Placer County System Improvement Plan
May 15, 2013 – May 15, 2018

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Placer County System Improvement Plan
May 15, 2013 – May 15, 2018

California's Child and Family Services Review
System Improvement Plan

County:	Placer County
Responsible County Child Welfare Agency:	Placer County Children's System of Care
Period of Plan:	May 3, 2013- May 3, 2018
Period of Outcomes Data:	Quarter ending: October 2012
Date Submitted:	June 18, 2013

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Placer County System Improvement Plan
May 15, 2013 – May 15, 2018

The SIP Narrative

Introduction

This is the Placer County Children's System of Care County's System Improvement Plan (SIP). Unique among California counties, Placer County administers child welfare services as an integral part of a nationally regarded Children's System of Care (CSOC). The system is governed by the multi-agency SMART Policy Board, consisting of the Chief Probation Officer, the Director of Health and Human Services, the Public Health Officer, and the Deputy Superintendent of Schools, and chaired by the Presiding Juvenile Court Judge. Within the traditional county departmental structure, the System of Care is located within the Health and Human Services (HHS) Department.

CSOC is a fully integrated child and family service system which has provided a continuum of care including Child Welfare, Adoptions, Foster Care Licensing, Mental Health, Substance Abuse, Foster Care Eligibility, Probation, Foster Youth Services, Independent Living Services (ILP), Alternative Education and elements of Community Health programs since 1988. It operates under the vision, *"All children, adults and families in Placer County will be self-sufficient in keeping themselves, their children and their family's safe, healthy, at home, in school/employed, out of trouble and culturally supported."* Its mission is to "ensure that all public programs for children and families will provide services in a comprehensive and integrated manner, regardless of the agency door by which families enter." All services are administered through integrated CSOC teams.

The Accountability Process: Self-Assessment, System Improvement Plan

The System Improvement Plan is the second of two county activities required by the federal government as implemented in California by AB 636 (2004). Every five years, all California counties are required to conduct a California Child and Family Services Review (C-CFSR) of all child welfare services administered by both CSOC and Probation. The 2012-13 Placer C-CFSR includes the County Self-Assessment (CSA), a comprehensive assessment of agency systems and review of progress on state and federal child welfare outcomes, including a peer review process (completed in November 2012); and a System Improvement Plan (SIP).

The guiding principles of the SIP, enumerated by the California Department of Social Services and embraced by Placer County CSOC, are:

1. The goal of the child welfare system is to improve outcomes for children and families in the areas of safety, permanency, and well-being.
2. The entire community is responsible for child, youth, and family welfare, not just the child welfare agency. The child welfare agency has the primary responsibility to intervene when a child's safety is endangered.

3. To be effective, the child welfare system must embrace the entire continuum of child welfare services, from prevention through after care services.
4. Engagement with consumers and the community is vital to promoting safety, permanency and well-being.
5. Fiscal strategies must be considered that meet the needs identified in the Self-Assessment.
6. Transforming the child welfare system is a process that involves removing traditional barriers within programs, within the child welfare system, and within other systems. [1]

Methodology

Since 2004, Placer County CSOC and Probation have engaged in intensive efforts to implement a range of strategies to improve performance on state and federal child welfare system outcomes. In July 2012, the Quality Improvement Work Group initiated the fourth round of the California Child and Family Services Review C-CFSR, and commenced with planning for the CSA and the October 2012 Peer Review (PR). The work group, which also developed the System Improvement Plan (SIP), was composed of CSOC, Probation and court staff, and representatives of community collaboratives, parents, providers, family resource center staff and others. CSOC, is an integrated system, including child welfare, child mental health, nursing, education, eligibility, and WRAPAROUND services. Many of the individuals listed in Table 1 may also represent Drug/Alcohol participation as a part of a system of care. Participants and their roles are described below in Table 1. The Peer Review focused on two outcomes where performance fell below the expected state or federal guidelines. CSOC took a hard look at placement stability – reducing the number of placements for children in foster care. Probation addressed reunification within twelve months for youth in out-of home placement, but decided not to focus on that outcome in the SIP (see page 21).

During initial inquiry into the timely reunification of youth with their family, Probation determined that the average length of stay was skewed significantly due to the JSO (Juvenile Sex Offender) population in placement. This is due to the fact that nearly all JSO placements are a minimum 12 months stay. Additionally, when looking at how the state generates data as to the length of placement, it was discovered that the overall length included time from removal and pre-disposition. This is to say that by the time a youth was physically placed in a Title IV-E placement, the timeline had already begun and even if a youth spent less than 12 physical months in placement they appear to have been removed from their home for a much longer period of time.

Realizing this, it was then determined that equally as important as data around timeliness of reunification was the data around how many placements were avoided in the first place through other means and interventions. After meeting with the two former State Consultants assisting with the County Self-assessment Process, it was decided that Probation could instead look at the impact of additional services and creative

[1] County Self-Assessment (CSA) process Guide, Version 3.0, 2009

interventions in relation to youth ordered and/or not ordered out of home. Probation also considered the fact that many programs and services offered in Placer County appear to be having a positive impact on placement and are not going to be captured through a lens that is focused on least restrictive placement and/or timely reunification. Therefore, it was prudent and necessary to look at the totality of our system and its overall effectiveness.

We can appreciate this endeavor has not been undertaken previously but truly believe that it is our due diligence to explore the impact of the entire system approach on number of placements for our probation youth.

The Summary of the CSA is included in Appendix A, and specific findings and recommendations from the Peer Review are included in Appendix B.
It is important to note, as a fully integrated System of Care, this process is only one of many that are used to evaluate and improve performance within the system.

Composition of Quality Improvement Work Group

Table 1 shows the participants of the Quality Improvement work group, their affiliations and roles. Participants representing key stakeholders were assigned to Outcome Teams reflecting their experience and expertise.

Table 1
Quality Improvement Work Group

Name	Agency	Representation	Outcome Team Assignments
Richard Knecht, Twylla Abrahamson	Placer County Children's System of Care, Department of Health and Human Services	Director, Assistant Director, Social Workers, CWS Administrators County Board of Supervisors designated agency to administer CAPIT/ CBCAP/PSSF, County Mental Health	
Tom Lind	Placer County Children's System of Care	Program Manager CAPIT/CBCAP /PSSF Liaison	Manager, SIP Process 2C – Timely SW Visits 4E – Placement of American Indian Children CAPIT/CBCAP/PSSF Plan
David Coughran, Aaron Johnson	Placer County Probation Department/CSOC	Probation Program Manager, Supervisors, and Officers	Probation Manager, SIP 4B – Least Restrictive Placement (Probation)
Joan Jacobs, Lisa Velarde	KidsFirst	Child Abuse Prevention Council, Children's Trust Fund Commission, Community Partner	CAPIT/CBCAP/PSSF Plan
Antoinette Briones	Adoptions Supervisor/	Resource families and other caregivers	C4.3- Placement Stability

Name	Agency	Representation	Outcome Team Assignments
	Placer Kids		
Christi Meng, Indira Infante	Mental Health America/ CSOC Parent Advocates	Program Manager, Parents/consumers	C4.3- Placement Stability
Tammy Cherry	Whole Person Learning/ CSOC Youth Coordinators	Program Manager, Former Foster Youth	C4.3- Placement Stability
Kathryn Hart	Child Advocates of Placer County/CASA	Court Appointed Special Advocates	C4.3- Placement Stability
Banetta Bacchi	Sierra Forever Families- Foster Parent Liaison	Provider resource parent	C4.3- Placement Stability
Elisa Herrera	Latino Leadership Council	Latino Leadership Council, Community Partner	4E – Placement of American Indian Children
Anno Nakai	Sierra Native Alliance	Sierra Native Alliance, Community Partner	4E – Placement of American Indian Children
Margaret Ramey	CSOC	CWS Social Worker	2C- Timely Social Worker Visits
Lisa Grimaldi	CSOC	CWS Supervisor	2C – Timely Social Worker Visits C4.3- Placement Stability
Scott Myers	CSOC	CWS Supervisor	2C- Placement Stability
Tammy Peterson	CSOC	CWS Senior Practitioner	2C- Timely Social Worker Visits
Laurie Burns	CSOC	Foster Care Licensing	C4.3 Placement Stability
Shane Libby	Unity Care/CSOC	Independent Living Program Manager	All
Steve Martinson	CSOC	Program Supervisor, Data Analyst	All
Eric Branson	CSOC	Program Manager	4E Placement of American Indian Children
Joti Bolina, Kelly Winston	CDSS	CDSS representative, technical assistance	CSA
Yvette Albright, Theresa Sanchez	CDSS	Office of Child Abuse Prevention	CAPIT/CBCAP/PSSF Plan
Lynn DeLapp	Consultant to CSOC	Davis Consultants	TA as needed

Other Core Representatives

- Juvenile Court Bench Officer - Bench officers are part of the SMART policy board.
- County Health Department – Integrated in Health and Human Services, but not able to participate.
- PSSF Collaborative - PSSF monies are currently integrated in the System of Care. The Placer County Board of Supervisors oversees the use and allocation of PSSF monies through the SMART Policy Board. The SMART Policy Board is a governing body within the Children's System of Care, which is a sub-agency within the local Welfare Department, known in Placer County as the Department

of Health and Human Services. Children's Mental Health Services as well as Child Welfare Services comprise the Children's System of Care. The SMART Policy Board approves use of the funding for contracts and direct services applicable to the requirements of PSSF.

- Youth representative - A youth advocate/former foster youth, and the supervisor of the Independent Living Skills community provider. Youth input was also gathered through focus groups with foster care and probation youth.

Responsibilities of Outcome Work Groups

Each work group researched and analyzed the data (including PR results) included in the CSA as well as other sources of information. They examined priority outcomes and systemic factors, identified improvement goals and target populations, and developed strategies and action steps to improve outcomes. Further, they identified implementation factors including needed policies and procedures, key partners, staff or provider training, and described how their strategies would be evaluated. Finally, group recommendations were presented and discussed by the entire Quality Improvement work group. Decisions on strategies and milestones were made by consensus of the entire Quality Improvement Work Group. All of this information is presented below under each outcome selected for the SIP. Strategies that affected more than one outcome area were combined in the Matrix.

The 2012 County Self-Assessment and the October 2012 quarterly data report [2] were used as the basis for this 2013 System Improvement Plan. In addition, findings and recommendations from the ten focus groups conducted as part of the CSA informed the SIP strategies. The focus groups are identified in Table 2, and specific findings are identified below for each outcome area.

Table 2
Focus Groups

Type of Group	Date	Number of Participants	
Probation Officers	9/12/12	5	
Probation Group Home Administrators and Staff	9/12/12	6	Non-placement officer perspective on probation placement
Probation Group Home Youth	9/12/12	6	Youth perspective on group home placement

[2] All performance data in the CSA and SIP was downloaded from from 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. (2012). *Child Welfare Services Reports for California.* Retrieved October 2012 from University of California at Berkeley Center for Social Services Research website. URL: http://cssr.berkeley.edu/ucb_childwelfare

Juvenile Delinquency Court Staff – Judges, DA, Public Defender, Attorneys	9/12/12	8	Court views of probation staff and CSOC services
CSOC Supervisors	9/18/12	10	Insight on numerous systemic factors.
Foster Parents	9/27/12	15	Insights on foster parent training, placement stability, relationships with CSOC
CSOC Staff (2 groups)	10/3/12	19	Insight on numerous systemic factors.
Foster Care Youth/ Former Youth	10/9/12	6	Suggestions on system improvements re case planning, placement stability, foster parents, etc.
Community Partners	10/26/12	10	Numerous suggestions on cultural sensitivity and new strategies for community collaboration and working with ethnic populations.

CWS SIP Narrative

This section outlines the background and research, strategies, improvement goals, target population(s), implementation and affected systemic factors and evaluation strategies for each of the Child Welfare System outcomes included in the 2013 SIP.

C4.3- Placement Stability for Children in Care more than 24 months

Background and Research

After review of the CSA/Peer Review and relevant research, the Quality Improvement Committee selected outcome measure C4.3 ***- Placement stability for children in care over 24 months*** (CWS) as a focus for the System Improvement Plan. Although the county has shown improvement in Placement Stability for children in care for less than 12 months, it is still below the federal standard and state average for longer time periods.

In developing strategies, the Placement Stability work group reviewed the literature on Placement stability and conducted internal research.

- The Northern California Training Academy, The University of California, Davis, Extension Center for Human Services, conducted a literature search on placement stability[3] for the 2009 PQCR. The review identified effective ways to reduce placement instability, including support and training for foster parents; concurrent planning, placement-specific services such as transportation assistance, respite care and foster-family counseling; child specific services such as mental health and recreational services; increasing caseworker retention; allowing children to

[3] UC Davis Extension Center for Human Services, Placement Stability in Child Welfare Services: A Review of the Literature, August 2008/

participate and represent their decisions; recognizing the importance of children's possessions; early intervention; screening and recruitment of foster parents, including kin care; and including the family in the decision-making process for finding placements.

- *Securing Child Safety, Well-Being, and Permanency Through Placement Stability in Foster Care* [4] reported that giving more support and education to these families who are not connected to the "Foster Parent" community is crucial in maintaining stability.
- Placer County's primary Youth Advocacy group, "YES Program" reported in informal interviews that youth want to be involved in their placement choice and be able to judge whether a family can meet their needs. YES staff reported that they believe that this involvement promotes more stable placements.
- An interview with a representative from Glenn County attributes county improvement in placement stability to a 60% relative placement rate.

The Placement Stability work group also reviewed recent trends, the number of children involved, available resources and the likely impact of their recommended strategies. In the July 2012 reporting quarter, data analysis showed that over a third of the children in this cohort had just recently experienced their third placement**.**

Placement Stability was discussed extensively in the 2012 CSA (p 80-84) and was the focus of the Peer Review (p 38-44) and focus groups of Child Welfare staff, supervisors, youth and foster parents.

Strategies

As a result of this analysis, the team selected the following strategies:

1. Implement an expanded Family Finding program. (Strategy 1 in SIP matrix)
2. Recruit additional resource families for youth 12-16 and youth with special needs. Children with special needs may be defined as children with mental health needs, or emotional/behavioral needs. The needs are documented through several processes, including the existence of an IEP, a biopsychosocial assessment with medical diagnosis, a psychological evaluation, or any physical/medical issues that require care over and above that of a physically healthy child. (The expanded target populations included in Strategy 2 of the SIP matrix reflect strategies identified for Outcomes 4E- Placement of American Indian Children and 4B- (Probation) Least Restrictive Placement).
3. Expand youth involvement in placement finding and matching. (Strategy 3 in the SIP matrix).
4. Develop a volunteer peer-to-peer mentoring program for caregivers who are inexperienced, care for children with high needs, or who care for youth ages 12 to 16. (The expanded target populations included in Strategy 4 of the SIP matrix

[4] Policy Lab; Children's Hospital of Philadelphia Research Institute; Fall , 2009

reflect strategies identified for Outcomes 4E- Placement of American Indian Children and 4B- (Probation) Least Restrictive Placement).

5. Increase awareness of training and support opportunities for Relative and Non-Related Extended Family Members (NREFM) caregivers. (Strategy 5 of the SIP matrix).

Table 3 identifies Placement Stability strategies included in the findings and recommendations of the CSA/Peer Review and Focus Groups.

Table 3
Placement Stability

SIP Strategies	CSA/Peer Review/Focus Group Findings and Recommendations
1. Implement an expanded Family Finding program	• Family-Finding is emphasized, but difficulties arise with relatives; the process is very time-consuming and frustrating for social workers.; documentation is inconsistent (focus group and peer review) • The relative approval process is too lengthy (Peer review) • Paperwork for NREFM and relative caregivers may delay or prevent relative placements (focus group) • Assign additional staff to placement matching and family finding (Focus group)
2. Recruit additional resource families for youth 12-16 and youth with special needs	• There are fewer group and therapeutic foster homes available to support the diversity and acuity of needs of the children entering care. (CSA) • There are inadequate resource families for older youth. (CSA and Peer Review) • There are few concurrent homes willing to care for older children or large sibling sets. • There are very few foster homes in the Tahoe area making it difficult for these children to remain in their communities. (CSA)
3. Expand youth involvement in placement finding and matching	• Youth and families are engaged in placement (Peer Review finding) • Active youth involvement in placement matching is very promising, but limited to a selected group of youth at the Shelter. (CSA) • The Youth Empowerment Support (YES) Program assists youth with a questionnaire to identify what may be important in a placement to a youth, and may further assist the youth with contacting potential placements to "interview" a potential foster family. This is a relatively new practice but may promote placement stability for older youth. (CSA)
4. Develop a volunteer peer-to-peer mentoring program for caregivers who are inexperienced, care for children with special needs, or who care for youth 12 to 16	• Mentoring by experienced foster parents for new caregivers and those who care for children with challenging behaviors would be helpful and would retain more caregivers. (focus groups) • Provide more training and establish support groups for relatives and caregivers (Peer review, focus groups and CSA) • Provide behavioral services to support the child and family (focus groups)
5. Increase awareness of training and	• Provide more training and establish support groups for relatives and caregivers (Peer review, focus groups and CSA)

support opportunities for Relative and NREFM caregivers	• Additional trainings for Relative and NREFM's are in the planning stages at this time.

Selection of Improvement Goals [5] and Target Population

To identify a target population for SIP Strategies, the group reviewed the CSA Analysis of children with multiple placements (page 83). Data analysis of placement stability by ethnicity did not show significant disparities, due primarily to the low numbers of Latino, Asian, Native American and African American children and resulting wide percentage fluctuations. As of the April 2011 to March 2012 measurement period, of the three (3) black children still in placement, all were over two (2) placements, as was the one (1) Native American/American Indian child. 37.9% (22) of Whites still in placement had two (2) or fewer placements and 23.5% and 4 Hispanics had two (2) or fewer placements. No Asian/Pacific Islander children were in this measure.

The team determined that increasing the rate of placement stability by 8% over five years from 33.8% (10/12 data report) to meet the federal standard of 41.8% was feasible.

Analysis by age, reinforced by interviews with social workers and foster parents showed that older children ages 12 to 16 most frequently experienced multiple placements**.** Among the 42 children with three or more placements, 30 were between ages 12 and 16. ***As a result, the group decided to focus strategies primarily on older children.***

Implementation and Systemic Factors

The strategies selected to improve Placement Stability will affect several Systemic Factors:

- Foster/adoptive parent licensing recruitment and retention: new policies and procedures will be developed in family finding strategy.
- Staff and provider training: Staff will require training in the use of the youth participation placement tool, family finding procedures and tools, and referrals to Relative/NREFMs for support and training. In addition, foster parent peer mentors will need training in their new role.
- Agency collaboration/interaction with local tribes. CSOC will work with probation, foster family agencies, the Native Team, Promotoras and KidsFirst to

[5] All performance data in the CSA and SIP was downloaded from from 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. (2012). *Child Welfare Services Reports for California*. Retrieved October 2012 from University of California at Berkeley Center for Social Services Research website. URL: http://cssr.berkeley.edu/ucb_childwelfare

recruit new foster families and extend training and support opportunities to relative and NREFM caregivers.

Evaluation

In addition to a quarterly review of data trends for Outcome C4.3, as well as for the subset of youth 12-18, each of the five strategies will be evaluated as follows.
Strategy 1: Implement/expand "Family Finding". Starting with implementation of the family finding program, a tool will be developed to report quarterly to the program manager and QI team on the following performance measures:

- The number and percentage of youth for whom the program applied.
- The number and percentage of youth, by age and ethnicity, placed in a family identified by the family finding program
- The number and percentage of youth, by age and ethnicity, who remain in the placement for duration of placement.

Strategy 2: Recruit new resource families to serve youth 12-16, probation youth, American Indian children and youth with special needs. A tool will be developed to report quarterly on the following performance measures to the placement program manager and to the Quality Improvement Team.

- The number and type of targeted recruitment efforts
- The number of relative, Native, existing and new foster and FFA families who accept youth 12-16, American Indian youth probation youth, and youth with high needs. (Goal is 10 new homes per year)
- Percentage of resource/FFA homes with placement changes among youth 12-16
- The number and percentage of youth, by age and ethnicity who remain in the placement for duration of placement.

Strategy 3: Expand youth involvement in placement finding/matching. A tool will be developed to track the following performance measures:

- The number and percentage of youth age 12 and over participating in placement matching
- The number and percentage of participating youth who are placed in homes identified by the youth
- The number and percentage of youth who remain in the identified placement for duration of placement

All data will be reported quarterly to the placement program manager and to the Quality Improvement team.

Strategy 4: Develop a volunteer peer-to-peer mentoring program for caregivers who are inexperienced, care for children with high needs, or who care for youth 12 to 16. A tool will be developed to report quarterly on the following performance measures to the placement program manager and to the Quality Improvement Team.

- Number of trained peer mentors
- Number of resource parents who consult with mentors
- Number, percentage of resource parents who are satisfied with/have their needs met by the mentor program

Strategy 5: Increase Awareness of training and support opportunities to Relative and NREFM caregivers. Notifications of trainings for foster parents and adoptive/foster parent support groups, including meeting time and location, are posted on several websites, including the Placer County Health and Human Services website, and the local ifoster website. An already-established practice is the foster parent liaison conducts two foster parent support groups per month in the Roseville and Auburn areas respectively. An internal tool will be developed to report quarterly on the following performance measures to the placement program manager and to the Quality Improvement Team.

- Number of personal phone calls or meetings with relative/NREFM caregivers; planned-for contractual duties for the foster parent liaison
- The use of a foster parent liaison and Placer foster care licensing personnel are readily available to contact relative/NREFM families referred by the social worker who may need extra assistance in accessing resources or assistance in managing moderate day-to-day problems
- Number of relative placements

2C – Timely Social Worker Visits with Child

Background and Research

After review of the CSA/Peer Review and relevant research, the Quality Improvement Committee selected outcome measure 2C as a focus for the System Improvement Plan**.** Timely social worker visits was discussed in the 2012 CSA (p 89-93). Workload, documentation issues and staff commitment were discussed in the Peer Review (p 38-44) and focus groups of Child Welfare staff, supervisors, and community partners.

The Timely Social Worker Visits team reviewed recent trends and found that the percentage of timely contacts has recently decreased significantly. In the last six months, performance on this outcome has dipped to 78%. There may be a lower rate of visitation for Native American children, although the very small number of children may skew the percentages.

Strategies

An internal review also indicated that social workers **are** consistently visiting children on a monthly basis, but may not be entering the visit data on a timely basis. A review of Safe Measures pointed to issues with a few specific social workers. As a result, the Timely Social Worker Visits team developed the following strategies aimed at increasing the timeliness of data entry.

1. Develop and implement policy, procedures and guidelines for closing cases in a timely manner when dependency is terminated. (Strategy 6 in SIP matrix)
2. Develop and implement policies and procedures to establish "protected time" for ongoing social workers to complete paperwork, including social worker contacts, and court reports (Strategy 7 in SIP matrix)

Table 4 identifies Timely Social Worker Visits strategies included in the findings and recommendations of the CSA/Peer Review and Focus Groups.

Table 4
Timely Social Worker Visits

SIP Strategies	CSA/Peer Review/Focus Group Findings and Recommendations
1. Develop and implement policy, procedures and guidelines for closing cases when dependencies are terminated.	• Visits are occurring, but data entry may be delayed. (CSA, staff and supervisor and community partner focus groups, Peer Review) • Social workers have frequent and personalized contact with children and families, but documentation has a low priority. (Peer Review) • Social workers and supervisors believe that delays in data entry are likely the result of increased workload, due to attrition of social workers during recent state funding reductions. (CSA, Peer Review, staff and supervisor focus groups) • Travel time associated with visiting children outside the county (52% of children are placed outside Placer county) limits the time available to complete paperwork and enter data. (CSA) • There are inadequate policies and procedures regarding deadlines to complete paperwork/data entry. • Lack of clear accountability for completion of tasks may contribute to delays in entry of monthly contacts. (supervisor focus group)
2. Develop and implement policies and procedures to establish "protected time" for ongoing social workers to complete paperwork and court report	

Selection of Improvement Goals [6] and Target Population

The Quality Improvement Committee believes that by implementing new procedures, outlined in the strategies below, performance will rise within two years to the 90% state average for timely contacts. The target population is the ongoing social workers.

Implementation and Systemic Factors

[6] All performance data in the CSA and SIP was downloaded from from 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. (2012). *Child Welfare Services Reports for California*. Retrieved October 2012 from University of California at Berkeley Center for Social Services Research website. URL: http://cssr.berkeley.edu/ucb_childwelfare

The strategies selected to improve Timely Social Worker Visits will affect two Systemic Factors. The MIS System will be asked to develop new tracking and reporting systems to ensure compliance with the new policies, and staff training and supervision will be required to implement new procedures.

Evaluation

In addition to ongoing tracking of Outcome 2C and ongoing reviews of social worker case closures in SafeMeasures, the following performance measures will be tracked and reported to the Quality Improvement Committee on a quarterly basis:

Strategy 1: Develop and implement a policy to close cases in a timely manner when dependency is terminated. A tool will be developed to track for all social workers the number and percentage of cases closed within two weeks of termination of dependency.

Strategy 2: Develop and Implement a policy on "protected time" for completion of paperwork. A tool will be developed to track use of protected time by social workers.

4E Placement of American Indian Children

Background and Research

Currently, some factors are known in Placer about its Native youth in care:

- Up to 27% of children in the Placer Child Welfare System are identified as having American Indian heritage, but as many as 25% of Native children may be misidentified in CWS/CMS[7].
- Of the 55% of Native children placed with relatives, only 6% of Native children are actually placed in ***Native*** relative placements. [8]
- Only 30% of Native families receive culturally relevant services. [9]
- As of January 31, 2013 data indicates only three of the 19 (15.8%) ICWA eligible children are placed outside of the county.[10]
- A survey of homes where Native children were placed in 2012 revealed that the majority of non-relative placements were not aware of the ethnicity of the Native child, had not been oriented to the cultural needs of these children, and were not aware of cultural support and education resources available in the area.[11]
- There are currently two Native Tribal Specified Homes in Placer County for United Auburn Indian Community ICWA-eligible children[12].

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[7] Data extracted from CWS/CMS jursi/dispo reports and Placer County Superior Court ICWA-010s & ICWA-020s (Parental Notification of Indian Status) and monthly Placer County CWS Open Case Reports

[8] Placer County CWS/CMS January 2013 Placement Report and Primary and Secondary Ethnicity Report

[9] Placer County CWS/CMS status review reports, contact notes, Placer County Superior Court ICWA-010s & ICWA-020s, and Sierra Native Alliance 2012 Referral Report

[10] CWS/CMS Placer County January 2013 Placement Report and Primary and Secondary Ethnicity Report

[11] Sierra Native Alliance's 2012 Survey of Placements of Native Children

[12] CWS/CMS placement data and Placer County January 2013 Placement Report

- In researching the placement of American Indian children, placement of Latino (Hispanic) children was also researched. As of January 31, 2013 there were 270 youth in placement in Placer County and 22.2% (60) were Latino (Hispanic) and/or mixed Latino youth. Over one-third (36.7%) of those 60 Latino youth were also of Native American heritage. [13]

The Quality Improvement Team selected the outcome Placement of American Indian Children for the 2013 SIP because other Quality Improvement analysis had discovered significant needs in that area.

Strategies

Strategies selected for the 2013 SIP expand and more fully implement strategies from the 2010 SIP. The 2010 SIP included the following activities:

- Training social workers to correctly identify American Indian children in CWS/CMS.
- Reviewing and improving data entry of American Indian children in CWS/CMS.
- Developing an assessment tool to rate cultural appropriateness of placements.
- Increasing efforts to recruit train and certify new American Indian foster homes and non-American Indian foster homes serving American Indian children.

Between 2010 and 2013, a Native Services Policy and a Native Services Team were established for placement of American Indian Children. CSOC also implemented more than $500,000 in services funded under the Mental Health Services Act. The Native Services Policy included the development and implementation of the 2010 SIP strategies but lacked an accountability structure to ensure compliance with the policy, particularly regarding accurate identification of Native children. Another 2010 strategy, to recruit and train additional caregivers within the Native Community and to find more Native relative homes, was not implemented. An accountability workgroup has been established to ensure Native children are accurately identified as soon as possibly upon system entry, as well as to link to appropriate cultural services. The strategy for an accountability structure is outlined in Strategy 8 in the SIP matrix. Furthermore, two managers are assigned to oversee the direct process of administration of the SIP strategies. Further analysis revealed a lack of staff and provider capacity to serve both the Native and the Latino populations in Placer County. The Placement of American Indians work group determined that greater capacity was needed to recruit and support Native and Latino caregivers, increase culturally-relevant services to these populations, and coordinate training activities to CSOC staff and providers.

Based on this analysis, the work group selected the following strategies:

1. Increase Native Placement Homes and relative homes (Strategies 1 and 2 in SIP matrix)

[13] Data extracted from CWS/CMS Placer County January 2013 Placement Report and Primary and Secondary Ethnicity Report

2. Develop and implement an accountability structure for the Native Services Policy. (Strategy 8 in SIP matrix)
3. Increase staff and provider capacity to serve the Native and Latino populations. Build stronger relationships with tribes and non-profits serving Native and Latino children and families. (Strategy 9 in SIP matrix)

Table 5 identifies Placement of American Indian Children strategies included in the findings and recommendations of the CSA/Peer Review and Focus Groups.

Table 5
Placement of American Indian Children

SIP Strategies	CSA/Focus Group Findings and Recommendations
Strategy 1: Increase Native Placement Homes and relative homes.	• Not enough licensed Indian Substitute Care Provider homes (CSA – pp102-104) • Placement process may not consider fully the cultural needs or identity, so there are fewer multi-cultural homes that meet approval criteria. (CSA, p 102-104)
Strategy 2: Develop and implement an accountability structure for the Native Services Policy, to ensure compliance with: • Identification of all Native children in CWS/CMS • Referral of all Native children to the Native Services Team • Development of culturally relevant service plans for all Native children • Provision of culturally relevant services to children in CWS and their families	• Ethnic or racial overrepresentation in child welfare is difficult to determine, especially when small numbers of persons are sampled. However, American Indian or Native American accounts for 0.6% of Placer's child population and 2% of Placer's foster care population. Additional information about the children and families represented in the child welfare system is needed to make a determination of disproportionality based upon race or ethnicity. (CSA, p 27-28) CSA (p 102-104) • The System of Care has developed culturally specific prevention services over the last 4 years. The Sierra Native Alliance serves more than 400 native or native-identified persons who are not UAIC tribal affiliates each year with a host of culturally sensitive and effective services. • In 2009, a Native Family Services policy and team were established. This team advocates for Native youth and families in CWS. SNA facilitates family team meetings in a community setting for Native families using the National Indian Child Welfare Association (NICWA) model to assess family strengths and challenges, and develop a culturally responsive care plan. • SNA provides culturally relevant counseling, case management, and parent education; and coordinates services with resource agencies to achieve positive outcomes for families. Families who receive these services are reporting high levels of satisfaction. • In October 2011, CSOC revised a Native Services Policy to reduce long-term foster care placements and other negative consequences and help Native American families remain intact and independent. By working in partnership with specially trained Native Skills Workers and other CSOC staff, the role of the Native Family Liaison(s) improve the quality of relationships between Native families and CSOC by facilitating

SIP Strategies	CSA/Focus Group Findings and Recommendations
	communication, trust and working partnerships with families; serve as a bridge, advocate, support and voice for Native families; facilitate the development of culturally appropriate care plans; and connect Native families to culturally relevant support services. The policy also includes development of culturally relevant service plans, referrals to Native Family Services and monitoring outcomes of culturally relevant services and care plans. • Social workers are still having trouble with identification and referrals. • (Community partner focus group) Culturally-specific policies and services have been implemented inconsistently; some social workers do not refer children and families to Native Team or seek Promotoras services. As a result, these services are under-utilized, and families may not be provided appropriate services. • Culturally-specific services are underfunded.
Strategy 3: Increase staff and provider capacity to serve the Native and Latino populations. Build stronger relationships with tribes and non-profits serving Native and Latino children and families	Analysis of 4E – p 102-104 • Placer County is building stronger relationships with the local tribal entities (non-ICWA) in hopes of better serving the family and children entering the child welfare system. • The Native Services Team recommends developing a strategy/goal for strengthening ongoing collaboration Community Partner focus group. (P 53 CSA) • There is relatively little ethnic, cultural or linguistic diversity among CSOC staff with ongoing CWS cases.

Selection of Improvement Goals [14] and Target Population

The target population for this outcome area is all children identified with Native American heritage. By implementing the strategies outlined below, the Placement of American Indian Children outcome teams believe that CSOC can meet the following goals:

- Increase the number of Native children who are correctly identified in the CWS/CMS from 75% to 85% by year 3
- Increase % of Native relative placements for Native children from 6% to 30% by the end of Year 5
- Increase the number of Native placement homes from two to ten by the end of Year 5.

[14] All performance data in the CSA and SIP was downloaded from 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. (2012). *Child Welfare Services Reports for California.* Retrieved October 2012 from University of California at Berkeley Center for Social Services Research website. URL: http://cssr.berkeley.edu/ucb_childwelfare

Implementation and Systemic Factors

The strategies selected to improve Placement of American Indian Children will affect several Systemic Factors:

- Foster/adoptive parent licensing recruitment and retention: new policies and procedures will be developed to recruit Native and relative homes
- Staff and provider training: Staff will require training updates on identification of Native Children in CMS/CWS, referrals to the Native Services Team, and accountability to the existing Native Services Policy.
- Agency collaboration/interaction with local tribes. CSOC will work with probation, foster family agencies, the Native Services Team, Promotoras and KidsFirst to recruit new foster families and extend training and support opportunities to relative and NREFM caregivers. In addition, close collaboration will be needed with Sierra Native Alliance, to provide culturally relevant services.

Evaluation

Strategy 1: Increase Native Placement Homes and relative homes: A tool will be developed to report quarterly on the following performance measures to the placement program manager and to the Quality Improvement Team.

- The number and type of targeted recruitment efforts aimed at increasing Native substitute provider care placements in Placer County
- The number of relative, Native, existing and new foster and FFA families who accept youth 12-16, American Indian youth, probation youth, and youth with special needs. (Goal is 10 new homes per year)

Strategy 2: Develop and implement an accountability structure for the Native Services Policy: A tool will be developed to report quarterly on the following performance measures to the placement program manager and to the Quality Improvement Team.

- The number and percent of American Indian youth who are correctly identified in CWS/CMS
- The number and percent of children identified as Natives who:
    - Are referred to the Native Services Team and have culturally responsive service plans.
    - Receive culturally specific services

Strategy 3: Increase staff and provider capacity to serve the Native and Latino populations: A tool will be developed to report quarterly on the following performance measures to the program manager and to the Quality Improvement Team.

- Number of staff, contractors hired as ongoing social workers or cultural brokers

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Probation SIP Narrative

4B Least Restrictive Placement (Probation)

Background and Research

Research on probation youth concludes that children who remain in their "culture and community" increases their success and reduces recidivism. According to the UC Davis Placement Core, youth placed in the lowest level of care stand the best opportunity for rehabilitation. Despite these findings, 95% of in placement probation youth are currently in out-of-home (Title IVE) Level 11-14 group homes outside Placer County. The CSA discussed the types of Probation placement on pages 96-101, noting that only one or two wards at any given time are placed in foster or relative homes. The CSA also noted that:

- Probation placements are court ordered and often placement level is determined at the Family Resource Community Collaborative (FRCC). In addition to treatment needs, bed space and time detained in the Juvenile Detention Facility (JDF) are considered.
- Probation youth with mental health needs or substance abuse challenges are often placed in level 14 group homes, and some lower level group homes will not accept youth currently on psychotropic medications.

Most probation youth are placed in highly specialized group homes/treatment facilities where they receive treatment which is not currently available in the county, in foster care or in their own homes. They include juvenile sex offenders, comprising more than 25% of youth in placement, and youth with serious substance abuse issues.

Nevertheless, Placer Probation is committed to reducing the number of youth in any out-of-home placement, and in particular, group home placement, while increasing the number of youth who can remain at home with needed services, or be placed in relative or foster homes. Probation believes that the largest component of this shift in strategy is adopting a culture that will change how, when, and where youth are placed.

Strategies

Based on this analysis, the Probation Least Restrictive Placement work group selected the following SIP strategies:

1. Family Finding. Develop and implement a policy requiring family finding activities for youth at intake and at updates of Case Plans and TILPs. Implement an expanded family finding program. (SIP strategy 1 in Matrix)
2. Recruit resource families willing to care for probation youth. Train all DPOs on options for placements other than group homes (SIP strategy 2 in Matrix)
3. Expand use of Juvenile Assessment Intervention System. (Strategy 10 in SIP matrix)
4. Review placements. Develop and implement an accountability

system to review the level of care for all probation youth quarterly to determine if they are or continue to be placed in the least restrictive appropriate placement. (Strategy 11 in SIP matrix)

Table 6 identifies Least Restrictive Placement strategies included in the findings and recommendations of the CSA/Peer Review and Focus Groups.

Table 6
Least Restrictive Placement

SIP Strategies	CSA/Peer Review/Focus Group Findings and Recommendations
Strategy 1: Family Finding. Develop and implement a policy requiring family finding activities for youth at intake and at updates of Case Plans and TILPs. Implement an expanded family finding program.	• Family finding and locating extended family members is started too late in the case. (Peer Review) • Start family finding at detention rather than at placement. (Peer Review) • Offer more training on AB 12, family finding and immigration policy. (Peer Review) • Officers know about and can access good local programs and group homes. (Peer Review) • Probation needs more options for transition to reunification such as Transitional Housing. (PO Focus Group) • Placer needs a 30-90 day residential in-patient program in county so that families can be involved. (Court focus group) • County needs more access to short term 100% drug care treatment for youth in cases where drugs are the major issue. (Court focus group)
Strategy 2: Recruit resource families willing to care for probation youth. Train all DPOs on options for placements other than group homes	
Strategy 3: Expand use of Juvenile Assessment Intervention System	Placement Matching- Merced County probation placement places close attention to matching a youth's particular strengths and needs, including cultural and ethnic practices and food preferences, to foster families and group homes. (Peer Sharing, Peer Review)
Strategy 4: Review placements. Develop and implement an accountability system to review the level of care for **all** probation youth quarterly to determine if they have been placed in the least restrictive appropriate placement.	Probation placements are court-ordered and often placement level is determined at the FRCC. In addition to treatment needs, bed space and time detained in Juvenile Detention Facility are considered. (CSA, p 99)

Selection of Improvement Goals [15] and Target Population

Placer Probation staff believe that by implementing the strategies outlined below, the percentage of probation youth ages 12 to 18 in Group Homes can be reduced from 95% of placements to 50%, and that the percentage of probation youth placed in relative, non-related extended family member, and foster care homes can be increased to 50%.

Implementation and Systemic Factors

The strategies selected to improve Least Restrictive Placement will affect several Systemic Factors:

- Foster/adoptive parent licensing recruitment and retention: Recruitment of foster parents, relatives and NREFM willing to serve probation youth will be necessary to implement the strategy
- Staff and provider training: Deputy Probation Officers will require training in the use of the JAIS system, family finding placement options and the accountability system to review levels of placement.
- Agency collaboration/interaction with local tribes. Placer Probation will work with CSOC foster family agencies, the Native Services Team and KidsFirst to implement family finding and recruit new foster families. They will also collaborate with the Crisis Resolution Center, FRCC, and the Court to implement the assessment and accountability strategies.

Evaluation

In addition to a quarterly review of data trends for Outcome 4B, each of the four strategies will be evaluated as follows:

Implement/expand "Family Finding"- Starting with implementation of the family finding program, a tool will be developed to report quarterly on the following performance measures to the Juvenile Division Probation Managers and to the Quality Improvement Team.

- The number and percentage of youth for whom the program was used.
- The number and percentage of youth, by age and ethnicity, placed in a family identified by the family finding program
- The number and percentage of probation officers using the family finding program at intake, and at updates of case plans.

[15] All performance data in the CSA and SIP was downloaded from from 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. (2012). *Child Welfare Services Reports for California.* Retrieved October 2012 from University of California at Berkeley Center for Social Services Research website. URL: http://cssr.berkeley.edu/ucb_childwelfare

Increase the number of new resource families serving youth 12-16, probation youth, and youth with special needs. A tool will be developed to report quarterly on the following performance measures to the probation program manager, and to the Quality Improvement Team.

- The number and type of targeted recruitment efforts
- the number of DPOs who have been trained on placement options other than group homes
- The number of existing and new foster and FFA families who accept youth 12-16, probation youth, and youth with special needs. (Goal is 10 new homes per year)
- Percentage of resource/FFA homes with placement changes among CWS youth 12-16
- The number and percentage of CWS youth, by age and ethnicity who remain in the placement for duration of placement

Expand Use of Juvenile Assessment Intervention System (JAIS). The purpose of JAIS is to better assess the needs and services that may benefit a youth and/or their family and assist the Probation Officer in creating a strategy for lowering recidivism and increasing positive outcomes. This will be a new tool for Placer County Probation and will require the training of all Juvenile Field and Juvenile Institutions Officers as well as various support staff.

JAIS will be administered to all youth between 12 and 18 years of age under Welfare and Institutions Code 602, 654, 725, and DEJ.

JAIS shall be completed only after Disposition of any new law violations and within 30 calendar days of being placed on a caseload. A Review JAIS shall be completed +/- 30 calendar days of 6 months from the last JAIS or Review JAIS.

The training time line is between June 2013 and February 2014 and will encompass the potential training of nearly 100 personnel. Policy and procedure has been created, training dates identified, and specific target dates for successful role out have been set.

A quarterly report will be provided to the Juvenile Probation Manager and the Quality Improvement Team on:

- The number and percentage of DPOs using the JAIS
- The number and percentage of youth assessed post disposition and every six months

Strategy 4: Review Placements. A quarterly report will be provided to Juvenile Division Probation Managers including:

- The number and percentage of placements reviewed
- The number and percentage of placements by level of placement.

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Outcomes Not Included in the SIP

Other outcomes where Placer falls beneath the state or national standard were not included in the SIP.

- S1.1 – No recurrence of maltreatment: Placer falls only 3% below the National Standard of 94.6%, and the October 2012 Quarterly Report indicates that this measure is improving. The number of children with recurrence of maltreatment (either six or 12 months) is small enough to account for a larger fluctuation in percentages. For example, in the October 2010 to March 2011 cohort, we had 234 children and 35 children with maltreatment, giving us a no recurrence rate of 85%. In the April 2011 to September 2011 cohort, we had 267 children of which 19 had reported recurrence or 92.9%. In addition, strategies in the previous SIP to improve this outcome have been implemented and appear to be effective.
- C1.2 (median time to reunification) and C1.3 (reunification within 12 months-entry cohort were not included for CWS because Placer performs well on the other measures in the reunification composite.

- C1.2 (probation) was not selected due to the nature of probation placement. The single greatest factor in regards to the average length of stay in placement is the number of youth that are identified as Juvenile Sex Offenders (JSO). The high percentage of JSO in placement (33% or eight of 24 on 9/1/12) skews the data for this outcome. JSO youth are a significant risk to the community, are likely to reoffend if not treated, and therefore are committed to programs with the greatest length of stay, often 18 months or greater. If JSO youth are excluded from C1.2 data, the time for reunification drops to 10.6 months, well within the standard. Similarly, youth with significant substance abuse issues tend to be placed in treatment programs with program lengths of 9-12 months. The program length is directly affected by the youth's compliance and overall achievement. In the case of youth with substance abuse issues there are often periods of achievement followed by relapse, which extend the youth's completion date.

- 6B Children in Foster Care who have an IEP were not selected due to data anomalies and data entry issues. Placer does not have a great percentage of foster children that have IEP's. The Placer County Children's System of Care works closely with the Placer County Office of Education (PCOE), and foster youth services workers are imbedded on the ongoing services teams in the Children's System of Care. Advocacy for foster youth that may be challenged in the classroom setting and academics and accessibility to school psychologists do not appear to be a problem in Placer County. There is also a designated team with the Placer County Office of Education (PCOE) that specifically monitors and provides support for all foster youth, including foster youth placed in Placer from other counties.

- 8A, Services for Youth in Transition from Foster Care was not included in the SIP because the data are incorrect and do not reflect what Placer's internal records

show as being forwarded to the State for these measures. The data collection and entry process for these measures consists of social workers completing the information on youth who age out of services. This information is then forwarded to an administrative support person who completes a form consisting of a composite of the answers for each of the youth, then forwarding a hard copy of that composite form to the State for data entry. The most recent measures from CWS/CMS show that no data was forwarded to the State during the Quarter 1 of 2012 period. Placer County records show that information was forwarded to the State on four (4) children for that time period, one (1) child welfare child, two (2) probation children and one (1) legal guardian child. Two (2) children completed high school and were planning on attending college and one (1) child was enrolled in a program to continue their high school education. Three (3) children were reported as having housing arrangements. DSS was contacted regarding this issue. A scanned copy of the report as submitted was forwarded to DSS for their review and re-entry. This is a short term problem and is not within the scope of the County to correct.

Integration of Information Gathered in the CSA/PR and the CWS/Probation Planning Process with CAPIT/CBCAP/PSSF Plan

Representatives of the community-based agencies and the county agency administering the CAPIT/CBCAP/PSSF plan have been actively engaged through the entire planning progress. They have participated in all PR/CSA/SIP planning meetings, and ensured that key issues were raised and included in both the PR and CSA. The SIP and OCAP plans were written in partnership with key community players.

Contributions to State Program Improvement Plan (PIP)

The chart below shows Placer County's contributions to addressing the PIP statewide strategies identified by the Department of Social Services.

PIP Strategy	Placer SIP Strategy
Strategy 1: Expand the use of participatory case planning strategies.	Strategy 3: Expand youth involvement in placement finding/matching
Strategy 2: Sustain and enhance permanency efforts across the life of the case.	Strategy 1: Implement/Expand family finding efforts Strategy 2: Increase the number of new resource families in Placer Strategy 3: Expand Youth involvement in placement finding/matching
Strategy 3: Enhance and expand caregiver recruitment, training and support efforts.	Strategy 1: Implement/Expand family finding efforts Strategy 2: Increase the number of new resource families in Placer County serving youth 12-16, probation youth, Native youth and youth with special needs, as well as those living in the Tahoe area Strategy 3: Expand Youth involvement in placement finding/matching Strategy 4: Develop a peer-to-peer mentoring program for Resource Parents to retain quality families and increase

	placement stability of youth Strategy 5: Increase Awareness of training and support opportunities to Relative and NREFM caregivers
Strategy 4: Sustain and expand staff/supervisor training.	Strategy 1: Implement/Expand family finding efforts Strategy 3: Expand youth involvement in placement finding/matching Strategy 5: Increase Awareness of training and support opportunities to Relative and NREFM caregivers Strategy 6: Develop and Implement a policy to close cases in a timely manner when dependencies are terminated. Strategy 7: Establish and implement a policy on "protected time" for ongoing social workers to facilitate completion of paperwork and court reports in a timely manner Strategy 8: Develop and implement an accountability tracking and reporting system for the Native Services Policy Strategy 9: Increase staff and provider capacity to serve the Native and Latino populations. Build stronger relationships with non-profits and tribes, and serving Native and Latino children and families Strategy 10: Expand Use of Juvenile Assessment Intervention System (JAIS)
Strategy 5: Strengthen the statewide safety assessment system	Strategy 6: Develop and implement a policy to close cases in a timely manner when dependencies are terminated. Strategy 10: Expand Use of Juvenile Assessment Intervention System

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Priority Outcome Measure or Systemic Factor: C4.3 Placement Stability (24 months in care)

National Standard: 41.8%

Current Performance: 28.6%

Target Improvement Goal: The county will improve performance on this measure from 28.6% to the national standard of 41.8%.

Priority Outcome Measure or Systemic Factor: 2C Timely Social Worker Visits with Child

National Standard: 90%

Current Performance: 78%

Target Improvement Goal: 90%

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

National Standard: None

Current Performance: 95% placed in group home; 5% in foster home

Target Improvement Goal: No more than 50% probation youth (IVE) in group home care; at least 50% in relative, NREFM or foster care homes

Priority Outcome Measure or Systemic Factor: 4E: Placement of American Indian Children

National Standard: None

Current Performance: 6% of Native foster children are placed in Native relative placements

Target Improvement Goals:

1. Increase the percentage of Native children who are correctly identified in the CWS/CMS from 75% to 85% by year 3
2. Increase % of Native relative placements for Native children to 30% by end of year 5
3. Increase # of Native placement homes from 2 to 10 by end of year 5

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CWS/Probation SIP Matrix

Strategy 1: Implement/Expand family finding efforts	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s): dates refer to implementation dates, and are proposed to be ongoing:** C.4.3 Placement Stability 4B Least restrictive placement 4E Placement of American Indian children
Action Steps:	**Timeframe: (Completion Date)**	**Person Responsible:**
A. Establish Juvenile Probation policy, procedures and timeline to expand family finding efforts, including: • Interviewing youth and all available family members prior to placement by Intake DPO's • Interviewing youth and all available family members every six months while in placement by WRAP and Placement DPO's • Re-assessing Family Finding Information whenever a youth's TILP and Case Plan are updated by DPOs with youth in, or with prior placement.	06/30/13	Managing DPO
B. Train all DPO's in family-finding procedures	09/30/13 ongoing	Managing DPO
C. Research available programs to determine cost, applicability to Placer's CWS and Probation needs. Purchase/contract program	08/31/13-11/30/13	Probation and Placement Program Manager
D. Implement first phase of program for Youth 12-16, for Native Homes and homes willing to serve probation youth	09/30/14	Placement Recruitment Team
E. Implement program countywide for all dependents	09/30/15	Placement Recruitment team
F1. Track results of family finding program and report quarterly on: • The number of DPOs using the program and when required • The number and percentage of youth served by the program • The number and percentage of youth, by age and ethnicity, placed in a family identified by the family finding program • The number and percentage of CWS youth, by age and ethnicity who remain in the placement for duration of placement episode.	09/30/15 Probation	Probation CWS Family Finding Staff Foster Care Licensing

F2. Track results of family finding program and report quarterly on: • The number of SW's using the program and when required • The number and percentage of youth served by the program • The number and percentage of youth, by age and ethnicity, placed in a family identified by the family finding program • The number and percentage of CWS youth, by age and ethnicity who remain in the placement for duration of placement episode.	09/30/15 SW	

Strategy 2: Increase the number of new resource families in Placer County serving youth 12-16, probation youth, Native youth and youth with high needs, as well as those living in the Tahoe area. **Children with high needs are defined as those children who have social/emotional/behavioral problems, or medical issues, that would require care and supervision over and above a physically and emotionally healthy child.**	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** C4.3 Placement Stability 4B Least restrictive placement 4E Placement of American Indian children Systemic Factor C. Foster/Adoptive Parent Licensing, Recruitment and Retention
Action Steps:	**Timeframe: (Completion Date)**	**Person Responsible:**
A. Meeting bi-annually with FFA's who take placements in Placer County to advise them on the county's needs, explaining our placement stability expectations and requesting their assistance in recruiting families who live in the Tahoe area, and those who will take youth 12-16, Native youth, youth with special needs, and those youth placed through probation.	06//30/13 and ongoing	Placement Program Manager Placement Coordinator Licensing Native Services Program Director Native Services Liaison
B. Develop strategies for and conduct targeted recruitment with flyers, brochures and news articles related to caring for teens, probation youth, and youth with special needs, Native children and children living in the Tahoe area. Include distribution of placement brochures/flyers at Native events.	01/31/14 and ongoing	Placer Kids recruitment team , working with: • Probation • Native Services Liaison • Native Services Director • Native Community Partner Network
C. Invite youth age to speak at monthly orientation	06/30/13 and ongoing	Orientation Facilitators.

D. Develop and implement system to track: • The number and type of targeted recruitment efforts • The number of existing and new relative, NREFM, foster and FFA families who live in Tahoe, as well as those who accept youth 12-16, probation youth, Native youth and youth with special needs. Percentage of resource/FFA homes with placement changes among CWS youth 12-16 • The number and percentage of CWS youth, by age and ethnicity, who remain in the placement for duration of placement episode. • Report quarterly to Program Manager, Managing DPO and Quality Improvement Committee	01/31/14 and ongoing quarterly	Placement Team and Probation

Strategy 3: Expand Youth involvement in placement finding/matching	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** C4.3 Placement Stability 4B Least restrictive placement
Action Steps:	**Timeframe: (Completion Date)**	**Person Responsible:**
A. Assess current status of youth involvement in placement finding/matching, including: • Determine number and percent of youth who have used the existing tool and protocol. (Youth at the shelter 12 or older who are anticipating placement). • Identify challenges to referring youth to program	07/31/13	Youth Empowerment Support Program (YES) and Placement Team
B. Provide training on placement matching and referrals to CSOC teams.	12/31/13	YES
C. Create an evaluation system to track: • The number and percentage of youth participating in this process. • The number and percentage of participating youth who are placed in homes identified by the youth. • The number and percentage of youth who remain in the identified placement until reunified or aging out of care • Report numbers to placement program manager and team quarterly.	12/31/13 and ongoing	YES Program Manager

D. Recruit and train community partners to assist with interviewing youth	03/31/14	YES Program Manager
E. Attend CSOC team meetings at least twice a year to keep the opportunity for youth in the forefront and keep referrals coming in	03/31/14	YES Staff
F. Increase staffing of YES program to accommodate all youth who are referred and wish to participate in placement matching.	07/01//14	Program Manager and CSOC Administration
G. Determine the feasibility of extending placement matching to additional youth (probation, youth outside the shelter, etc.); if feasible, expand effort to serve additional youth	06/30/15	YES Program Manager
H. Expand program to all interested youth	07/31/15	YES Program Manager

Strategy 4: Develop a peer-to-peer mentoring program for Resource Parents to retain quality families and increase placement stability of youth. **This strategy will be led by the Foster Parent Liaison position and is already in process.**	☐ **CAPIT** ☐ **CBCAP** ☒ **PSSF** ☐ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** C4.3 Placement Stability Systemic Factor C. Foster/Adoptive Parent Licensing, Recruitment and Retention
Action Steps:	**Timeframe: (Completion Date)**	**Person Responsible:**
A. Develop a volunteer mentoring program (including a process for matching mentors and resource parents), for new resource parents and ongoing resource parents who care for special needs children, Native children or youth 12-16.	09/30/13	Licensing and PSSF Family Support Liaison
B1. Identify and train mentors	12/31/13	Placement Program Manager Placement Coordinator PSSF Family Support Liaison/Licensing
B2. Give a personal phone call checking in with resource parents who have youth age 12-16 upon placement and ongoing	12/31/13	Placement Program Manager Placement Coordinator PSSF Family Support Liaison/Licensing
C. Implement mentoring program.	04/30/14	PSSF Family Support Liaison and Licensing
D. Provide resource parents and CSOC staff with information on the mentoring program, and how to request/refer to mentors	04/30/14	PSSF Family Support Liaison and Licensing
E. Develop system to track : • Number of trained peer mentors • Number of resource parents who consult with mentors • Number, percentage of resource parents who are satisfied with/have their needs met by the mentor program • Report data quarterly to Placement Program Manager and Quality Improvement Team.	04/30/14	PSSF Family Support Liaison and Licensing

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Strategy 5: Increase Awareness of training and support opportunities to Relative and NREFM caregivers	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** C4.3 Placement Stability 4B Least restrictive placement 4E Placement of American Indian Children Systemic Factor C. Foster/Adoptive Parent Licensing, Recruitment and Retention Systemic Factor F. Staff/provider training
Action Steps:	**Timeframe: (Completion Date)**	**Person Responsible:**
A. Develop, gain approval of policy to increase awareness of training and support opportunities for relative and NREFM caregivers, including: • Distributing information and contact information on training and support activities in placement packets provided to all relative and NREFM caregivers. • Personalized contacts with each new relative or NREFM caregiver to share training, support, and resources. • Implementing accountability and reporting system to track contacts with relative and NREFM caregivers, and the number of relative placements completed and report to program manager and Quality Improvement team quarterly.	06/30/13 Policy in place 11/30/13	Placement Program manager in conjunction with assigned NREFM/Relative support person
B. Create information flyer to insert in placement packets.	11/30/13 and ongoing	Placement Program Manager and NREFM/Relative support person
C. Assign NREFM/Relative Support person/ Native Family Liaison to contact caregivers, develop flyer, develop tracking system	01/31/14	Placement Program Manager Native Family Liaison
D. Train CSOC staff in new policy	03/31/13	Training team/support person Native Services Manager
E. Develop and implement new policy to require Relative/NREFM families to take applicable training in order to receive special needs increment.	06/30/15	Social Worker and support person

Strategy 6: Develop and implement a policy to close cases in a timely manner when dependencies are terminated.	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** 2C: Timely Social Worker Visits
Action Steps:	**Timeframe: (Completion Date)**	**Person Responsible:**
A. Develop policy, procedures and timeline for closing dependency cases within two weeks of termination of dependency or adoption	09/30/13	Program Manager Ongoing Team Supervisors
B. Managers approve policy and timeline	10/31/13	Managers and Supervisors
C. Develop tracking and reporting process re case closures; monitor on a monthly basis	11/30/13	Program Manager and IT Team
D. Train social workers on the new policy and procedures.	12/31/13 and ongoing	Supervisors
E. Monitor case closures on a monthly basis; report to program manager and Quality Improvement team quarterly	01/31/14 and ongoing	Supervisors

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Strategy 7: Establish and implement a policy on "protected time" for ongoing social workers to facilitate completion of paperwork and court reports in a timely manner	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** 2C: Timely Social Worker Visits
Action Steps:	**Timeframe: (Completion Date)**	**Person Responsible:**
A. Develop policy and procedures for "protected time" for ongoing social workers.	07/31/13	Program Manager
B. Managers approve policy and procedures.	08/31/13	Managers and Supervisors
C. Develop system to track use of protected time and timely completion of paperwork and court reports.	09/30/13	Program Manager and IT Team
D. Train social workers on the new policy and procedures.	10/31/13	Supervisors
E. Monitor use of protected time on monthly basis; report to program manager and Quality Improvement team quarterly	11/30/13 and ongoing	Supervisors

Strategy 8: Develop and implement an accountability tracking and reporting system for the Native Services Policy	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** 4E: Placement of American Indian Children
Action Steps:	**Timeframe: (Completion Date)**	**Person Responsible:**
A. Develop an accountability and tracking system to ensure compliance with the Native Services Policy, including: • Identification of Native children in CWS/CMS • Referral of Native children to the Native Services Team • Development of culturally relevant service plans for Native children • Provision of culturally relevant services to Native children in the CWS and their families	12/31/13	Native Services Liaison/Manager Ongoing Services Manager
B. Train CSOC service teams on the new accountability structure and requirements	3/31/14	Native Services Liaison Manager Ongoing Services Manager SNA Program Director
C. Monitor compliance to Native Services Policy; report to program manager and Quality Improvement Team	03/15/14 Semi-Annually beginning	Native Services Liaison Manager Ongoing Services Manager

Strategy 9: Increase staff and provider capacity to serve the Native and Latino populations. Build stronger relationships with non-profits and tribes and serving Native and Latino children and families	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** 4E: Placement of American Indian Children Service Array
Action Steps:	**Timeframe: (Completion Date)**	**Person Responsible:**
A. Conduct targeted recruitment from the Latino and Native communities to identify applicants to fill positions for ongoing social workers and court investigators	07/31/13 12/31/15 and ongoing	Assistant CSOC Director Program Manager Native Services Liaison
B. Increase cultural broker/cultural liaison position to: • Recruit Native and Latino relative/NREFM and foster homes, collaborate on family-finding • Identify mentors to enhance caregivers' ability to serve Latino and Native children in a culturally responsive manner • Continue to develop the array of culturally relevant services for Native and Latino families • Coordinate training activities with Cultural Competency Committee to create a more culturally aware and sensitive environment at Placer Children's System of Care	07/01/16 and ongoing	Ongoing Services Manager Native Services Liaison Manager Native Services Program Director Latino Leadership Council Executive Director Cultural Competency Manager

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Strategy 10: Expand Use of Juvenile Assessment Intervention System (JAIS)	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** 4E: Least Restrictive Placement (Probation)
Action Steps:	**Timeframe: (Completion Date)**	**Person Responsible:**
A. Develop policy and procedures requiring Juvenile DPO's to use the JAIS to assess the needs and service requirements of all youth on Formal Probation after disposition and every six months thereafter.	04/30/13	DPO JAIS Team (4 staff)
B. Develop system to track use of JAIS.	12/31/13	DPO JAIS Team (4 staff)
C. Train Deputy Probation Officers on the new policy and procedures.	01/31/14	All Juvenile DPO
D. Monitor use of JAIS on monthly basis; report to managing DPO and Quality Improvement team quarterly	07/31/13 and ongoing	DPO JAIS Team (4 staff)

Strategy 11: Review Probation placements regularly to determine if youth are or continue to be placed in the least restrictive appropriate placement.	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** 4E: Least Restrictive Placement (Probation)
Action Steps:	**Timeframe: (Completion Date)**	**Person Responsible:**
A. Develop an accountability system/matrix to review and track the level of care for all probation youth, using FRCC data as well as information from Informal probation, the Crisis Resolution Center and all Title IVE and other probation placement.	02/28/14	CSOC DPO
B. Implement review and tracking system	02/28/14	CSOC DPO
C. Review data quarterly and report to Managing DPO and Quality Improvement Committee.	09/30/13 and ongoing	CSOC DPO

SIP Appendix A: Summary of 2012 Placer County Self-Assessment

Summary of 2012 Placer County Self-Assessment

The County Self-Assessment is the first of two county activities required every five years by the federal government as implemented in California by AB 636 (2004). Under the Child and Family Services Review (CFSR) every county is required to assess all child welfare services administered by both the Children's System of Care and Probation. The 2012-2013 Placer CFSR includes County Self-Assessment, with a Peer Review process, to be completed in December 2012, and a System Improvement Plan (SIP), which will be completed in May 2013.

In July 2012, CSOC and the Probation Department jointly convened the local Accountability Workgroup composed of staff and representatives of community collaborative, parents, providers, family resource centers and others. The workgroup was charged with developing the Self-Assessment Process and Systems Improvement Plan. Demographic and data analysis were provided by CSOC leaders. Individual workgroups reviewed all CSOC and Probation systems involved in children's services. Each subcommittee presented their findings to the Accountability Workgroup for discussion and revision. Finally, the Accountability Workgroup re-convened to review the report and to recommend focus areas for the Systems Improvement Plan.

Summary of Findings for State and Federal Outcomes

Below, are the findings of the Self-Assessment for each of the state and federal outcomes. For each outcome there is information on performance, system strengths, and needs that align with outcomes. Strategies for improvement will be further developed in the System Improvement Plan. All performance data in the Introduction, CWS Participation Rates and Analysis of Outcomes sections of this report was downloaded from:
Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Williams, D., Simon, V., Hamilton, D., Lou, C., Peng, C., Moore, M., King, B., Henry, C., & Nuttbrock, A. (2012). *Child Welfare Services Reports for California*. Retrieved 7/25/2012, from University of California at Berkeley Center for Social Services Research website. URL: http://cssr.berkeley.edu/ucb_childwelfare"

S1.1 No Recurrence of Maltreatment

	CWS	Probation
S1.1. No Recurrence of Maltreatment -6 mo. ***Nat'l Goal >94.6%***	**92.9%**	**N/A**
S1.1 No Recurrence of Maltreatment-12 mo.	**79.9%**	**N/A**

Summary: Higher recurrence rates may be the result of statistical fluctuations in percentages resulting from the small number of children in this cohort. These same fluctuations also make disaggregation of the data by race or ethnicity problematic. Other

possible factors are related to a combination of service reductions and county policies and practices (investigations policy, opening voluntary cases, Differential Response, implementation of SafeMeasures, etc.) which have strengthened the referral, investigations and supervision processes. Finally, recurrence is likely related to parental substance abuse and relapse. Differential Response may provide early intervention by introducing the family to community resources and supports. Oftentimes, families are unaware of such services or are uncomfortable with self-referral. For other families where risk is high and a higher level of service may be needed to prevent detention of their children, a voluntary family reunification or maintenance case may be offered. This assures a closer level of monitoring and access to a higher level of services than community-based services may provide. "No recurrence of maltreatment" will not be included in the SIP.

S2.1 No Maltreatment in Foster Care

CSOC and Probation	CWS	Probation
S2.1. No Maltreatment in Foster Care (Nat'l Standard – 99.68%)	**100%**	**100%**

Summary: Current data indicates that Placer currently has essentially no maltreatment of children in care, due to excellent programs including good foster parent training, its Placer Kids collaborative, and to a wide array of services available to foster parents. These services include a foster parent liaison, available to families upon referral from the ongoing social worker. There is an ongoing foster parent support group occurring on a monthly basis and a strong and active Foster Parent Association in Placer County. Foster parent trainings are publicized and frequently foster parents associated with the various Foster Family Agencies will attend these trainings. The county's sole licensing staff is also readily available for families' request for support in providing care for a particular child, or for other support services within the community. Further investigation is needed, however, to explore possible data reporting issues. These efforts will not be included in the SIP.

C1.1 C1.3 Reunification Composite: Timely Reunification

	CWS Apr11-Mar12	Probation Apr11-Mar12
C1.1. Reunification Within 12 months (Exit Cohort) ***National Goal: > 75.2%***	**75.6%**	**33.3%**
C1.2. Median Time to Reunification (Exit Cohort) ***National Goal: <5.4 months***	**8.7 months**	**15.1 Months**
C1.3 Reunification Within 12 months (Entry Cohort) ***National Goal: > 48.4% Last Available April20 11 to March 2012***	**46.4%**	**10.0%**

Summary: Placer CWS is doing well with re-unifying youth within twelve months. Probation has worked diligently over the past 3 years to improve this outcome, and has again focused on this outcome during the Peer Review. The outcome will be included in the SIP for Probation.

C1.4 Reunification Composite: Reentry Following Reunification

	CWS 4/2010 – 3/2011	**Probation 4/2010 – 3/2011**
C1.4 Reentry Following Reunification (Exit Cohort) ***National Goal: < 9.9%***	**11.7% (14)**	**18.2% (2)**

Summary: Over the past three years, Placer County has seen a rise in re-entry to foster care, although the low numbers may skew percentages. The rise may be related to state budget reductions, which, in Placer have resulted in a temporary decrease in TDM capacity and the elimination of some substance abuse services. Recently-implemented practices, including after-care planning and Family Mentoring may improve this outcome. After-care planning was a part of the last SIP and has recently been fully initiated. The After-Care plan is a mandatory "resource" plan for the family that must be included in all court reports recommending termination of dependency. The Plan is developed in conjunction with the family and their identified support systems. The Plan may include resources from which the family may draw, often based on resources the family has received while in the reunification process. This may include specific names of family and friends to call on if the family is heading towards crises, community-based resources, or any other resources that the family and staff may conjointly identify in the formation of the plan. The Family Mentoring Program is a program established and funded by the Child Advocates of Placer County. At this time, the program is First Five funded, and able to serve 6 families. The criterion is for families with children in reunification under 6 years old. The court makes referrals to this program carefully due to limited capacity, but does receive input from the Department and panel attorneys about which families may be most amenable and benefit the most from this service. Re-entry will not be included in the SIP.

C2.1 C2.5 Adoption Composite	**CWS (4/2010-/2011)**
C2.1 Adoption within 24 months (Exit Cohort) National goal >36.6%	**43.4%**
C2.2 Median Time to Adoption (Exit Cohort) National goal < 27.3 mo.	**26.6 months**
C2.3 Adoption within 12 months (17 mo. in care) National goal >22.7%	**43.7%**
C2.4 Legally free within 6 months (17 mo. in care) National goal >10.9%	**19.0%**
C2.5 Adoption within 12 months (legally free)National goal >53.7%	**72.2%**

Summary: Placer does an excellent job on adoptions due to a strong emphasis on concurrent planning, integrated teams including permanency/adoptions workers, and the CSOC-Placer Kids collaborative. This outcome will not be a focus of the 2013 SIP.

C3.1 C3.3 Long Term Care Composite

April 2011 to March 2012	CWS % and (#)	Probation % and (#)
C3.1 Exits to Permanency (24 months in care) ***National Goal >29.1%***	**31.0% (13)**	**25.0% (1)**
C3.2 Exits to Permanency (Legally Free at exit) ***National Goal >98%***	**100.0% (49)**	**NA**
C3.3 In Care 3 years or longer (Emancipated/age 18) ***National Goal <37.5%***	**18.8% (3)**	**9.1% (1)**

Summary: On measures C 3.1 and C3.2, Placer CSOC does an excellent job with permanency. Each team has a permanency/adoption worker, and Placer County does not terminate parental rights without designating a permanent plan of adoption with identified prospective adoptive parent(s). "Destination Family" services focus ensuring permanency by conducting family (relative) finding activities for the youth and works directly with the youth in exploring placement and permanency options, including follow up support post-placement. Guidelines for reviewing permanency plans might further enhance permanency efforts. Probation serves few youth in this category. On Measure C3.3, Placer is not doing as well. Some of these youth may have continued attachments and relationships, and therefore loyalties to, birth family members. While they do not want to reside with these birth family members and are happy in their foster care homes, they may still be reticent to sever legal ties, even if they consider their foster parents as their parental figures. These indicators will not be a focus of the SIP.

C4.1 C4.3 Placement Stability Composite

April 2011 to March 2012	CWS	Probation
C4.1 Placement Stability <3 placements - 8 days-12 months in care ***National Goal 86%***	**87.8%**	**100%**
C4.2 Placement Stability <3 placements - 12- 24 months in care ***National Goal 65.4%***	**52.3%**	**88.0%**
C4.3 Placement Stability<,3 placements -at least 24 months in care ***National Goal 41.8%***	**32.9%**	**50.0%**

Summary: Since the 2009 CSA and 2010 SIP, Placer has improved stability of placement for children in care in this category. Stability of placement for longer periods necessarily lags, but should improve as the first indicator improves. Policies and

practices have been developed and implemented as a result of the previous SIP, but have not been in effect for long enough to establish improved placement stability. One such practice is utilized for older children at the emergency shelter. An identified youth coordinator meets with the youth and together develops a plan for placement in which the youth actively participates. This includes a questionnaire developed by the Youth Empowerment Support (YES) Program to assist in determining what kind of placement might be successful. The youth is also supported in contacting potential placements to have personal conversations with the potential caregiver. The use of the School Connect electronic program has also recently been initiated. This provides for potential "matching" of a family to a youth considering location, school district, availability, other foster or bio- kids, etc. before an actual phone call needs to be made. Many factors contribute to multiple placements, including use of the emergency shelter, inadequate placement matching procedures, limited use of SDMs and TDMs, cultural differences between youth and foster parents, heavy workloads, and others. The limited use of SDM's and TDM's should improve with the re-assignment of a full-time social worker to facilitate these meetings. The practice had been every 3rd or 4th new detention for a Family Team Meeting (FTM) to be scheduled. Some social workers have sometimes proactively conducted their own meetings if a facilitator was unavailable. Probation outcomes far exceed the federal goal, due to smaller case loads and court involvement. Placement Stability will be a CWS focus area for the 2013 SIP.

2B Timely Response to Immediate and 10-Day Investigations

	Immediate Compliance 1/11-3/12	**10 Day Compliance 1/11-3/12**
2B. Timely response *(State Goal: 90%)*	**93.8%**	**87.1%**

Summary: Implementation of new county procedures has led overall to significant improvement in timely response to referrals during the past five years. Although 10-day responses have recently fallen below the federal standard, leaders have identified that this is due to a delayed data entry by a few staff, although their actual investigations are timely. This issue is currently being addressed. Staff are concerned that improvements may not be sustained due to increases in caseload and staffing reductions in some clerical support areas. This measure will not be a focus of the SIP.

2C Timely Visits with Child

2C.Timely social worker visits with child *(State average 90%)*	**1/12**	**2/12**	**3/12**	**Average**
	99.6%	**91.7%**	**87.2%**	**89.8%**
2C.Timely probation officer visits with child *(State average 90%)*	**81.1%**	**55.3%**	**59.4%**	**65.3%**

Summary: CWS has improved compliance with Timely Visitation due to increased supervision and the use of SafeMeasures. Staff believes that contacts are almost always

made, but may not be entered into CWS/CMS in a timely manner. The probation data likely reflects data entry difficulties, due to dual MIS systems. The Probation MIS system shows a much higher rate of probation officer contacts, and is likely more accurate than CWS/CMS. This outcome will be included in the SIP.

4A Sibling Placement

4A Placements with all siblings	**69.2%**
4A Placement with some or all siblings	**79.2%**

Summary: CSOC maintains a strong commitment to placing siblings together and to recruiting families willing to foster sibling groups. This outcome will not be a focus of the 2013 SIP.

4B Least Restrictive Placement

4B: Least Restrictive Placement (by Percent in Placement)	**Relative**	**Shelter/ Group Home**	**Foster Home**	**FFA**	**Group Home**	**Other**
CWS: Entries: First Placement	**12.8**	**31.7**	**22.0**	**26.8**		**6.7**
CWS: Point in Time (1 Apr 2012)	**27.3**	**5.8**	**5.4**	**37.2**		**24.4**
Probation: Entries: First Placement	**5.6**		**5.6**		**88.9**	
Probation: Point in Time (1 Apr 2012)	**2.4**				**40.5**	**57.1**

Summary: Although there has been a recent emphasis on relative and NREFM placement during the past three years, CSOC staff is concerned with the effects of recent state budget constraints affecting the number of staff available to serve families. They noted that with an increase in workload, child welfare team members may not be able to focus on the time consuming process of finding least restrictive placements. This outcome will not be a primary focus of the 2013 SIP except as it relates to placement stability.

4E Placement of American Indian Children

CWS (Point-in-Time, April 2012)	Relative-% and #	Non-Relative Indian SCP-% and #	Non-Relative Non-Indian SCP-% and #	Non-Relative Ethnicity SCP Missing-% and #	Group Home-% and #	Other -%and #
4E (1) American Indian Children Eligible for ICWA	**41.2% (7)**	**23.5% (4)**	**23.5% (4)**	**5.9% (1)**	**5.9% (1)**	**0**
4E (2) Multi-ethnic American Indian Children	**41.4% (24)**	**6.9% (4)**	**36.2% (21)**	**8.6% (5)**	**6.9% (4)**	**0**

Summary: Placer has made significant progress in identifying Native American children (ICWA and non-ICWA) and providing culturally sensitive services to this population. Most Native American children now are placed with relatives or within the tribe. Additional work is needed on recruiting and licensing Indian substitute caregivers. In addition, more training is needed to adequately identify Native children at intake. Probation serves very few Native youth. These measures will be included in the 2013 SIP.

5B Children in Foster Care Receiving Timely Health and Dental Exams

	CWS	Probation
5B (1) Children in Foster Care Receiving Timely Health Exams	**85.4%**	**N/A**
5B (2) Children in Foster Care Receiving Timely Dental Exams	**50.3%**	**N/A**

Summary
Until recently, three full time public health nurses on CSOC teams ensured children in foster care received timely health and dental exams. Within the last two years, however, all three nurses retired, and, due to state budget restrictions, were not immediately replaced. Two part-time nurses were added in November 2011, increased to 3, with a 4th added in August 2012. The timing of the decline of these measures, particularly for dental exams, can be associated with this reduced staffing. Other factors may include difficulties in finding providers who accept Medi-Cal, and untimely follow-through by social workers and caregivers. With now having 4 part-time nurses, and recent capacity to hire two full-time permanent nurses, our nurse partners will now be able to provide improved case management services, and provide the follow-up with caregivers in a timely manner to improve this outcome. This outcome will not be included in the 2013 SIP.

5F Children in Foster Care Authorized for Psychotropic Medication

	CWS Jan – Mar 2012	Probation
5F – Children in Care Authorized for Psychotropic Medication (% and #)	**11.8% (30)**	**N/A**

Summary: The percentage of Placer Foster children on psychotropic medication is slightly lower than the state average. Although the numbers are small, making percentages volatile, it appears that there is a slightly higher rate of males and Hispanics using medications compared to other groups. This outcome will not be included in the 2013 SIP.

6B Children in Foster Care Who Have Had an IEP

	CWS	Probation
6B Children in Foster Care Who Have Had an IEP	**9.2%**	**N/A**

Summary: The recent State policy change shifting responsibility for educationally related mental health services away from the county to school districts, as well as reduced staffing levels, may account for the decline in IEPs. In addition, confusion over who enters data on IEP status could result in missing data. It is anticipated that the upcoming partnership between CSOC and the Placer County Office of Education (PCOE) to provide ILP services, will better ensure that children who need the higher level services through an IEP will be more readily identified. Requests for mental health services through the CSOC's Family and Children's Services office may also assist in identifying children that may be educationally challenged, with proper communication to parents. These referrals are initially screened and subsequently referred to the Children's Behavioral Health Managed Care Unit, at which point the child receives a Biopsychosocial assessment, with appropriate further assessment and referrals made as needed. This outcome will not be included in the 2013 SIP.

8A Services for Youth in Transition from Foster Care

	CWS	Probation
January 2012 to March 2012	**CWS**	**N/A**
8A Youth in foster care who have ever had an ILP (% and #)	**0% (0)**	**N/A**
8A Youth Completing ILP services who obtained high school diploma (% and #)	**0% (0)**	**N/A**
8A Youth Completing ILP services have housing arrangements (% and #)	**0% (0)**	**N/A**
8A Youth who received ILP services prior to aging out	**0% (0)**	**N/A**

Summary:
The data collected by UC Berkeley for January 2012 to March 2012 (Q1 2012) is incorrect and does not include data on ILP outcomes forwarded by Placer. Our records indicated that Child Welfare had one (1) child reported for this measure and Probation had two (2) children. Data retrieved from the UC Berkeley website reported zero (0) for Child Welfare. Review of other quarters suggested similar issues of underreporting for Child Welfare which were subsequently resolved in an explanation, received from the Department of Social Services, on the reporting of non-dependent non-related legal guardians (NRFM's). However, the under reporting for the quarter reflected in this review (Q1 2012) remains unresolved as of the submission of this report.

SIP Appendix B: Peer Review Summary

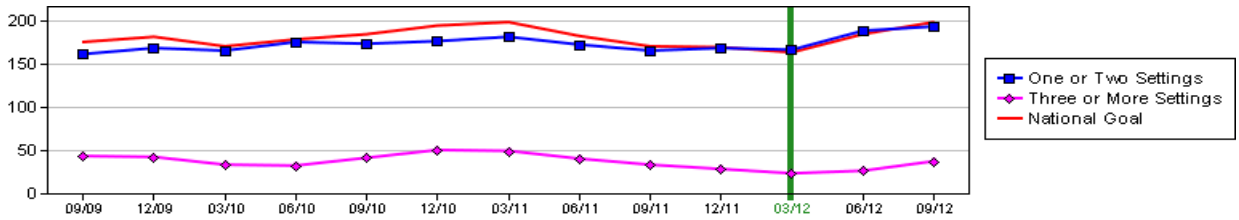
Peer Review Summary

Placer County's Peer Review was convened October 22-24, 2012, to examine Social Worker and Probation Officer practice on sixteen specific cases.

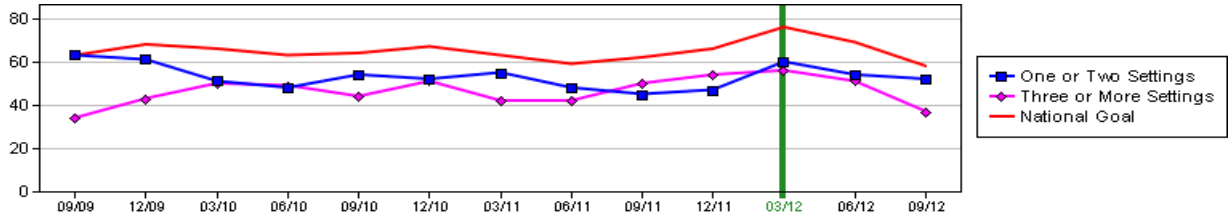
Focus Area

Child Welfare System
For the second time, Placement Stability was selected as the CWS focus area for the Peer Review. As indicated in the charts and table below, although Placer County has improved placement stability since the previous CSA for children who have been in care 8 days to twelve months, the county still falls below the federal standard for children who have been in care longer than one year. Time in care for all three measures is based on the latest date of removal from the home.

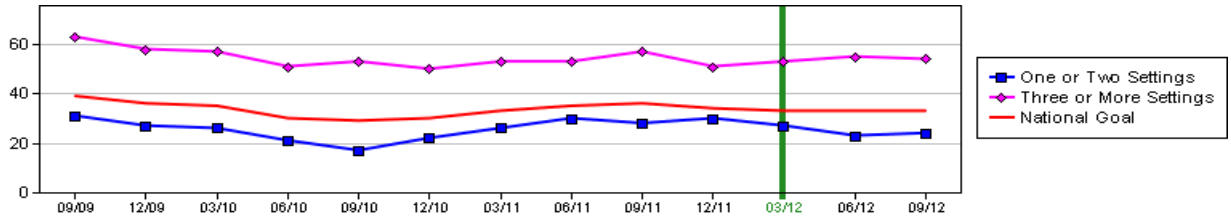
CFSR Measure C4.1: Placement Stability (8 Days to 12 Months in Care)
This measure computes the percentage of children with two or fewer placements in foster care for 8 days or more, but less than 12 months.



CFSR Measure C4.2: Placement Stability (12 To 24 Months in Care)
This measure computes the percentage of children with two or fewer placements in foster care for at least 12 months, but less than 24 months.



CFSR Measure C4.3: Placement Stability (At Least 24 Months in Care)
This measure computes the percentage of children with two or fewer placements who have been in foster care for 24 months or more.

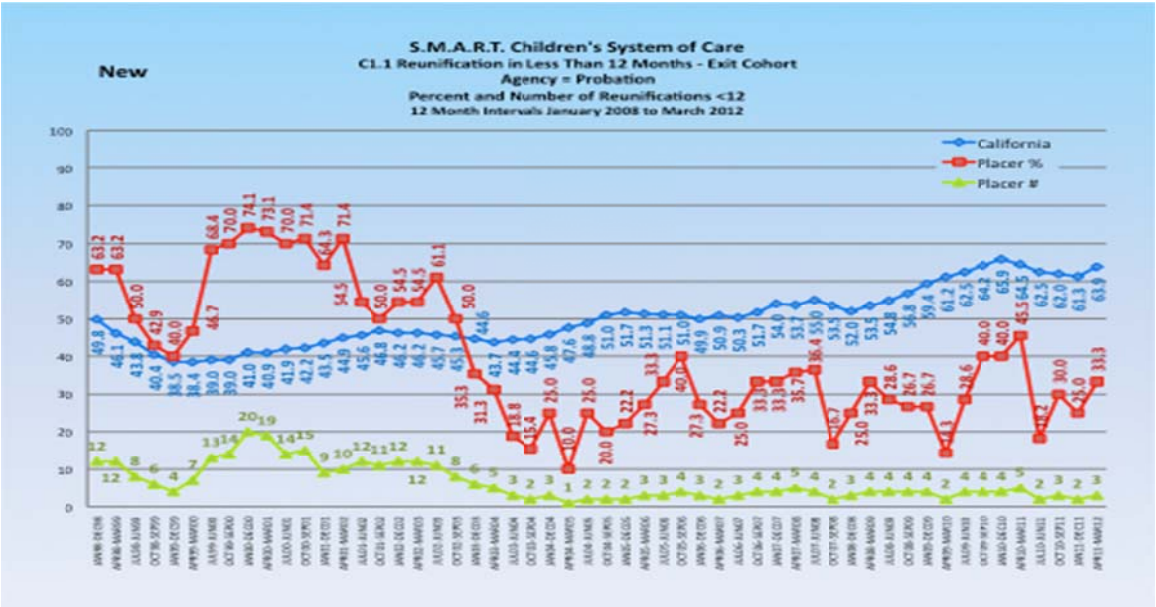


Two or Fewer Placements by Length of Time in care

	< 12 months	12-24 months	>24 months
One or Two Settings	166 (87.8%)	60 (51.7%)	53 (33.8%)
National Goal	163 (86%)	76 (65.4%)	33 (41.8%)

Probation
Timely Reunification within twelve months was also selected for the second time as the Probation focus area. As indicated in the chart below, although Placer County has improved this measure since the previous CSA and SIP, the county still falls below the state average.

CFSR Measure C1.1: Reunification within 12 Months
This measure computes the percentage of children discharged to reunification within 12 months of removal. The 12-month cutoff to reunification is based on the latest date of removal from the home with children in care for less than 8 days excluded.



Case Selection:

CWS
Twelve CWS cases were selected for review. They were selected, to the extent possible, as a representative sample of Placer CWS cases by geographic service area, time in care and caseworker longevity on the case. Cases included children who had experienced two or fewer placements as well as children with multiple moves, especially children in/out of the emergency shelter. Older children were over-represented, as latency-age children and teens have, on average, more placements than younger children. No social worker was asked to interview more than twice.

Probation
Four probation placement cases were selected for review. They included one case in which reunification was achieved within twelve months, and three where that goal was not met; the youth spent varying amounts of time in placement. The selected cases presented unique challenges.

Focus Groups
As reported in the previous section of this report, ten focus groups were convened to obtain input from stakeholders in the child welfare and juvenile probation systems. Stakeholder participants included youth in foster care and probation group homes, foster parents, officers of the juvenile delinquency court, group home staff, probation officers and child welfare supervisors and staff, and community partners including providers and advocates for the Native American and Latino communities.

Peer Review Process
Peer reviewers included four probation officers and four social workers from counties doing well on the measures under review in Placer County, as well as representatives of Placer community partner organizations. They included:

CWS	Probation	Community Partners
Jennifer Ling, Alameda County	Greg Banda, Merced County	Lisa Velarde, KidsFirst
Kimberly Baker, Contra Costa County	Peter Grassi, Santa Cruz County	Elisa Herrera, Latino Leadership Council
Yolanda Watson, Monterey County	Valerie Starkey, Sonoma County	Kathryn Hart, Child Advocates of Placer County
Marian Rocksvold, Tehama County	Lisa Smith, San Francisco County	Cynthia Gonzalez, Child Advocates of Placer County

Peer Review Findings
Four teams, each including a probation officer, social worker and community partner, conducted four interviews over two days. Each team de-briefed their interviews and identified the following themes reflecting the "voice" of the social workers and probation officers.

Child Welfare Findings:

Strengths and Promising Practices
- *Collaboration:* Placer CSOC shows exceptional collaboration with key partners, including CASA, County Office of Education, Foster Family Agencies, foster families and community partners
- *Team Decision Making*: Members of families' support system, including family, schools, clergy, coaches, therapists and others, participated in TDMS.
- *Commitment and Experience*: Experienced, seasoned social workers showed "above and beyond" commitment and dedication to the children and families served.
- *Continuity:* Social workers know the child and case history well; many have been involved with the child and family for long periods of time.
- *Contact:* Social workers have frequent and personalized contact with the child and family.
- *Effective Practice:* Social workers demonstrate child-centered case practice
- *Engagement:* Youth are engaged at all steps in the placement process, and families are engaged early in the case
- *Family-finding:* Family finding is emphasized and begins very early in each case.
- *Specialized training and knowledge*: Social workers with specialized training in mental health, chemical dependency, etc. are better able to assess the child's needs and access services to meet those needs.

Barriers and Challenges

- *Case turnover*: When cases are re-assigned, there may be inconsistency or inadequate case transition, i.e. a child may not be introduced to a new social worker by the former worker.
- *Inconsistent documentation*. Documentation on family finding, such as which relatives have requested placement or who have been ruled out, may not be clearly identified or available in the case file.
- *Priorities:* Social worker top priorities are child safety followed by court documents; CWS/CMS documentation is a lower priority.
- *Caseloads*: Overly large caseloads prevent caseworkers from doing a good job addressing needs of child and family, as well as handling all paperwork and other demands
- *Relative approvals*: The relative approval process is too lengthy, sometimes taking longer than the allotted 30 shelter days and resulting in an additional temporary placement.

Recommendations

- Establish peer mentorships for social workers.
- Establish support groups for relatives and caregivers.
- Provide more training for caregivers, including FFA, relatives, NREFMs and foster families on realistic expectations for foster children related to child development, mental health, attachment, etc.
- Increase the number of foster homes in Placer County for older youth
- Streamline tasks; use case assistants where possible.
- Streamline the approval process for relatives and NREFMs
- Increase Administrative support for the Roseville office.
- Provide behavioral services to support the child and family.

Probation Findings:

Strengths and Promising Practices

- *Excellent Dedication and collaboration:* Probation Officers work well with group homes, the child and court system. They match services and the case plan to the needs of the youth. They go above and beyond, seeking educational records, developing aftercare plans, attending important events in the youth's life, etc.
- *Creativity*: Probation officers think outside the box to meet the needs of youth.
- *Case knowledge:* Probation officers know their cases very well.
- *Youth Involvement*: Probation officers involve and empower the youth in all aspects of their case.
- *Placement Knowledge:* Officers know about and can access good local programs and group homes.

Barriers and Challenges

- *Turnover of Placement Officers*. Probation officers move between probation units too frequently. The lack of continuity of probation placement officers can lead to/increase instability of adults in the youth's life.
- *Family finding*: Family finding and locating extended family members is started too late in the case.
- *Training*: There is inadequate training for placement officers and group home providers on newer programs and policies, such as AB 12, immigration and THP+.
- *Mental health services*: There are gaps in mental health services for participants in THP
- *Aftercare*: Aftercare services for mental health and substance abuse are inconsistent

Recommendations

- Provide Placement CORE training as soon as possible upon assignment to the placement unit.
- Offer more training on AB 12, family finding and immigration policy
- Implement current technology, such as electronic signature pads and wireless laptops
- Start family finding at detention rather than at placement
- Increase collaboration with placement officers from other counties.

Peer Sharing:

The peers from other counties as well as Placer community partners shared effective practices with Placer County.

Family Finding and Engagement- Alameda County Child Welfare Services assigns a dedicated worker to handle family finding and engagement. This worker seeks families not only at detention but throughout the case. The worker also engages youth in the family finding process, in permanency planning, AB 12 and planning for independent living. Finally, the worker conducts home evaluations.

Early Team Decision-Making and Relative Involvement- Contra Costa County CWS uses TDM starting at the beginning of the case, prior to detention. Using TDM engages families and relatives from the start, strengthens the family's support network and empowers the child.

Conferences, TDMs and Cross-Unit Staffing- Monterey County CWS offers effective practices and protocols in several areas. Administrative Reviews of cases have reduced court hearings. Youth younger than 15.5 years have regular permanency conferences, while older youth participate in Transitional Life Conferences. TDMs are held for all placement moves. Before a youth is moved to the Permanency unit, there is a cross-unit staffing to provide a warm hand-off between social workers.

Imminent Removal TDMs and Case Aides- Tehama County CWS holds a TDM whenever there is an imminent risk of removal, resulting in fewer placements. Experienced foster parent mentors assist foster families addressing difficult behaviors, thereby saving some placements.

Placement Matching and Buddy System- Merced County probation placement places close attention to matching a youth's particular strengths and needs, including cultural and ethnic practices and food preferences, to foster families and group homes. The two officers assigned to Placement use a Buddy System, keeping each other informed of the youth assigned to them, and jointly visiting each youth on every third visit.

"Two o'clock Meeting"- San Francisco Probation participates in regular meetings with HSA, mental health, schools and community agencies to identify children and youth at risk of removal from their homes, and to find alternatives, when possible, to out-of-home placement.

WRAP for Children and Youth Ineligible for Traditional WRAP Services- Santa Cruz County has developed its own non-traditional WRAP program, used both for pre- and post-placement. Mental Health Dept. is the gatekeeper. The post-placement program starts before the end of placement, prior to the return of the youth. The program has resulted in a decline in recidivism to 25%. Santa Cruz does not pull down WRAP funding for this program. In addition, Santa Cruz provides 90-day memberships to Gold's Gym.

Face-to-Face Family Contact to Facilitate Family Reunification- Sonoma County emphasizes working with the family while youth is in placement, including family therapy, and offers regular face to-face contact (through SKYPE) with their child.

CASA, A2Y Mentors and Family Mentoring- Child Advocates of Placer County offers three mentoring programs to children, youth and families in the foster care and probation placement systems. The A2Y program provides volunteer adult mentors to 60 youth who need prevention and post-emancipation support. CASA involves court-ordered volunteers who advocate to meet the youth's unmet needs. The Family Mentoring Program uses volunteers to work with the parents of children under five when the kids return home from foster care placement.

Parent Child Interaction Therapy (PCIT) and Incredible Years- KidsFirst offers two evidenced-based programs. PCIT involves parent coaching by a therapist who offers guidance to address difficult behaviors through a "bug" in the parent's ear. Incredible Years is a parent education program.

Promotoras- The Latino Leadership Council offers bilingual services and supports to Spanish-speaking families needing assistance with health and education issues. They advocate for parents, not the agency. They also provide youth mentors and serve on Placer Counties Family Resource Collaborative.

CAPIT/CBCAP/PSSF Contact and Signature Sheet

CAPIT/CBCAP/PSSF Contact and Signature Sheet	
Period of Plan:	**May 2013 – May 2018**
Date Submitted:	**June 2013**
Submitted by:	**Board of Supervisor Designated Public Agency to Administer CAPIT/CBCAP/PSSF programs**
Name & title:	**Tom Lind , Program Manager, CSOC**
Signature:	
Address:	**11716 Enterprise Dr. Auburn, CA 95603**
Fax:	**(530) 886-2895**
Phone & E-mail:	**(530) 889-6752 tlind@Placer.ca.gov**
Submitted by:	**Child Abuse Prevention Council (CAPC) Representative**
Name & title:	**Lisa Velarde, Chief Executive Officer**
Signature:	
Address:	**124 Main Street, Roseville, CA 95678**
Fax:	**(916) 774-2685**
Phone & E-mail:	**(916) 724-5069 lvelarde@kidsfirstnow.org**
Submitted by:	**Parent Consumer/Former Consumer (Required if the parent is not a member of the CAPC)**
Name & title:	**Christi Meng, Program Director Mental Health America of Northern California**
Signature:	
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Phone & E-mail:	**(530) 886-5427 CMeng@Placer.ca.gov**

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

Submitted by:	**PSSF Collaborative Representative, if appropriate**
Name & title:	**Tom Lind, Program Manager**
Signature:	Thomas Lind
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Phone & E-mail:	**(530) 889-6752 tlind@placer.ca.gov**
Submitted by:	**CAPIT Liaison**
Name & title:	**Tom Lind, Program Manager**
Address:	**11716 Enterprise Drive, Auburn, CA 95603**
Fax:	**(530) 886-2895**
Phone & E-mail:	**(530) 889-6752 tlind@Placer.ca.gov**
Submitted by:	**CBCAP Liaison**
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Phone & E-mail:	**(530) 889-6752 tlind@Placer.ca.gov**
Submitted by:	**PSSF Liaison**
Name & title:	**Tom Lind, Program Manager**
Address:	**11716 Enterprise Drive, Auburn, CA 95603**
Fax:	**(530) 886-2895**
Phone & E-mail:	**(530) 889-6752 tlind@placer.ca.gov**
Board of Supervisors (BOS) Approval	
BOS Approval Date:	6/18/13
Name:	Jim Holmes
Signature:	Jim Holmes

Placer County System Improvement Plan
May 15, 2013 – May 15, 2018

Composition of OCAP Planning Team

(This workgroup is less broad as it represents the "core" group of a variety of representatives that will lead and co-lead on respective strategies and sub-strategies contained in the SIP.)

Table 1

Name	Agency	Representation
Tom Lind Eric Branson	Placer County Children's System of Care, Department of Health and Human Services	• CWS administrators, managers, and social workers (includes CAPIT/CBCAP /PSSF Liaisons) • County Board of Supervisors designated agency to administer CAPIT/ CBCAP/PSSF Programs • County mental health
David Coughran Aaron Johnson	Placer County Probation Department	Probation administrators, supervisors, and officers
Lisa Velarde Jessica Waterford	KidsFirst	Child Abuse Prevention Council/Children's Trust Fund Commission, Community Partner
Christi Meng Indira Infante	Mental Health America/CSOC Parent Advocates	Program Manager, Parents/consumers
Kathryn Hart	CASA	Court Appointed Special Advocates
Antoinette Briones	Sierra Forever Families	Supervisor and Provider – Adoptions
Margaret Ramey	CSOC	CWS Social Worker
Scott Myers	CSOC	CWS Supervisor
Laurie Burns	CSOC	Foster Care Licensing
Steve Martinson	CSOC	Supervisor, Program Evaluator, Data Expert
Joti Bolina Kelly Winston	CDSS	CDSS representative, technical assistance-System Improvement Plan
Lynn DeLapp	Consultant to CSOC	Davis Consultant Network
Lisa Grimaldi	CSOC	CWS Supervisor
Anno Nakai	Sierra Native Alliance	Native American Tribes
Shane Libby	Unity Care	Manager- Independent Living Skills provider
Theresa Sanchez Yvette Albright	CDSS	Office of Child Abuse Prevention

Other Core Representatives

- Resource Families and Caregivers – Foster Parent Liaison, also a former foster adoptive parent.
- Juvenile Court Bench Officer - Bench officers are members of SMART policy. Currently the bench is operating with 2.5 officers less than the recommended staffing levels.
- County Health Department – CSOC is co-located within the Health and Human Services Department.
- PSSF Collaborative – The PSSF Collaborative is represented by the Placer CSOC SMART Policy Board.
- Youth representative - Although a youth representative did not sit on the workgroup, they were represented by the supervisor of our Independent Living

Skills community provider. Youth input was gathered in a focus group conducted during the Peer Quality Case Review process.

Child Abuse Prevention Council

Placer County's Child Abuse Prevention Council was established as a non-profit 501(c) 3 in 1989. Then known as the "Child Abuse Council," the organization's mission was to prevent child abuse through education and advocacy. In 1999, the Council added "Prevention" to its name to emphasize its commitment to prevention and providing the support to families before harm is done. In 2009, the Council changed its name to **KidsFirst.** Its mission, to prevent child abuse, and its vision, that all children live in a safe, healthy and nurturing home, remain the same. The Tahoe Truckee Community Collaborative provides similar direction to Child Abuse Prevention Services in the Tahoe basin. The goals of the councils are to:

- Support and create coordinated, community-based prevention services
- Educate the community and raise awareness about child abuse and its prevention
- Assist with integration and development of collaborative relations among services providers

KidsFirst is governed by a volunteer board of directors comprised of parents, business and community leaders representing law enforcement, licensing agencies, coroner, courts, medical and mental health, public schools, civic organizations, and community volunteers. KidsFirst's Board convenes quarterly, but the agency also has established a number of committees to advance the organization's mission. Committees include:

- Board development committee
- Fund development committee
- Personnel committee
- Financial committee
- Executive committee

Accomplishments of the CAPC are reported to the County on a quarterly basis and published in its Annual Report.

There is a much smaller Child Abuse Prevention Council in the Tahoe Truckee area. This agency does not have any full-time employees, but is part of the Community Collaborative of the Truckee Tahoe area, and is supported by the executive director and financial staff of the collaborative. Founded in 1978 the Tahoe Truckee CAPC is the primary planning and coordination group for child abuse events in the area. They rely heavily on community volunteers and staff from other agencies for support, and meet on a monthly basis.

For Fiscal Year 2012-2013 the following OCAP funds were granted to support the CAPC's:

- CAPIT $84,964 Funds to KidsFirst
- CBCAP $22,000 Funds to KidsFirst
- CCTF $37,000 Funds to KidsFirst
  $14,266 Funds to Tahoe Truckee CAPC

It is proposed that the client spending ratios remain in effect for the subsequent 5-year period.

PSSF COLLABORATIVE

The Placer County Board of Supervisors oversees the use and allocation of PSSF monies through the Children's System of Care (CSOC) SMART Policy Board. The SMART Policy Board is a governing body within the Children's System of Care, which is a sub-agency within the local Welfare Department, known in Placer County as the Department of Health and Human Services. Children's Mental Health Services as well as Child Welfare Services comprise the Children's System of Care. The SMART Policy Board approves use of the funding for contracts and direct services applicable to the requirements of PSSF.

CCTF Board

The Children's Trust Fund in Placer County receives direction under the auspices of the county's SMART Policy Board as well. The Policy Board consists of the Chief Probation Officer, the Director of Health and Human Services, County Health Officer, the Associate Superintendent of Schools, and the Presiding Juvenile Court Judge, who serves as the Chair of S.M.A.R.T. The Policy Board is the advisory body for both ASOC and CSOC.

The SMART policy board has an advisory council (SPEAC) which meets monthly, and is comprised of the Juvenile Court Commissioner, the Director of Children's System of Care (Child Welfare Director), the County Office of Education Administrator of Prevention Services, County Office of Education Administrator of Alternative Education, the Deputy Chief Probation Officer and the Parent Program Director, who represents family and public voice to the SMART Policy Board. CCTF information is available to the public within the county's published budget documents, each year. Also available to the public is the Board of Supervisor's agenda and minutes. The Board reviews the CSA, SIP and OCAP plans; comments and decisions are available to the public, as well as county budget information.

Parents/ Consumers

KidsFirst is a partner in Placer County's Campaign for Community Wellness Initiative to transform services in the County by bringing families and youth into positions of partnership, authority, influence, and leadership at every level of the system of care. As such, KidsFirst's strategies to enhance parent participation and leadership are:

Client recruitment & outreach: recruitment is fundamental to establishing and maintaining successful programs. KidsFirst's principles of recruitment include maintaining high program standards (to be confident participants are recruited to a program that works), organizing before recruiting, and understanding that the best recruitment is word-of-mouth, with satisfied parents providing the best marketing in the community.

Staff time will be dedicated to raise awareness about the availability of the services and enroll participants. **Outreach/education activities** will include the following: dissemination of information in multiple language at school and community events; through public and private partnerships; to parent-teacher groups and service clubs; with information tables at small, medium, and large events; media; social media; newsletter articles; print or other promotional materials; and using informal opportunities to establish relationships, build trust, raise awareness, and promote parent involvement. KidsFirst's relationships in Placer County's Campaign for Community Wellness, Placer Collaborative Network, hospital systems, Placer Consortium on Homelessness, and Latino Leadership Council are all opportunities to recruit participants.

KidsFirst invests substantial resources in reaching underserved populations and disseminates information through outreach activities year-round using a culturally and linguistically skilled approach. Monthly outreach touches a wide array of agencies, churches, service groups, schools, businesses, and community events. KidsFirst's bilingual/bicultural staff collaborates with numerous public and private providers to identify underserved populations, including Latinos, Native Americans, and the disabled. Ongoing assessment of promotion/recruitment activities will ensure that efforts are effective and successful.

Staff Training: KidsFirst has identified ongoing training for KidsFirst staff and service providers as a quality assurance and parent engagement measure. An important element of training is the coaching and technical assistance that supports implementation of the concepts taught to families. Frequent training, coaching, reflective supervision, and technical assistance linked to operations and services builds staff and community capacity, and creates a learning environment that is translated into positive outcomes for families. Outreach, engagement, and client data are routinely analyzed to ensure participation goals are attained. Staff participates in training to learn techniques for engaging clients who are reticent, unwilling or lack trust in outside support.

Parent Training: To develop parent leaders, KidsFirst provides Parent Leadership Academy, *Strong Parents, Strong Communities*, an 8-12 week training for parents who want to become more involved in school and community issues. Registration is free and

open to all parents. Parents who are identified through other program participation are encouraged to enroll. Two programs are offered per year, in either English or Spanish, depending on community need. The program uses curriculum from the National Parent School Partnership, a national program designed to train parents and community members to actively participate in children's education. Topics, which are presented by guest speakers, include the following: principles of leadership; advocacy; systems navigation; conflict resolution; school involvement; legal rights and responsibilities; structure and function of school; the road to college; banking & finance; and health and wellness. Parent Leadership Academy participants also learn to engage in many school and community activities (e.g. school events, school board, service projects).

PSSF dollars are used to provide a foster/adoptive parent liaison that functions as a support for foster and adoptive parents. In this role, the liaison facilitates a twice monthly support group which allows the group to learn about the system, as well as develop avenues to advocate for their needs as a group. The liaison is a current or former foster/adoptive parent.

Fiscal Narrative

There is one county manager assigned to be Placer's PSSF/CAPIT/CBCAP/CTF liaison. The manager, in partnership with county community partners, develops the plan to fund services. In the development of the plan, all agencies are instructed that activities funded by OCAP and CTF dollars are to supplement, not supplant other State and local public funds and services. Activities that appear to supplant other such funded services are not approved. Any agency receiving funds is required to provide a quarterly report as to the progress of the activities. The manager receives and reviews these reports, and ensures the agencies are following the plan and utilizing the funds as required. This same manager also receives and reviews all fiscal invoices. The invoices are then processed by the Health and Human Services Centralized Accounts Payable and Payroll unit, and then reviewed and approved again by the CSOC Fiscal Manager. The final approval and warrant is prepared by the Auditor's office. Once payment is made, the costs are claimed by the accountant who prepares the County Expense Claim.

KidsFirst serves as Placer's primary provider for public education and awareness in regards to issues of child abuse and neglect. KidsFirst ensures network and collaborative efforts to bring these issues to the attention of the community and provide the community with applicable and supportive resources. KidsFirst provides parenting education and classes, as well as outreach to families and the community through its Family Resource Centers (FRC's). The FRC's are stationed in strategic locations throughout the county in areas of lower socioeconomic status and higher rates of child abuse and neglect, and ALL services are bi-lingual.

KidsFirst, the major community recipient of OCAP dollars, has a history of leveraging funding to expand its community-based, prevention-focused programs. KidsFirst has well-established community partnerships and will build upon these relationships to meet

the proposed outcomes. KidsFirst is part of Placer's integrated, service delivery system supported through joint servicing, planning, and leveraged funding. This multi-level approach creates a fiscally coordinated infrastructure that integrates services in seamless ways and engages parents and community members alike, leading to a greater transfer of knowledge and sustained results for children.

KidsFirst's successful 20+ year history is a direct result of its integrated approach to sustainability. KidsFirst's funding base includes a combination of private and public funds that support its activities; funding sources include First 5 Placer, California Emergency Management Agency (Cal EMA), Mental Health Services Act, Kaiser Permanente, Sutter Auburn Faith Hospital and Sutter Roseville Medical Center. KidsFirst's sustainability planning includes the following: evaluating outcomes and demonstrating effectiveness; strategic financing that uses current funds efficiently and secures new funding sources; communicating and collaborating with stakeholders; monitoring trends and changes; and strengthening internal systems to ensure efficiency and accountability.

As to the utilization of the PSSF funds, the total sum is divided almost equally between all four service categories.

Local Agencies

The agencies who receive PSSF/CAPIT/CBCAP/CTF funds have shown themselves to be situated in the different areas of the Placer County community, and possess a track record of services devoted to the well-being of children and families. All of the agencies have the means to transmit data electronically, and none of them were noted on the federal web site listing agencies that had been suspended or debarred from participation in an effected program.

Two of the agencies receiving funds are established Child Abuse Prevention Councils; KidsFirst and the Tahoe Truckee Community Collaborative. As to PSSF dollars, some of these are used internally for staff time dedicated to Placer County's adoption collaborative, Placer Kids. Other PSSF dollars are spent on substance abuse services; all of those providers responded to an RFP and were chosen by committee. As to the remaining PSSF dollars, they are used to fund in part a foster parent liaison position. Placer County was able to sole source due to the nature of the Placer Kids collaborative.

KidsFirst has over 20 years of strong community support. The proposed services are supported by the county welfare department, Placer County Children's System of Care, law enforcement (Placer County Sheriff's Office), Placer County District Attorney, Placer County Board of Supervisors, Placer County Department of Health and Human Services, and Placer County Office of Education. Broad-based community support is also evidenced by the number of financial, in-kind and volunteer supporters. In spite of this challenging economy, supporters continue to give their time and resources to KidsFirst. KidsFirst strategically coordinates its services to ensure efficient use of resources and non-duplication of services. KidsFirst serves as Placer's primary provider for public

education and awareness in regards to issues of child abuse and neglect. KidsFirst ensures network and collaboration efforts to bring these issues to the attention of the community and provide the community with applicable and supportive services. KidsFirst provides parenting education and classes, as well as outreach to families and the community through its Family Resource Centers (FRCs). The FRCs are stationed in strategic locations throughout the community in areas of lower socioeconomic status and high rates of child abuse and neglect, and all services are bilingual. For this reason, CBCAP funds will be continued to be used to support public awareness, public education and outreach.

Training and technical assistance is provided by Placer County to KidsFirst. KidsFirst provides like kind assistance and training to other non-profits. The organizations, in turn, provide that Technical assistance to other non-profits. Topics include but are not limited to: principles of family support; field safety; HIPAA compliance; engagement; case management; principles of lasting adoption issues; and other professional development topics.

The third agency receiving funds is Sierra Forever Families, formerly Sierra Adoption Services. CSOC and Sierra have partnered in Placer County since 1998. The partnership, known as Placer Kids, allows both agencies to combine resources to recruit, license, train and home study families for both foster and adoptive placements. PSSF funds have historically been used in this collaborative to fund a foster/adoptive parent liaison; that individual has been a Placer County Employee and the funds have been used internally. However, recent County policy changes have necessitated that this individual now be a Sierra employee. It was decided that, given the long and established partnership and the role of the liaison, the contract would be sole sourced, rather than opened to a competitive process. Sierra Forever Families was established almost thirty years ago, by adoptive parents to assist in the adoption and placement of dependent children who are considered more difficult to place. An emphasis is placed on the recruitment of families to provide care for the diverse need; both cultural and linguistic, of the children needing homes. Additionally, a component of training for all families focuses on the need to care for children reflecting a range of diverse backgrounds.

Tahoe Truckee Child Abuse Prevention Council (TTCAPC) receives Children's Trust fund dollars. TTCAPC is part of the greater Community Collaborative of Tahoe Truckee and is a partnership of non-profit and public organizations working together to address fundamental needs of families in the Tahoe Truckee Region. Collectively, they identify emerging community issues and develop strategies with our combined vision and resources. They are comprised of over 35 health, social service, education and community-based organizations who meet monthly to collaborate, network, share and learn, TTCAPC's services focus on education, training, and linkages.

KidsFirst serves as Placer’s primary provider for public education and awareness in regards to issues of child abuse and neglect. KidsFirst ensures network and collaborative efforts to bring these issues to the attention of the community and provide the community with applicable and supportive resources. KidsFirst provides parenting education and

classes, as well as outreach to families and the community through its Family Resource Centers (FRC's). The FRC's are stationed in strategic locations throughout the county in areas of lower socioeconomic status and higher rates of child abuse and neglect, and ALL services are bi-lingual.

KidsFirst is the sole recipient of CAPIT and CBCAP dollars. KidsFirst's Community Engagement Specialist, who is based at CSOC, refers families at high risk to CAPIT funded programs. Priority is given to these families. Outreach to legal, medical and social service agencies will promote referrals which will also be given priority. KidsFirst has secured over $400K cash from other sources to implement the proposed activities, well-exceeding the required 10% match.

CBCAP and CAPIT Outcomes

The project's evaluation team is comprised of KidsFirst's CEO, COO, Program Manager and Program Assistant. The Program Assistant compiles and analyzes outcome data on a quarterly basis. Any areas of concern (e.g. below goal) are addressed on an ongoing basis. Progress is reported quarterly to the County Liaison. The project's strong evaluation component assists with quality assurance and adherence with project timelines and benchmarks to assure that objectives are achieved on time and within budget. The strong and positive relationship between KidsFirst and Placer County provides the foundation necessary for a successful project.

The following are outcomes for KidsFirst funded programs::

Engagement Outcomes: (CBCAP specific outcomes)

- Information is disseminated countywide to raise awareness of availability of services and how to access services.
  Indicator: #of media/social media contacts (e.g. website visits, social media contacts, media impressions, print, news, radio); newsletter distribution; estimated number of individuals contacted via events and speaking engagements.

Outreach data, client activities, participation levels, demographics, and other relevant data will be analyzed on a quarterly basis in order to evaluate effectiveness of outreach. The collection of quantitative (service and outreach data) and qualitative data (service descriptions and individual client and staff feedback) will yield rich and relevant data to inform outcome findings and ongoing program improvement.

Short-Term Outcomes:

- Participants know what to do when their emotions interfere with their ability to parent well.
- Participants know how to access formal support systems in their communities.

Indicators:

- Percentage of participants who demonstrate knowledge of healthy methods to reduce stress.

- Percentage of participants who increase knowledge of the array of services available to them in the community.
- Percentage of participants who increase knowledge of how to access needed services available to them in the community.

The following assessments will be used to measure achievement of these outcomes:

Satisfaction Survey: KidsFirst has developed a client satisfaction survey inquiring about increased awareness of resources and the quality and usefulness of services. The survey is administered to participants at program exit.

Regular feedback from the program participants and staff also ensures that services are implemented with sensitivity and relevance.

Intermediate Outcomes:

- Participants create a violence-free household.
  Indicators: Participants use nonviolent means of child discipline.

The following assessments will be used to measure achievement of this outcome:

Eyberg Child Behavior Inventory (ECBI) is a parenting rating scale designed to assess child behavior problems. The ECBI is particularly helpful in identifying the type of behavior problems and the degree to which parents find them problematic. For participants referred to and enrolled in KidsFirst therapeutic services, this 36-item assessment will be administered at program entry and exit.

Long Term Outcomes:

- Decrease the rate of first-time victims of child maltreatment.
- Participants maintain a violence-free household.
  Indicators: Clients served stay out of the child welfare system.

Child welfare services will conduct an analysis of the families referred to determine the percentage of children who did have a subsequent substantiated report of abuse or neglect following completion of services.

CBCAP Peer Review:

KidsFirst will continue its participation in the Sierra-Sacramento Coalition of Child Abuse Prevention Councils, which is comprised of 14 Child Abuse Prevention Councils (CAPCs) in northern and central California. The essence of the Sierra-Sacramento Regional Coalition is its collaborative nature and its ability to encourage and support one another to improve practice. The Coalition provides a forum for CBCAP peer review and assists participants to collaborate among themselves and with other key local partners (including parents, community-based organizations, and county provider) as a local, regional and statewide network. This occurs within the framework of the Coalition's meetings, special events, training workshops and conferences, and on-site, local technical

assistance – with the guidance of and technical assistance from the Coalition Coordinator, peers, and other experts in the field.

Service Array

There continues to be one manager assigned to plan, approve and monitor all OCAP funded activities. This manager has other responsibilities within CSOC, to include all CWS system improvement activities, as well as specific programs to manage. These functions allow for the OCAP funded activities to be coordinated with other prevention and support activities, as well as assure that funded programs are clearly related to meeting the needs of children, specifically those children 14 years of age and younger. This minimizes any overlap in service array, while at the same time maximizes the use of the funds as the manager can clearly identify unmet needs. Additionally, all of the agencies receiving OCAP funds through Placer County are part of a larger community collaborative which is focused on joint planning and a greater pooling of like resources.

KidsFirst's relationships in Placer County's expansive community based collaboratives are all opportunities to recruit participants. The proposed services are supported by the Children's System of Care, Placer County Children's System of Care, law enforcement (Placer County Sheriff's Office), District Attorney, Board of Supervisors, Department of Health and Human Services, and County Office of Education.
Sierra Forever Families is an established foster-adoptive agency providing services in twelve contiguous counties in Northern California. Additionally, they provide extensive therapeutic pre- and post-adoption services in Sacramento, Placer and Nevada Counties. In Placer County they are not only a part of the Placer Kids collaborative, but they participate in the system improvement plan workgroup, the monthly collaborative foster/adoption team meeting, and the bi-monthly recruitment and support meeting.
Tahoe Truckee Child Abuse Prevention Council (TTCAPC) receives Children's Trust fund dollars. TTCAPC is part of the greater Community Collaborative of Tahoe Truckee and is a partnership of non-profit and public organizations working together to address fundamental needs of families in the Tahoe Truckee Region. Collectively, they identify emerging community issues and develop strategies with our combined vision and resources. They are comprised of over 35 health, social service, education and community-based organizations who meet monthly to collaborate, network, share and learn. TTCAPC's services focus on education, training, and linkages.

Planned Programs

CAPIT and CBCAP Outcomes

Child & Family Therapy & Parent Child Interaction Therapy (PCIT)
PCIT is an evidence-based, empirically supported program for child disruptive behavior and is recommended for physically abusive parents. Participating parents will strengthen the parent-child bond, decrease harsh and ineffective discipline control tactics, improve child social skills and cooperation, and reduce child negative or maladaptive behaviors. The program is available in Spanish and English.

The target population for child & family therapy is parents, kin caregivers, foster parents, or other caretakers with children ages 0-18 with behavior and parent-child relationship problems; vulnerable families with children at-risk of abuse or neglect; families with special needs children. The target population for PCIT is children ages 2-7. Using the PCIT model, KidsFirst's PCIT-trained therapists coach parents during one-hour sessions where parents interact with their child. The average number of sessions is 14, but varies from 10 to 20 sessions. Treatment will continue until the parent masters the interaction skills to pre-set criteria and the child's behavior has improved to within normal limits. PCIT is highly rated on the Scientific Rating Scale (1) and is well-supported with research evidence. PCIT will be offered at two family resource centers (Auburn & Roseville) operated by KidsFirst. Outcomes that will be measured are discussed under CBCAP and CAPIT Outcome section in this report.

Parent Leadership Academy/Parent Education

The Parent Leadership Academy develops parents' leadership skills. The target population for this program is parents with children 0-18; vulnerable families with children at-risk of abuse or neglect; families with special needs children. 35% will be minority populations. KidsFirst will offer its Parent Leadership Academy, *Strong Parents, and Strong Communities,* 8-12 week training for parents who want to become more involved in school and community issues. Registration is free and open to all parents; up to 15 parents may participate per program. Two programs are offered per year with one held at each of the two family resource centers (Auburn & Roseville) operated by KidsFirst. Parents are identified during their participation in other KidsFirst programs and are encouraged to enroll. The programs are offered in English and Spanish, depending on community need. The program uses curriculum from the National Parent School Partnership, a national program designed to train parents and community members to actively participate in children's education. Topics, which are presented by guest speakers, include the following: principles of leadership; advocacy; systems navigation; conflict resolution; school involvement; legal rights and responsibilities; structure and function of school; the road to college; banking & finance; and health and wellness. Parent Leadership Academy participants also learn to engage in many school and community activities (e.g. school events, school board, service projects). Outcomes that will be measured are discussed under CBCAP and CAPIT Outcome section in this report.

CBCAP

Family Resource Center Information/Referral KidsFirst Family Resource Center information and referral services will link children and families to community resources. The target population is the general public; vulnerable families with children (age 0-18) at-risk of abuse or neglect; families with special needs children. 35% will be minority populations. KidsFirst will complete comprehensive needs assessments with families to determine the appropriate referrals to provide. Referrals are tracked in referral logs and also in a web-based case management system. KidsFirst provides brief information and

referrals by phone or in-person at KidsFirst family resource centers. Frequent training keeps staff informed of the services available in the community. Outcomes that will be measured are discussed under CBCAP and CAPIT Outcome section in this report.

Public Education and Awareness

KidsFirst will conduct public education to raise awareness of the availability of services and how to access those services. The target population is the general public; vulnerable families with children (age 0-18) at-risk of abuse or neglect; families with special needs children. 35% will be minority populations. Outreach/education activities will include the following: dissemination of information in multiple language at school and community events; through public and private partnerships; to parent-teacher groups and service clubs; with information tables at small, medium, and large events; media; social media; newsletter articles; print or other promotional materials; and using informal opportunities to establish relationships, build trust, raise awareness, and promote parent involvement. Outcomes that will be measured are discussed under CBCAP and CAPIT Outcome section in this report.

PSSF

Family Preservation/Substance Abuse Treatment Services

Placer County, like many agencies in the nation, has witnessed a rise in the number of children impacted by the substance abuse of their caregivers. In response, PSSF dollars are used to provide substance abuse treatment services to parents when other funding sources are not available. A variety of treatment providers are available to caregivers, depending on the level of care needed, as well as the geographical area of the county. Treatment modalities provided may include: detoxification, in-patient, transitional living, out-patient and perinatal services. These facilities are contracted by Placer and located in a variety of areas in and out of the county and some feature bi-cultural services. Program/treatment effectiveness will based on the child remaining with the parent with substance abuse issues successfully mitigated.

Family Reunification/Substance Abuse Treatment Services

Placer County, like many agencies in the nation, has witnessed a rise in the number of children impacted by the substance abuse of their caregivers. In response, PSSF dollars are used to provide substance abuse treatment services to parents when other funding sources are not available. A variety of treatment providers are available to caregivers, depending on the level of care needed, as well as the geographical area of the county. Treatment modalities provided may include: detoxification, in-patient, transitional living, out-patient and perinatal services. These facilities are contracted by Placer and located in a variety of areas in and out of the county and some feature bi-cultural services. Program/treatment service effectiveness will be based on family reunification with 12 months of the parent entering treatment. Long term measurement will be based on no recurrence of maltreatment.

Placer Kids/Adoption Promotion and Support- Foster Parent Recruitment and Home Studies- Sierra Forever Families

Approximately fifteen years ago CSOC entered into a partnership with a local, non-profit adoption agency, Sierra Adoption Services, now named Sierra Forever Families, and formed a collaborative known as Placer Kids Foster Adoptive Collaborative. CSOC and Sierra join their resources to provide seamless services to include recruitment, training, support and expedited services in the form of collaborative home studies. As a result, there are more families available when a child needs a placement, and more resources available to bring to the children and families when placement challenges arise. PSSF dollars are used to further these goals. Placer Kids Collaborative works specifically with Placer County foster and NREFM families to facilitate the adoptive home study process and provide additional support for the families.

Program effectiveness will be determined by ten families licensed in twelve months for foster care, within the state fiscal year.

Family Support Liaison (Foster- Adoptive Parent Support Group)

Family Support dollars will continue to be used to fund a foster/adoptive family Parent Liaison This liaison will facilitate a bi-weekly support group for foster/adoptive families including relatives and NREFMS; facilitate the foster parent training; and provide support to prospective foster/adoptive parents as they contemplate their decision to become foster/adoptive parents. Develop a peer-to-peer mentoring program for Resource Parents to retain quality families and increase placement stability of youth The purpose of the liaison is to provide support to placement families to ensure placement stability for dependent children. The liaison will also work with social work staff as issues with placements related to the family arise, with the goal of working through any issues that are related to a lack of understanding by any party involved with the placement. The liaison will also provide a supportive role in foster/adoptive appreciation events such as the foster/adoption picnic held during National Foster Parent Appreciation Month; as well as Placer's adoption day event, held on National Adoption Day. The liaison will also assist in recruitment activities and will assist in representing the Placer Kids collaborative in the community. Every month the Foster Parent Liaison submits a report reporting out attendance at groups, whether the family is a prospective or existing foster family, also including age, gender, and ethnic breakdown. Also included is running attendance of individuals and families in PRIDE training, and more specific foster parent trainings such as “Love & Logic” and “Shelter Training”. This assists in determining possible efforts at outreach to specific groups, locations of community functions, and focus/interest on specific training needs.

Program effectiveness will be determined by surveys administered to support group members and member referrals within a period of one year, from social workers for relatives and NREFMs.

County Children's Trust Fund

KidsFirst operates a Child Abuse Prevention Council: Encourage and facilitate training of professionals in the detection and prevention of child abuse and neglect. Conduct public

education and outreach to raise community awareness of child abuse, its prevention, services available, and how to access services. Encourage and facilitate community support for child abuse and neglect prevention through participation in community outreach. Promote collaborative efforts to prevent and intervene effectively in areas related to child abuse and neglect. Recommend improvements in services for families and victims of child abuse.

Tahoe Truckee Child Abuse Prevention Council

Provide bi-annual public forum with community partners and parents to assess, improve and share collaborative efforts in child abuse prevention. Linkage is provided to other local and regional family support groups and CAPCs through shared minutes, e-mail, list serves, and meeting participation to increase communication and awareness of Tahoe-Truckee child abuse issues. Provide professional development trainings and workshops to service providers, parents, and community partners to increase knowledge and leadership skills. Provide multiple, regional family events to increase knowledge of local events and provide parent education. Develop a Parent Advisory Council to provide a parent's voice at Council meetings.

Placer County System Improvement Plan
May 15, 2013 – May 15, 2018

CAPC ROSTER

Lisa Velarde, Chief Executive Officer

Dennis Vicars, Chief Operating Officer

Dina Navarra, Development Manager

Kristina Bynum, Sr. Case Manager

Diana Martin, Executive Assistant

Kelley Martinez, Human Resources Manager

Terrah Tillman, Clinical Program Manager Child & Family Wellness Program

Viviana Nevarez, Case Manager

William Burns Sr., Program Specialist Education & Outreach

Blanca Barajas, Program Assistant

Joie Halladay, Trainee

Ashley McCoy, Trainee

Arianna Gonzalez, Therapy Intern

Debbie Ortiz, Therapy Intern

Liz Ruiz, Therapy Intern

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Barbara Karlsson, Program Assistant Children's Enrichment

Marina Castro, Program Supervisor Family Education Program

Jessica Waterford, Program Manager Family Resource Centers

Barbara Meade, Financial Services Manager

Alina Arutyunyan, Grant Writer

Darlene Hennings, Community Liaison

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

(1) COUNTY: Placer **(2) PERIOD OF PLAN:** 7/1/13 **thru** 6/30/18 **(3) YEAR:** 1-5

(4) FUNDING ESTIMATES — **CAPIT:** 84,964 **CBCAP:** 22,000 **PSSF:** 188,337 **OTHER:**

Line No.	Title of Program / Practice	SIP Strategy No., if applicable	Name of Service Provider, if available	CAPIT	CBCAP				PSSF					OTHER SOURCES	NAME OF OTHER	TOTAL
										From Column H						
				Dollar amount that will be spent on CAPIT Direct Services	Dollar amount that will be spent on CBCAP Direct Services	Dollar amount that will be spent on CBCAP Infra Structure	Dollar amount that will be spent on Public Awareness, Brief Information or Referral Activities	Dollar amount of CBCAP allocation to be spent on all CBCAP activities — sum of columns F1, F2, F3	Dollar amount of PSSF allocation that will be spent on PSSF activities — sum of columns G2, G3, G4, G5	Dollar amount of Column G1 that will be spent on Family Preservation	Dollar amount of Column G1 that will be spent on Family Support	Dollar amount of Column G1 that will be spent on Time-Limited Reunification	Dollar amount of Column G1 that will be spent on Adoption Promotion & Support	Dollar amount that comes from other sources	List the name(s) of the other funding source(s)	Total dollar amount to be spent on this Program / Practice — sum of columns E, F4, G1, H1
A	B	C	D	E	F1	F2	F3	F4	G1	G2	G3	G4	G5	H1	H2	I
1	Child & Family Therapy, & Parent Child Interaction Therapy		KidsFirst	61,351				$0	$0					25,000	CalEMA	$86,351
2	Parent Leadership Academy /Parent Education		KidsFirst	15,542				$0	$0					15,542	Placer Community Foundation / Kaiser Permanente	$31,084
3	Family Resource Center Information / Referral		KidsFirst			1,600	7,420	$9,020	$0					3,000	Roseville Citizens' Benefit Fund	$12,020
4	Public Education and Awareness		KidsFirst			3,435	7,455	$10,890	$0					37,000	County Children's Trust Fund	$47,890
5	Administrative support		KidsFirst	8,071	2,090			$2,090	$0							$10,161
6	Family Preservation/Substance Abuse Treatment Services		New Leaf Counseling, Progress House, Sierra Council on Alcohol and Drug Dependency					$0	$47,779	47,779					CDSS. Federal, MHSA	$47,779
7	Family Reunification/ Substance Abuse Treatment Services		New Leaf Counseling, Progress House, Sierra Council on Alcohol and Drug Dependency Community Recovery Resources, Sierra Mental Wellness Group, Recovery Now, and Center Point					$0	$47,779			47,779			CDSS. Federal, MHSA	$47,779
8	Placer Kids /Adoption Promotion and Support-Foster Parent Recruitment and Home Studies		CSOC, Sierre Forever Families, Placer Kids Foster/Adoptive Collaborative					$0	$45,000				45,000	5,000	Sierra Forever Families, CDSS	$50,000
9	Family Support Liaison (Foster-Adoptive Parent Support Group)		Sierra Forever Families					$0	$47,779		47,779				Sierra Forever Families, CDSS	$47,779
10								$0	$0							$0
11								$0	$0							$0
12								$0	$0							$0
13								$0	$0							$0
14								$0	$0							$0
15								$0	$0							$0
16								$0	$0							$0
17								$0	$0							$0

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

Line No.	Title of Program / Practice	SIP Strategy No., if applicable	Name of Service Provider, if available	CAPIT	CBCAP				PSSF					OTHER SOURCES	NAME OF OTHER	TOTAL
										From Column H						
				Dollar amount that will be spent on CAPIT Direct Services	Dollar amount that will be spent on CBCAP Direct Services	Dollar amount that will be spent on CBCAP Infra Structure	Dollar amount that will be spent on Public Awareness, Brief Information or Referral Activities	Dollar amount of CBCAP allocation to be spent on all CBCAP activities — sum of columns F1, F2, F3	Dollar amount of PSSF allocation that will be spent on PSSF activities — sum of columns G2, G3, G4, G5	Dollar amount of Column G1 that will be spent on Family Preservation	Dollar amount of Column G1 that will be spent on Family Support	Dollar amount of Column G1 that will be spent on Time-Limited Reunification	Dollar amount of Column G1 that will be spent on Adoption Promotion & Support	Dollar amount that comes from other sources	List the name(s) of the other funding source(s)	Total dollar amount to be spent on this Program / Practice — sum of columns E, F4, G1, H1
A	B	C	D	E	F1	F2	F3	F4	G1	G2	G3	G4	G5	H1	H2	I
20								$0	$0							$0
21								$0	$0							$0
22								$0	$0							$0
23								$0	$0							$0
24								$0	$0							$0
25								$0	$0							$0
Totals				84,964	2,090	5,035	14,875	$22,000	$188,337	47,779	47,779	47,779	45,000	85,542		$380,843

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

(1) COUNTY: Placer **(2) YEAR:** 1-5

Line No.	Title of Program/Practice	Unmet Need	CAPIT Direct Service Activity														Other Direct Service Activity (Provide Title)	Goal
			Family Counseling	Parent Education & Support	Home Visiting	Psychiatric Evaluation	Respite Care	Day Care/ Child Care	Transportation	MDT Services	Teaching & Demonstrating Homemakers	Family Workers	Temporary In Home Caretakers	Health Services	Special Law Enforcement	Other Direct Service		
A	B	C	D1	D2	D3	D4	D5	D6	D7	D8	D9	D10	D11	D12	D13	D14	E	F
1	Child & Family Therapy, & Parent Child Interaction Therapy	Intensive Parent/Child parent education CSA pg. 72, 79		X														Identified Families Access Services and Supports
2	Parent Leadership Academy/Parent Education	Parents need confidence and competence to mitigate safety and risk factors for abuse. CSA pg. 72		X														Families Are Strong and Connected

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

(1) COUNTY: Placer **(2) YEAR:** 1-5

Line No.	Title of Program/Practice	Unmet Need	Public Awareness, Brief Information or Information Referral	CBCAP Direct Service Activity							Other Direct Service Activity (Provide Title)	Logic Model Exists	Logic Model Will be Developed	EBP / EIP (Identify Level)					County has documentation on file to support Level selected	Goal
				Voluntary Home Visiting	Parenting Program (Classes)	Parent Mutual Support	Respite Care	Family Resource Center	Family Support Program	Other Direct Service				Program Lacking support	Emerging & Evidence Informed Programs & Practices	Promising Programs & Practices	Supported	Well Supported		
A	**B**	**C**	**D**	**E1**	**E2**	**E3**	**E4**	**E5**	**E6**	**E7**	**F**	**G1**	**G2**	**H1**	**H2**	**H3**	**H4**	**H5**	**I**	**J**
3	Family Resource Center Information / Referral	Families need to be linked to resources to limit risk and safety factors related to child maltreatment. CSA pg. 61, 67, 70, 74	X										X	X						Identified Families Access Services and Supports
4	Public Education and Awareness	Families need education of child abuse risk factors and available services to mitigate said factors. SIP pg. 60	X										X	X						Communities Are Caring And Responsive

Five-year CAPIT/CBCAP/PSSF Services and Expenditure Summary
PSSF Program, Activities and Goals
Worksheet 4

(1) COUNTY: Placer **(2) YEAR:** 1-5

Line No.	Title of Program/Practice	Unmet Need	PSSF Family Preservation							PSSF Family Support Services (Community Based)								Time Limited Family Reunification Services							Adoption Promotion and Support Services					Other Direct Service Activity (Provide Title)	Goals
			Preplacement Preventive Services	Services Designed for Child's Return to their Home	After Care	Respite Care	Parenting Education & Support	Case Management Services	Other Direct Service	Home Visitation	Drop-in Center	Parent Education	Respite Care	Early Development Screening	Transportation	Information & Referral	Other Direct Service	Counseling	Substance Abuse Treatment Services	Mental Health Services	Domestic Violence	Temporary Child Care/ Crisis Nurseries	Transportation to / from Services / Activities	Other Direct Service	Pre-Adoptive Services	Post-Adoptive Services	Activities to Expedite Adoption Process	Activities to Support Adoption Process	Other Direct Service		
A	**B**	**C**	**D1**	**D2**	**D3**	**D4**	**D5**	**D6**	**D7**	**E1**	**E2**	**E3**	**E4**	**E5**	**E6**	**E7**	**E8**	**F1**	**F2**	**F3**	**F4**	**F5**	**F6**	**F7**	**G1**	**G2**	**G3**	**G4**	**G5**	**H**	**I**
6	Family Preservation/Substance Abuse Treatment Services	Resource and adoptive parents need support and education in order for placements to be appropriate and stable. CSA pg. 53, 56, 60, 67, 69, 76							X																					Substance Abuse Treatment	Families remain intact while receiving Substance abuse services
7	Family Reunification/Substance Abuse Treatment Services	Parents need effective treatment for substance abuse issues. CSA pg. 53, 56, 60, 67, 69, 76																	X												Children reunify quicker with parents while parents receive substance abuse services
8	Placer Kids/Adoption Promotion and Support-Foster Parent Recruitment and Home Studies	Foster and adoptive services should be coordinated and continuous to support and educate placement providers. CSA pg. 56																							X	X	X	X	X		Placement stability: adequate foster homes: supported foster homes
9	Family Support Liaison (Foster-Adoptive Parent Support Group)	Foster, adoptive, relatives and NFREMs need support and education to ensure placement stability. CSA g. 79, 88										X					X													Support group, community events, Liaison and system education	Families Are Strong and Connected

Five-year CAPIT/CBCAP/PSSF Services and Expenditure Summary
PSSF Program, Activities and Goals
Worksheet 4

Line No.	Title of Program/Practice	Unmet Need	PSSF Family Preservation							PSSF Family Support Services (Community Based)								Time Limited Family Reunification Services							Adoption Promotion and Support Services					Other Direct Service Activity (Provide Title)	Goals
			Preplacement Preventive Services	Services Designed for Child's Return to their Home	After Care	Respite Care	Parenting Education & Support	Case Management Services	Other Direct Service	Home Visitation	Drop-in Center	Parent Education	Respite Care	Early Development Screening	Transportation	Information & Referral	Other Direct Service	Counseling	Substance Abuse Treatment Services	Mental Health Services	Domestic Violence	Temporary Child Care/ Crisis Nurseries	Transportation to / from Services / Activities	Other Direct Service	Pre-Adoptive Services	Post-Adoptive Services	Activities to Expedite Adoption Process	Activities to Support Adoption Process	Other Direct Service		
A	**B**	**C**	**D1**	**D2**	**D3**	**D4**	**D5**	**D6**	**D7**	**E1**	**E2**	**E3**	**E4**	**E5**	**E6**	**E7**	**E8**	**F1**	**F2**	**F3**	**F4**	**F5**	**F6**	**F7**	**G1**	**G2**	**G3**	**G4**	**G5**	**H**	**I**

Placer County System Improvement Plan
May 15, 2013 – May 15, 2018

OCAP Appendix B: Program Assessment Ratings

Placer – CBCAP Program Assessment Ratings

CBCAP Program	Checklist Completed?	Level of EIB/EIP	Funding Amount	Logic Model?
Public Education & Awareness	Yes	Level 0	$10,890	No
Family Resource Center Information & Referral	Yes	Level 0	$ 9,020	No
Administrative Support	No	N/A	$ 2,090	N/A
TOTAL			$22,000	

Placer County System Improvement Plan
May 15, 2013 – May 15, 2018

OCAP Appendix C: Board of Supervisors Five Year Plan

Before the Board of Supervisors
County of Placer, State of California

In the matter of:

Resolution No: 2005-240

CAPIT/CBCAP/PSSF Three-Year Plan/Application
July1, 2005 through June 30, 2008

Ord. No.: _____

First Reading: _____

The following Resolution was duly passed by the Board of Supervisors of the County of Placer at a regular meeting held *September 27, 2005*, by the following vote on roll call:

Ayes: SANTUCCI, HOLMES, KRANZ

Noes: NONE

Absent: WEYGANDT, GAINES

Signed and approved by me after its passage.

Attest: Ann Holman
Clerk of said Board

Chairman, Board of Supervisors

WHEREAS, Placer County has had a long standing working relationship to coordinate community wide efforts to prevent and respond to problems of child abuse and neglect by supporting the operation of a Child Abuse Prevention Council and find it in the best interest of the public to: develop a network of information and referral for child abuse needs; increase the availability and coordination of child abuse treatment intervention and prevention services; and support the establishment of Family Resource Center services for at-risk children/families; and,

WHEREAS, the Child Abuse Prevention Council of Placer County was established in 1988 and has continued to play a major role in the prevention, intervention and treatment of child abuse in Placer County,

WHEREAS, Placer County has an existing Children's Trust Fund to provide revenues for child abuse, treatment, intervention and prevention; and,

WHEREAS, it is Placer County's intent to apply for funding through the Department of Social Services' Child Abuse Prevention, Intervention and Treatment (CAPIT), Community Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) programs to continue support of the County's child abuse prevention and intervention efforts.

NOW THEREFORE, BE IT RESOLVED that the Board of Supervisors of the County of Placer, State of California hereby:

- Approves Placer County Health and Human Services CAPIT/CBCAP/PSSF Three-Year Plan/Application; July 1, 2005 through June 30, 2008, authorizes the Director of Health & Human Services to sign the Notice of Intent for Placer County, and submit the Plan to the California Department of Social Services on behalf of Placer County;
- Reaffirms the establishment of the Child Abuse Prevention Council of Placer County as the designated county Child Abuse Prevention Coordinating Council; and
- Reaffirms the establishment of a Children's Trust Fund to support county wide child abuse treatment, intervention and prevention services.

Placer County System Improvement Plan
May 15, 2013 – May 15, 2018

OCAP Appendix D: Child Abuse Prevention Council

CAPC ROSTER

Lisa Velarde, Chief Executive Officer

Dennis Vicars, Chief Operating Officer

Dina Navarra, Development Manager

Kristina Bynum, Sr. Case Manager

Diana Martin, Executive Assistant

Kelley Martinez, Human Resources Manager

Terrah Tillman, Clinical Program Manager Child & Family Wellness Program

Viviana Nevarez, Case Manager

William Burns Sr., Program Specialist Education & Outreach

Blanca Barajas, Program Assistant

Joie Halladay, Trainee

Ashley McCoy, Trainee

Arianna Gonzalez, Therapy Intern

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Liz Ruiz, Therapy Intern

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Sandra Reyes, Family Resource Specialist

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Annabell Rodriguez, Case Manager

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Monica McDonald, Kinship Navigator

Leticia Martinez, Parent Educator

Analia Batson, Parent Educator

Barbara Karlsson, Program Assistant Children's Enrichment

Marina Castro, Program Supervisor Family Education Program

Jessica Waterford, Program Manager Family Resource Centers

Barbara Meade, Financial Services Manager

Alina Arutyunyan, Grant Writer

Darlene Hennings, Community Liaison

Placer County System Improvement Plan
May 15, 2013 – May 15, 2018

OCAP Appendix E: SMART Policy Board Roster

SMART POLICY BOARD - (Acting CCTF)
System Management Advocacy & Resource Team (SMART) 2013

Honorable Colleen Nichols, Judge/Chair
Superior Court
101 Maple Street, Dept. 4
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Roseville, CA 95661
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cnichols@placerco.org
Administrative Support: Susan Rogers
Support Phone: (530) 745-2055
srogers@placer.courts.ca.gov

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MHopper@placer.ca.gov
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Support Phone: (530) 889-7929

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Renee Regacho-Anaclerio,
Associate Superintendent – Educational Services
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Auburn, CA 95603
Office Phone: (530) 889-5940
ranaclerio@placercoe.k12.ca.us
Administrative Support: Suzie Arcuri
Support Phone: (530) 889-5936

Honorable Frances Kearney, Judge
Superior Court
11270 B Avenue, Dept. 12
Auburn, CA 95603
Chamber Phone: (530) 745-2119
FKearney@placer.courts.ca.gov
Administrative Support: Kathy Morgan
Support Phone: (530) 745-2110

Honorable Suzanne Gazzaniga, Judge Elect
Superior Court
101 Maple Street, Dept. 1
Auburn, CA 95603
Office Phone: (530) 745-2024
SGazzaniga@placer.courts.ca.gov
Administrative Support: Becky Heaton
Support Phone: (530) 745-2025

SMART Policy Executive Advisory Council (SPEAC)

Richard Knecht, Director
Children's System of Care/ACCESS
11716 Enterprise Drive
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Adm. Sup: Lisa Atkinson 886-2848

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Support Phone: (530) 745-1482

Christi Meng, Director
MHA Family Advocate Program
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Auburn, CA 95603
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CMeng@placer.ca.gov
Administrative Support: Meagan Hammes
Support Phone: (530) 886-5434

Placer County System Improvement Plan
May 15, 2013 – May 15, 2018

CAPIT/CBCAP/PSSF DESIGNATION OF ADMINISTRATION OF FUNDS AND FUNDING ASSURANCES FOR PLACER COUNTY

PERIOD OF PLAN: 05/15/2013 THROUGH 05/15/2018

DESIGNATION OF ADMINISTRATION OF FUNDS

The County Board of Supervisors designates Placer County Children's System of Care 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 Placer County Children's System of Care 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 statute[1]:

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

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

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

Jim Holmes County Board of Supervisors Authorized Signature	11/12/13 Date
Jim Holmes Print Name	Chairman of the Board Title

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

Placer County System Improvement Plan
May 15, 2013 – May 15, 2018

OCAP Appendix F: Board of Supervisors Notice of Intent

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

Notice of Intent
CAPIT/CBCAP/PSSF PROGRAM CONTRACTS
FOR Placer COUNTY

PERIOD OF PLAN 05/15/ 2013 to 05/15/2018

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

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

The County Board of Supervisors Designates Placer County Children's System of Care as the public agency to administer CAPIT and CBCAP.

W&I Code Section 16602 (b) requires that the local Welfare Department shall administer PSSF. The County Board of Supervisors designates Placer County Children's System of Care as the public agency to administer PSSF.

Please check the appropriate box.

☒ The County intends to contract with public or private nonprofit agencies to provide services.

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

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

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

Jim Holmes
County Board of Supervisors Authorized Signature

11/13/13
Date

Jim Holmes
Print Name

Chairman of the Board
Title