keller	Manager, Napa County Public Health Department
Barbara Reynolds	Supervisor, Napa County Mental Health Department
Rocio Canchola	Staff Services Analyst, Napa County Mental Health Department
Laura Van Waardenburg	Mental Health Counselor, Napa County Mental Health Department
Chelsea Stoner	SW Supervisor, Napa County Child Welfare Services

Lauren Harris	SW Supervisor, Napa County Child Welfare Services
Denise Seely	SW Supervisor, Napa County Child Welfare Services
Debbie White	SW Supervisor, Napa County Child Welfare Services
Grace Lee	SW, Napa County Child Welfare Services
Kellen McGee	SW, Napa County Child Welfare Services
Kimberly Smith	SW, Napa County Child Welfare Services
Alberto Palomo	Systems SSA, Napa County Child Welfare Services
Doug Calkin	SSA, Napa County Child Welfare Services
Ben Guerrieri	SSA, Napa County Child Welfare Services
Bill Carter	Deputy Director, Quality Management, Napa Health & Human Services
Mark Woo	Manager, Quality Management, HHSA
Marlena Garcia	Executive Director, Parents CAN Family Resource (Parents/consumers)
Lisa Gomez	Parents CAN (Parents/consumers)
Mary Butler	Chief Probation Officer, Napa County Probation Department
Julie Baptista	Supervisor, Napa County Probation Department
Darlene Catania	Probation Officer, Napa County Probation Department
Christy Mantz	Probation Officer, Napa County Probation Department
Joelle Gallagher	Executive Director, Cope Family Center (PSSF Collaborative)
Michelle Grupe	Assistant Director, Cope Family Center (PSSF Collaborative)
Julie Murphy	Supervisor, Cope Family Center (PSSF Collaborative)
Melinda Dougherty	Supervisor, Cope Family Center (PSSF Collaborative)
Michelle Laymon	Supervisor, Cope Family Center (PSSF Collaborative)
Carol Hamilton	Foster Parent
Jennifer Yasumoto	Deputy County Counsel, Napa County Counsel's Office
Colleen Clark	Attorney, Juvenile Dependency

Traci Belmore	Attorney, Napa County District Attorney's Office
Norma Ferriz	Program Director, St. Helena Family Resource Center
Sherry Tennyson	Director, American Canyon Family Resource Center
Laura Courtland	Regional Manager, Lilliput Children's Services (Kinship Support/Adoption)
Connie Moreno-Peraza	Director, Napa County Alcohol and Drug Programs
Carlos De La Cerda	Supervisor, Napa County Alcohol and Drug Programs
Julie Diverde	Director, Napa CASA Program
Shea Hunter	Napa Emergency Women's Services (Domestic Violence Prevention)
Jamie Johnson	Victim Services, Napa County District Attorney's Office
Diana Short	Director, Community Resources for Children (ECE/childcare)
Jeanne Puhger	Foster Care Educational Liaison, Napa County Office of Education
Brian Marchus	Napa Valley Unified School District
Helen Bass	Calistoga Unified School District
Laura Silva	Calistoga Unified School District
Debbie Baur	St. Helena Unified School District
Debbie Peacock	Lieutenant, Napa Police Department
Julie Rulies	St. Helena Police Department
Douglas Pike	Lieutenant, Napa Sheriff's Department
Michael Diehl	Family Service of Napa Valley
Judith Lefler	Assistant Director, Bay Area Regional Training Academy
Catalina Chavez-Tapia	Catholic Charities
Cassie Grimaldo	Catholic Charities
Eric Daniel	Hillside Christian Church
Matthew Manning	Hillside Christian Church
Matt Moon Bailey	Manager, VOICES (ILP/EYS service provider)

Laurie Grisham	Progress Foundation, THP Plus provider
Tess Salvatore	Progress Foundation, THP Plus provider
Robin Rafael	Child Start (early Head Start and Head Start programs)
Drene Johnson	Community Action Napa Valley
Tom Nixon	North Bay Regional Center
Courtney Singleton	North Bay Regional Center
Connie Evans	Social Worker, Queen of the Valley Hospital
Barbara Lilly	Social Worker, Queen of the Valley Hospital
Leslie Stribling	CDSS
Julie Cockerton	CDSS
Ashley Franklin	CDSS
Sarah Davis	CDSS

In going forward, we do not anticipate that a significant amount of additional funding will be forthcoming. With that in mind, the following areas have been identified to be explored for inclusion in the SIP. Based on the CSA analysis of Outcomes, the following safety, permanency and well being outcomes were selected for this System Improvement Plan.

Child Welfare:

- C1.1 Reunification Within 12 Months (Exit cohort)
- C1.4 Re-Entry Following Reunification
- C2.3 Adoption within 12 months (17 months in care)
- C4.1 Placement Stability

Napa County Child Welfare understands the importance of timely reunification and has identified specific strategies to address this in our SIP. Among the strategies is creating more concrete infrastructure around facilitated family meetings and strengthening our wrap around services practices. At this time, we have already begun to shift our practice to a more Safety Organized Practice model (formerly Signs of Safety).

Of concern, however, is the possibility that our Re-Entry rates may increase if we move too quickly to reunification. An identified strategy regarding re-entry will involve implementing case reviews each time a re-entry occurs to determine any themes or gaps in service delivery.

With respect to the adoption related performance measure, Napa County Child Welfare has recently assumed responsibility for the provision of adoption services in our community. We are in the process of putting infrastructure in place to support a strong concurrent planning model and have outlined some of the specific program development/monitoring strategies in the SIP. We also need to consider the types of post-adoptive services that we want to support with OCAP funding.

The bulk of post-adoption services in our community are provided by Lilliput Children's Services through a PSSF funded contract with the CDSS. A small amount of funding has come directly to the county in our OCAP allocations. Going forward under realignment, we have been informed that the counties that no longer rely upon the state district offices for adoption services will be assuming responsibility for contracting and providing all post-adoption services

beginning in FY 2014-2015. This will give us the opportunity to re-examine the current model and, in partnership with community providers/stakeholders, make any necessary changes to the current service delivery model.

Finally, strategies to support placement stability are contained in our SIP. We already have a strong emphasis on keeping children in their community of origin. The following strategies are included in the SIP: developing a formal family finding program; developing more infrastructure around family meetings/family group conferencing; increased use of Wraparound services and improved recruitment, training and support of families who can take "hard to place" youth.

Probation:

- C1.1 – Reunification within 12 months (Exit cohort)
- C1.2 – Median time to Reunification (Exit cohort)
- C1.3 – Reunification within 12 months (Entry cohort)
- C4.2 – Placement Stability (12-24 months in care)

Reunification Outcomes: C.1.1, C.1.2, C.1.3- While Napa County Probation recognizes the importance of timely reunification for youth in out of home care, choosing strategies to improve outcomes in this area must be done cautiously so that rehabilitation is not compromised. Probation youth removed from the home are typically in treatment programs due to criminal behavior due to substance abuse, sexual offenses, mental health issues or gang activity. Thus, based on court orders, reunification is contingent on their successful completion of the program. Prior to removal from home, probation exhausts all treatment possibilities at the community level, so youth ordered to placement likely have multiple criminal offenses and have participated in numerous outpatient counseling or behavioral programs, including custody time. Additionally, programming and support will have been ordered or offered to the parents and guardians who may or may not have been receptive.

Placement Stability Outcomes: C.4.2- There are multiple factors that result in the need to change a youth's placement. Our peer review process identified several areas that we felt play a role. The majority of wards in out of home care are placed in Residential Treatment Programs in other counties around the state. This is due to the limited types of quality treatment programs within Napa County and in neighboring counties.

While we understand the need to keep youth close to their families and community support systems, we must also consider the youth's specific treatment needs and criminal offense, (i.e., sexual offender, substance abuse, gang affiliation), community safety and the quality of the program. When youth are not able to be placed locally, their contact with their natural support system is limited, thus increasing the youth's anxiety and isolation. Additionally, youth felt they were not as included in decision making throughout the placement process which made them resistant to their placement. This information was taken back to the agency and a process utilized to further hone the strategies to be included in this plan. Data was used in the PQCR, CSA and SIP to inform the processes.

The data used for the SIP was obtained from the January October 2012 Data Extract: Q2 2012 from the following resources:

The Center for Social Services Research: Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Glasser, T., Williams, D., Zimmerman, K., Simon, V., Putnam-Hornstein, E., Frerer, K., Cuccaro- Alamin, S., Winn, A., Lou, C., & Peng, C (2009). *Child Welfare Services Report for California*. Retrieved June 2010, from University of California at Berkeley Center for Social Services research website. URL: http://cssr.berkeley.edu/ucb_childwelfare

Children's Research Center SafeMeasures® Data. *Napa County, CFSR Composite Reports*. Retrieved from Children's Research Center website. URL: <https://www.safemeasures.org/ca/safemeasures.aspx>

Prioritization of Outcome Measures/Systemic Factors and Strategy

Rationale

CDSS recommends that counties choose three to four outcomes or systemic factors for specific improvement strategies in the SIP. Outcomes not chosen for inclusion in the SIP will continue to be monitored by both our agency and the California Department of Social Services at least quarterly. If a concerning situation arises, a plan will be put in place to address that outcome.

As mentioned previously, our county chose the following outcomes to focus on for our 2013-2018 SIP:

Child Welfare:

- C1.1 Reunification Within 12 Months (Exit cohort)
- C1.4 Re-Entry Following Reunification
- C2.3 Adoption within 12 months (17 months in care)
- C4.1 Placement Stability

Strategy 1:

Increase collaboration with the Latino **Community**.

JUSTIFICATION RATIONALE: Persons of Latino descent make up 32.2% of the total population in Napa County. From 2000 to 2010, this group grew 45.78%. (Source: U.S. Census Bureau, 2010 Census Demographic Profile Summary File. Table prepared by Demographic Research Unit, California Department of Finance & State of California, Department of Finance, Race/Ethnic Population Estimates: Components of Change for California Counties, April 1990 to April 2000. Sacramento, California, August 2005). In 2009, Latino children under age 18 comprised 53.3% of the total child population. (Source: Kidsdata.org) The number of Latino children in Napa's foster care system reflects the county's demographics. There were 54 of 107 children in foster care who were of Latino descent (50%) (Point in Time foster care placement 4/1/12, University of California at Berkeley Center for Social Services Research website. URL: http://cssr.berkeley.edu/ucb_childwelfare). In the analysis of demographics in the 2012 County Self Assessment (CSA), it was noted that the impact of growth in American Canyon and the growth of the Latino child population is significant in terms of the provision of child welfare services. Thus program development will need to ensure that services targeted both geographically and culturally. The need for bilingual and bicultural service providers to work with our Latino families is growing and they will need to be addressed in terms of both prevention and intervention/treatment services.

There are several faith based organizations and Family Resource Centers within Napa County who specialize in working with Latino families either because it is their specific mission or because they are located in communities where there are high concentrations of Latino families. While on a family by family basis, line staff assist child welfare involved parents and youth to

access their services, we have not developed strong system wide partnerships with these agencies. We plan to focus on outreach and engagement efforts during this SIP period.

In order to support Latino children and families in Napa County, some action steps include:

- Recruiting and increasing the number of bi-lingual/bi-cultural foster and adoptive homes
- Ensuring that appropriate referrals of Latino families are made by staff to culturally appropriate programs i.e., faith based programs and the Family Resource Centers
- Develop and sustain relationships with key service providers in the Latino community

We believe this strategy will support the outcomes of Family Reunification, Re-entry, Placement Stability and Adoption. Culturally sensitive services have been shown to improve children's health, promote positive parenting, improve family connectedness and reduce dependence on public assistance.

EVALUATION:

This strategy will be measured by tracking the number of new bi-lingual/bicultural families recruited to become foster and adoptive homes. In addition, Family Resource Centers track number of Latino families served annually. Increased and strengthened relationships with key service providers in the Latino community will be measured by mutual participation on key committees and work groups to be identified during the outreach and engagement process.

Describe system changes needed to be addressed that support that improvement plan goal.

Ensure all recruitment materials, foster parent training, and support services are available in Spanish. Explore opportunities of out stationing staff part-time in key community agencies.

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

Provide training for all staff around existing services and referral process for each of the Family Resource Centers. Identify opportunities to provide mandated reporter training and general orientation to child welfare services for FRC staff. Invite FRC staff to join agency sponsored trainings already open to other stakeholders such as foster parents.

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

The support and collaboration of the six Family Resource Centers will be critical to the support of this strategy. Identify opportunities to provide representatives on key agency committees and work groups.

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

None identified.

Strategy 2:

Increase family engagement through more systematic facilitated family meetings and continue focusing on Safety Organized Practice

JUSTIFICATION RATIONALE:

According to State of California Department of Social Services All County Information Notice 1-31-12 one of the most effective and common methods identified by counties as a good practice for improvement in placement stability is facilitated family meetings. This practice has proved effective in supporting timely reunification as well. Facilitated family meetings ensure that community and family support systems are in place at the onset of a child welfare case. They also ensure that safety plans are in place for the family. When facilitated family meetings are completed at placement change they ensure that the placement of children is in the least restrictive and most appropriate setting, reducing the need for placement moves for children.

As defined by the Northern Training Academy, Safety-organized practice (SOP) is a holistic approach to collaborative teamwork in child welfare that seeks to build and strengthen partnerships within a family, their informal support network of friends and family, and the agency. SOP utilizes strategies and techniques in line with the belief that a child and his or her family are the central focus and that the partnership exists in an effort to find solutions that ensure safety, permanency and well-being for children. It assists families in that:

- ✓ Focus on effective working relationships between the family, the family's support system and the caseworker
- ✓ Involve cooperative and honest professional relationships
- ✓ Include applying critical thinking, inquiring rather than knowing, and using what we know from research and evidence-based tools
- ✓ Utilize a humble questioning approach in the agency and in the field
- ✓ Build on what is already working for families and agencies
- ✓ Provide a clear vision for the work along with aspirations for a family's abilities to improve children's safety and well-being

The combination of focusing on the current strategies of Facilitated Family Meetings and SOP will support the outcomes of Family Reunification, Re-entry, Placement Stability and Adoption as they strongly engage all the key service providers with the parents and extended family, clearly articulating what is working in the family (strengths), identifying "worries" and clear next steps in a family friendly and focused manner.

As mentioned above, Facilitated Family Meetings is a promising practice related to improving Placement Stability. Our Peer Review focused Placement Stability. In the Peer Review, Child Welfare's current rate for C4.1 (Placement Stability: 8 days to 12 months in care) is 81.1% and the federal standard is 86%. In the recent data pull of Q3 2012, this performance has decreased to 77.5%. Being a smaller county, one child can impact the percentages significantly, but we feel the trend supports the need to focus on this outcome.

As discussed in the 2012 CSA, Facilitated Family Meetings are scheduled at the request of the assigned social worker, supervisor or suggested during case consultation. Generally, they are used by staff early in a case to assist in identifying potential relative or non-related extended family member placements. They have also been routinely used to engage a parent in case planning around targeted issues. A supervisor researched different models of family meetings utilized in other counties and states, and while we do have the goal of more formally structuring family meetings at key decision points in a case, we have determined that we want to continue to have flexibility in the family meeting models to meet the particular needs of the family.

We are currently completing 12 month training and coaching plan on Safety Organized Practice, which has included modules on family engagement and facilitation of family meetings. We have also worked with the Bay Area Regional Training Academy to provide training specifically around family meeting facilitation skills building to our county.

EVALUATION:

We plan to track the frequency and purpose of Facilitated Family Meetings using the new codes that have been developed in CWS/CMS. Additionally, we plan to utilize case conferences and case reviews to evaluate the usefulness of these strategies.

Describe system changes needed to be addressed that support that improvement plan goal.
None required.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.
We have trained the staff who are assigned to be facilitators as well as staff interested in developing those skills. However, given staff turnover and reassignments, we recognize the need to provide training opportunities on an ongoing basis. The Bay Area Regional Training Academy has consistently supported us in identifying local opportunities for training in this area. When we formalize written policy around key points in the case where facilitated meetings are required, we will train internally to those policies.

Identify roles of the other partners in achieving the improvement goals.
Community partners are needed to participate in the teaming process. Parent partners, in particular, have been active participants in Facilitated Family Meetings as has staff from Family Resource Centers. Their continued involvement is necessary and they will continue to be invited to join staff in joint trainings.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.
None needed.

Strategy 3:

Implement a structured system of case reviews for all cases involving a re-entry

JUSTIFICATION RATIONALE:

As discussed in the CSA, the primary oversight of the case work falls to the unit supervisor. Weekly or bi-weekly (for more senior staff) individual conferences between supervisors and their direct reports are required. Supervisors are expected to maintain current knowledge of all the cases assigned to staff in their unit. Individual conferences are the primary means of communicating case related information to supervisors. Supervisors are also responsible for reviewing case plans and court documents before approving them. Additionally, supervisors review and discuss risk, safety and protective factors with staff at key decision points.

In an effort to identify factors that contributed to the recurrence of maltreatment and the re-entry of a child into foster care, a team comprised of the Child Welfare Services Director, Assistant Directors, key supervisors and line staff meet monthly to review re-entries. The structured case review serves to identify and address any systemic issues or training needs.

EVALUATION:

Track and monitor case reviews. This tracking system will include a listing of all cases that are required to be reviewed, the social worker's name, the date reviewed, and the date referred to the larger review meeting held by the Director. Additionally the tracking mechanism will include a section that can be used to identify the factors that may have led to re-entry such as relapse, etc.

Continue to utilize the data tracking report of families who participate and exit the Home Visitation program at Cope. Correlate this to new entries into the Child Welfare System. Cope utilizes the Family Matrix Model to evaluate families at various stages in their service delivery, and families are given a pre and post test and a client satisfaction survey.

Describe system changes needed to be addressed that support that improvement plan goal.

Develop a policy identifying the structure and schedule of re-entry case reviews. Develop process to identify and implement strategies resulting from issues that surface in re-entry case reviews.

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

Train staff as needed to carry out strategies identified to address the issues identified in case reviews.

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

Internal staff only at this time.

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

No regulatory or statutory changes are needed.

Strategy 4:

Increase services and strengthen collaboration with partner agencies to identify and address domestic violence in the community.

JUSTIFICATION RATIONALE:

The CSA identified a gap in available services to identify and address issues related to domestic violence in families with multiple presenting issues. Children exposed to domestic violence are at increased risk of being seriously neglected and physically or sexually abused. Napa County Child Welfare Services has identified an increase in the number of child abuse referrals received that include domestic violence. Napa Police Department in collaboration with the local non-profit agency serving victims of domestic violence (Napa Emergency Women’s Services) has received a grant to develop a coordinated response to domestic violence in the community. Child Welfare Services will be partnering with law enforcement and Napa Emergency Women’s Services (NEWS) to increase the identification of domestic violence and availability of services to families.

EVALUATION:

None identified at this time. The evaluation of our effort will mirror the requirements of the grant. Proposed measurable objectives include: Hiring/assigning program staff from CWS and DV agency to co-locate with law enforcement; developing a universal data tracking tool; developing formal written MOUs and cross training. The evaluation will likely measure the progress on these objectives as well as the number of families where a joint, coordinated response occurs.

Describe system changes needed to be addressed that support that improvement plan goal.

Develop policies and protocol regarding CWS staff response to domestic violence. Evaluate current staffing structure in the Emergency Response unit to identify capacity to increase domestic violence intervention. If necessary, identify funding to increase staffing to support enhanced response.

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

Train CWS staff regarding identification of domestic violence in families and effects of childhood exposure to domestic violence. Train staff to domestic violence protocol.

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

Collaborate with local law enforcement agencies and Napa Emergency Women’s Services to develop protocols and monitor outcomes.

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

None needed.

Strategy 5:
Strengthen concurrent planning practices

JUSTIFICATION RATIONALE:

In July 2012, Napa County assumed responsibility for delivering adoptions services in our community. Our CSA identified the need for consistency in concurrent planning. The development of a plan addressing concurrent planning is necessary to adopt a consistent concurrent planning philosophy for our staff, caregivers and other stakeholders.

Concurrent planning is an approach that seeks to eliminate delays in attaining permanent families for children in the foster care system. Concurrent planning involves considering all reasonable options for permanency at the earliest possible point following a child's entry into foster care and concurrently pursuing those options that will best serve the child's needs. Typically the primary plan is reunification with the child's family of origin. In concurrent planning, an alternative permanency goal (e.g., adoption) is pursued at the same time rather than being pursued sequentially after reunification has been ruled out. (Child Welfare Information Gateway. (2012). Concurrent planning: What the evidence shows. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.). This Issue brief identified effective programs have the following elements:

- ✓ Agency support at all levels for the principles, priorities, and practices of concurrent planning
- ✓ Institutionalization of the approach through the use of formal systems for resolution of paternity issues and relative search, documented reunification prognosis, tracked timelines, procedures for referral between workers, and regular review meetings
- ✓ Support for caseworkers including formal and informal training, shared decision-making, and manageable caseloads
- ✓ Integration of child welfare and adoption units working toward the same concurrent goals
- ✓ An adequate pool of concurrent caregivers who are willing and able to work toward both reunification and adoption
- ✓ Services available to support birth parents in achieving reunification-related goals
- ✓ Support from judges, attorneys, and other court personnel for concurrent planning philosophy and practice

EVALUATION:

The success of concurrent planning efforts will be measured by the number of placement changes experienced by children in foster care correlated with their achieving timely permanency through reunification or adoption. We may also determine that client satisfaction surveys may be informative as we refine our practices.

Describe system changes needed to be addressed that support that improvement plan goal.

Create a Concurrent planning workgroup which will identify and establish a work plan and establish action steps to meet the strategy goals. For example, one action step may be to hold

early permanency case reviews within the first 30 days of a child entering out of home care.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.
Concurrent planning education and training needs will be identified and plans developed for caseworkers and caregivers.

Identify roles of the other partners in achieving the improvement goals.
Increase collaboration with community adoption agencies such as Lilliput Children's Services which is currently a largest adoption partner with Napa County. We have recently implemented regular meetings at the administrative level as well as monthly meetings focused on matching specific children in concurrent homes. Over the course of the next five years, we will expand these matching meetings to include other local licensed adoption programs.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.
None

Strategy 6:

Develop a formal family finding program

JUSTIFICATION RATIONALE:

Our Peer Review and CSA identified a need for continued and increased focus on identifying the maximum number of relative resources for each child/sibling group that are placed in out of home care. The CSA identified the need for improved practices related to family finding and relative engagement, including the use of family finding web based tools.

In “Promising Approaches in Child Welfare: Helping Connect Children and Youth in Foster Care to Permanent Family and Relationships through Family Finding and Engagement”, (Children’s Defense Fund, September 2010), Family Finding and Engagement (also referred to as Family Search and Engagement, or Family Finding) is an intensive search method to find family members and other adults who would like to step in and care for children and youth in foster care who lack permanency. The goal of family finding is to locate long-term, caring, permanent connections and relationships for children and youth in foster care. The other key goal of family finding is to establish a long-term emotional support network with family members and other adults who may not be able to take the child into their home but who want to stay connected with the child. While family finding has resulted in permanent placements with relatives, the far more frequent outcome is to establish a permanent lifelong connection with a group of relatives who reconnect with the child and provide emotional and other types of support. Family finding efforts align with the requirement that states now have to identify and notify relatives. Fostering Connections requires states to make diligent efforts to identify and notify relatives whenever a child is removed from their home in order to prevent children from unnecessarily entering the foster care system or staying in care for long periods of time.

EVALUATION:

Our current Quality Management program simply tracks the total number of families who receive a facilitated family meeting as a service type. We have not found that to be as informative as we would like in terms of evaluating the effectiveness of the meetings. At this writing, we have planned changes in personnel managing this program and will be considering adopting family satisfaction surveys or other qualitative measures to evaluate this strategy.

Describe system changes needed to be addressed that support that improvement plan goal.

Identify funding source for dedicated staffing for a formal family finding program. Research and identify web based tools to utilize in program.

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

Training needs will be identified as the program is developed.

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

Relative caregiver support through community provider of Kinship Support Services.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. None.

Strategy 7:
Strengthen wraparound services

JUSTIFICATION RATIONALE:

According to the National Wraparound Initiative (NWI), the definition of Wraparound is an “intensive, holistic method of engaging with individuals with complex needs (most typically children, youth, and their families) so that they can live in their homes and communities and realize their hopes and dreams.” While wraparound has typically been described as a “promising” intervention, there has been consistent documentation of the model’s ability to impact residential placement and other outcomes for youth with complex needs. Further the NWI states that wraparound’s philosophy of care is based upon the principle of “voice and choice,” which stipulates that the perspectives of the family—including the child or youth—must be given primary importance during all phases and activities of wraparound. The values associated with wraparound further require that the planning process itself, as well as the services and supports provided, should be strength-based, individualized, family driven, culturally competent, and community based.

<http://www.nwi.pdx.edu/wraparoundbasics.shtml>

Napa County has operated a small wraparound program for approximately 15 years. In those years, promising practices and wraparound models that are evidence based have evolved. While we have found our program to effectively support children and youth in family based care (avoiding residential treatment), the program has been passed from supervisor to supervisor over the years, losing some of its’ original model fidelity. With the anticipated implementation of enhanced wraparound services (related to the Katie A lawsuit settlement), we feel it is imperative to receive consultation, re-engage our mental health partners and examine what is working and needs to be enhanced or strengthened so the program can be expanded.

Providing supports and services to families after reunification are the keys to preventing re-entry. Wraparound is an effective resource for families while in reunification and after a child returns home or to another family setting. Additionally, as discussed in the CSA, we strive to make placements more stable. Our first goal and strategy was to shift our culture to prioritize Relative/NREFM homes as a first placement. Wraparound is an ideal intervention to stabilize children in relative homes.

EVALUATION:

Monitor outcomes of children and families who receive wraparound services.

Describe system changes needed to be addressed that support that improvement plan goal.

Evaluate current program to identify systemic strengths and needs. Policies and procedures will need to be developed to address identified needs. Adopt a plan to monitor program outcomes based upon established evidence-based practices.

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

Program staff (included staff from partner agencies) will need to be trained to wraparound strategies, the importance of model fidelity and the policies and procedures that support the program. The assistance of the Bay Area Regional Training Academy will be used to identify experts who can provide training, consultation and mentoring.

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

Representative administrative staff from key partner agencies will convene regularly to ensure successful collaboration and monitor progress towards achieving the identified goals and provide feedback to program supervisor.

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

None needed.

Strategy 8:

Increase placement options within Napa County for older youth, siblings and children/youth with special needs.

JUSTIFICATION RATIONALE:

Historically, Napa County has been successful in maintaining a stable group of county licensed foster families. However, like many counties, we often struggle when it comes to having the “right” home available at the time a particular child needs placement. Placement stability is often dependent upon making a good match of the child’s needs to the foster family’s interests and talents. Keeping siblings together is also supported when there are both a sufficient number of county foster homes as well as a diverse variety of homes. Throughout the CSA and Peer Review, the need for recruitment of foster families who can support the placement needs of our children was noted.

EVALUATION:

We will continue tracking the total number of county licensed foster homes in Napa County as well as bed capacity. In addition, we will also begin collecting information about how potential applicants heard about foster care when they attend licensing orientations. Over time, this will provide us with information regarding what outreach/recruitment efforts are more successful. We have already begun using the vacancy list to note specific talents, specialties, training that available foster families have and will continue to track this as well, creating a new database if necessary. In addition, we will research evaluation tools that may be emerging from the Quality Parenting Initiative (QPI).

Describe system changes needed to be addressed that support that improvement plan goal.

We have begun to refine our internal placement availability lists to indicate particular types of foster children that would be best matches for our foster families and any special skills foster families may have. We will need to continue to revise and refine that tool.

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

Technical assistance from of CDSS would be helpful to access tools available through QPI and to provide information about any key lessons learned through that initiative so far.

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

Our current foster families will be used as partners in the expanded recruitment and retention efforts.

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

N/A

Strategy 9:

Continue to develop formal infrastructure for the Adoption Program and internal methods to measure program effectiveness.

JUSTIFICATION RATIONALE:

In July 2012, Napa County assumed responsibility for delivering adoption services in our community. In the process of preparing to administer this program, 17 new policies and procedures were finalized. Staff were hired and trained. As with any new program, we have found that there remain details needing attention. For example, our standards for accepting children for adoption services are different than the state regional office, resulting in a dramatic increase in caseload. We have many cases where an adoption social worker is now assigned as having “secondary” responsibility for providing services while the child welfare case manager has “primary” responsibility. We believe formalizing a process to sort out roles and responsibilities on each case would support best practice.

EVALUATION:

The federal outcome of timeliness to adoption is the primary evaluation standard that we will use to measure the effectiveness of our adoption program. In addition, we plan to develop and implement an internal audit system to ensure that AAP determinations are done correctly and case files include all required documentation. Finally, we would like to develop client satisfaction tools to determine if prospective adoptive parents feel adequately supported through the adoption process and are connected to appropriate post-adoption services funded by the Office of Child Abuse Prevention (OCAP) using PSSF funds (Promoting Safe and Stable Families).

Describe system changes needed to be addressed that support that improvement plan goal.

Identification of adoption social worker and child welfare case manager roles and responsibilities with policies to support them; audit process for AAP; development of client satisfaction process.

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

Training needs will be identified during the course of the ongoing program development process.

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

We will collaborate with key service providers in the county who support families and provide pre- and post-adoption services as well as the services provider of Kinship Support Services.

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

None identified.

Strategy 10:

Improve collaboration with communities outside of the city of Napa

JUSTIFICATION RATIONALE:

The CSA identified a need for increased visibility of CWS staff in communities outside of the city of Napa. Child Welfare Services are provided to children and families throughout the entire county. However, relationships between community leaders and service providers in the outlying areas are not as strong or as effective as those with key community members within the city of Napa. Additionally, CWS staff must be familiar with the full array of services available to children and families who live outside of Napa in order to ensure the needs of families are adequately addressed.

EVALUATION:

At the present time, there are no routine collaborative meetings between child welfare and service providers up valley or in American Canyon. Nor do we have any "office hours" or other infrastructure in place that allows for ongoing communication to take place in a non-urgent fashion. We believe we need to put this infrastructure in place and engage our partners in these communities in coming to consensus about how we might measure success together.

Describe system changes needed to be addressed that support that improvement plan goal.

Key stakeholders in outlying communities will be identified and meetings will be scheduled to share concerns and discuss possible strategies to encourage positive relationships and address identified concerns.

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

Develop a plan to cross-train key CWS staff and community members/service providers to ensure mutual awareness and understanding of roles and needs.

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

A feedback loop will need to be established to ensure sustained, positive working relationships. This will involve establishing a method of on-going communication between CWS and identified key representatives from outlying communities.

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

None needed.

Strategy 11

In collaboration with Napa County Children’s Mental Health, implement the requirements of the Katie A lawsuit settlement, identifying areas where service integration could lead to positive outcomes for children and families.

JUSTIFICATION RATIONALE:

Subsequent to the large CSA Stakeholder meeting, during meetings between Mental Health and Child Welfare related to the SIP, the need to plan for and implement the requirements of the Katie A lawsuit settlement were identified as a common area needing attention. In our prior SIP cycle, we had identified the need for universal mental health screenings of foster children as a need. As a result, we had collaborated to develop a new position funded by Mental Health but embedded within the Child Welfare Division. Universal MH screenings are now routinely performed. As we entered this SIP cycle, the County Mental Health Director and Child Welfare Director were already exploring additional services that might be integrated. The lawsuit settlement fit into the direction we were planning and the fact that implementation is mandated will help bring resources to the effort.

EVALUATION: We anticipate that there will be statewide data collection and evaluation requirements. In addition, as we move forward in our planning effort, we will also look at what data and evaluation tools we want to implement locally. For example, we may be develop pre and post training evaluation tools to ensure learning is occurring around key topics related to Katie A such as trauma informed practice.

Describe system changes needed to be addressed that support that improvement plan goal.
Because underlying concepts of Katie A related coordinated care and shared data, there will likely be changes in how we approach families with respect to confidentiality. There may also be issues related to the timing of coordinated child and family mental health plans and the timing of child welfare case plans which often require judicial review.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.
We will take advantage of statewide/regional training opportunities regarding the specifics of the Katie A planning process and the underlying practice models of trauma informed practice, intensive care coordination, intensive home-based mental health services, etc.

Identify roles of the other partners in achieving the improvement goals.
Children’s Mental Health; ParentsCAN, our contractor for parent partners; VOICES, our partner agency focusing on working with foster youth; Aldea and other providers of community mental health services.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.
None identified at this time; under consideration of the statewide Katie A Taskforce.

Probation:

- C1.1 – Reunification within 12 months (Exit cohort)
- C1.2 – Median time to Reunification (Exit cohort)
- C1.3 – Reunification within 12 months (Entry cohort)
- C4.2 – Placement Stability (12-24 months in care)

Strategy 12: Add an additional component to the screening process that requires more extensive relative assessments and engagement earlier in the Wardship process.
<u>JUSTIFICATION RATIONALE:</u> Current practice is to begin the relative search once removal from the home is inevitable. Beginning this process earlier to engage the support of extended family in community treatment and supervision may prevent the need for removal or limit the time in care.
<u>EVALUATION:</u> Monitor relative assessments and their impact on youth outcomes.
<i>Describe system changes needed to be addressed that support that improvement plan goal.</i> The relative approval process will need to be modified to ensure location of relatives occurs as soon as a youth enters care.
<i>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</i> Train staff to the importance of placement with relatives and impact to outcomes.
<i>Identify roles of the other partners in achieving the improvement goals.</i> None noted.
<i>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</i> None identified.

Strategy 13

Create more opportunities to meet with youth and families together while in placement.

JUSTIFICATION RATIONALE:

Frequent and quality visitation has positive effects on family reunification. By providing more opportunities for youth and families to interact, we can improve our reunification outcomes and bring children home sooner.

In an Issue Brief by the Child Welfare Gateway (June 2011), “Family Reunification: What evidence shows”, outlines how research supports the significance of parent-child visitation as a predictor of family reunification (Leathers, (2002). Parental visiting and family reunification: How inclusive practice makes a difference. Child Welfare, 81(4), 595–616.). A study of reunification in a sample of 922 children aged 12 and younger found that children who were visited by their mothers were 10 times more likely to be reunited (Davis, Landsverk, Newton, & Ganger, 1996 Parental visiting and foster care reunification. Children and Youth Services Review, 18(4/5), 363–382.). Effective visitation practice goes far beyond attention to the logistics of scheduling and transportation; it provides an opportunity to build parental skills and improve parent-child interaction. Studies suggest that visitation should have a therapeutic focus. Thus, it is important that anyone supervising visits has clinical knowledge and skills (Haight, W. L., Sokolec, J., Budde, S., & Poertner, J. (2001). Conducting parent-child visits. UrbanaChampaign, IL: University of Illinois, Children’s Research Center)

EVALUATION:

Document and track the number of visits between youth and parents in CWS/CMS. Create a list of types of visits (i.e. social visit, therapeutic visit, supervised, etc.) and also document in CWS/CMS in order to measure if the type of visit improves reunification. Track reunification outcomes and determine if there is an improvement in these outcomes based on the number of parent-child visits.

Describe system changes needed to be addressed that support that improvement plan goal.
Staff need to enter parent-child visits into CWS/CMS.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.
Educate staff on the link between visitation and improved reunification.

Identify roles of the other partners in achieving the improvement goals.
Partner with mental health providers to ensure visits are therapeutic in nature.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.
Current regulations support this strategy.

Strategy 14:

Work with programs and treatment centers to create flexibility in programming so youth may reunify sooner by transitioning to community treatment without compromising the safety of the youth or the community.

JUSTIFICATION RATIONALE:

In a brief by Magellan Health Services Children’s Services Task Force called “Perspectives on Residential and Community-Based Treatment for Youth and Families”, found that the most effective residential treatment facilities included:

- Family Involvement. The best programs partner with families and make sure there is meaningful family involvement during residential treatment.
- Discharge Planning. The more successful residential treatment programs begin planning discharge at the time of admission. They determine what the youth needs for successful discharge and focus on eliminating barriers and building necessary supports.
- Community involvement and services. Effective residential treatment facilitates community involvement and services while the youth are in residential treatment. Teaching youth the skills needed for reintegration into their community increases the chances of successful outcomes.

Further, intensive work with family members and community resources such as religious organizations, schools, vocational training programs, recreational programs and self-help groups was accomplished during the admission. This Task Force found that in particular, Multisystemic Therapy (MST) and Functional Family Therapy (FFT) have shown strong positive outcomes in research and practice. And finally, case management and the wraparound approach to integrated community based services are deemed evidence-based practices.

EVALUATION:

Track the community based services provided to each youth and determine if they improve reunification outcomes for youth.

Describe system changes needed to be addressed that support that improvement plan goal.

Participation in treatment meetings by staff will be needed to promote movement towards community involvement. All treatment options at the community level must be exhausted before probation youth are carefully screened by supervisors and placement staff for out of home placement. While in placement, placement officers will document programs, services, and resources that are available and offered to youth.

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

Train staff to the importance of providing community based services. Educate them in which interventions are most appropriate for substitution of specific residential interventions. For example, Therapeutic Based Services (TBS) can be used in the home, and perhaps be more effective, in lieu of behavioral tracking in the treatment facility.

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

Will need to engage group homes and residential treatment providers.

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

Current regulations support this strategy.

Strategy 15:

Consider placement options in Napa County or in neighboring counties and develop a plan to work with these programs on meeting our department's needs and expectations.

JUSTIFICATION RATIONALE:

By engaging placements, the department will improve outcomes for youth by sharing its expectations and plans for encouraging reunification in a timely fashion.

EVALUATION:

Monitor which placements have the best outcomes for youth.

Describe system changes needed to be addressed that support that improvement plan goal.

None

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

Staff need to be trained about the importance of placing youth within their own communities. Policies and procedures will need to be developed to encourage and support this strategy.

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

Placement providers within Napa and outside of the County

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

Current statutes support this strategy.

Strategy 16:

Increase parent/guardian and family contact and engagement while youth are in out of home care and develop methods to incorporate other natural supports from the youth's community.

JUSTIFICATION RATIONALE:

As discussed under strategy 13, family involvement is an important component for residential facilities. The best programs partner with families and make sure there is meaningful family involvement during residential treatment. By engaging families in meaningful ways, like therapeutic parent-child visits, community involvement and incorporating natural supports (i.e. relatives, religious community, etc.), outcomes for youth will improve. Family Reunification is more likely to occur in a timely fashion and placement stability is more likely due to the involvement of the family in supporting the youth's residential goals.

EVALUATION:

Monitor which placements have the best outcomes for youth.

Describe system changes needed to be addressed that support that improvement plan goal.

None needed

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

Training in above strategies will support this strategy.

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

Continue to educate treatment providers in our expectation that timely reunification is a priority for Napa County.

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

None needed.

Strategy 17:

Develop timely and more detailed concurrent plans for youth and increase level of the youth's involvement in the process.

JUSTIFICATION RATIONALE:

According to the Child Welfare Gateway (Concurrent Planning: What the Evidence Shows, Issue Brief, April 2012), Concurrent planning is an approach that seeks to eliminate delays in attaining permanent families for children in the foster care system. Concurrent planning involves considering all reasonable options for permanency at the earliest possible point following a child's entry into foster care and concurrently pursuing those options that will best serve the child's needs. Typically the primary plan is reunification with the child's family of origin. In concurrent planning, an alternative permanency goal (e.g., adoption) is pursued at the same time rather than being pursued sequentially after reunification has been ruled out. The primary benefit of concurrent planning appears to be that children in foster care achieve permanency with families more quickly.

In a Child Welfare Gateway issue brief, "Enhancing Permanency for Older Youth in Out-of-Home Care" (June 2006) the "literature shows that involving youth in planning for their own permanency outcomes can greatly facilitate the process". The use of a team approach in which the adolescent is an active team member can help identify possible permanency resources. Youth can supply information about family members, distant and near, as well as other people (e.g., teachers, former foster families, neighbors) with whom they feel a connection. In addition, talking to youth and actively involving them in the permanency planning process can help to prepare them for the transition to a new family or situation. Youth who are involved in the planning process may take more responsibility for the success of the arrangement.

EVALUATION:

Monitor concurrent plans and track if youth outcomes are improved.

Describe system changes needed to be addressed that support that improvement plan goal.

Need to develop a protocol for developing early, timely concurrent plans. Need to develop a protocol for developing early, timely concurrent plans.

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

.. Training for all placement officers and case reviews by supervisor to assure an appropriate concurrent plan is in place for all youth. Educate youth from the time of their removal date on the importance of their involvement in developing permanency plans.

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

None identified.

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

Current regulations support this strategy.

Prioritization of Direct Service Needs

Stakeholders representing the entire continuum of prevention through services, treatment and follow up prevention participated in the PR/CSA/SIP planning process and assisted in identifying strategies to be included in to the plan. As a community our focus is to build on the strong public/public and public/private collaborations that we have in place to enhance our continuum of services. The use of CAPIT/CBCAP/PSSF and Children's Trust Fund money helps us to do that.

Community based support for “at risk” families continues to be the priority direct service need identified through the CSA process. Our CSA identified 12.8% of children living in poverty in 2010 and increased stress on families as a result of unemployment and financial pressure. At the time of our CSA stakeholder meeting, our unemployment rate was 7.8% and there had been a 30.7% increase in CalWORKS cases from 2009 to 2011. The economic recession clearly impacted our community with families experiencing multiple stressors as they lost financial independence and often housing. As these pressures increased on families in the community, child welfare intervention and placement rates rose. In December 2008, there were 78 Napa County children in foster care. By December 2010, that number had nearly doubled to 141 (though, thankfully, it has been slowly trending downward since that time). Families often came to us with multiple service needs due to substance abuse, domestic violence and mental health issues.

Another direct service need identified through the CSA process involves improving our services to our monolingual and bilingual families. During the last SIP cycle, we made a concerted effort to recruit and retain bilingual/bicultural staff within the child welfare division and now have bi-lingual staff in all our major program assignments. However, we believe our families will be best served if we strengthen our collaboration work with community providers experienced in providing services to Latino families.

Like much of the state, Napa County are shifting, with an increasing number of children under age 18 who are identified as Latino/Hispanic. In addition, 52.1 % of Latino households in Napa have inadequate income levels and 27% do not have health insurance. There is a priority need for tailored services and services that have been shown to improve children’s health, promote positive parenting, improve family connectedness, and reduce dependence on public assistance.

Cope Family Center is our current contractor and we plan to continue utilizing CAPIT/CBCAP/PSSF funds to support this well established Family Resource Center which provides services to over 1500 family members per year. All of Cope’s services are available in English and Spanish. The OCAP funding is leveraged and is targeted to provide home visitation services utilizing the Healthy Families America model and parenting education through the Make Parenting a Pleasure curriculum, as well as other supports and referrals provided through the FRC.

The Healthy Families America (HFA) model is an evidence-based, nationally recognized home visiting program model designed to work with overburdened families who are at-risk for child abuse and neglect and other adverse childhood experiences. It is the primary home visiting model designed to work with families who may have histories of trauma, intimate partner violence, mental health and/or substance abuse issues. HFA has a strong research base which

includes randomized control trials and well designed quasi-experimental research. In 2006, HFA was named a “proven program” by the RAND Corporation based on research conducted on the Healthy Families New York programs. Additionally, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) has rated HFA as Effective. To date, research and evaluation indicates impressive outcomes. Reviews of more than 15 evaluation studies of HFA programs in 12 states produced the following outcomes: increased utilization of prenatal care and decreased pre-term, low weight babies; improved parent-child interaction and school readiness; decreased dependency on welfare and other social services; increased access to primary care medical services; and increased immunization rates.

(<http://www.healthyfamiliesamerica.org/research>).

The Make Parenting a Pleasure (MPAP) program was designed to address the stress, isolation, and lack of adequate parenting information and social support that many parents experience. *Make Parenting A Pleasure* begins by recognizing the importance of parents as individuals. The curriculum focuses first on the need for self-care and personal empowerment, and moves from an adult/adult focus to a parent/child/family emphasis. Its content is adaptable and flexible to a wide range of parent education programs. It contains sufficient material for a several-month program to a year-long program. *Make Parenting A Pleasure* was named as a national family-strengthening model by the Federal Office of Juvenile Justice and Delinquency Prevention after rigorous review. It is also listed on the Western CAPT Promising Practice website. There have been two empirically designed evaluations of the *Make Parenting A Pleasure* program, one when the curriculum was completed in 1996, and one in 1999, as a dissertation project.

Cope Family Center provides the above services to vulnerable families with children that are at risk of abuse and neglect and may or may not be involved with the child welfare system. Families generally have one or more risk factors such as children with disabilities, homelessness, risk of homelessness, single parent, young parents or low income. High risk families, such as those at risk of an imminent removal of a child, those that need services to facilitate the return of a child or a family enrolled in CalWorks and has an identified mental health, substance abuse and/or domestic violence issue may receive services through the Cope Family Center. Families who have reunified with their children from the child welfare system may receive supportive aftercare services, as well as families who have adopted a child.

State and Federally Mandated Child Welfare/Probation Initiatives

Since our last SIP, Napa County has been actively involved in working on following initiatives:

- ✓ ROOTS: The ROOTS Committee was developed as a way to sustain the focus on permanency developed when Napa County participated on the ILP Breakthrough Series Collaborative. Constituted solely by line staff, the ROOTS group first focused on the population of older foster youth being connected to lifelong appropriate adult supporters. However, the group quickly acknowledged the need to include all types of permanence for all ages of foster youth. Among the many accomplishments of the group are:
 - Relative Information Log
 - Permanency Case Reviews
 - Incarcerated Parents Resource Materials
 - Training and Implementation of Lifebooks
 - Caregivers Support Groups in English & Spanish
 - Dynamic Permanency Trees (which graphically record all important connections for children in placement)
 - Internal Placement Matching Meetings

- ✓ Fatherhood Initiative: Napa County was invited by CalSWEC to join 10 other counties to develop and refine father engagement strategies and toolkits to provide technical assistance for other counties. The ROOTS Committee agreed to provide leadership to this effort. Among the changes made as a result of the Fatherhood Initiative were several projects including the following: remodeled our lobby and play areas to make them more father friendly; developed an orientation binder specific to fathers; shifted our practice to actively engage paternal relatives; and provided numerous training opportunities for staff on the role and importance of fathers (including non-resident fathers). Napa County's work is featured on the CalSWEC website and staff were invited to present their work on a national webinar sponsored by the Technical Assistance Partners for Child and Family Mental Health.

- ✓ Safety Organized Practice (SOP): Beginning approximately two years ago, Napa County worked with the Bay Area Regional Training Academy to provide comprehensive orientation to the SOP (then called Signs of Safety) model to staff who volunteered to pilot this practice. Following the initial training, we received ongoing monthly shorter training sessions of each of the modules of SOP as well as consultation and mentoring for practitioners. Essentially, SOP focuses staff on the safety issues that brought a family to the attention of child welfare and provides a framework to discuss and resolve those

essential issues with the family. We are continuing to roll out this practice in the current calendar year, adding front-end Emergency Response staff and Dependency Investigation staff.

- ✓ Ice Breaker Meetings: Known as Icebreakers in many counties in California, Napa calls our practice "First Steps Meetings." These are meetings between the birth parent(s) and foster parent(s), facilitated by the social worker, held shortly after a child is placed in out-of-home care to provide an opportunity for birth parents and foster parents to meet each other and share information about the needs of the child(ren).
- ✓ Katie A Implementation: Child welfare staff and mental health staff have begun weekly meetings to assess the county's readiness to implement the requirements of the settlement of the Katie A lawsuit. This lawsuit essentially makes mental health care for foster children and children at risk of entering foster care an entitlement. Following the readiness assessment, a plan for implementation will be developed and the county will work with state agencies to move forward.
- ✓ Extended Foster Care for Transition Aged Youth(EFC): Since the last SIP was submitted, Napa, AB 12 and the clean up legislation that followed were enacted into law. These pieces of legislation expanded the population that could be served in foster care up to the age of 21. Significant changes to the law, facility licensing and practice were involved. We have organized our service delivery to have a specialist working with this EFC population. Because the authority of the Juvenile Court is somewhat limited for the young adult population, there have challenges for the line staff. In April, 2013, our social worker who specializes in working with this group of Non Minor Dependents will be facilitating a regular regional group of other line staff working with the NMD population. This will allow for an exchange of best practices and support collaborative learning.

CAPIT/CBCAP/PSSF Narrative

The CAPIT/CBCAP/PSSF Plan contains the core requirements of the CAPIT/CBCAP/PSSF five year plan. The plan addresses how prevention activities are coordinated and how services will be provided during the five year SIP period of 6/4/2013 through 6/4/2018. The funded programs emphasize comprehensive, integrated, collaborative community based responses to child abuse prevention, intervention and treatment service needs. Napa County will submit the mandated CAPIT/CBCAP/PSSF report annually. Changes to any program or activities that are funded by CAPIT/CBCAP/ PSSF funds will be discussed with OCAP in order to get necessary approvals in advance and then will be subsequently reported during the annual reporting period. New current expenditure workbooks and program descriptions will be submitted as well.

CAPC

For over twenty-four years, the Child Abuse Prevention Council of Napa County (CAPC) has led the way in building awareness and providing education in an effort to prevent the abuse and neglect of children in Napa County. The CAPC strengthens community collaborations, conducts community education and builds community capacity around prevention. Working with 30 child welfare-serving agencies and community members, CAPC provides leadership to promote and implement prevention efforts at both the local and state levels. Their unified Blue Ribbon Campaign continues to be highly effective in bringing awareness and training opportunities to the community. CAPC members participated in the County Self Assessment (CSA) and System Improvement Plan (SIP) planning process. The Council submits an annual report to the Board of Supervisors.

CAPC Steering Committee	
Gary Lieberstein, District Attorney	Co-Chair
Molly Archbold , CAPC Manager	Co-Chair
Mary Butler, Chief Probation Officer	
Melinda Daugherty, Cope Family Center, Program Manager	
Joelle Gallagher, Executive Director, Cope Family Center	
Marlena Garcia, Executive Director, Parents CAN	
Jaime Johnson, Victim Witness Program Manager, District Attorney's Office	
Tracy Lamb, Executive Director Napa Emergency Women's Services	
Tracey Stuart, Lt. Napa County Sheriffs Department	
Kathy Martin, Retired Principal, NVUSD	
Richard Melton, Chief of Police, Napa Police Department	
Linda Canan, HHS Deputy Director, Child Welfare Services	
Diana Short, Executive Director, Community Resources for Children	
Julie DiVerde, Executive Director, CASA	
Mark Bontrager, Executive Director, ALDEA Family and Children Services	

Mission

The Child Abuse Prevention Council (CAPC) is state mandated to act as an umbrella council for those agencies and community members who work in the field of child abuse prevention and service. A copy of the CAPC bylaws is available upon request.

The Child Abuse Prevention Council of Napa County:

- Creates a unified voice for child abuse prevention in Napa County;
- Promotes and coordinates the myriad of resource agencies that work in prevention and service;
- Supports projects that have a direct positive effect on child abuse prevention and service delivery for the abused;
- Represents the Council's prevention role as a member of the Child Death Review Team, Substance Abuse Prevention Advisory Council;
- Facilitates and co-sponsors events, workshops and trainings including maintaining a Mandated Reporter Training Speakers Bureau; and,
- Is a member of the Greater Bay Area CAPC Coalition which supports and facilitates advocacy at the state level and regional events and trainings.

Program

The Child Abuse Prevention Council addresses the issue of child abuse by:

- Running awareness campaigns to educate and communicating the worth of prevention activities surrounding child abuse and to link families in need with resources - especially the most vulnerable.
- Increasing general competence/knowledge of the Napa community, child welfare serving professionals and especially mandated reporters on the subject of child abuse and neglect;
- Defining what systems and services need to be in place in Napa County for the task of preventing child abuse and neglect; and,
- Strengthening partnerships to impact results and broaden resources to ensure the safety, permanence and well-being of every child and family in California.

Population Served

The Child Abuse Prevention Council membership includes over 30 agency and public service representatives. Prevention outreach is for the whole Napa County community. To the best of the Council's abilities, the awareness campaign is presented in both English and Spanish.

- i. The Napa County Child Abuse Prevention Council is funded under Welfare and Institutions Code Section 18983.5 and is incorporated as a nonprofit corporation.
- ii. CAPC carries out County Children's Trust Fund (CCTF) direct service activities under Welfare and Institutions Code, Chapter 11.
- iii. The Juvenile Justice Coordinating Council is designated by the Board of Supervisors to oversee and coordinate the purpose the County Children's Trust

Fund, working in conjunction with the CAPC who implements the direct service activities.

- iv. The Napa County CAPC is supported by the CCTF.

<u>Fund</u>	<u>Dollar Amount</u>
CAPIT	
CBCAP	
PSSF Family Support	
CCTF	\$37,655
Kids Plate	\$ 3,000
Other:	

PSSF Collaborative

For the purposes of planning for the use of PSSF as well as other OCAP funds, our local planning body was the stakeholder group that participated in the County Self Assessment and the development of the System Improvement Plan. As has been noted elsewhere, this group included representation from all key community partners, including all the primary agencies in Napa County that are involved in coordinated prevention activities.

CCTF Commission, Board, or Council

The County Children’s Trust Fund (CCTF) was established to support community partners that are working to prevent child neglect and abuse in the community. Per Welfare and Institutions Code Section 18965, the Board of Supervisors “may designate an existing local voluntary commission, board or council” to carry out the purpose of the CCTF. The Board of Supervisors approved the Juvenile Justice Coordinating Council (JJCC) as the board to oversee and carry out the purpose the County Children’s Trust Fund. The JJCC is well suited to provide -oversight of funding priorities because of its’ youth and child focus, with membership including representatives from many child/youth serving organizations and community members, including youth representation.

The County Children’s Trust Fund information is kept in the minutes of the Juvenile Justice Coordinating Council which are open to the public.

Juvenile Justice Coordinating Council Members:
Mary Butler, Chief of Probation Chair
Rick Feldstein, Courts
Miriam Ladrigan, Community Member
Ron Abernethy, Assistant Public Defender
Jean Donaldson, Napa Sheriff
Bill Krimm, Non Profit representative

Mark Luce, Board of Supervisors
Gary Lieberstein, District Attorney
Rich Melton, Napa Police
Vacant, non profit member
Connie Moreno-Peraza, Alcohol and Drug Administrator
Barbara Nemko, NCOE
Harold Pierre, Family Member
Liz Habkirk, CEO's office
Pat Wells, Juvenile Justice Commission
Randy Snowden, HHS Director

Parent Consumers

Parent Consumers are included in a variety of roles within Children’s Welfare Services. The intent during the next five years is that parents/consumers will continue to play an important role in the planning, training and evaluation process of service delivery.

Through the CSA process parents and consumers have had a voice in reviewing how programs are working and what can be made more effective to prevent child abuse. The parent consumers provide valuable feedback, information and ideas for program planning. Annually we conduct a survey to monolingual Spanish speaking parents who have received services, to capture their feedback regarding their experience with child welfare and referrals to community resources.

Parent Volunteers are recruited and trained to deliver the Child Assault Prevention Program (CAPP) curriculum, an evidenced based prevention curriculum to children, parents and teachers in a school based setting. This program is funded through the CCTF and contracted to a local non-profit. The program trains parents on child safety through workshops and performs on going recruitment and trainings for additional volunteers who are then able to present the curriculum themselves.

Parent consumers are also recruited as Parent Partners through a contracted local non-profit agency (Parents CAN). Parents who have been consumers and graduates of the child welfare system are hired and trained to provide peer support and mentoring to parents currently involved in the dependency system.

Parents, foster parents and relative caregivers are frequently invited to county sponsored trainings on a variety of topics which builds skills and collaboration.

There is always the challenge of recruiting new parents to the various planning committees because they are so involved in working through their specific family issues. In addition, there is turn-over adding to the challenge of parents, relative caregivers and foster parents participating in committees, needs assessments, or other planning meetings. We work to overcome these challenges by continual recruitment of parent leaders and by providing a small

monetary stipend to participants that is funded through the Dahl Trust, a small trust bequeathed to Napa County Child Welfare Services.

The Designated Public Agency

On May 4, 2010, the Napa County Board of Supervisors designated the Napa County Health and Human Services Agency as the public agency to administer the CAPIT/CBCAP/PSSF Plan for State fiscal years 2010/2011 through 2012/2013. It is our intent to request the Board of Supervisors continue this designation upon the approval of the SIP five year plan. Napa County Health and Human Services is responsible for monitoring subcontractors, integration of local services, fiscal compliance, data collection, preparing amendments to the county plan, preparing annual reports and outcomes evaluation for the CAPIT/CBCAP/PSSF Plan.

The Role of the CAPIT/CBCAP/PSSF Liaison

Within the Child Welfare Services Division, a Staff Services Analyst (SSA) has been assigned the responsibility of serving as the CAPIT/CBCAP/PSSF liaison. The liaison ensures that all program, fiscal and statistical requirements are met in a timely manner. He has responsibility for developing any needed Requests for Proposals, processing contracts under CAPIT/CBCAP/PSSF as well as the County Children's Trust Fund, reviewing billing, monitoring contracts and state reporting. The SSA provides technical assistance and support to subcontractors, seeking guidance from our OCAP state partners as needed. The Liaison disseminates prevention information to the appropriate entities throughout the county and has ongoing communication with the CAPC and other key prevention partners and OCAP.

Since the CDSS OCAP is the state lead agency for CAPIT/CBCAP/PSSF programs, the Liaison will inform the CDSS OCAP of any changes in Liaison contact information within 30 days of the change. This information will be submitted via OCAP-PND@dss.ca.gov or to CDSS OCAP program consultant for the county.

CAPC arranges local training in child abuse issues and the SSA participates and assists in coordinating such training. In relation to other assignments he has, the SSA has attends statewide meetings and convenings (e.g. KSSP) and would be approved to attend any OCAP statewide trainings that are required.

Fiscal Narrative

The CAPIT program funding has been realigned to the county in the Protective Services subaccount. The CBCAP and PSSF programs are federally funded and these funds are subject to the annual federal budget process. All programs operate on the SFY from July 1 through June 30

and all funds must be expended during the SFY allocated. Funds may not be “rolled over” for expenditure in a different year.

CBCAP expenditures are claimed in the extraneous category on the county expense claim. The contract maximum is linked to the allocation so there is no chance of exceeding the allocation. PSSF/CAPIT expenditures are tracked by line item and are reviewed monthly at program/fiscal meetings by supervisors and managers. This ensures that we stay within the mandated 20% limits for PSSF.

The Juvenile Justice Coordinating Council (JJCC) oversees the Children’s Trust Fund Dollars. The contract funded by the CCTF is tracked by the county fiscal department by line item and are reviewed monthly at the program/fiscal meeting with supervisors and managers. An annual accounting of the CCFT funds is distributed to the JJCC.

CAPIT/CBCAP/PSSF funds and CCTF funds are utilized to supplement, not supplant, other State and local public funds and services. Funding is maximized through leveraging of funds for establishing, operating and expanding community based and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect. Our subcontractors receive funds through a variety of resources including Kinship Support Services funding, Master Settlement Agreement funding, Napa Valley Wine Auction funding, annual community fundraising events and donations from local banks, businesses and philanthropists.

The attached CAPIT/CBCAP/PSSF Expenditure Summary sheet reflects the 20 percent threshold for each of the four service categories. The sheet can be found as an attachment to this plan.

Local Agencies- Request for Proposal

Napa County Health and Human Services conforms to the Procurement process and procedures outlined below when selecting contractors for service provision. A formal Request for Proposals (RFP) was utilized for the services funded through CAPIT/CBCAP/PSSF and the CCTF. In the case of the CCTF funds, the RFP’s were reviewed by the Juvenile Justice Coordinating Council, who gave the final recommendation of contractor selected. We have selected our current contractor following this process, and we will continue to use this formal process for future RFP’s.

NAPA COUNTY PROCUREMENT PROCEDURES

SECTION 2. PROCUREMENT PROCESS AND PROCEDURES

A. 2-1 COMPETITIVE PROCUREMENT

The County of Napa is committed to a program of active competition in the purchase of goods and services. No specifications for the purchase of goods shall be written in such a manner as to limit bidding directly, or indirectly, to any one specific vendor, or any one specified brand or product, except for those items that are approved as standards, are exempt from competitive bidding requirements by law, or are approved as “sole manufacturer” or “sole source” purchases provided for in this document.

Except as otherwise provided for in this Manual or by law, regulation or County ordinance, all purchases for goods and services will be made through open competition to the maximum extent feasible as determined by the Purchasing Agent or his designee and by whatever methods and procedures, formal or informal, that are determined by the Purchasing Agent or his designee to best meet the goals and objectives detailed in this Manual.

Except as otherwise provided by law, even when bids are submitted pursuant to a request for competitive bids, the Purchasing Division may reject any and all bids received if the Division determines that the price, terms or surrounding circumstances of the bid or proposal are such that an award would not be in the best interests of the County.

A. 2-2 EXCEPTIONS TO THE COMPETITIVE PROCESS

2-2.1 WAIVER OF COMPETITIVE BIDDING

In instances where there are limitations on the source of supply, necessary restrictions in specifications, approved standards, quality considerations, or other valid reasons for waiving competitive bidding, purchases may be made without recourse to competitive bidding. Approval of waiver of competitive bidding shall be made by the Purchasing Agent or his designee in accordance with the requirements of Napa County Code, Section 2.36.090.

2-2.2 COMPETITIVE BIDDING NOT REQUIRED

Competitive bidding is also not required for the following:

- Election materials
- Legal brief printing, stenographic services, and transcripts
- Books, publications, subscriptions, recordings, motion picture films, and annual book and periodical contracts
- Property or services, the price of which is fixed by law
- Construction equipment rental
- Automotive and heavy equipment repairs
- Proprietary drugs and pharmaceuticals, medical supplies and equipment
- Training seminars or other classes for personnel
- Materials, supplies, equipment or services that can only be obtained from one supplier, generally because of its technological, specialized, or unique character. Requires sole manufacturer or sole source justification and the approval of the Purchasing Agent.
- Goods or services where the cost is under five hundred dollars (\$500)
- When, in the judgment of the Purchasing Agent, it is in the best interest of the County to negotiate, without engaging in a competitive bidding process, an extension of an existing contract for goods based upon satisfactory performance, as long as such

negotiated price is fair and reasonable. This applies even if the existing contract was obtained through prior recent competitive bidding.

- When competitive quotations for goods are not possible due to an emergency or documented sole source justification. Such purchases shall be made through a negotiated procurement process and coordinated through the Purchasing Division.
- Purchases made from other public agencies by use of joint powers agreements, cooperative purchasing programs, pooling agreements, and other recognized types of agreements used by government agencies for the purpose of combining purchasing requirements in order to reduce costs, increase efficiency, or reduce administrative expenses. Documentation as to the advantage of the cooperative purchase should be retained where reasonably feasible.
- Materials and supplies that are acquired from a vendor based on a contractual arrangement with the vendor that was established pursuant to a competitive bid process, such as the contract that the County has with Office Depot for certain types of office supplies

Staff writes the RFP and issues it. The responses are reviewed by internal staff and external stakeholders such as other county department staff, community based providers not competing for the funds or staff from other county's child welfare programs. Once the vendor is selected, the contract is prepared and reviewed by the Child Welfare Director, Fiscal Manager, County Counsel and the County Executive Office before final Board of Supervisors approval. In the case of CCTF funds, the JJCC serves as the oversight committee, who makes the final recommendation of selected contractor, before approval by the Board of Supervisors. Priority was given to private, non-profit agencies with programs that serve the needs of children at risk of abuse or neglect and that have demonstrated effectiveness in prevention or intervention.

Current Contractor

Cope Family Center, has a history of successful collaboration with numerous health and human service agencies in Napa County, as well as regional funders like the United Way of the Bay Area. A multidisciplinary team collaborates weekly to case manage clients in the Home Visitation Program. Cope staff frequently collaborates with other agencies to provide emergency services to clients and referrals to community services are made daily. In addition, Cope staff advocate for clients in the areas of health, housing and education, working closely with staff members of other agencies to provide seamless service delivery.

As the flagship family resource center in Napa County, Cope Family Center is the lead agency for One Family Network (OFN), a collaboration of family resource centers. The Network is designed to better serve the families throughout the entire valley by sharing best practices and resources through co-location and the provision of comparable services, as opposed to duplication of services. Member agencies include Parent Child Advocacy Network (Parents CAN), the Von Brandt Community Center, Calistoga Family Center, St. Helena Community Center and the American Canyon Family Resource Center.

All services provided by Cope Family Center reflect sensitivity to gender diversity as well as the cultural and linguistic needs of families, particularly Latino families in our community. They provide services in ADA accessible sites and schedules services in the evenings and on weekends for families that have standard work schedules.

Priority has been placed on reaching out to diverse families in the rural areas of Calistoga through the Calistoga Family Center and the highly diverse community of American Canyon. Latino parents are less likely to access services and are over-represented in the low-income communities of Napa. Emphasis is put on providing services in appropriate languages in a culturally competent manner.

Cope services are available to all family members. Cope has reached many fathers through the **Make Parenting a Pleasure** parent education curriculum and the **Children in Between** workshops. Also, there is now a special emphasis in reaching fathers through the Home Visitation program by attempting to schedule visits when fathers are present.

Annually, Cope Family Center serves over 1,500 family members through their home visitation and parent education programs. Referrals are made from Child Protective Services, collaborating community based organizations, and individuals. These birth, kinship, foster and adoptive families face a number of high risk factors, including chronic poverty, mental health issues, substance abuse, acculturation and domestic violence. Sixty percent (60%) of the families are from the Latino community. Seventy-six percent (76%) have household incomes below \$25k per year; however, 86% are employed, and 62% are married, which indicates that Cope services are most highly utilized by families classified as the “working poor.” Twenty-six percent (26%) have less than a high school education, 24% have graduated from high school. The projects funded through CAPIT/CBCAP/PSSF and the CCTF are clearly related to the needs of children, especially those 14 years of age and under.

Cope Family Center receives training and technical assistance from an array of local private non-profit agencies including Lilliput Children’s Services, Aldea Family Services, Family Service of the Napa Valley, Strategies, Parents CAN, Families Thrive and On Track Program Resource, Inc.

A check was run on the contracted agency, Cope Family Center, at the “Excluded Parties List System” <http://www.epls.gov/> with no negative feed back.

Our subcontractor for CAPIT/CBCAP/PSSF services utilizes the Microsoft XP computing system and all data is kept in EXCEL or ACCESS programs. The information is disseminated to our CAPIT/CBCAP/PSSF county liaison upon request and final data from the subcontractor is issued to the county annually for reporting purposes.

CAPIT Funds

For services provided through this funding stream, the subcontractor, Cope Family Services, gives priority to children who are at high risk of abuse and neglect, including those being served by Child Welfare Services as well as those referred from other community legal, medical or social service agencies.

Cope Family Services has demonstrated the existence of a 10 percent cash or in-kind match, other than funding provided by the California Department of Social Services. As a non-profit, they have been successful in local community fundraising events as well as in obtaining small grants from other sources.

CBCAP Outcomes

Napa County has a single contract agency funded by OCAP administered funding that provides prevention and early intervention services. This agency is Cope Family Services. Other prevention services exist in the community but are not funded through OCAP. The contract is for services to fill the services gaps or enhance critical services to the target populations. We have worked with the contractor to ensure service delivery is done using evidence based models where possible. The contractor currently utilizes the evidence based **Healthy Families America (HFA)** model for the Home Visitation Program. The contractor utilizes the **Ages and Stages Questionnaire**, **Make Parenting a Pleasure** curriculum and **Children in Between** curriculum.

During the past two years, the contractor has developed a data tracking report of families who participate and exit the Home Visitation program at Cope, and we correlate this to new entries into the Child Welfare System. Cope utilizes the Family Matrix Model to evaluate families at various stages in their service delivery, and families are given a pre and post test and a client satisfaction survey. We will continue to work with our contractor on evaluation of engagement outcomes as well as short term, intermediate and long term outcomes.

To ensure program and fiscal integrity, we work closely with Cope at the beginning of each fiscal year to develop a budget and claiming system to correctly allocate services to the specific funding stream. Claims are submitted monthly and are reviewed by the county liaison (Staff Services Analyst), the CWS Director and two levels of fiscal staff. Because we are a small county, the CWS Director and Cope Family Services Executive Director sit on a number of regular committees that meet monthly including the Child Abuse Council Steering Committee. If there are issues or questions regarding services or claiming, these can usually be resolved with a conversation before or after another meeting.

Families who are served in the prevention/early intervention funded programs may be referred in a variety of ways. Some are self-referred and some are referred by other agencies, schools or churches. Others are identified as being at risk of abuse or neglect by child welfare staff,

usually in the Emergency Response unit. These families do not yet require child welfare response but clearly need support, education and resources.

On a case level, Cope Family Services holds a weekly multi-disciplinary meeting to discuss families receiving prevention/early intervention services to ensure coordination across service providers. Child welfare staff from the Emergency Response and Family Preservation units of child welfare attends, as do staff from Cal WORKS and Napa Emergency Women's Services. Other agencies are invited to attend when they are or could be involved with the family.

The contractor has always provided statistics or reports upon request. If, for example, foundation or private funding applications require information about the prevention and early intervention programs in the county, Cope Family Services has always promptly responded. To date, there has not been a need for a process to address non-compliance as our relationship is a collaboration that focuses on the best interest of the community we serve. They have consistently provided the data required to complete our reporting requirements to OCAP. They also perform client satisfaction surveys on an annual basis and share the results with the liaison in the child welfare division.

Peer Review

There is currently no peer review regarding the activities funded by CBCAP. There are no agencies within Napa County providing comparable services. If required, we will seek technical assistance from OCAP and work with our contractor to assist them in the development of an acceptable Peer Review Process.

Service Array

Prevention focused services:

Parents CAN (*Parent-Child Advocacy Network*):

CWS works collaboratively with Parents CAN Resource Center in several venues. As a Family Resource Center, Parents CAN provides families with special needs children an array of services, which are all available in either English or Spanish, with half of their staff bilingual and bicultural. They are a KSSP provider as well for kin caregivers with special needs children. Services include serving as Family Advocates, Mental Health Family Partners, Early Start Community Liaisons, and conducting support groups for parents.

More formally, we contract with Parents CAN in our Parent Partner Program. Parents whose children have been removed from their care are paired with a parent partner (hired, trained and supervised by Parents CAN) who has successfully reunified with their children. The parent partner provides mentoring and support to parents as the family works toward the goal of reunification. A bilingual/bicultural parent advocate is assigned to the Parent

Partner Program. A written Memorandum of Understanding outlines procedures for referral, roles and responsibilities.

Child Assault Prevention Program (CAPP):

The CAPP program provides an evidenced-based prevention curriculum to children, parents and teachers in Napa County. This program is funded through the County Children’s Trust Fund. CAPC is our current service provider, selected through a competitive bid process.

The goal of the Child Assault Prevention Project (CAPP) program is to assure that children are safe from abuse and assault, through in-school programming that offers education and support. CAPP is a curriculum provided to elementary school children, parents, and teachers/communities throughout Napa County. The CAPP curriculum is a personal safety curriculum based on the belief that all children have the right to be “Safe, Strong, and Free.” Children participate in role-plays and discussions that empower them to recognize abuse or dangerous situations, resist abuse and tell a trusted adult if they have been abused. Parents who have an interest in volunteering are selected and trained as CAPP presenters.

CAPP benefits not only children, but the entire community in the following ways:

- As a prevention program, CAPP raises the awareness level of the community about child abuse. This increases reporting and focuses on finding community solutions.
- It is more cost effective to teach children, parents and teachers the skills to prevent abuse than it is to pay for law enforcement, prosecution and therapy that result from abuse.
- Studies have shown that most rapists and child abusers were themselves victims of abuse. By reducing the number of children who are abused, we reduce the number of potential offenders.

CAPP is evidenced based, has been independently evaluated in nationally published studies and is recognized as one of the most effective, school-based child abuse prevention programs in the country.

Cope Family Center:

Cope is contracted to provide primary and secondary prevention services funded through the allocation of PSSF/CBCAP/CAPIT. Cope is our sole contractor providing services through this funding. Cope provides Family Resource Center (FRC) Services including Home Visitation, Parenting Classes, Family Preservation Services, Time-Limited Family Reunification Services, Family Support Services, and Adoption Promotion and Support Services, information and referrals. CWS frequently refers families to Cope when the needs of the family do not require intervention by CWS, but can be addressed through the services of a home visitor or parent education, as well as families with open child welfare cases who can benefit from the array of services and supports available through Cope that support

parental reunification. Cope provides services and supports Kinicare families, many whom are caring for children involved in the child welfare system, and Adoptive families in our community in need of FRC supports. Child welfare staff attends the weekly multidisciplinary team meetings held at Cope to discuss families and share information.

Cope Family Center has a history of successful collaboration with numerous health and human service agencies in Napa County, as well as regional funders like the United Way of the Bay Area. Cope staff participate on the Child Abuse Prevention Council and participated in the County Self Assessment process. Cope has a multidisciplinary team which collaborates with other agencies on a weekly basis to case manage clients. Cope staff frequently collaborates with other agencies to provide emergency services to clients and referrals to community services are made daily. In addition, Cope staff advocate for clients in the areas of health, housing and education, working closely with staff members of other agencies to provide seamless service delivery.

Napa County Network of Family Resource Centers:

All the Family Resource Centers in the network do continuous outreach to families in their geographic areas or, in the case of Parents CAN, with their targeted population of families with children with disabilities. In addition to distributing pamphlets and flyers in their areas, they each maintain very close connections with the schools and law enforcement in their communities who join them in identifying families in the community to target for outreach. Each FRC also uses fundraising events to increase general community awareness of their services and the needs of families across the county for these kinds of services and interventions.

- **Cope Family Center** is the founding agency of the Network and works with local and regional agencies to develop effective partnerships to ensure families have access to the resources and services they need. The collaborative programs are designed to better serve the families throughout the entire valley by sharing best practices and resources through the co-location and the provision of comparable services, as opposed to duplication of services. Cope Family Center provides all services in both English and Spanish. Services include Home Visitation, Parent Education, Family Economic Success, Supervised Visitation, Child Assault Prevention Education, Emergency Aid and Kinship Support. Cope is contracted for the provision of these services through the use of the PSSF/CBCAP/CAPIT and Children's trust Fund money.
- **American Canyon Family Resource Center** offers services in the southern region of Napa County both English and Spanish, including Information and Referral Services, Parent Education, Care Provider Workshops, Support Groups, Community Events and Resource Fairs, Access to Health and Social Services Programs, One on One Support, Family Literacy Classes and Kinship Support.

- **St. Helena Family Resource Center** offers services in the northern region of Napa County. Currently all their staff are bilingual, bicultural so services are provided in both English and Spanish, with many co-located collaborative programs. Programs include Parenting classes, Kinship Support, Counseling, Challenging Latinos to Acquire Resources and Supports (CLARO), Family Economic Success, Nutrition Support, Housing Information, Legal Advice, Raising a Reader and Active Minds for preschool and school age children.
- **Calistoga Family Resource Center** offers services in the northern region of Napa County both English and Spanish, with many co-located, collaborative programs. Programs include Family Education, Plaza Comunitaria (for adult learners to complete their education through the high school level) Home Visitation, Economic Success, English Language classes, Student Assistance program, Housing services, legal services, the Strong Families program, Family Counseling, Family Violence Prevention, and Kinship Support.
- **Parent-Child Advocacy Network** (Parents CAN) is also a part of this network and as a Family Resource Center, Parents CAN provides families with children who have special developmental or mental health needs an array of services, which are all available in either English or Spanish, with half of their staff bilingual and bicultural. They are a KSSP provider as well for kin caregivers with special needs children. Services include serving as Family Advocates, Mental Health Family Partners, Early Start Community Liaisons, and conducting support groups for parents.

Child Start Incorporated:

Child Start oversees the Head Start program in Napa County which focuses on early learning initiatives for young children and their families. Services include the Head Start preschool programs and the Early Head Start program for pregnant women, infants, and toddler age zero-three. Head Start serves families through a variety of partnerships with agencies serving similar populations, such as the Therapeutic Child Care Center and Healthy Moms and Babies. The Becoming a Reader program partners with area preschools, early childhood home visitors, and community family centers. The Fatherhood Program supports fatherhood through Male Involvement Workshops and Support groups, Father/Child Activities and Trainings. Trainings include engaging parents, goal setting and conflict resolution. Services are available in English and Spanish.

First 5 Napa County:

The mission of the First 5 Napa County Children and Families Commission is to improve the ability of local service providers to help children get a strong, healthy start in life, with emphasis on Early Childhood Learning and Education, Early Childhood Health, and Parent and Community Education. First 5 Napa County serves as a strategic funding partner with local non-profit organizations and government agencies.

Napa County Office of Education (NCOE) Early Childhood Services:

- **The Napa Infant/Preschool Program (NIP)** provides a variety of free educational services to children age birth through five years, with suspected developmental delays and conditions which challenge their ability to learn. Services include developmental assessments, individual speech and language services, home visits, consultation with preschool providers, family involvement activities, family education classes, coordination of services with other agencies, and transition to school age programs. Staff includes special education teachers, speech therapists, physical therapist, occupational therapist, psychologist, school nurse, family counselor, vision specialist, hearing specialist, bilingual support staff.
- **Child Development Programs** serve the children of parents who are working, looking for work or who are in training. The programs provide subsidized child care for eligible families. Program goals are established to provide developmentally appropriate experiences for children in the areas of physical development, cognitive development, social- emotional development, language and literacy development, and parent, school, community involvement. Preschool program sites are in Napa, St. Helena, and Yountville. School Age sites are in Napa and Yountville. There is a State preschool site in Calistoga.

Community-Based Family Support Services

Napa County Network of Family Resource Centers: (Please see description above under Prevention section.)

Community Action of the Napa Valley:

This agency administers a wide variety of Health and Human service programs to benefit low-income people. The goal has been to increase the self-determination and self-sufficiency of individuals and families who are economically disadvantaged or are senior citizens. Programs include Napa Valley Shelter Project, Napa Valley Food Bank, Napa County Tobacco Education & Quit Smoking Program, Napa Senior Nutrition Program, Los Niño's Child Development & Family Program (mentioned above) and Volunteer Center of Napa Valley.

Boys and Girls Clubs of Napa Valley:

The Boys and Girls Clubs of Napa Valley provides dedicated facilities that are open daily after school to serve the needs of children in the community ages 6- 18. Clubhouses are located in Napa and American Canyon, with an additional 8 school sites, including more remote areas of the county. Services offered include programs that address youth issues including Character and Leadership, Education and Career, Health and Life Skills, The Arts, and Sports, Fitness and Recreation.

Angwin Teen Center:

The Angwin Teen Center provides a safe, accepting and stimulating environment for teens in grades 5-12 in the Howell Mountain, St. Helena, Deer Park and Pope Valley areas of Napa County. The center offers a place for youth to receive mentoring, homework help, to socialize and participate in activities, with the goal of reducing high risk behaviors. The Angwin Teen Center collaborates with local schools, families, and community members and presents Communities Building Youth Seminars in Angwin and St. Helena which focus on multiple areas involving the entire community in youth development.

Wolfe Center:

The mission of the Wolfe Center Program is to provide prevention, treatment, learning support, and youth development services that reduce the impact of alcohol and other drug abuse on our youth, families, schools and communities. The Wolfe Center is an intensive evidence-based outpatient treatment program for teenagers who are using alcohol and other drugs and those experiencing co-occurring mental health disorders as well.

Family Services of Napa Valley:

Family Services provides affordable psychotherapy for all ages, as well as families, couples, and seniors. Services are available in English and Spanish.

Napa Emergency Women's Services (NEWS):

NEWS offers battered women's services including a 24 hour crisis hotline, a Safe house and counseling. The Children's Club program is specifically designed for children exposed to domestic violence, to help with trauma, anger and self-esteem issues. Safe Solutions provides one on one case management. Other programs include Court Advocacy Program, and the Domestic Violence Response Team Program, which collaborates with law enforcement. Services are offered in both English and Spanish.

Sexual Assault/Victim Services (SAVS):

SAVS is a program of the Volunteer Center of Napa Valley. Services offered include a 24 hour hotline for victims or significant others affected by sexual abuse, referrals, victims compensation, emergency funds and support groups. The program serves children and adults. Services are provided in English and Spanish.

Family preservation services**Cope Family Center:**

Cope is contracted to provide primary and secondary prevention services funded through the allocation of PSSF/CBCAP/CAPIT. Cope is our sole contractor providing services through this funding. Cope provides Family Resource Center (FRC) Services including Home Visitation, Parenting Classes, Family Preservation Services, Time-Limited Family Reunification Services, Family Support Services, and Adoption Promotion and Support

Services, information and referrals. CWS frequently refers families to Cope when the needs of the family do not require intervention by CWS, but can be addressed through the services of a home visitor or parent education, as well as families with open child welfare cases who can benefit from the array of services and supports available through Cope that support parental reunification. Cope provides services and supports Kinicare families, many whom are caring for children involved in the child welfare system, and Adoptive families in our community in need of FRC supports. Child welfare staff attends the weekly multi-disciplinary team meetings held at Cope to discuss families and share information.

Reunification services:

Cope Family Center:

Cope is contracted to provide primary and secondary prevention services funded through the allocation of PSSF/CBCAP/CAPIT. Cope is our sole contractor providing services through this funding. Cope provides Family Resource Center (FRC) Services including Home Visitation, Parenting Classes, Family Preservation Services, Time-Limited Family Reunification Services, Family Support Services, and Adoption Promotion and Support Services, information and referrals. CWS frequently refers families to Cope when the needs of the family do not require intervention by CWS, but can be addressed through the services of a home visitor or parent education, as well as families with open child welfare cases who can benefit from the array of services and supports available through Cope that support parental reunification. Cope provides services and supports Kinicare families, many whom are caring for children involved in the child welfare system, and Adoptive families in our community in need of FRC supports. Child welfare staff attends the weekly multi-disciplinary team meetings held at Cope to discuss families and share information.

Aldea Children and Family Services:

Aldea provides therapy through Medi-CAL funding and through the CWS allocation of Supportive and Therapeutic Options Program (STOP), funding for prevention and aftercare services to assist children and youth to remain in their home or to return home. In addition to our contracted services, Aldea offers a multi-service program in Spanish for Latino children, adolescents, adults and families. The program provides Individual and Family Therapy, Anger Management Groups, a Gang Violence Suppression Program; and CLARO/CLARA mentoring for Latino youth. In addition Aldea offers day treatment, foster care and adoption programs. Services are available in both English and Spanish.

Adoption services:

Lilliput Children's Services:

Lilliput has been a strong partner and has provided technical assistance as we have moved into providing adoption services in Napa County. They have partnered with us to provide

training and technical assistance on adoption related topics and have assisted us in answering questions while we were in the planning phase of implementing a county administered adoption program. This work has been outside the scope of work for which we contract but we would like to acknowledge this assistance.

Kinship care services:

Lilliput Children's Services:

Lilliput is contracted to provide support services to kin caregivers to the community, subcontracting with the five geographically located Family Resource Centers in Napa County. This program provides services to support relative and caregivers, both of dependent and nondependent children. The program is funded through state funding for Kinship Support Services Program (KSSP).

Independent Living Services:

Progress Foundation:

Napa County contracts with Progress Foundation to operate our Transitional Housing Program Plus (THP+) program. Housing and case management services for emancipated foster youth in Napa County are provided with a focus on supporting self-sufficiency, education and employment. This is funded through the state's THP+ allocation. In addition, Progress Foundation operates community based alternative mental health and co-occurring treatment programs and housing for adults, families and youth.

VOICES (Voicing Our Independent Choices for Emancipation Support):

VOICES is contracted through the CWS ILP allocation to provide the Independent Living Skills Program for eligible youth in Napa County. As mentioned elsewhere in this report, VOICES operates under a strong youth leadership model.

Permanency planning services:

Lilliput Children's Services:

Lilliput is contracted to provide support services to kin caregivers to the community, subcontracting with the five geographically located Family Resource Centers in Napa County. This program provides services to support relative and caregivers, both of dependent and nondependent children. The program is funded through state funding for Kinship Support Services Program (KSSP).

Culturally appropriate services:

Puertas Abiertas Community Resource Center:

Puertas Abiertas offers services to the Latino community to help them achieve healthy living, self-sufficiency and opportunities for leadership and community engagement. Services include referrals to health care and social service providers, life skills classes, education classes, English language classes, self-sufficiency and community leadership. This program collaborates with St. John's Catholic Church in Napa.

Los Niño's Child Development and Family Program:

This is a program of Community Action of Napa Valley which provides a community service to both the employer and the families by enabling low-income working families to remain employed. Services offered include affordable, high quality childcare for children ages birth to six years, multicultural curriculum, parent support and involvement, nutritious family meals, community involvement, developmental, hearing, vision and dental screenings.

Napa County Hispanic Network:

The Napa County Hispanic Network is involved in collaborating with public and private agencies on critical issues affecting the Latino community such as promoting leadership and educational opportunities for Latinos; developing and implementing strategies for responding to the needs of Latinos in the community; establishing community partnerships and promoting events to help break down language/cultural barriers in the community. The Napa County Hispanic Network offers scholarships for advanced education to local Latinos.

Migrant Education Program:

This is a federally funded program that provides supplementary educational and support services to children and youth of migrant families, ages 3 to 21 years of age. Services offered include educational, job training resources, assessment of needs, academic and vocational counseling, early intervention, payment for urgent dental, medical and vision services, translation and transportation, emergency clothing and food, preschool programs. Services offered in Spanish and English.

Hard to serve populations, such as older children, foster youth with non-dependent children, LGBTQ youth, sex offenders, and/or children with special needs:

Angwin Teen Center:

The Angwin Teen Center provides a safe, accepting and stimulating environment for teens in grades 5-12 in the Howell Mountain, St. Helena, Deer Park and Pope Valley areas of Napa County. The center offers a place for youth to receive mentoring, homework help, to socialize and participate in activities, with the goal of reducing high risk behaviors. The Angwin Teen Center collaborates with local schools, families, and community members and presents Communities Building Youth Seminars in Angwin and St. Helena which focus on multiple areas involving the entire community in youth development.

Wolfe Center:

The mission of the Wolfe Center Program is to provide prevention, treatment, learning support, and youth development services that reduce the impact of alcohol and other drug abuse on our youth, families, schools and communities. The Wolfe Center is an intensive evidence-based outpatient treatment program for teenagers who are using alcohol and other drugs and those experiencing co-occurring mental health disorders as well.

Services provided to find a permanent family for children ages zero to five:

Lilliput Children’s Services:

Lilliput is contracted to provide support services to kin caregivers to the community, subcontracting with the five geographically located Family Resource Centers in Napa County. This program provides services to support relative and caregivers, both of dependent and nondependent children. The program is funded through state funding for Kinship Support Services Program (KSSP).

Services which address the developmental needs of infants, toddlers, and children:

The Napa Infant/Preschool Program (NIP) provides a variety of free educational services to children age birth through five years, with suspected developmental delays and conditions which challenge their ability to learn. Services include developmental assessments, individual speech and language services, home visits, consultation with preschool providers, family involvement activities, family education classes, coordination of services with other agencies, and transition to school age programs. Staff includes special education teachers, speech therapists, physical therapist, occupational therapist, psychologist, school nurse, family counselor, vision specialist, hearing specialist, bilingual support staff.

MHSA Full Service Partnership for Children:

Funded by the Mental Health Services Act and provided by collaborative service agreements between Napa County Health and Human Services and community agencies. Primarily aimed at monolingual Spanish speaking families, the program provides wraparound services for families such as respite, support at school, and parenting education. The goal of the program is to prevent removal of children from the home. Services target underserved Latino children and their families.

Services available to children and/or caregivers with physical, mental or other disabilities:

North Bay Regional Services:

The North Bay Regional Center provides assessment and diagnosis of eligibility and helps plan, access, coordinate and monitor the services and supports that are needed because of a

developmental disability. Services offered include assessment and diagnosis, counseling, case management, advocacy, family support, genetic counseling, training and education for individuals and families, in addition to a wide variety of programs in supported employment and supported living. Young children age zero to 36 months receive services through the Early Start Program mentioned above.

Services available for Native American children:

Napa County only occasionally has a case with a Native American Child. In the rare circumstances that this occurs, we work with the following agencies to assure appropriate services for the child and family:

- California Tribal TANF Partnership, Napa / Solano County Office, Fairfield
- Ya-Ka-Ama Indian Education and Development Center, Forestville
- Friendship House, Association of American Indians, Inc. of San Francisco
- Lodge Program, Oakland
- Sacramento Native American Health Center: This agency can offer medical and dental care, marriage, family, and individual therapy, alcohol abuse counseling, and substance abuse counseling.
- Indigenous Nation Child & Family Agency, Bay Area American Indian Counsel, Foster Child Administration, Sacramento
- California Indian Legal Services(CILS)-Sacramento
- Inter-Tribal Council of California, Inc., Mendocino
- Disability Rights of California-Native American Affairs, Sacramento
- Centers for Medicare & Medicaid Services-American Indian Page, San Francisco
- Access to American Indian Recovery, Sacramento

We have contracts with two ICWA Experts, who conduct independent evaluations of our ICWA cases, and give recommendations to the court. We have staff trained in ICWA procedures and Tribal Customary Adoption. Additionally, all services that are available to any family involved with child welfare are available to Native American children and families.

CAPIT/CBCAP/PSSF Services and Expenditure Summary (WORKSHEETS)

Please see Attachment 8 which contains an embedded file.

ATTACHMENTS

ATTACHMENT 1 – Five Year SIP Chart

CHILD WELFARE

Priority Outcome Measure or Systemic Factor: C1.1 Reunification Within 12 Months (Exit cohort)

Of all children discharged from foster care to reunification during the year who had been in foster care for 8 days or longer, what percent were reunified in less than 12 months from the date of the latest removal from home?

National Standard: 75.2%

Current Performance: According to the October 2012 Quarterly Data Report (Quarter2 of 2012), of the 49 children who were discharged from foster care to reunification July 1, 2011 to June 30, 2012, 32 were reunified within 12 months from their latest removal. This is a 65.3% rate of reunification within 12 months.

Target Improvement Goal: Napa County will improve performance on this measure from 65.3% to 75.5%, resulting in 5 more children reunifying within 12 months.

Priority Outcome Measure or Systemic Factor: C1.4 Re-Entry Following Reunification
Of all children discharged from foster care to reunification during the year, what percent reentered foster care in less than 12 months from the date of the earliest discharge to reunification during the year?

National Standard: 9.9%

Current Performance: According to the October 2012 Quarterly Data Report (Quarter2 of 2012), of the 50 children who were discharged from foster care to reunification July 1, 2010 to June 30, 2011, 3 reentered within 12 months from their earliest discharge. This is a 6.0% rate of reentry within 12 months.

Target Improvement Goal: Napa County will improve performance on this measure from 6.0% to 4.0%, resulting in 1 less child reentering within 12 months.

Priority Outcome Measure or Systemic Factor: C2.3 Adoption within 12 months (17 months in care) Of 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?

National Standard: 22.7%

Current Performance: According to the October 2012 Quarterly Data Report (Quarter2 of 2012), of the 32 children in foster care for 17 continuous months or longer on the first day of July 1, 2011, 10 were discharged to a finalized adoption by June 30, 2012. This is a 31.3% rate of adoption within 12 months.

Target Improvement Goal: Napa County will improve performance on this measure from 31.3% to 50.0%, resulting in 6 more children discharging to a finalized adoption within 12 months

Priority Outcome Measure or Systemic Factor: C4.1 Placement Stability: Of all children served in foster care during the year who were in foster care for at least 8 days but less than 12 months, what percent had two or fewer placements?

National Standard: 86%

Current Performance: According to the October 2012 Quarterly Data Report (Quarter2 of 2012), of the 71 children in foster care for at least 8 days but less than 12 months on July 1, 2011, 54 had two or fewer placements by June 30, 2012. This is a 76.1% rate of placement stability.

Target Improvement Goal: Napa County will improve performance on this measure from 76.1% to 90.1%, resulting in 10 more children with less than two placements within 12 months

PROBATION

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

Of all children discharged from foster care to reunification during the year who had been in foster care for 8 days or longer, what percent were reunified in less than 12 months from the date of the latest removal from home?

National Standard: 75.2%

Current Performance: According to the October 2012 Quarterly Data Report (Quarter2 of 2012), of the 8 children who were discharged from foster care to reunification July 1, 2011 to June 30, 2012, 3 were reunified within 12 months from their latest removal. This is a 37.5% rate of reunification within 12 months

Target Improvement Goal: Napa County will improve performance on this measure from 37.5% to 75.2%, result in 3 more children reunifying.

Priority Outcome Measure or Systemic Factor: C1.2 – Median time to Reunification (Exit cohort)

Of all children discharged from foster care to reunification during the year who had been in foster care for 8 days or longer, what was the median length of stay (in months) from the date of latest removal from home until the date of discharge to reunification?

National Standard: 5.4 months

Current Performance: According to the October 2012 Quarterly Data Report (Quarter 2 of 2012) of the 8 children who reunified, it took 12.2 months to reunify.

Target Improvement Goal: Napa County will improve performance on this measure from 12.2 months to 6 months.

Priority Outcome Measure or Systemic Factor: C1.3 – Reunification within 12 months (Entry cohort)

Of all children entering foster care for the first time in the 6 month period who remained in foster care for 8 days or longer, what percent were discharged from foster care to reunification in less than 12 months from the date of latest removal from home?

National Standard: 48.4%

Current Performance: According to the October 2012 Quarterly Data Report (Quarter 2 of 2012) of the 5 children in care in this entry cohort, none reunified within 6 months.

Target Improvement Goal: Napa County will improve performance on this measure to 40%, resulting in 2 more children reunifying within 6 months.

Priority Outcome Measure or Systemic Factor: C4.2 – Placement Stability (12-24 months in care)

Of all the children served in foster care during a year who were in foster care for at least 12 months but less than 24 months, what percent had two or fewer placement settings?

National Standard: 65.4%.

Current Performance: According to the October 2012 Quarterly Data Report (Quarter 2 of 2012) of 10 youth in placement 6 had fewer than 2 placement settings or 60%.

Target Improvement Goal: Napa county will increase this measure by 1 child resulting in a 70% placement rate.

CHILD WELFARE		
Strategy 1: Increase collaboration with the Latino Community	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Family Reunification, Re-entry, Placement Stability Adoption (OCAP)
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Recruit and increase the number of bilingual/bi-cultural foster and adoptive homes	July 2013 – Ongoing	Adoption and Licensing Supervisor
B. Provide PRIDE training in Spanish to prospective foster and adoptive parents.	September 2013 - Ongoing	Adoption and Licensing Supervisor
C. Work with KSSP contractor to ensure KSSP services and printed materials are available in Spanish.	November 2013 – Ongoing	Staff Services Analyst
D. Ensure that appropriate referrals of Latino families are made by staff to culturally appropriate programs i.e., faith based programs and the Family Resource Centers	July 2014 – Ongoing	Staff Services Analyst
E. Develop and sustain relationships with key service providers in the Latino community	July 2013 - Ongoing	Child Welfare Director and Assistant Child Welfare Directors

Strategy 2: Increase family engagement through more systematic facilitated family meetings with continued focus on Safety Organized Practice	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Family Reunification Re-entry Placement Stability Adoption
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Develop a Family Meetings policy outlining Napa County’s practice standardizing the key decision points where these meeting should occur.	July 2013 – January 2014	Family Meetings Supervisor
B. Implement training to staff regarding the developed policy	March 2014	Program Supervisors
C. Implement the policy	April 2014	Program Supervisors
D. Review and evaluate the efficacy of the policy	January 2015 - biannually	Staff Services Analyst

Strategy 3: Implement a structured system of case reviews for all cases involving a re-entry	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Family Reunification Re-Entry
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Develop and refine a process to identify families who re-enter the Child Welfare System	July 2013 – December 2013	Staff Services Analyst
B. Conduct monthly case reviews of families who re-enter the Child Welfare System	July 2013 - Monthly	Child Welfare Director
C. Identify themes and make recommendations for practice changes	October 2013 - Monthly	Staff Services Analyst
D. Implement practice changes	January 2014 - Ongoing	Program Supervisors

Strategy 4: Develop a domestic violence collaborative with partner agencies in the community.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Family Reunification Re-Entry
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Convene an interagency workgroup to identify systemic changes, staff resources, and training needs required	October 2013 - Ongoing	Emergency Response Supervisor
B. Develop a collaborative protocol for responding to and supporting families where domestic violence occurs	January 2014 – December 2014	Emergency Response Supervisor
C. Educate and train staff and partners on the protocol	January 2015 – March 2015	Emergency Response Supervisor
D. Implement the protocol	April 2015	Program Supervisors
E. Evaluate the implementation of the protocol and the effectiveness as determined by the domestic violence collaborative	April 2016 - Ongoing	Staff Services Analyst

Strategy 5: Strengthen concurrent planning practices.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Placement Stability Adoption
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Form concurrent planning workgroup. Adopt a concurrent planning philosophy and identify opportunities to embed concurrent planning practices within the current Child Welfare structure.	September 2013 – June 2015	Assistant Child Welfare Director
B. Develop a written policy and procedure	July 2015 – December 2015	Program Supervisor
C. Identify training needs and opportunities for staff	July 2014 – Ongoing	Program Supervisor
D. Review and evaluate the efficacy of the policy	July 2016 and biannually	Staff Services Analyst

Strategy 6: Develop a formal Family Finding practice	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Family Reunification Re-entry Placement Stability Adoption
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Research available family search databases to be used to locate and connect with family members of foster children. Select the most useful database and develop contract/service agreement to utilize in family finding.	July 2013 – June 2014	Program Supervisor
B. Identify available funding sources to support family finding efforts including staffing costs.	July 2014	Program Supervisor
C. Develop a procedural guide and best practice tool.	December 2014	Program Supervisor
D. Provide training to staff regarding the developed procedural guide	March 2015	Program Supervisor
E. Evaluate practices by monitoring numbers of children placed with relatives and Non Related Extended Family Members as well as the number of relatives/NREFMs identified as connections for youth.	July 2015 and biannually	Staff Service Analyst

Strategy 7: Strengthen wraparound services by reviewing current wraparound program and identifying areas for enhancement including restructuring	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Family Reunification Re-entry Placement Stability
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Evaluate current program to identify systemic strengths and needs	July 2013 – March 2014	Wraparound Supervisor
B. Develop strategies to address identified needs	July 2013 – March 2014	Wraparound Supervisor
C. Develop policies and procedures on a flow basis according to priorities, including modifications to the policies and procedures as the program is implemented.	January 2014 – December 2015	Wraparound Supervisor
D. Train staff to developed policies and procedures	April 2014 - Ongoing	Wraparound Supervisor
Implement identified program changes; modify policies and procedures as needed. See C above.	April 2014 - Ongoing	Wraparound Supervisor
F. Adopt a plan to monitor program outcomes based upon established evidence based practices	January 2015 - Ongoing	Staff Services Analyst

Strategy 8: Increase placement options within Napa County for older youth, siblings and children and youth with special needs.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Family Reunification Re-entry Placement Stability Adoptions
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Research best practices and emerging successful practices around targeted recruitment of caregivers	March 2015 – April 2016	Licensing Supervisor
B. Engage stakeholders and community partners, including leaders in the faith based community, in the development of a community specific targeted recruitment and retention plan	April 2016 – June 2016	Licensing Supervisor
C. Implement the plan	July 2016 - Ongoing	Licensing Supervisor
D. Monitor the total number of placement homes available to the identified population	January 2017	Staff Services Analyst

Strategy 9: Continue to develop formal infrastructure for the Adoption Program and internal goals to monitor effectiveness.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Placement Stability Adoption (OCAP)
	<input type="checkbox"/> CBCAP	
	<input checked="" type="checkbox"/> PSSF	
	<input type="checkbox"/> N/A	
A. Implement a system of case staffing/consultation required within 4 weeks of new entries into foster care to discuss concurrent planning options and clarify roles and responsibilities, including the scheduling of future staffing/consultations.	July 2013	CWS Assistant Director and Program Supervisor
B. Convene a quarterly concurrent planning workgroup to identify issues/themes emerging from case staffing/consultations and recommend solutions and actions to address concerns.	December 2013 – Ongoing	CWS Assistant Director and Program Supervisor
C. Initiate the contracting process for Napa County to assume fiscal responsibility for contracts for post-adoption services in lieu of CDSS, including negotiating expectations and deliverables.	March 2014	CWS Assistant Director and Staff Services Analyst
D. Continually assess the need for concurrent planning and adoption training and collaborate with the Bay Area Academy to meet identified needs.	January 2014	Program Supervisors

<p>E. On an ongoing basis, identify areas where written policies and procedures are needed and draft them as needed.</p>	<p>July 2013 and ongoing</p>	<p>Program Supervisors</p>
<p>F. Evaluate the administration of AAP benefits by developing and implementing an internal audit process for AAP cases.</p>	<p>July 2013 – Annually thereafter</p>	<p>Program Supervisor and Quality Management Staff</p>
<p>G. Develop methods to evaluate client satisfaction with adoption services (accessibility, matching process, support through adoption process, etc.)</p>	<p>October 2014 - ongoing</p>	<p>Program Supervisor</p>

Strategy 10: Improve collaboration with communities outside of the City of Napa	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Family Reunification Re-Entry Placement Stability Adoption
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Identify key stakeholders in each community	July 2014	Child Welfare Director
B. Conduct initial meetings in each community to hear and share concerns and mutually develop plans to address them	July 2014 – June 2015	Child Welfare Director
C. In partnership with stakeholders, identify actions necessary to strengthen positive working relationships	July 2014 – June 2015	Child Welfare Director
D. Establish a feedback loop to ensure sustained, positive working relationships	July 2015 - Ongoing	Child Welfare Director

Strategy 11: In collaboration with Napa County Children’s Mental Health, implement the requirements of the Katie A lawsuit, identifying areas where service integration would lead to positive client outcomes.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Family Reunification Placement Stability Adoption
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Form a county Implementation Team including community members who have had experience with child welfare and/or mental health services.	July 2013	CWS & MH Directors
B. Through a partnership between mental health and child welfare, design a coordinated services delivery system for children, youth and families served by both agencies to include services specified by the Katie A settlement.	July 2013 – January 2014	County Katie A Implementation Team and Subcommittees
C. Cross train child welfare and mental health staff on the promising practices, the Core Practice Model and implementation plan.	September 2013 - January 2014	Assistant CWS Director and Assistant MH Director
D. Develop or adopt evaluation tools and evaluate the effectiveness of the coordinated service delivery system.	July 2014 and ongoing	Staff Services Analysts from CWS and MH Divisions

PROBATION		
Strategy 12: Add an additional component to the screening process that requires more extensive relative assessments and engagement earlier in the wardship process. Current practice is to begin the relative search once removal from the home is inevitable. Beginning this process earlier to engage the support of extended family in community treatment and supervision may prevent the need for removal or limit the time in care.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Family Reunification
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Review current Relative Assessment program to identify areas for enhancement including restructuring	June 2013 – December 2013	Chief Deputy Probation Officer, Investigations and Placement Supervisors
B. Develop implementation strategies to strengthen current program	October 2013 – March 2014	Chief Deputy Probation Officer, Investigations and Placement Supervisors
C. Develop policies to support program	June 2013 – December 2014	Chief Deputy Probation Officer, Investigations and Placement Supervisors

D. Train staff to implement policies.	January 2015 – June 2015	Investigations and Placement Supervisors
E. Implement Relative Assessment program	July 2015 - ongoing	Investigations and Placement Supervisors, staff
F. Evaluate Relative Assessment program and which placements have the best outcomes for youth.	January 2016 - ongoing	Investigations and Placement Supervisors

Strategy 13: Create more opportunities for probation officers to meet with youth and families in placement.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Family Reunification Placement Stability
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Review current contact policy to identify areas for enhancement including restructuring	June 2013 – December 2013	Chief Deputy Probation Officer, Placement Supervisor, Senior Placement Officer
B. Develop implementation strategies to strengthen current policy and practice	October 2013 – March 2014	Chief Deputy Probation Officer, Placement Supervisor, Senior Placement Officer
C. Develop policies to support practice	June 2013 – December 2014	Chief Deputy Probation Officer, Placement Supervisor, Senior Placement Officer
D. Train staff to implement policies and practice	January 2015 – June 2015	Placement Supervisor
E. Implement	July 2015 - ongoing	Placement Supervisor, Placement Officers
F. Evaluate	July 2016 - ongoing	Placement Supervisor

Strategy 14: Work with programs and treatment centers to create flexibility in programming so youth may reunify sooner by transitioning to community treatment without compromising the safety of the youth or the community	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Family Reunification Placement Stability
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Meet with current treatment centers to share vision and goals for youth	July 2013	Placement Supervisor, Placement Officers
B. Create a workgroup and develop goals for treatment programs to support family reunification	August 2013 – November 2013	Placement Supervisor, Placement Officers
C. Implement new goals	January 2014 - ongoing	Placement Supervisor, Placement Officers
D. Evaluate by tracking the community based services provided to each youth and determine if they improve reunification outcomes for youth.	June 2014 - ongoing	Placement Supervisor

Strategy 15: Consider placement options in Napa County or in neighboring counties and develop a plan to work with these programs on meeting our department's needs and expectations	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Family Reunification Placement Stability
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Meet with identified placement facilities on an ongoing basis to share department's needs and expectations	June 2013 - ongoing	Placement Supervisor, Placement Officers
B. Evaluate by monitoring which placements have the best outcomes for youth.	July 2014 - ongoing	Placement Supervisor

Strategy 16: Increase parent/guardian and family contact and engagement while youth are in out of home care and develop methods to incorporate other natural supports from the youth's community.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Family Reunification Placement Stability
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Review current family contact policy to identify areas for enhancement including restructuring	January 2014 – March 2014	Chief Deputy Probation Officer, Placement Supervisor, Senior Placement Officer
B. Develop implementation strategies to strengthen current policy and practice	April 2014- July 2014	Chief Deputy Probation Officer, Placement Supervisor, Senior Placement Officer
C. Develop policies to support practice	August 2014 – December 2014	Chief Deputy Probation Officer, Placement Supervisor, Senior Placement Officer
D. Train staff to implement policies and practice	January 2015 - ongoing	Placement Supervisor

E. Implement revised family contact policy.	January 2015 - ongoing	Placement Supervisor, Placement Officers
F. Evaluate by monitoring which placements have the best outcomes for youth.	July 2015 - ongoing	Placement Supervisor

Strategy 17: Develop timely and more detailed concurrent plans for youth and increase level of the youth's involvement in the process	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Family Reunification Placement Stability
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Review current policy to identify areas for enhancement including restructuring	June 2013 – October 2013	Chief Deputy Probation Officer, Placement Supervisor, Senior Placement Officer
B. Develop implementation strategies to strengthen current policy and practice	November 2013 – February 2014	Chief Deputy Probation Officer, Placement Supervisor, Senior Placement Officer
C. Develop policies to support practice	March 2014 – May 2014	Chief Deputy Probation Officer, Placement Supervisor; Senior Probation Officer
D. Train staff to implement policies and practice	June 2014 – August 2014	Placement Supervisor
E. Implement more timely concurrent plans for youth and increase level of youth involvement in case plans.	September 2014 - ongoing	Placement Supervisor, Placement Officers
F. Evaluate by monitoring concurrent plans and track if youth outcomes are improved.	March 2015 - ongoing	Placement Supervisor

**ATTACHMENT 2: CAPIT/CBCAP/PSSF
Program and Evaluation Description**

Program Description	Program Name	<u>Home Visitation, Parent Education and Family Resource Center Services</u> (CAPIT Line No. 1 from Expenditure Workbook)
	Service Provider	Cope Family Center
	Program Description	<p>Cope Family Center provides Home Visitation, Parent Education and other individualized Family Resource Center (FRC) services. Services are individualized and may require service coordination and collaboration with the FRC and/or information and referral to other community resources.</p> <p>The Cope Home Visitation Program utilizes the Healthy Families America model and is designed to assist families in making improvements needed to maintain their children in their homes. The program provides intensive one on one support for families to build upon their strengths and create a plan for success through voluntary home visiting. The program activities include enhancement of parenting skills and facilitation of early learning, maintenance of family well-being and medical care, development of household management skills (if needed through teaching and demonstrating homemaking), maintenance of and education about nutritional needs, development of community resources and social support network, development of budget management skills and self sufficiency planning. The program offers information and referrals. Family Group Decision Making is among the tools used to empower families to participate fully in identifying their goals and services needed to achieve those goals. The FRC also offers Parenting classes utilizing the Make Parenting a Pleasure curriculum. Peer support is offered in groups for single parents and Kinship families and private child development consultation is offered based upon the individual family needs. The services are available in English and Spanish.</p>
	OCAP Funding Source(s)	CAPIT, \$75,000 per year
	Identified Priority Need Outlined in CSA	<p>The unmet need was identified as continued community based support for “at risk” families. Our CSA identified 12.8% of children living in poverty in 2010 and increased stress on families as a result of unemployment and financial pressure. Our CSA shows an unemployment rate of 7.8% and a 30.7% increase in Cal WORKS cases from 2009 to 2011. This shows families face multiple stressors, with a need for parent support. Families have been identified to have multiple needs due to substance abuse, domestic violence and mental health issues. Our CSA showed the need to strengthen the collaboration with agencies serving mono and bi-lingual families. The need identified is to increase provision of services to the Latino community as the demographics in Napa County are shifting, with an increasing number of children under age 18 who are identified as Latino/Hispanic. In addition, 52.1 % of Latino households in Napa have inadequate income levels and 27% do not have health insurance.</p> <p>There is a priority need for tailored services and services that have been shown to improve children’s health, promote positive parenting, improve family connectedness, and reduce dependence on public assistance.</p>
	Target Population	<p>Priority for services is given to families with children who are at high risk including families that are not involved in the child welfare system, as well as families in the child welfare system.</p> <p>Population served includes:</p>

		<ul style="list-style-type: none"> • Family is at risk of imminent removal of a child • Families who need services to facilitate the return of a child (family reunification) • Family who is enrolled in CalWORKS program and has identified mental health, substance abuse and/or domestic violence issue(s) <p>Self referred families who have risk factors that are indicative of the risk of child abuse and neglect.</p>
	Target Geographic Area	County-wide
	Timeline	May 2013 through May 2018
Evaluation	Program Outcome(s)	<ul style="list-style-type: none"> • Improved parent-child interaction • Decreased involvement with welfare and other social services • Learn effective parenting skills and positive approaches to discipline • Build a support network
	Quality Assurance (QA) Methods/Tracking Tools	Cope utilizes several methods to measure the effectiveness of the Home Visitation Program. Clients in the Home Visitation Program are evaluated at entry (baseline), at 3 months, 6 months and/or at closing utilizing the Family Matrix Model. Cope has families complete a pre and post test and a client satisfaction survey. Cope engages families by including parents in co-creating a family plan, and observes if parents demonstrate positive parenting techniques, and if parents use the support network in times of stress. Cope will continue to utilize the data tracking report of families who participate and exit their Home Visitation program. This report is sent to child welfare on a biannual basis, and the report is correlated to new entries into the Child Welfare System.
	Client Satisfaction	Cope Family Center has clients complete a satisfaction survey. Participants in Parenting classes take a pre and post test.

Program Description	Program Name	Home Visitation, Parent Education and Family Resource Center Services (PSSF Time Limited Family Reunification Line No.1 from Expenditure Workbook)
	Service Provider	Cope Family Center
	Program Description	<p>Time Limited Family reunification services are provided within 15 months of the child entering foster care. Cope Family Center provides Home Visitation, Parenting Education and Family Resource Center (FRC) services. Services are individualized and may require service coordination and collaboration with the FRC and/or information and referral to other community resources.</p> <p>The Cope Home Visitation Program utilizes the Healthy Families America model and is designed to assist families in making improvements needed to maintain their children in their homes. The program provides intensive one on one support for families to build upon their strengths and create a plan for success through voluntary home visiting. The program activities include enhancement of parenting skills and facilitation of early learning, maintenance of family well-being and medical care, development of household management skills (if needed through teaching and demonstrating homemaking), maintenance of and education about nutritional needs, development of community resources and social support network, development of budget management skills and self sufficiency planning. Cope is involved in family assessment and evaluation of parent/child interaction, to determine services, service coordination and collaboration and/or information and referral to other community resources. The parents have access to the Family resource center. The program offers information and referrals. Family Group Decision Making is among the tools used to empower families to participate fully in identifying their goals and services needed to achieve those goals. The FRC also offers Parenting classes utilizing the Make Parenting a Pleasure curriculum. Peer support is offered in groups for single parents and Kinship families and private child development consultation is offered based upon the individual family needs. The services are available in English and Spanish.</p>
	OCAP Funding Source(s)	PSSF Time Limited Family Reunification, \$20,227 per year
	Identified Priority Need Outlined in CSA	<p>The priority need was identified as continued community based support for “at risk” families. Our CSA identified 12.8% of children living in poverty in 2010 and increased stress on families as a result of unemployment and financial pressure. Our CSA shows an unemployment rate of 7.8% and a 30.7% increase in Cal WORKS cases from 2009 to 2011. This shows families face multiple stressors, with a need for parent support. Families have been identified to have multiple needs due to substance abuse, domestic violence and mental health issues. Our CSA showed the need to strengthen the collaboration with agencies serving mono and bi-lingual families. The need identified is to increase provision of services to the Latino community as the demographics in Napa County are shifting, with an increasing number of children under age 18 who are identified as Latino/Hispanic. In addition, 52.1 % of Latino households in Napa have inadequate income levels and 27% do not have health insurance.</p> <p>Reunification within 12 months can be unrealistic due to severe parental needs, which shows a need for intense services for longer period of time and families need intensive in-home services to ensure their children do not re-enter into foster care.</p>

	Target Population	Families whose children have been removed from their homes and placed in out of home care, and to the parents or primary caregiver of such a child, in order to facilitate the reunification of the child but only during the 15 month period that begins the date the child is considered to have entered foster care.
	Target Geographic Area	County-wide
	Timeline	May 2013 through May 2018
Evaluation	Program Outcome(s)	<ul style="list-style-type: none"> • Improved parent-child interaction • Decreased involvement with welfare and other social services • Learn effective parenting skills and positive approaches to discipline • Build a support network
	Quality Assurance (QA) Methods/Tracking Tools	<p>Cope utilizes several methods to measure the effectiveness of the Home Visitation Program. Clients in the Home Visitation Program are evaluated at entry (baseline), at 3 months, 6 months and/or at closing utilizing the Family Matrix Model. Cope has families complete a pre and post test and a client satisfaction survey. Cope engages families by including parents in co-creating a family plan, and observes if parents demonstrate positive parenting techniques, and if parents use the support network in times of stress.</p> <p>Cope will continue to utilize the data tracking report of families who participate and exit their Home Visitation program. This report is sent to child welfare on a biannual basis, and the report is correlated to new entries into the Child Welfare System.</p>
	Client Satisfaction	Cope Family Center has clients complete a satisfaction survey. Participants in parenting classes take a pre and post test.

Program Description	Program Name	Home Visitation, Parent Education and Family Resource Center Services (PSSF Family Support Line No.1 from Expenditure Workbook)
	Service Provider	Cope Family Center
	Program Description	The Cope Home Visitation Program utilizes the Healthy Families America model and is designed to assist families in making improvements needed to maintain their children in their homes. The program provides intensive one on one support for families to build upon their strengths and create a plan for success through voluntary home visiting. The program activities include enhancement of parenting skills and facilitation of early learning, maintenance of family well-being and medical care, development of household management skills (if needed through teaching and demonstrating homemaking), maintenance of and education about nutritional needs, development of community resources and social support network, development of budget management skills and self sufficiency planning. The program offers information and referrals. Family Group Decision Making is among the tools used to empower families to participate fully in identifying their goals and services needed to achieve those goals. The FRC also offers Parenting classes utilizing the Make Parenting a Pleasure curriculum. Peer support is offered in groups for single parents and Kinship families and private child development consultation is offered based upon the individual family needs. The services are available in English and Spanish.
	OCAP Funding Source(s)	PSSF Family Support, \$20,227 per year
	Identified Priority Need Outlined in CSA	The priority need was identified as continued community based support for “at risk” families. Our CSA identified 12.8% of children living in poverty in 2010 and increased stress on families as a result of unemployment and financial pressure. Our CSA shows an unemployment rate of 7.8% and a 30.7% increase in Cal WORKS cases from 2009 to 2011. This shows families face multiple stressors, with a need for parent support. Families have been identified to have multiple needs due to substance abuse, domestic violence and mental health issues. Our CSA showed the need to strengthen the collaboration with agencies serving mono and bi-lingual families. The need identified is to increase provision of services to the Latino community as the demographics in Napa County are shifting, with an increasing number of children under age 18 who are identified as Latino/Hispanic. In addition, 52.1 % of Latino households in Napa have inadequate income levels and 27% do not have health insurance. Families need intensive in-home services to ensure their children do not re-enter into foster care.
	Target Population	Family Support services serve families at and after the closing of the CWS case by providing aftercare services. Support is also available to families who have adopted children.
	Target Geographic Area	County-wide

	<p>Timeline</p>	<p>May 2013 through May 2018</p>
<p>Evaluation</p>	<p>Program Outcome(s)</p>	<ul style="list-style-type: none"> • Improved parent-child interaction • Decreased involvement with welfare and other social services • Learn effective parenting skills and positive approaches to discipline • Build a support network
	<p>Quality Assurance (QA) Methods/Tracking Tools</p>	<p>Cope utilizes several methods to measure the effectiveness of the Home Visitation Program. Clients in the Home Visitation Program are evaluated at entry (baseline), at 3 months, 6 months and/or at closing utilizing the Family Matrix Model. Cope has families complete a pre and post test and a client satisfaction survey. Cope engages families by including parents in co-creating a family plan, and observes if parents demonstrate positive parenting techniques, and if parents use the support network in times of stress. Cope will continue to utilize the data tracking report of families who participate and exit their Home Visitation program. This report is sent to child welfare on a biannual basis, and the report is correlated to new entries into the Child Welfare System.</p>
	<p>Client Satisfaction</p>	<p>Cope Family Center has clients complete a satisfaction survey. Participants in parenting classes take a pre and post test.</p>

Program Description	Program Name	Home Visitation, Parent Education and Family Resource Center Services (PSSF Family Preservation Line No. 1 from Expenditure Workbook)
	Service Provider	Cope Family Center
	Program Description	Services are individualized and may require service coordination and collaboration with the FRC and/or information and referral to other community resources. The Cope Home Visitation Program utilizes the Healthy Families America model and is designed to assist families in making improvements needed to maintain their children in their homes. The program provides intensive one on one support for families to build upon their strengths and create a plan for success through voluntary home visiting. The program activities include enhancement of parenting skills and facilitation of early learning, maintenance of family well-being and medical care, development of household management skills (if needed through teaching and demonstrating homemaking), maintenance of and education about nutritional needs, development of community resources and social support network, development of budget management skills and self sufficiency planning. The program offers information and referrals. Family Group Decision Making is among the tools used to empower families to participate fully in identifying their goals and services needed to achieve those goals. The FRC also offers Parenting classes utilizing the Make Parenting a Pleasure curriculum. Peer support is offered in groups for single parents and Kinship families and private child development consultation is offered based upon the individual family needs. The services are available in English and Spanish.
	OCAP Funding Source(s)	PSSF Family Preservation, \$21,005 per year
	Identified Priority Need Outlined in CSA	The priority need was identified as continued community based support for “at risk” families. Our CSA identified 12.8% of children living in poverty in 2010 and increased stress on families as a result of unemployment and financial pressure. Our CSA shows an unemployment rate of 7.8% and a 30.7% increase in Cal WORKS cases from 2009 to 2011. This shows families face multiple stressors, with a need for parent support. Families have been identified to have multiple needs due to substance abuse, domestic violence and mental health issues. Our CSA showed the need to strengthen the collaboration with agencies serving mono and bi-lingual families. The need identified is to increase provision of services to the Latino community as the demographics in Napa County are shifting, with an increasing number of children under age 18 who are identified as Latino/Hispanic. In addition, 52.1 % of Latino households in Napa have inadequate income levels and 27% do not have health insurance. There is a priority need for tailored services and services that have been shown to improve children’s health, promote positive parenting, improve family connectedness, and reduce dependence on public assistance.
	Target Population	Priority for services is given to families with children who are at high risk, including families that are not involved in the child welfare system, as well as families in the child welfare system. Population served includes: <ul style="list-style-type: none"> Family is at risk of imminent removal of a child;

		<ul style="list-style-type: none"> Families who need services to facilitate the return of a child (family reunification) Family who is enrolled in CalWORKS program and has identified mental health, substance abuse and/or domestic violence issue(s); <p>Self referred families who have risk factors that are indicative of the risk of child abuse and neglect.</p>
	Target Geographic Area	County-wide
	Timeline	May 2013 through May 2018
Evaluation	Program Outcome(s)	<ul style="list-style-type: none"> Improved parent-child interaction Decreased involvement with welfare and other social services Learn effective parenting skills and positive approaches to discipline Build a support network
	Quality Assurance (QA) Methods/Tracking Tools	Cope utilizes several methods to measure the effectiveness of the Home Visitation Program. Clients in the Home Visitation Program are evaluated at entry (baseline), at 3 months, 6 months and/or at closing utilizing the Family Matrix Model. Cope has families complete a pre and post test and a client satisfaction survey. Cope engages families by including parents in co-creating a family plan, and observes if parents demonstrate positive parenting techniques, and if parents use the support network in times of stress. Cope will continue to utilize the data tracking report of families who participate and exit their Home Visitation program. This report is sent to child welfare on a biannual basis, and the report is correlated to new entries into the Child Welfare System.
	Client Satisfaction	Cope Family Center has clients complete a satisfaction survey. Participants in parenting classes take a pre and post test.

Program Description	Program Name	<u>Parenting Education and Support</u> (PSSF Adoption Promotion and Support Line No.2 from Expenditure Workbook)
	Service Provider	Cope Family Center
	Program Description	Adoption promotion and post adoption services are individualized by Cope. Families may meet with a parenting specialist to identify needs and develop specific strategies for supporting the family during and after an adoption of a child. . Private child development consultation is offered based upon individual family and child needs. In addition, families may receive information and referrals to community resources and utilize all services offered by the family resource center. Service are offered in English and Spanish.
	OCAP Funding Source(s)	PSSF Adoption Promotion and Support, \$16,336 per year
	Identified Priority Need Outlined in CSA	Our CSA stakeholders identified the priority need of improving timeliness to adoption. (CSA page 66)_Adoption measures have historically presented unique challenges for Napa County to impact since we did not have authority over the adoption program. Because the CDSS adoption regional branch was located outside Napa County, it was difficult for their staff to be connected to local resources within Napa County. Having local responsibility will offer the opportunity to connect with our community to promote and target recruitment for adoptive families and insure that during post adoptive placement supervision and at finalization, families are connected to Cope, Lilliput and other support services in our county. CDSS currently has a contract with Lilliput Children and Family Services to provide post adoption support services in Napa County through FY2013-2014. Beginning FY 2014-2015, Napa County will assume responsibility for the contracting. At this time we will reassess the how service delivery can be improved in our county and the best use of the PSSF funds with our local community based agencies.
	Target Population	Children and families whom have a current plan of adoption. Families who have adopted children.
	Target Geographic Area	County-wide
	Timeline	May 2013 through May 2018

Evaluation	Program Outcome(s)	<ul style="list-style-type: none"> • Remove barriers that impede the process of adoption when children cannot be safely reunified with their parents • Improve permanency for children through adoption • Improve parenting and relational skills in the context of the unique issues adoptive families and children may face
	Quality Assurance (QA) Methods/Tracking Tools	Families develop individualized family plans which include their goals and objectives. Clients are given a pre and post test and a client satisfaction survey.
	Client Satisfaction	Cope Family Center has clients complete a satisfaction survey. Participants in parenting classes take a pre and post test.

Program Description	Program Name	<u>Home Visitation, Parent Education and Family Resource Center Services</u> (CBCAP Line No. 1 from Expenditure Workbook)
	Service Provider	Cope Family Center
	Program Description	<p>Cope Family Center provides Home Visitation, Parent Education and Family Resource Center (FRC) services. Services are individualized and may require service coordination and collaboration with the FRC and/or information and referral to other community resources.</p> <p>The Cope Home Visitation Program is designed to assist families in making improvements needed to maintain their children in their homes. The program provides intensive one on one support for families to build upon their strengths and create a plan for success through voluntary home visiting. The program activities include enhancement of parenting skills and facilitation of early learning, maintenance of family well-being and medical care, development of household management skills (if needed through teaching and demonstrating homemaking), maintenance of and education about nutritional needs, development of community resources and social support network, development of budget management skills and self sufficiency planning. The program offers information and referrals. Family Group Decision Making is among the tools used to empower families to participate fully in identifying their goals and services needed to achieve those goals. The program utilizes the Healthy Families America model (HFA) The FRC also offers Parenting classes, utilizing the Make Parenting a Pleasure curriculum. Peer support is offered in groups for single parents and Kinship families and private child development consultation is offered based upon the individual family needs. The services are available in English and Spanish.</p>
	OCAP Funding Source(s)	CBCAP, \$14,455 per year
	Identified Priority Need Outlined in CSA	<p>The priority need was identified as continued community based support for “at risk” families. Our CSA identified 12.8% of children living in poverty in 2010 and increased stress on families as a result of unemployment and financial pressure. Our CSA shows an unemployment rate of 7.8% and a 30.7% increase in Cal WORKS cases from 2009 to 2011. This shows families face multiple stressors, with a need for parent support. Families have been identified to have multiple needs due to substance abuse, domestic violence and mental health issues. Our CSA showed the need to strengthen the collaboration with agencies serving mono and bi-lingual families. The need identified is to increase provision of services to the Latino community as the demographics in Napa County are shifting, with an increasing number of children under age 18 who are identified as Latino/Hispanic. In addition, 52.1 % of Latino households in Napa have inadequate income levels and 27% do not have health insurance.</p> <p>There is a priority need for tailored services and services that have been shown to improve children’s health, promote positive parenting, improve family connectedness, and reduce dependence on public assistance.</p>

	Target Population	This service is targeted to vulnerable families with children that are at risk of abuse or neglect, but are not involved with the child welfare system. These families include those with one or more risk factors such as children and parents with disabilities, homelessness, risk of homelessness, single parent, young parents, or low income.
	Target Geographic Area	County-wide
	Timeline	May 2013 through May 2018
Evaluation	Program Outcome(s)	<ul style="list-style-type: none"> • Improved parent-child interaction • Decreased involvement with welfare and other social services • Learn effective parenting skills and positive approaches to discipline • Build a support network
	Quality Assurance (QA) Methods/Tracking Tools	Cope utilizes several methods to measure the effectiveness of the Home Visitation Program. Clients in the Home Visitation Program are evaluated at entry (baseline), at 3 months, 6 months and/or at closing utilizing the Family Matrix Model. Cope has families complete a pre and post test and a client satisfaction survey. Cope engages families by including parents in co-creating a family plan, and observes if parents demonstrate positive parenting techniques, and if parents use the support network in times of stress. Cope will continue to utilize the data tracking report of families who participate and exit their Home Visitation program. This report is sent to child welfare on a biannual basis, and the report is correlated to new entries into the Child Welfare System.
	Client Satisfaction	Cope has families complete a pre and post test and a client satisfaction survey.

ATTACHMENT 3: Board Resolution Designating: CAPC

ENDORSED
SEP 16 1986
JANICE F. NORTON
NAPA COUNTY CLERK
J. Catania
Deputy Clerk

RESOLUTION NO. 86-87

RESOLUTION OF THE BOARD OF SUPERVISORS
OF THE COUNTY OF NAPA, STATE OF CALIFORNIA
ESTABLISHING THE NAPA COUNTY CHILD ABUSE
PREVENTION COORDINATING COUNCIL

WHEREAS, existing State legislation requires the creation of a Child Abuse Prevention Coordinating Council (hereinafter "Council") pursuant to Chapter 12.5, (commencing with Section 18980) of Part 6 of Division 9 of the Welfare and Institutions Code (hereinafter the "Act"); and

WHEREAS, the Board of Supervisors has previously created a Children's Trust Fund (December 14, 1982) pursuant to Chapter 11, Article 5 (Sections 18965-18971) of the Welfare and Institutions Code and has designated the Mental Health Advisory Board as the reviewing body which establishes criteria for determining those programs to be funded and recommending proposals to the Board of Supervisors of the County of Napa; and

WHEREAS, the previously existing Child Abuse Council of Napa County has agreed to implement the provisions of the Welfare and Institutions Code creating a Child Abuse Prevention Coordinating Council; and

WHEREAS, Section 18983 of the Act requires that this County fund the Council from said Children's Trust Fund; and

WHEREAS, the functions of the Child Abuse Prevention Coordinating Council shall include the following:

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

- b. To promote public awareness of the abuse and neglect of children and the resources available for intervention and treatment.
- c. To encourage and facilitate training of professionals in the detection, treatment and prevention of child abuse and neglect.
- d. To recommend improvements in services to families and victims.
- e. To encourage and facilitate community support for child abuse and neglect programs; and

WHEREAS, the Mental Health Advisory Board will continue to perform its services of reviewing, prioritizing and recommending projects to the Board of Supervisors.

NOW, THEREFORE, BE IT RESOLVED that the Board of Supervisors of the County of Napa appoints the Child Abuse Council of Napa County to implement the provisions of the Welfare and Institutions Code creating a Child Abuse Prevention Coordinating Council, which Council shall encourage representatives from the following categories:

PUBLIC WELFARE SERVICES:

HSDS: Children's Services and Child Protective Services
Probation Department
Licensing Agencies

CRIMINAL JUSTICE SYSTEM:

Law Enforcement
Office of the District Attorney
The Courts
Coroner

PREVENTION AND TREATMENT SERVICES COMMUNITIES:

Medical and Mental Health Services

Community Based Social Services

Public and Private Schools

COMMUNITY REPRESENTATIVES:

Community Volunteers

Civic Organizations

The Religious Community

In addition, any other government or civic organization involved with child abuse prevention may participate in the functions and activities of the Child Abuse Prevention Coordinating Council.

BE IT FURTHER RESOLVED that there shall be no formal requirements for membership in the Council. In accordance with the statutory requirement that the Council encourage representatives from the broadest possible spectrum of individuals and agencies concerned with child abuse prevention, membership shall be open and encouraged to all who may wish to become involved with the functions and activities of the Council.

BE IT FURTHER RESOLVED that the Child Abuse Prevention Coordinating Council shall have the responsibility for implementing and executing all of the requirements of the Child Abuse Prevention Coordinating Council Act as presently codified or as it may be amended in the future.

The foregoing resolution was duly and regularly adopted by the Board of Supervisors of the County of Napa, State of

California, at a regular meeting held on the 16th day
of September, 1986, by the following vote:

AYES: SUPERVISORS MOSKOWITE, WHITE, McCULLOUGH,
GOETTING AND VARRELMAN

NOES: SUPERVISORS NONE

ABSENT: SUPERVISORS NONE

ATTEST:

JANICE F. NORTON, County Clerk

By: *Agnes Del Zompo*
Clerk to the Board

DLZ:df
D:1102A

-4-

ATTACHMENT 4: Board Resolutions Designating CCTF



A Tradition of Stewardship
A Commitment to Service

Board of Supervisors

1195 Third St.
Suite 310
Napa, CA 94558
www.co.napa.ca.us

Main: (707) 253-4421
Fax: (707) 253-4176

CERTIFIED EXCERPTS FROM THE DRAFT SUMMARY OF PROCEEDINGS OF THE
NAPA COUNTY - BOARD OF SUPERVISORS REGULAR MEETING
COUNTY OF NAPA
OCTOBER 7, 2008

Excerpt #1

1. CALL TO ORDER; ROLL CALL

The Board of Supervisors of the County of Napa met in regular session on Tuesday, October 7, 2008 at 9:00 a.m. with the following members present: Chair Brad Wagenknecht, Supervisors Diane Dillon, Bill Dodd, Mark Luce and Harold Moskowitz. Chair Wagenknecht called the meeting to order.

Excerpt #2

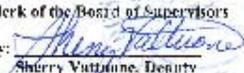
- 7D Director of Health and Human Services and Chief Probation Officer request the designation of the Juvenile Justice Coordinating Council as the administrative body responsible for carrying out the purpose of the County Children's Trust Fund in accordance with Welfare and Institutions Code Section 18965.

Motion moved by Mark Luce, seconded by Bill Dodd to approve. Motion passed 5 - 0.

The foregoing excerpts are true and correct copies of the original items on file in the draft summary of proceedings in this office.

Date: April 29, 2009

Clerk of the Board of Supervisors

By: 
Ashley Vattione, Deputy

BRAD WAGENKNECHT
DISTRICT 1

MARK LUCE
DISTRICT 2

DIANE DILLON
DISTRICT 3

BILL DODD
DISTRICT 4

HAROLD MOSKOWITZ
DISTRICT 5

ATTACHMENT 5: Rosters

<u>CAPC Steering Committee</u>
Gary Lieberstein, District Attorney Co-Chair
Molly Archbold , CAPC Manager
Mary Butler, Chief Probation Officer
Melinda Daugherty, Cope Family Center Program Manager
Joelle Gallagher, Executive Director, Cope Family Center
Joan Lockhart, Executive Director, Parents CAN
Paul Gero, Deputy District Attorney
Tracy Lamb, Executive Director, Napa Emergency Women’s Services
Tracey Stuart, Napa County Sheriffs Department Lieutenant
Kathy Martin, Retired Principal, Napa Valley Unified School District
Richard Melton, Chief of Police, Napa Police Department
Linda Canan, Health and Human Services Deputy Director, Child Welfare Services
Diana Short, Executive Director, Community Resources for Children
Julie DiVerde, Executive Director, CASA
Judy Durham, SAVS (Sexual Assault Victims Services) Advocate
Mark Bontrager, Executive Director, ALDEA Family and Children Services
Michael Williams, Court Commissioner, Napa County Superior Court

CCTF Commission

Juvenile Justice Coordinating Council

Mary Butler, Chief Probation Officer Chair

Rick Feldstein, Court Executive Officer

Miriam Ladrigan, Community Member

Ron Abernethy, Assistant Public Defender

Jean Donaldson, Napa Sheriff

Bill Krimm, Non Profit Representative

Mark Luce, Board of Supervisors

Gary Lieberstein, District Attorney

Rich Melton, Napa Police

Vacant, Non Profit Member

Connie Moreno-Peraza, Alcohol and Drug Administrator

Barbara Nemko, Napa County Office of Education

Harold Pierre, Family Member

Liz Habkirk, County Executive's Office

Pat Wells, Juvenile Justice Commission

Randy Snowden, Health and Human Services Agency Director

SIP Planning Team

Name	Affiliation
Molly Arnott	CAPC Director, Child Abuse Prevention Council
Pat Wells	Board Member, Juvenile Justice Coordinating Committee (Children's Trust Fund Commission)
Linda Canan	Director, Child Welfare Services, Napa County Health and Human Services (Designated agency to administer CAPIT/CBCAP/PSSF)
Rebecca Feiner	Assistant Director, Child Welfare Services, Napa County Health and Human Services
Marjorie Lewis	Assistant Director, Child Welfare Services, Napa County Health and Human Services
Laura Keller	Manager, Napa County Public Health Department
Barbara Reynolds	Supervisor, Napa County Mental Health Department
Rocio Canchola	Staff Services Analyst, Napa County Mental Health Department
Laura Van Waardenburg	Mental Health Counselor, Napa County Mental Health Department
Chelsea Stoner	SW Supervisor, Napa County Child Welfare Services
Lauren Harris	SW Supervisor, Napa County Child Welfare Services
Denise Seely	SW Supervisor, Napa County Child Welfare Services
Debbie White	SW Supervisor, Napa County Child Welfare Services
Grace Lee	SW, Napa County Child Welfare Services
Kellen McGee	SW, Napa County Child Welfare Services
Kimberly Smith	SW, Napa County Child Welfare Services
Alberto Palomo	Systems SSA, Napa County Child Welfare Services
Doug Calkin	SSA, Napa County Child Welfare Services
Ben Guerrieri	SSA, Napa County Child Welfare Services

Bill Carter	Deputy Director, Quality Management, Napa Health & Human Services
Mark Woo	Manager, Quality Management, HHSA
Marlena Garcia	Executive Director, Parents CAN Family Resource (Parents/consumers)
Lisa Gomez	Parents CAN (Parents/consumers)
Mary Butler	Chief Probation Officer, Napa County Probation Department
Julie Baptista	Supervisor, Napa County Probation Department
Darlene Catania	Probation Officer, Napa County Probation Department
Christy Mantz	Probation Officer, Napa County Probation Department
Joelle Gallagher	Executive Director, Cope Family Center (PSSF Collaborative)
Michelle Grupe	Assistant Director, Cope Family Center (PSSF Collaborative)
Julie Murphy	Supervisor, Cope Family Center (PSSF Collaborative)
Melinda Dougherty	Supervisor, Cope Family Center (PSSF Collaborative)
Michelle Laymon	Supervisor, Cope Family Center (PSSF Collaborative)
Carol Hamilton	Foster Parent
Jennifer Yasumoto	Deputy County Counsel, Napa County Counsel's Office
Colleen Clark	Attorney, Juvenile Dependency
Traci Belmore	Attorney, Napa County District Attorney's Office
Norma Ferriz	Program Director, St. Helena Family Resource Center
Sherry Tennyson	Director, American Canyon Family Resource Center
Laura Courtland	Regional Manager, Lilliput Children's Services (Kinship Support/Adoption)
Connie Moreno-Peraza	Director, Napa County Alcohol and Drug Programs
Carlos De La Cerda	Supervisor, Napa County Alcohol and Drug Programs
Julie Diverde	Director, Napa CASA Program
Shea Hunter	Napa Emergency Women's Services (Domestic Violence Prevention)
Jamie Johnson	Victim Services, Napa County District Attorney's Office

Diana Short	Director, Community Resources for Children (ECE/childcare)
Jeanne Puhger	Foster Care Educational Liaison, Napa County Office of Education
Brian Marchus	Napa Valley Unified School District
Helen Bass	Calistoga Unified School District
Laura Silva	Calistoga Unified School District
Debbie Baur	St. Helena Unified School District
Debbie Peacock	Lieutenant, Napa Police Department
Julie Rulies	St. Helena Police Department
Douglas Pike	Lieutenant, Napa Sheriff's Department
Michael Diehl	Family Service of Napa Valley
Judith Lefler	Assistant Director, Bay Area Regional Training Academy
Catalina Chavez-Tapia	Catholic Charities
Cassie Grimaldo	Catholic Charities
Eric Daniel	Hillside Christian Church
Matthew Manning	Hillside Christian Church
Matt Moon Bailey	Manager, VOICES (ILP/EYS service provider)
Laurie Grisham	Progress Foundation, THP Plus provider
Tess Salvatore	Progress Foundation, THP Plus provider
Robin Rafael	Child Start (early Head Start and Head Start programs)
Drene Johnson	Community Action Napa Valley
Tom Nixon	North Bay Regional Center
Courtney Singleton	North Bay Regional Center
Connie Evans	Social Worker, Queen of the Valley Hospital
Barbara Lilly	Social Worker, Queen of the Valley Hospital
Leslie Stribling	CDSS

Julie Cockerton	CDSS
Ashley Franklin	CDSS
Sarah Davis	CDSS

ATTACHMENT 6: Notice of Intent

CAPIT/CBCAP/PSSF DESIGNATION OF ADMINISTRATION OF FUNDS AND FUNDING ASSURANCES FOR NAPA COUNTY PERIOD OF PLAN: 06/14/2013 THROUGH 06/03/2018

DESIGNATION OF ADMINISTRATION OF FUNDS

The County Board of Supervisors designates Napa County Health and Human Services Agency 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 Napa County Health and Human Services Agency 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:

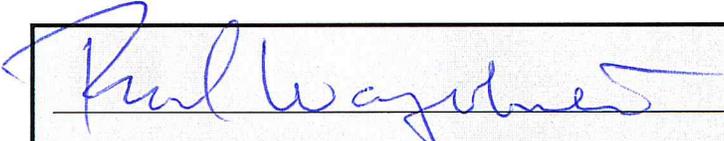
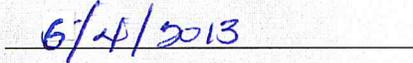
- Funding will be used to supplement, but not supplant, existing child welfare services;
- Funds will be expended by the county in a manner that will maximize eligibility for federal financial participation;
- The designated public agency to administer the CAPIT/CBCAP/PSSF funds will provide to the OCAP 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;

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>

- 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

	
County Board of Supervisors Authorized Signature	Date



A Tradition of Stewardship
A Commitment to Service

Board of Supervisors

1195 Third St.
Suite 310
Napa, CA 94559
www.countyofnapa.org

Main: (707) 253-4421
Fax: (707) 253-4176

**CERTIFIED EXCERPTS FROM THE DRAFT SUMMARY OF PROCEEDINGS OF THE
NAPA COUNTY - BOARD OF SUPERVISORS REGULAR MEETING
COUNTY OF NAPA
June 4, 2013**

Excerpt #1

1. CALL TO ORDER; ROLL CALL

The Board of Supervisors of the County of Napa met in regular session on Tuesday, June 4, 2013 at 9:00 a.m. with the following members present: Chairman Brad Wagenknecht, Supervisors Mark Luce, Diane Dillon, Keith Caldwell, and Bill Dodd. Chairman Brad Wagenknecht called the meeting to order.

Excerpt #2

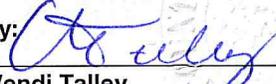
- 7A. Director of Health and Human Services and Chief Probation Officer request approval of and authorization for the Chairman to sign the following: County System Improvement Plan (SIP) for the period June 4, 2013 through June 3, 2018 for submission to the California Department of Social Services; and Notice of Intent designating Napa County, through its Health and Human Services Agency Child Welfare Services Division, as the public agency to administer the Child Abuse Prevention, Intervention, and Treatment Program (CAPIT), Community-Based Child Abuse Prevention Program (CBCAP), and Promoting Safe and Stable Families (PSSF) Plan for State Fiscal Years 2013-2014, 2014-2015, 2015-2016, 2016-2017 and 2017-2018.**

Motion moved by Bill Dodd, seconded by Diane Dillon, to approve consent items. Motion passed 5 - 0, with Bill Dodd, Diane Dillon, Brad Wagenknecht, Mark Luce, and Keith Caldwell voting yes.

The foregoing excerpts are true and correct copies of the original items on file in the draft summary of proceedings in this office.

Date: June 5, 2013

By:


Wendi Talley
Deputy Clerk of the Board

BRAD WAGENKNECHT
DISTRICT 1

MARK LUCE
DISTRICT 2

DIANE DILLON
DISTRICT 3

BILL DODD
DISTRICT 4

KEITH CALDWELL
DISTRICT 5

ATTACHMENT 8: CAPIT/CBCAP/PSSF Workbook

(1) DATE SUBMITTED: 3/1/13 (2) VERSION 1
 (3) COUNTY: Napa (4) PERIOD OF SIP: 7/1/13 thru 6/30/18 (5) YEAR: 1,2,3,4,5 (6) Other Funds: _____

(6) ALLOCATION (Use the latest Fiscal or All County Information Notice for Allocation):	CAPIT:	\$	75,000	CBCAP:	\$14,455	PSSF:	\$77,795	Other Funds:	
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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
					Dollar amount to be spent on CAPIT Programs	CAPIT is used for Administration	Dollar amount to be spent on CBCAP Programs	CBCAP is used for Administration	Dollar amount to be spent on Family Preservation	Dollar amount to be spent on Family Support	Dollar amount to be spent on Time-Limited Reunification	Dollar amount to be spent on Adoption Promotion & Support	Dollar amount of PSSF allocation to be spent on PSSF activities (Sum of columns G1-G4)	PSSF is used for Administration	Dollar amount from other sources	List the name(s) of the other funding source(s)	Total dollar amount to be spent on this Program (Sum of Columns E, F, G5)
A	B	C	D1	D2	E1	E2	F1	F2	G1	G2	G3	G4	G5	G6	H1	H2	I
1	Home Visitation Program, Parent Education and FRC services	Community based support for at risk families	COPE Family Services		\$75,000		\$14,455		\$21,005	\$20,227	\$20,227	\$0	\$61,459		\$0		\$150,914
2	Parenting Education and Support	Improve parenting skills in the context of unique issues adoptive families may face	COPE Family Services									\$16,336	\$16,336				\$16,336
Totals					\$75,000		\$14,455		\$21,005	\$20,227	\$20,227	\$16,336	\$77,795		\$0		\$167,250
									27%	26%	26%	21%	100%				

No.	Title of Program	Logic Model			*If the County does not have documentation on file provide the date when documentation will be developed	EBP/EIP ONLY								Parent Involvement Activities		
		Logic Model Not Applicable	Logic Model Exists	Logic Model Will be Developed*		EBP/EIP Level					Not Applicable to EBP/EIP	County has documentation on file to support Level selected	Planning	Implementation	Evaluation	
						Program Lacking support	Emerging & Evidence Informed Programs & Practices	Promising Programs & Practices	Supported	Well Supported						
A	B	C1	C2	C3	D1	E1	E2	E3	E4	E5	E7	E8	I1	I2	I3	
1	COPE Home Visitation Program, Parent Education and Family Resource Center services		X*							X		X	X	X	X	
	*Developing a logic model helps to delineate the specific methods by which proposed changes from the SIP will improve performance. Logic Models have been developed for our CAPIT/CBCAP/PSSF programs as part of this process. These internal planning documents will be revised along the process to help inform the strategic planning process.															