

California - Child and Family Services Review

Amador County System Improvement Plan

NOVEMBER 17, 2014 – NOVEMBER 17, 2019

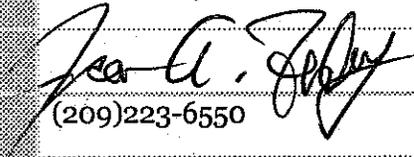


California - Child and Family Services Review Signature Sheet

For submittal of: CSA SIP Progress Report

County: **AMADOR**
SIP Period Dates: **November 17, 2014-November 17, 2019**
Outcome Data Period: **Q2 2013**

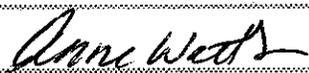
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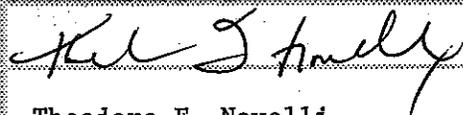
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Introduction

In 1994, the U.S. Department of Health and Human Services was authorized to review state child and family service programs for the purpose of ensuring conformity with the requirements of Titles IV-B and IV-E of the Social Security Act. The federal Children's Bureau initiated the Child and Family Services Reviews (CFSR) process throughout the nation in 2000 using performance outcome measures. The goal of the CFSRs is to assist the states in making improvements in child welfare service delivery in order to achieve optimal child safety, permanency, and well-being outcomes.

The state of California began its first CFSRs in 2002. The review process is conducted at the county level once every five years. There are three components:

1. County Self Assessment (CSA), including a Peer Review (PR)
2. System Improvement Plan (SIP)
3. Continuous quality improvement with the use of Quarterly Outcome and Accountability Data Reports

The County Self Assessment (CSA) process is an opportunity for each county's child welfare system, including Child Protective Services and Juvenile Probation, to examine its strengths and challenge areas from prevention through the continuum of foster care. The process involves the collaboration of community partners, as well as the support of the California Department of Social Services, who all share accountability for the safety, permanency, and well-being of the children in the community. Through this process, county specific data is analyzed, systemic factors are identified, and the availability of resources is examined.

The CSA also includes a Peer Review component. Staff from other county child welfare agencies are invited to provide their expertise in a specific area after reviewing local cases. The process includes interviews with county staff and focus groups. The review helps the county to identify its strengths as well as to gain insight into practices in which improvement is needed. Amador County held its Peer Review for two days during the week of February 3, 2014 with a specific focus on improving placement stability for children in out of home care. The County's CSA report was approved by the Board of Supervisor's on May 27, 2014.

The information gathered during the CSA, including stakeholder meetings, focus groups, and interviews, became the foundation for Amador County's System Improvement Plan (SIP). The information that was gathered and reviewed included the identification of systemic factors, an assessment of the services available in the County, and the identification of gaps in the service array. The SIP is an agreement between the

County and the California Department of Social Services. This plan guides the County's strategies for improvement in specific, measurable outcome areas for the next five years. Throughout these five years, Child Protective Services, Juvenile Probation, and various critical community partners in the County's child welfare system will work collaboratively to implement strategies for system improvement and to monitor and to evaluate progress toward meeting objectives so that the system's outcomes for children and families, from prevention and throughout the continuum of care, improve.

As the County works to complete the SIP, progress reports will be submitted to the California Department of Social Services on an annual basis. The team will evaluate progress and will provide a written analysis of current performance in outcome measures to determine if the SIP continues to accurately reflect the system needs. This will be an opportunity for the County to establish whether or not strategies have been effective and to modify strategies that have shown to be ineffective.

The County has worked alongside staff from the Office of Child Abuse Prevention (OCAP) to ensure that the programs supported by Child Abuse Prevention, Intervention, and Treatment (CAPIT), Community Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) funds meet all mandates and are supported by the County's improvement plan. It was expressed by the stakeholders during the CSA process that the services being supported by these funding sources are critical for the prevention of child abuse and neglect in the community and should continue.

SIP Narrative

C-CFSR TEAM AND CORE REPRESENTATIVES

The planning team for Amador County's CSA included Barbara Ricciuti-Colombo and Henry Franklin (California Department of Social Services, Outcomes and Accountability Bureau), Patty Harper (California Department of Social Services, Office of Child Abuse Prevention), Anne Watts (Program Manager for Amador County Child Protective Services), and Angela McCuaig (Juvenile Unit Supervisor for Amador County Probation). Amador County chose to contract with the U. C. Davis Northern California Training Academy for technical assistance with the County Self Assessment and Peer Review. This support was provided by Nancy Hafer, Lisa Tadlock, and Mary Tarro.

The planning team for the SIP included Barbara Ricciuti-Colombo (California Department of Social Services, Outcomes and Accountability Bureau), Patty Harper and Mary DeSouza (California Department of Social Services, Office of Child Abuse Prevention), Anne Watts (Program Manager for Amador County Child Protective

Services), and Angela McCuaig (Juvenile Unit Supervisor for Amador County Probation).

Additional input was provided by the following Core Representatives:

Amador Child Abuse Prevention Council	Nina Machado, Director
Children's Trust Fund Commission Representative	
Amador County Alcohol and Drug Services	Pat Bartosiewicz, Supervisor
Amador County Department of Social Services, Designated agency to administer CAPIT/CBCAP/PSSF Programs	James Foley, Director Anne Watts, Program Manager
Amador County Probation Department	Mark Bonini, Chief Angela McCuaig, Supervisor
Amador County Public Health	Connie Vaccarezza, Supervisor
Amador County Mental Health	Melissa Cranfill, Program Manager
CDSS Adoptions District Offices	Susan Webb, Supervisor
Juvenile Court Representatives	Jennifer Magee, Deputy County Counsel
Foster Youth	Confidential
Native American Tribes	Tina Goodwin, Site Manager, Native TANF
Parents/Consumers	Confidential
PSSF Collaborative Representative	Anne Watts, Program Manager, DSS
Resource Families	Confidential

Amador County solicited input from the following additional stakeholders:

Amador Calaveras Counseling Services	Myrna-Kay Robison
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Amador County Behavioral Health (Alcohol and Drug Services and Mental Health Department)	Michelle Franks Tammy Garner Cathy Kelley Sylvia Newlun Sherry Parkey Paul Severson Daniel Simpson Bryce Stein Christa Thompson
Amador County Child Protective Services	Melinda Alcoriza Trish Dalman Shannon Diener Carol Hobson Linda Mason Lindsey Philpot Sandra Reynoza Shannon Sutton
Amador County Juvenile Justice and Delinquency Prevention Commission	Gregory Brewer
Amador County Juvenile Probation	Brenden Chechourka Jennifer Mynderup
Amador County Public Health	Carole Myers
Amador County Unified School District	Mitzi Faulkner Butch Wagner
Amador-Tuolumne Community Action Agency	Fran Allen Lori Halvorson Shelley Hance

	Tara Parker Pat Porto
California Department of Social Services, State Adoptions	Helene Hyllen
Court Appointment Special Advocates	John Stettler
First 5 Amador	Tracey Carlton Ericka Simmons
Foster Family Agencies	Jennifer Gilliam, Environmental Alternatives Jeanne Harvey, Environmental Alternatives Amanda Robinson, Foster Family Service
Foster-Kinship Care Education	Juline Aguilar Sandy Buchanan
Juvenile Dependency Attorney	Kori Tearpak
Law Enforcement	Undersheriff James Wegner, Amador County Sheriff's Office Lt. Jarret Benov, Amador County Sheriff's Office
Operation Care	Ashley Carnicello Janet Marsh
Regional Training Academy	Nancy Hafer Mary Tarro Lisa Tadlock
The Resource Connection	Kelly Graesch
Sierra Child and Family Services	Barry Harwell Kim Hughes
Valley Mountain Regional Center	Rolan Dillard

PRIORITIZATION OF OUTCOME DATA MEASURES/SYSTEMIC FACTORS AND STRATEGY RATIONALE

The development of the System Improvement Plan includes the selection of measureable outcome areas on which to focus for improvement during the plan period. The selection process included an in depth review of Amador County's performance over time. This analysis included data from several sources. First, the CWS Outcomes System Summaries for Amador County, which are reported quarterly via the Child Welfare Dynamic Report System (CWDRS), were examined. These reports can be found at: <http://www.childsworld.ca.gov>. Additional data used for analysis purposes was gathered from the Center for Social Services Research (CSSR) Child Welfare Dynamic Report System. This system is a collaborative project between the University of California at Berkeley (UCB) and the California Department of Social Services (CDSS) and can be found at: <http://cssr.berkeley.edu/ucb/childwelfare>. Lastly, data from SafeMeasures was also used throughout this process to support and to augment the resources cited above. SafeMeasures provides an estimate of performance in advance of the official state measures. (Children's Research Center, SafeMeasures Data.)

The selection process also included a meeting on June 19, 2014, which was attended by representatives from First 5 Amador, Public Health, Behavioral Health, the Amador-Tuolumne Community Action Agency, Juvenile Probation, and Child Protective Service. These partners met to review the findings of the CSA and to discuss and to select priority outcome measures and strategies for improvement to be included in the SIP. Follow-up conversations were conducted as needed with key partners.

Priority was given to outcome measures performing below the national standards and to measures where California as a whole is not performing at or above the national standard.

It is valuable to point out that the development of this SIP has been dependent upon the collaboration of the various partners within Amador County's child welfare system. In addition to the input provided from over 50 stakeholders, First 5 Amador, Public Health, Mental Health, and Alcohol and Drug Services are critical partners in the SIP's development and implementation. Amador County truly has created a child welfare system that acknowledges that the safety of its children and the health of its families falls upon the shoulders of many and that no single entity can create change alone.

Selection of Outcome Data Measures for Child Protective Services

Amador County Child Protective Services has generally performed well in the following outcome areas over the past several years. For that reason, priority has not been given to these outcome measures:

- Placement Stability (up to 12 months in care)**
- Placement Stability (up to 24 months in care)**
- No Recurrence of Maltreatment**
- No Maltreatment in Foster Care**
- Exits to Permanency (24 months in care)**
- Exits to Permanency (Legally free at exit)**
- In Care 3 Years or Longer (Emancipated/Age 18)**
- Adoption Within 24 Months (exit cohort)**
- Median Time to Adoption (exit cohort)**
- Adoption within 12 Months (17 months in care)**
- Legally free within 6 months (17 months in care)**
- Adoption within 12 Months (Legally free)**
- Percent of child abuse/neglect referrals with a timely response (immediate)**

At the time of the 2014 CSA, seven outcome measures were identified as falling below the national standard for the time period selected for analysis (Q2 2013). These included:

- No Recurrence of Maltreatment**
- Reunification within 12 Months (exit cohort)**
- Reunification with 12 months (entry cohort)**
- Reentry following Reunification**
- Placement Stability (8 days to 12 months in care)**
- Placement Stability (up to 24 months in care)**
- Timely Response (10-day Response Compliance)**

A detailed analysis of each of the measures can be found in the 2014 CSA report. **Placement Stability** was not selected for this SIP because it was a focus of the previous SIP, and the efforts made during that plan are on-going and continuously developing. Placement stability was also the focus of the County's Peer Review in 2014. Information gleaned from that process will further the progress underway, and improvement in this measure is anticipated. While **No Recurrence of Maltreatment** is an area which fell slightly below the national standard during the period used for analysis during the CSA (Q2 2013), it is typically an area where the County meets the standard. **Reunification Within 12 Months (exit cohort)** and **Reunification Within 12 Months (entry cohort)** fell below the national standard during the CSA. As seen below, **Reunification Within 12 Months (entry cohort)** is one of the areas

selected for this SIP, and it is anticipated that both measures, Reunification Within 12 Months (exit cohort) and Reunification Within 12 Months (entry cohort), will benefit from the strategies outlined below.

Timely Response (10-day Response Compliance) was not selected because compliance in this area appears to tie directly in with staffing levels. Amador County Child Protective Services has struggled with staffing issues for the last 3-5 years, with furloughs, staff on extensive medical leaves, and retirements. The County is in the process of filling vacant positions. These new Social Workers are expected to begin being part of the on-call rotation starting in March 2015 after a period of training. This will reduce the number of referrals each Social Worker receives and must subsequently assess and investigate. It is anticipated that this decrease in workload will result in consistent compliance in this area. If improvement is not observed, strategies for improvement will be included in the County's SIP Progress Report.

The selection process also included a review of feedback received from stakeholders during the CSA. Stakeholders identified services that are currently unavailable within the County, as well as services that would benefit from expansion. The strategies selected do address some of these unmet needs. For instance, the need for expanded substance abuse treatment was identified as well as the lack of screening for and treatment of post partum depression. Also, stakeholders felt that the provision of services within the community should utilize more evidence based and trauma informed practices.

Amador County Child Protective Services has selected two outcome measures to focus on for improvement during the course of this System Improvement Plan:

C1.3 Reunification within 12 months (entry cohort)

Of all children who entered foster care for the first time in the selected six-month period, what percent were discharged to reunification within 12 months of their removal from the home? (First Entry)

The national standard is that 48.4% of children will reunify within 12 months.

The State of California as a whole has consistently not met the national standard. From January 2007 through June 2012, the percentage of children who reunified within 12 months ranged from 36.1% to 42.6%. [Center for Social Services Research (CSSR)]

According to the data compiled by the Center for Social Services Research (CSSR), Amador County's performance in this area has been as follows over the past several years:

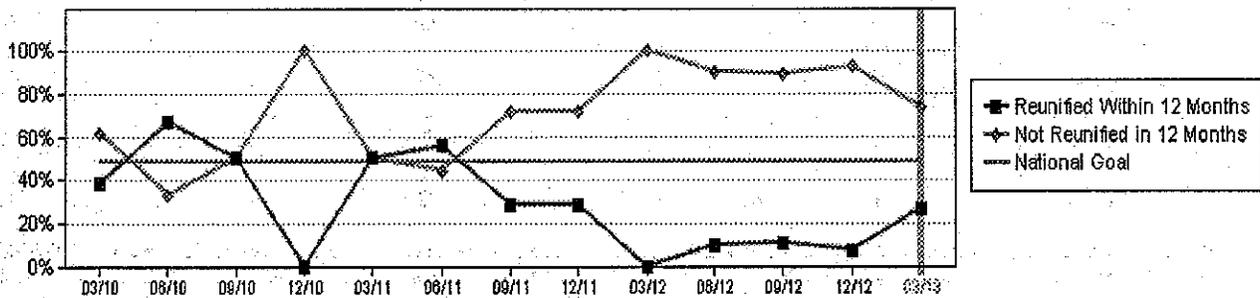


January-June 2007	40.0%	4 out of 10 children reunified within 12 months
January-June 2008	50.0%	3 out of 6 children reunified within 12 months
January-June 2009	33.3%	3 out of 9 children reunified within 12 months
January-June 2010	77.8%	7 out of 9 children reunified within 12 months
January-June 2011	66.7%	12 out of 18 children reunified within 12 months
January-June 2012	10.0%	1 out of 10 children reunified within 12 months

Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Sandoval, A., Yee, H., Mason, F., Benton, C., Lou, C., Peng, C., King, B., & Lawson, J. (2014). *CCWIP reports*. Retrieved 4/3/2014, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>

Amador County has at times met the national standard but over the past three years, there has been a downward trend. It is important to take into consideration Amador County's small size. A very small fluctuation can represent disproportionate changes to percentages. For that reason, numbers are included along with percentages. It is also critical to remember that the count is of children, not of families.

The chart below from SafeMeasures shows Amador County below the national standard for much of the selected timeframe.



Children's Research Center SafeMeasures Data. Amador County, Reunification Within 12 Months (Entry Cohort), March 2010-March 2013. Retrieved July 2014 from Children's Research Center website. URL: www.safemeasures.org.

SafeMeasures allows a look at what specific cases are included in the data set. The data in the chart, for the time period of March 2010 through March 2013, above includes 56 children. A juvenile dependency petition was filed regarding each of these children. Of the 56, 43 of the petitions included an allegation involving substance abuse. That's 76.7% of the total petitions filed.

Q2 2013, which looks at the exit status of children who entered foster care between January 1, 2012 and June 30, 2012, was used as the baseline performance for analysis purposes during the 2014 County Self Assessment. During this quarter, 10% of children were reunified in less than 12 months (1 child out of 10 children). Of the children who did not reunify within the 12 months, all have since achieved permanency either through

adoption or legal guardianship, except two who reached the age of 18. Of those two, one has accepted services and support as a non-minor dependent.

A trend becomes clearly evident when looking at the six families during this timeframe (Q2 2013) that never reunified. All but one of the cases involved families with substance abuse issues (drugs and/or alcohol). Some of the parents achieved a brief period of sobriety but then subsequently relapsed and did not have sufficient time remaining to demonstrate a significant period of sobriety before the permitted time period for reunification services expired. Others never had any significant period of sobriety at anytime during the reunification process. All six of the families' case plans included the need for mental health treatment for at least one of the parents.

Stakeholders identified several challenges/barriers to reunification. These included transportation, child care, housing, and unrealistic timeframes mandated by the Welfare and Institutions Code. Stakeholders also identified several practices/programs in the County that lead to successful reunification. These included:

- Acknowledging small successes with families
- Services such as parenting education, therapy, and the perinatal substance abuse treatment program for women
- Communication between agencies
- Positive interaction between birth parents and foster parents
- Utilization of the Multi-Disciplinary Team

Stakeholder feedback led to the development of several strategies for improvement, which are described in detail below. The strategies are expected to increase the rate of timely reunification with the following target goals:

- Q2 2016: >10% of children will reunify within 12 months
- Q2 2017: >20% of children will reunify within 12 months
- Q2 2018: >30% of children will reunify within 12 months
- Q2 2019: >40% of children will reunify within 12 months

C1.4 - Reentry following reunification (exit cohort)

Of all children discharged from foster care to reunification during the year, what percent reentered foster care in less than 12 months from the date of the earliest discharge to reunification during the year?

The national goal is that no more than 9.9% of children will reenter foster care.

The State of California as a whole has consistently not met the national standard. Since 2003, the percentage of children reentering foster care ranged from 11.2% to 12.5%. (Center for Social Services Research)

According to the data compiled by the Center for Social Services Research (CSSR), Amador County's performance in this area has been as follows over the past several years:

2007: 13.0% (3 out of 23 children reentered foster care)

2008: 5.9% (1 out of 17 children)

2009: 31.3% (5 out of 16 children)

2010: 11.8% (2 out of 15 children)

2011: 0% (0 out of 17 children)

2012: 22.2% (2 out of 9 children)

Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Sandoval, A., Yee, H., Mason, F., Benton, C., Lou, C., Peng, C., King, B., & Lawson, J. (2014). *CCWIP reports*. Retrieved 4/3/2014, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>

In regards to the Q2 2013 data, which was used as the baseline performance for analysis purposes in the County Self Assessment, four out of 16 children reentered foster care, or 25% of the children. This included a sibling group of two. These siblings were initially placed when their parents were arrested, and the relatives the parents selected to care for the children in their absence were not yet available to assume responsibility of the children. The parents' arrest did not involve child abuse or neglect. CPS placed the children in foster care as a voluntary placement for five days until the relatives became available. No case was opened, and no petition was filed with the Court. The children were subsequently detained approximately eight months later following a substantiated allegation of abuse.

The second reentry involved a minor who was returned to her parents November 10, 2011 after court ordered family reunification and family maintenance services were provided. On November 7, 2012, just shy of one year later, law enforcement detained her again. CPS felt there was not an adequate basis to keep the minor in out of home placement. No petition was filed, and the minor was returned to her parents within two days.

Both of these cases involved situations in which there was no basis for juvenile court intervention. Also, both involved placements that were brief (2-5 days).

The third reentry involved a newborn who was originally detained from his mother in May 2011 as a result of the mother's drug addiction. The mother's reunification services included inpatient and outpatient substance abuse treatment, therapy, a 12 step program, psychotropic medication evaluations, parenting education, random drug



testing, and visits with the child. At the six month review hearing held in January 2012, the Department did not recommend return to the mother but instead recommended continued family reunification services. This was in large part due the fact that the mother had had a serious drug addiction for 11 years and only had five months sobriety. She was in an inpatient substance abuse program at the time, but had not yet had an opportunity to practice her sobriety in a less structured setting. The mother contested this recommendation and asked the Court to return her baby to her at that time. The Court ordered that the child be placed on an extended visit with the mother until the 12 month review hearing heard in April 2012. At that time, the Court ordered the child's full return to the mother along with family maintenance services. These services included substance abuse treatment, a 12 step program, therapy, medication evaluations, and random drug testing. However, in July 2012, the child was re-detained when the mother relapsed. He has since been adopted.

The Department's most recent reentry case occurred in 2013. In this case, the child was initially detained in a different county in March 2012 as a result of domestic violence between the parents and substance abuse. The case was transferred to Amador County in November 2012. At that time, the mother was receiving reunification services and was having very frequent unsupervised visitation time with the child. Services provided to the mother included domestic violence counseling, therapy, psychotropic medication evaluations, parenting education, substance abuse counseling, random drug testing, and visits with the child. Following reunification services, the child was returned to the mother in January 2013. Family maintenance services were then ordered. The family maintenance case plan included ongoing domestic violence counseling, therapy, and substance abuse services, including testing. The child was re-detained in October 2013 after the mother tested positive for drugs and had engaged in domestic violence. There had also been a period of approximately one month during which the whereabouts of the mother and child were unknown.

As the County has selected timely reunification as a focus area, it seems critical to also select reentry as the two outcome measures can impact one another. It has been observed that a push to reunify families quickly can result in situations in which the family is not adequately prepared for reunification, which can result in reentry into foster care. This is reflected in a literature review prepared by Ryan Honomichl, Ph.D., Holly Hatton, M.S., and Susan Brooks, M.S.W. titled *Factors, Characteristics, and Promising Practices Related to Reunification and Re-entry* (May 2009). The review found that "reunifying with the birth family before 6 months in foster care has occurred, was a strong predictor of reentry. This suggests that while timely reunification is an important goal, timelines differ across families and the need for reunifying children quickly needs to be tempered with the desire to maximize the permanency of the reunification. However, the benefit of this delay does not appear to extend much past one year" [Shaw, T.V. (2006). Re-entry into foster care system after reunification. *Children and Youth Services Review*, 2(11), 1375-1390.].

Stakeholders identified the following factors as contributing to reentry into foster care:

- Parental drug/alcohol relapse
- Recurrence of domestic violence
- Poverty
- Mental health issues, often related to past trauma
- Parent's cognitive delays
- Parents lacking ongoing support after the child welfare case is closed

Stakeholder feedback led to the development of several strategies for improvement, which are described in detail below. The strategies are expected to decrease the frequency of reentry with the following target goals:

- Q2 2016: < 5 children will reenter foster care within one year of reunification
- Q2 2017: < 4 children will reenter foster care within one year of reunification
- Q2 2018: < 3 children will reenter foster care within one year of reunification
- Q2 2019: < 2 children will reenter foster care within one year of reunification

Strategy Rationale for Child Protective Services

Several strategies have been selected to achieve improvement in these two outcome measures. Details regarding each strategy are provided below. Attached to this report is the SIP Chart, which breaks each of the selected strategies into action steps with timeframes.

Amador County is attempting to increase the use of evidence and research based practices within the community, so several of the SIP strategies include these effective practices. Families can be referred to services that have been scientifically researched and proven effective, which in turn may lead to the families making a greater commitment to participation.

Strategies 1, 2, 3, and 4 directly address parental substance abuse and mental health. A summary of the findings found in the literature review prepared by Ryan Honomichl, Ph.D., Holly Hatton, M.S., and Susan Brooks, M.S.W. titled *Factors, Characteristics, and Promising Practices Related to Reunification and Re-entry* (May 2009) included that parental mental illness and substance abuse, along with other factors, are associated with reentry into foster care. As seen above, Amador County's data and feedback from stakeholders also point the County's child welfare system in this direction. It is hoped that improvement to the services designed to address parental substance abuse and mental health issues are enhanced in such a way that it is more likely that parents will achieve and maintain sobriety and stabilize their mental health, therefore allowing for the permanent return of their children.



The success of Strategies 1, 2 and 3 will be measured by an analysis of the information gathered by Behavioral Health Staff with the use of assessment tools. Consultants from Strategies and Public Health Staff will assist with assessing the effectiveness of the Wellness Project, Strategy 4, by examining screening tools and referrals made. Also, Child Protective Services staff will monitor the child welfare data related to the selected outcome measures.

Strategy 1: *Improve alcohol and drug services for parents provided by Amador County Behavioral Health by utilizing evidence based assessment tools and program curriculum. (Increasing family reunification and decreasing reentry into foster care)*

It is believed that "the issue of substance use/abuse is an immense issue and contributes to a great many cases reentering the child welfare system. In fact, an estimated 60 to 75 percent of cases involve substance abuse in some way" [Young, Gardner, and Dennis (1998). Responding to alcohol and other drug problems in child welfare: Weaving together practice and policy. No.: ISBN 0-87868-736-X, 190]. The research also suggests that parental issues related to AOD [alcohol and other drugs] put children at risk for reentry more than other reasons.

A focus on alcohol and drug services seems critical in light of the fact that substance abuse is a significant contributing factor in the vast majority of the County's dependency cases, including the reason children are detained from their parents, the reason families do not reunify, and the reason some children reenter foster care. The dedicated staff with the County's Behavioral Health Department have agreed to evaluate their services and to implement the use of evidence based practices both for their assessment processes and for the curriculum of their programs for men and women. It is hoped that these improved services will assist parents in obtaining and maintaining sobriety, while increasing their understanding of how their substance abuse has affected their children and their families. It is also expected that the assessments completed by the counselors will be clear and consistent, which will assist the Social Workers, attorneys, and the Court when making critical decisions regarding the reunification of the family and the continuation of services. Improved services in this area will also benefit families that have reunified in order to maintain the progress they have achieved and to avoid the child reentering foster care.

Amador County Behavioral Health will be implementing the Matrix Model. This will begin with the hiring of a new supervisor followed by the purchasing of the curriculum and the training of staff. The Matrix Model is a proven effective, evidence-based protocol used in the treatment of addicts in an out-patient setting. The Matrix Model has over 20 years of research and development. The model covers six key clinical areas: individual/conjoint therapy, early recovery, relapse prevention, family education, social support, and urine testing. It incorporates twelve step facilitation, group therapy and

social support, individual supportive/expressive psychotherapy and psychoeducation, couples and family therapy, cognitive behavioral therapy, and motivational enhancement.

The Matrix Model is 16 weeks for intensive outpatient treatment but can be extended up to twelve months through continuing care/aftercare. The focus is on behavior and the therapist functions as a coach. The therapist frequently pursues the less motivated clients. The program provides explicit structure and expectations, and positive behavior changes are reinforced.

Strategy 2: *Increase trauma informed care and evidence based practices provided by Amador County Behavioral Health for parents by implementing the use of Trauma-Focused CBT (Cognitive Behavioral Therapy) and Seeking Safety. (Increasing family reunification and decreasing reentry into foster care)*

According to the literature review cited earlier, poor parental mental health decreases the probability of achieving successful reunification [Grella et al., (2009). Do drug treatment services predict reunification outcomes of mothers and their children in child welfare? *Journal of Substance Abuse Treatment*, 36(3), 278-293.]. Also, a consistent finding in the related literature is that a parent's "poor mental health is related to a greater likelihood for a child to experience reentry into the foster care system" [Fuller, T.L. (2005). Child safety at reunification: A case-control study of maltreatment recurrence following return home from substitute care. *Children and Youth Services Review*, 27(12), 1293-1306.].

Amador County Behavioral Health will be implementing the use of Trauma-Focused CBT and Seeking Safety. This will begin with extensive training of staff, some of which has already begun, and then the facilitation of groups for clients incorporating these two practices. Once again, since the parents the dependency system serves frequently have substance abuse and mental health issues, including trauma, the Seeking Safety and Trauma-Focused models appear to be a way to increase reunification of families and decrease reentry into foster care.

Trauma-Focused Cognitive Behavioral Therapy (TFCBT) is an evidence based program that can be used for individuals who have experienced trauma to such a degree that it impairs functioning of daily life. TFCBT is a tool that can be very helpful in assisting persons who have survived trauma to take some of the intensity out of the memories. TFCBT has been shown to be effective in treating Post Traumatic Stress Disorder (PTSD), anxiety, and mood disorders. The program is goal-oriented, skills-based, and present-focused. The treatment targets the thinking styles and behavior patterns that cause the impairment.

According to the California Evidence Based Clearinghouse, the goals of CBT are to help clients: (www.cebc4cw.org)

Distinguish between thoughts and feelings.

Become aware of how their thoughts influence feelings in ways that are not helpful.

Evaluate critically the veracity of their automatic thoughts and assumptions.

Develop the skills to notice, interrupt, and intervene at the level of automatic thoughts.

Use behavioral techniques to identify situations that trigger distress and sadness.

Use behavioral activation to become more attuned with meaningful reinforcement in their lives.

Develop active problem-solving skills.

Seeking Safety, used by Amador County Behavioral Health in the past, meets criteria in the field as an evidence-based practice for adults and a promising treatment for adolescents. Seeking Safety is a psychotherapy model for co-occurring Post-Traumatic Stress Disorder and substance abuse. It is based on five key ideas: 1. Safety as the priority of treatment, 2. Integrated treatment, 3. A focus on ideals, 4. Four content areas: cognitive, behavioral, interpersonal, and case management, and 5. Attention to clinician processes.

Seeking Safety has 25 treatment topics:

The seven interpersonal topics are *Asking for Help, Honesty, Setting Boundaries in Relationships, Healthy Relationships, Community Resources, Healing from Anger, and Getting Others to Support Your Recovery*. The seven behavioral topics are *Detaching from Emotional Pain: Grounding, Taking Good Care of Yourself, Red and Green Flags, Commitment, Coping with Triggers, Respecting Your Time, and Self-Nurturing*. The seven cognitive topics are *PTSD: Taking Back Your Power, Compassion, When Substances Control You, Recovery Thinking, Integrating the Split Self, Creating Meaning, and Discovery*. In addition, four combination topics are *Introduction to Treatment / Case Management, Safety, The Life Choices Game (Review), and Termination*.

Strategy 3: *Increase the use of research based practices provided by Amador County Mental Health for parents by utilizing the Milestones of Recovery Scale. (Increasing family reunification and decreasing reentry into foster care)*

Amador County Behavioral Health will be implementing the use of the Milestones of Recovery Scale (MORS), which is an evaluation tool for tracking the process of recovery.

for individuals with mental illness. The MORS provides staff, supervisors, and administrators with data to see how programs and the agency are performing. This tool is a one page assessment that takes only a few minutes to complete and provides a snapshot of an individual's progress toward recovery. MORS helps staff tailor services to the individual client's needs and quantifies the stages of the individual's recovery using milestones that range from extreme risk to advanced recovery. MORS defines recovery as a process that goes beyond symptom reduction, client compliance, and service utilization. MORS has been extensively tested and researched for validity and reliability. (www.milestonesofrecovery.com)

Behavioral Health have already begun training in the use of MORS. Implementation is scheduled to begin in October 2014 initially targeting all Full Service Partner clients. These clients will each receive a baseline assessment and score with follow-up assessments every 30 days. Implementation will then be expanded to all mental health and drug and alcohol adult clients beginning in January 2015.

The data gathered will be useful when communicating with the family, attorneys, and the Court so critical decisions made along the course of a child welfare case are based on quality assessments. A struggle when attempting to measure a parent's progress in a dependency case is separating compliance with the case plan from actual behavior change. This assessment tool will be a valuable resource.

Strategy 4: *Improve mental health screening of and services provided to mothers experiencing post partum anxiety and /or depression by developing and implementing the Maternal Wellness Project. (Increasing family reunification and decreasing reentry into foster care)*

It was discussed during the CSA process that it is unknown how much post partum depression may be playing a role in child abuse/neglect, child removal, failed reunification, and/or reentry into foster care in Amador County. It did not appear that a screening tool was being used consistently among medical providers and mental health professionals or that data was gathered from screening tools in order to develop a clear understanding of the significance of post partum mood and anxiety disorders. These thoughts have led to further discussions about maternal mental health in general. Strategy 4 involves the development and implementation of a Maternal Wellness Project.

This strategy seems particularly relevant when examining the ages of children most frequently in contact with Amador County's child welfare system. The analysis provided in the CSA showed that most allegations made to Amador County Child Protective Services from July 1, 2012-June 30, 2013 involved children ages 11-17 years old (211 or 38% of the total) followed closely by 0-5 year olds (191 or 34.5% of the total). However, it is important to remember that many of the children ages 0-5, unlike children ages 11-17, are not yet in school, and school personnel are frequent mandated reporters. Most

substantiated allegations involved children ages 0-5. Most children in out of home care were ages 0-5. Specifically, from July 1, 2009 through July 1, 2013, 40.2% of the children in out of home care were within that age range.

Amador County will partner with Strategies to implement the Maternal Wellness Project, which will address these concerns, specifically with the development of a task force, training opportunities for key community partners, development and use of screening tools, the provision of quality services, and the gathering and sharing of relevant data. Strategies was developed by the California Department of Social Services Office of Child Abuse Prevention (OCAP) and is an alliance of experienced trainers and facilitators who provide assistance to community-based organizations and counties with a focus on child abuse and neglect prevention and early intervention. Strategies is hoping to use Amador County's project to help support other rural counties' efforts in this area. Strategies' support is available for one year.

Strategy 5: *Integrate Safety Organized Practice (SOP) as the standard for Child Protective Services social work. (Increasing family reunification and decreasing reentry into foster care)*

According to the literature review previously cited, "an influential worker characteristic found to relate to successful reunifications is having a positive working relationship with families and not employing an authoritarian approach" [O'Neill, C. (2005). Christmas with the kids: Losing children through the child protection system. *Children Australia*, 30(4), 11-88.]. Successful outcomes can result from parents feeling heard, engaged, encouraged, and empowered.

During the CSA, the Social Workers were commended for their engagement efforts, family finding efforts, and the Department's use of vertical caseloads in which one Social Worker carries a case from beginning to end. However, the Social Workers expressed that they wanted more training related to family engagement, wanting to improve further their skills when interacting with families. While the County's previous System Improvement Plan included developing Social Worker skills by utilizing Motivational Interviewing, one component of Safety Organized Practice, it is felt that these are skills still needing support for more consistent utilization while working with families.

Therefore, Strategy 5 is implementation of Safety Organized Practice (SOP). The Northern California Training Academy has provided the following summary of Safety Organized Practice: (www.humanservices.ucdavis.edu)

Safety-Organized Practice is a holistic approach to collaborative teamwork in child welfare that seeks to build and strengthen partnerships within a family, their informal support network of friends and family, and the agency. SOP utilizes strategies and techniques in line with the belief that a child and his or her family are the central focus and that the partnership exists in an effort to find solutions that ensure safety, permanency, and well-being for children.

Safety-Organized Practice is informed by:

1. Solution-focused therapy, based on the work of Insoo Kim Berg, Steve de Shazer and the Brief Family Therapy Center;
2. Signs of Safety, the Three Houses tool, and the Safety House, based on the work by Steve Edwards, Andrew Turnell, Nicki Weld, Sue Lohrbach, Sonja Parker and many other child welfare professionals;
3. Structured Decision Making by the NCCD Children's Research Center;
4. Group supervision and interactional supervision, based on work by Sue Lohrbach and Lawrence Shulman;
5. Appreciative inquiry, based on work by David Cooperrider and Suresh Srivastva;
6. Motivational interviewing, based on the work of William Miller; and
7. Most importantly, the evolving work of hundreds of practitioners around the world to adapt and integrate evidence-based tools and approaches with best practices in the field of child welfare.

Collaborative and safety-organized approaches focus on effective working relationships between the family, the family's support system, and the Social Worker. They involve cooperative and honest professional relationships and include applying critical thinking, inquiring rather than knowing, and using what we know from research and evidence-based tools. The practices utilize a humble questioning approach in the agency and in the field and build on what is already working for families and agencies. SOP provides a clear vision for the work along with aspirations for a family's abilities to improve children's safety and well-being.

Implementation of SOP in Amador County will begin with the leadership, which includes the Program Manager and the Social Worker Supervisor, participating in the SOP Foundational Institute and SOP Group Supervision Training. It is felt that it is critical for the leadership to have a clear understanding of SOP before the concepts are introduced to the front line staff. Leadership will then be able to completely support these improvements to practice and have a clear understanding how these practices will improve the relationship between the agency and the families it serves. Leadership will begin modeling the practices during group supervision so that staff is gradually introduced to new ways of thinking and effective approaches with families. The Social Workers in Amador County are an extremely dedicated group whose caseloads are large and complex, and the workers spend significant amounts of time with each family. SOP is expected to not add to their responsibilities or to overwhelm them further, but rather to enhance how they interact with families so that these contacts are purposeful and result in clarity for the family as well as a sense of being heard and supported. Coaching and training will be on-going. This strategy will be evaluated and monitored by the CPS Program Manager and Supervisor with support from the Northern Training Academy.

This will include examining coaching sessions with the Social Workers and an analysis of outcome measures.

Selection of Outcome Data Measures for Juvenile Probation

During the County Self Assessment, Amador County Juvenile Probation staff reviewed the outcome measures retrieved from the Child Welfare Services/Case Management System (CWS/CMS) and aggregated by the UC Berkeley Center for Social Services Research. In large part, the data focuses on youth in placement. The data shows that the County has had very few probation youth in out of home placement, with only 1-4 entries per year since 2009. The data also shows that at specific points in time, there were only 3-8 youth in out of home placement during that same timeframe.

For Q2 2013, the period used for analysis for the County Self Assessment, Juvenile Probation met the national standard in the areas of:

Placement Stability

No Maltreatment in Foster Care

Reunification Within 12 months (exit cohort)

There were two areas in which Probation did not meet the national standard:

Reentry into Foster Care (1 out of 2 children)

Exits to Permanency (24 months in care) (0 out of 1 child)

These very small numbers make it challenging to identify trends to address for improvement. For this reason, the Department has chosen to focus on areas not identified as target outcome measures by CDSS, but has instead decided to focus on prevention efforts.

Specifically, **Amador County Juvenile Probation** selected the following two outcomes to focus on for improvement during the SIP period:

Reduce the number of offenses committed by youth which result in a referral to Juvenile Probation

From January 2013 through December 2013, the Probation Department received 146 referrals from law enforcement agencies. Of these 146 referrals, 58 were referred to the District Attorney's Office as mandatory referrals. The remaining referrals were handled in house and did not require court intervention unless the minor committed a new law violation or suffered a violation of probation. The majority of the referrals appeared to

be with 16 and 17 year olds, which encompassed 55 percent of the total. Youth between the ages of 15 and 16 encompassed the majority of the juvenile hall commitments/detentions and placements. However, as stated above, there were very few placements overall. During 2013, there were a total of six youth in out of home placement. These youth committed the following offenses:

626.10PC (Possession of Knife on School Property), misdemeanor

417(c)PC (Brandishing Weapon other than Firearm), misdemeanor

594(2)(A) PC x 2 (Vandalism), misdemeanor

11550 H&S x3 (Under the Influence of a Controlled Substance), misdemeanor

11377(a) H&S (Possession of a Controlled Substance), felony

The most common offenses committed during 2013 involved crimes against others (often times a family dispute) followed by substance abuse related offenses (most being marijuana related followed by methamphetamine and prescription medications). Interestingly, the family disputes oftentimes involved issues surrounding the youth's cell phone usage or the youth's boyfriend/girlfriend relationship. Sometimes, the two went hand in hand. The California Healthy Kids Survey taken by Amador County students indicates alcohol consumption and recreational use of prescription medications as areas warranting attention. A higher percentage of Amador County 7th graders reported having consumed alcohol compared to the state average. The same is true for 9th graders using prescription drugs recreationally.

During past years, the Department has tried to focus on youth ages 11-13 with prevention services and education. Informal probation and diversion are used with discretion, while hold in abeyance appears to be more effective with this age group. More restrictive supervision tools may be warranted for youth around the age of 13.

Reduce the number of subsequent referrals received or sustained violations committed amongst present and recently supervised minors after probation is terminated

Efforts to reduce recidivism will target 16 and 17 year olds because they held the largest percentage of referrals to the Probation Department, comprising half of all of the referrals received last year. Also, the Department has observed that they have had several minors who were initially referred to the agency when they were 12, 13 and 14 years old who then subsequently returned to Probation on additional referrals either right away or when they reached 16 or 17 years old.

Recidivism in relation to probation is a broad term and more than just new law enforcement violations. It would be important to include sustained violations of probation and increased court involvement/supervision in the data analysis. The goal for all children and age groups after implementing services/programs and supervision is

to reduce or prevent new referrals after supervision has terminated and hopefully to not see these individuals again, including as adults.

Strategy Rationale for Juvenile Probation

The agency and community partners currently provide services designed to prevent delinquent behavior and to reduce recidivism. These include the UTurn Program, Truancy Intervention, Anger Regression Therapy, Peer Court and various other youth programs. The Department has partnered with the Amador-Tuolumne Community Action Agency (ATCAA) and Nexus Youth and Family Services for youth services, and with the school district to address truancy issues. These will continue to be offered. The strategies described below are designed to enhance these services for greater success in the selected outcome areas.

As with the strategies outlined above regarding CPS, the Juvenile Probation strategies are also included in the attached SIP chart along with specific action steps and timeframes.

Strategy 1: *Increase data collection within Juvenile Probation to gain a better understanding of the population served and where to best focus efforts, focusing on referral and recidivism rates. (Reduce referrals and recidivism)*

The Probation Department is able to gather information regarding the youth it serves, but discovered during the County Self Assessment process that gathering some data is labor intensive under the current system and does not easily track youth over time. Therefore, Strategy 1 involves the development of a data collection system designed to gather information, specifically regarding the referrals received, offenses committed, and frequency and cause of recidivism. The strategy then includes the analysis of that data for future improvements and the sharing of the information gathered.

During the first six months of the SIP, the Probation staff will develop a system for and begin collection of relevant data on all youth who are referred to the agency. They will track age groups, types of offenses, and whether drugs and/or alcohol were a factor. The officers will complete an assessment prior to supervision and then will provide services based on the risk/needs assessments.

The Department will disseminate the data gathered to community partners, including, but not limited to, the schools, ATCAA, Behavioral Health, Public Health, Juvenile Justice Commission, Operation Care, Nexus, and the Multi-Disciplinary Team. The Juvenile Unit Supervisor will then meet with these key community partners to assess service array and gaps in services and to develop strategies for improvement.



By January 2017, the Department will determine target outcomes for the remaining years of the SIP based on the data gathered. Progress will be monitored through data collection and assessment tools gathered from community partners.

Strategy 2: *Introduce an evidence based youth alcohol/drug treatment program provided by the Amador County Department of Behavioral Health. (Reduce referrals and recidivism)*

As became clear during the County Self Assessment, drug/alcohol related offenses have been a very common reason youth have been referred to the Probation Department. The CSA also revealed, as stated above, that drug and alcohol abuse is beginning at a young age within the community. Stakeholders identified that little has been available to address teen substance abuse and drug addiction. Stakeholders also identified that the community would benefit from the increased use of evidence based practices.

Strategy 2 is that Amador County Behavioral Health will introduce evidence based youth alcohol and drug treatment. The Matrix Model, as described in Strategy 1, will also be utilized for teens as the Teen Matrix Model, an intensive outpatient alcohol and drug treatment program. The Matrix Model has been adapted to be teen friendly in content, structure, and design. It provides for family support with separate groups for adolescents and parents/caregivers.

PRIORITIZATION OF DIRECT SERVICE NEEDS

Child abuse prevention funds are used to strengthen and preserve families and to help create permanent homes for children when they are unable to return to their families of origin. The County has chosen to utilize its CBCAP, CAPIT, and PSSF funds to support **parenting education, home visitation, and therapeutic services**, including individual therapy, Common Ground, and Parent-Child Interaction Therapy (PCIT). The parenting education classes and home visiting program both utilize the Nurturing Parenting Program, which is an evidence based practice. The use of this practice went into effect during the County's previous System Improvement Plan. Without continuing to support these programs, the availability of these critical services for the prevention of child abuse and neglect would be extremely limited within this small community.

Research also supports the County's decision to continue to fund these services. For instance, it has been found that poor parenting skills may put children at risk of reentering the foster care system (Ryan Honomichl, Ph.D., Holly Hatton, M.S., and Susan Brooks, M.S.W. titled *Factors, Characteristics, and Promising Practices Related to Reunification and Re-entry*, May 2009). Research has also found that "strategies that implement methods requiring parental involvement versus parent education alone are more effective in reunifying families with best results gained from the combination of the two" [Carlo, P., 1993. Parent Education vs. Parent Involvement. *Journal of Social*

Service Research]. Information regarding the services supported by this funding is below, while further details are included in the attached Expenditure Workbooks and Program and Evaluation Description.

The services supported by this funding target the age groups identified in the County Self Assessment as being in critical need of attention. The CSA revealed that the age group with the largest number of child maltreatment allegations for the analysis year (July 1, 2012-June 30, 2013) was 11-17 year olds (211 or 38% of the total) followed by 0-5 year olds (191 or 34.5% of the total). However, the substantiation rate is slightly higher for the 0-5 year olds (39.7%) than the 11-17 year olds (36.2%). The data also showed that from July 2009 through July 2013 the highest percentage of children in out of home care were ages 0-5 (40.2%) closely followed by youth ages 11-17 (39.1%).

There are two parenting courses offered. One of the parenting classes is titled Baby Steps. This course specifically targets parents with children from birth to age two years old. The other parenting course focuses on families with preschool aged children through the teen years. Also, therapeutic services include a course called Common Ground, which works with pre-teens/teens and their parents to improve communication and understanding. PCIT, which is an evidence and research based intensive treatment program, targets families with children ages 2-7 years old who are exhibiting disruptive behaviors. This program helps both parents and children improve family functioning, resiliency, and cohesion.

The home visiting services are available to families of children of all ages and provide case management, information and referral, and assistance in obtaining resources, in addition to support and assistance with parenting and discipline, child development and infant care, communication skills, budgeting, time management, and parent advocacy. The home visiting program has been expanded into coaching during family supervised visits.

The CSA also looked at the incidence of child maltreatment reported to Amador County Child Protective Services per 1000 children by region of the County for calendar year 2013. The highest areas included River Pines, Fiddletown, and Jackson. Public transportation to and from outlying areas, such as the highest elevations and the areas of River Pines and Fiddletown, was identified as a challenge by the stakeholders who participated in the County Self Assessment process. In addition, the availability of services within these regions was also identified as being limited.

The agency currently providing the services funded by CBCAP, CAPIT, and PSSF is aware of what regions in the community need to be targeted. The central office is located in Jackson, and all of the programs are offered there. Outreach efforts will be made to the outlying areas of the community, especially with the home visiting program in which parenting education and support services are brought to the home. Also, the agency will assist with arranging transportation to and from these regions of the County.

The CSA also pointed out that the second most common language spoken in homes in Amador County is Spanish. The agency currently providing these services has Spanish speaking staff, as well as translators, available.

CBCAP funds will be used to support the Children's Trust Fund and the Amador Child Abuse Prevention Council (CAPC). This Council operates under the umbrella of Amador First 5, which creates an instant collaboration with services, outreach, and education targeting families with children ages 0-5. The mission of the Amador CAPC is to collaborate with the community and public agencies to ensure that every child lives a healthy and safe life free from violence. The council provides free workshops and training in order to bring awareness of issues surrounding child abuse and neglect to the public and to provide information on how to prevent child abuse and neglect. Currently, the Council's work includes:

Positive Discipline Education and Outreach to families, caregivers, agencies

The Period of PURPLE Crying Program (for families of newborns)

Hands and Words are Not for Hurting Pledge for children and teens

Child Abuse and Neglect Mandated Reporter Training

Safe Kids program for preventing unintentional injuries to children

5 Protective Factors and Strengthening Families Approach to Keeping Families Strong

Stranger Awareness

Shaken Baby Syndrome Prevention

Catch Them Being Good campaign

Collaboration with the Sheriff's Office for Drug Take Back days

Child Welfare/Probation Placement Initiatives

Amador County has fully implemented the **Fostering Connections After 18 Program**. In general, as youth aged out of foster care in California, many were found to have no permanent connections. They struggled with establishing a social network, accessing medical and health care, obtaining employment, and completing educational goals. This program allows youth to remain in or reenter foster care as Non-Minor Dependents to continue to receive support. Amador County currently has seven young adults taking advantage of this opportunity. County staff is working closely with its

Independent Living Program (ILP) to assist these youth in reaching independence. Child Protective Services, Juvenile Probation, and the Court have revised the County's 241.1 Protocol to indicate that transition jurisdiction youth from the Probation Department will be supervised by Child Protective Services once the conditions of probation have been met.

Amador County is also actively implementing the requirements which resulted from the **Katie A. v Bonta** lawsuit. This lawsuit was sought to improve the mental health services for children with open child welfare cases. The lawsuit led to the implementation of the Core Practice Model (CPM), designed to provide guidance and direction to county child welfare and mental health agencies when working with these children and their families.

In Amador County, Child Protective Services and the Mental Health Department are collaborating to fully adopt the Core Practice Model. The subclass has been identified, and, on January 8, 2014, Amador County Mental Health hosted a training and meeting to discuss the changes. Mental Health and Child Protective Services staff, including front line workers, along with staff from Alcohol and Drug Services, Public Health, community based organizations, and First 5 Amador were in attendance. Also present was staff from Sierra Child and Family Services, the agency contracting with Amador County Mental Health to provide many of the services.

The CPS Social Workers are utilizing mental health screening tools, and mental health assessments include the use of CANS, Child and Adolescent Needs and Strengths Comprehensive Multisystem Assessment. This is a multi-purpose tool developed to support decision making, including level of care and treatment planning, to facilitate quality improvement initiatives, and to allow for monitoring of outcomes of services. Versions of the CANS are currently used in 25 states in child welfare, mental health, juvenile justice, and early intervention applications. On February 12, 2014, the Mental Health Department offered training on CANS for its own staff, child welfare staff, and mental health professionals in the community. Certification tests were made available at the end of the full day of training. Intensive Care Coordination (ICC) services and Intensive Home-Based Services (IHBS) are being provided by a team of professionals who meet regularly to develop treatment plans and to assess progress.

5 - YEAR SIP CHART

Priority Outcome Measure or Systemic Factor for Child Protective Services: C1.3 - Reunification within 12 months (entry cohort)

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

National Standard:

The national standard is that at least 48.4% of children will reunify within 12 months.

CSA Baseline Performance: For Q2 2013, 10% of children were reunified in less than 12 months. (1 child out of 10 children)

Target Improvement Goal:

Q2 2016: > 10% of children

Q2 2017: > 20% of children

Q2 2018: > 30% of children

Q2 2019: > 40% of children

Priority Outcome Measure or Systemic Factor for Child Protective Services: C1.4 - Reentry following reunification (exit cohort)

Of all children discharged from foster care to reunification during the year, what percent reentered foster care in less than 12 months from the date of the earliest discharge to reunification during the year?

National Standard:

The national standard is that no more than 9.9% of children will reenter foster care.

CSA Baseline Performance: Q2 2013, 25% of children reentered foster care. (4 out of 16 children)

Target Improvement Goal:

Q2 2016: < 5 children

Q2 2017: < 4 children

Q2 2018: < 3 children

Q2 2019: < 2 children

Priority Outcome Measure or Systemic Factor for Juvenile Probation: Reduce the number of offenses committed by youth which result in a referral to Juvenile Probation

National Standard: N/A

CSA Baseline Performance: In 2013, Amador County Juvenile Probation received 146 referrals from law enforcement.

Target Improvement Goal: Decrease the number referrals made to Juvenile Probation by 10% each calendar year.

2015: 132 referrals received

2016: 119 referrals received

2017: 108 referrals received

2018: 98 referrals received

2019: 88 referrals received

Priority Outcome Measure or Systemic Factor for Juvenile Probation: Reduce the number of subsequent referrals received or sustained violations committed amongst present and recently supervised minors after probation is terminated

National Standard: N/A

CSA Baseline Performance: Unknown

Target Improvement Goal: To be determined by January 1, 2017 for calendar years 2017-2019.

Strategy 1: (CPS) Improve alcohol and drug services for parents provided by Amador County Behavioral Health by utilizing evidence based assessment tools and program curriculum.	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF		Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.1 - Reunification within 12 months (exit cohort) C1.4 - Reentry following reunification (exit cohort)
	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project		
<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF		<input checked="" type="checkbox"/> N/A <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF		<input checked="" type="checkbox"/> N/A <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
A. Hire/assign Alcohol & Drug staff to provide and oversee implementation of an Evidence-Based Alcohol & Drug Program Curriculum (MATRIX)	9/1/14	2/1/15	Jim Foley, HHS Director
B. Purchase the MATRIX Alcohol & Drug Program Curriculum for the adult and criminal justice populations	3/1/15	4/1/15	Alcohol & Drug Supervisor
C. Train Alcohol & Drug Treatment Staff to provide the MATRIX Program Curriculum for the adult and criminal justice populations	4/1/15	4/30/15	Alcohol & Drug Supervisor
D. Implement the MATRIX Program Curriculum for adult and criminal justice populations	5/1/15	11/1/15	Alcohol & Drug Supervisor



<p>E. Evaluate the MATRIX Program for fidelity to the model, report as required</p>	<p>6/1/2016</p>	<p>6/1/17 and on-going</p>	<p>Alcohol & Drug Supervisor</p>
<p>Strategy 2: (CPS) Increase trauma informed care and Evidence Based Practices provided by Amador County Behavioral Health for parents by implementing the use of Trauma-Focused CBT (Cognitive Behavioral Therapy) and Seeking Safety.</p>	<p><input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A</p>	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.1 - Reunification within 12 months (exit cohort) C1.4 - Reentry following reunification (exit cohort)</p>	<p><input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project</p>
<p>Action Steps</p>	<p>Implementation Date</p>	<p>Completion Date</p>	<p>Person Responsible</p>
<p>A. Three clinical staff to attend Orientation Training for Trauma-Focused CBT. One of the three trained clinical staff will be the team lead.</p>	<p>8/1/14</p>	<p>8/28/14</p>	<p>Melissa Cranfill, LCSW (Oversight) Tammy Garner, MFT (Team Lead) Megan Hodson, ACSW Kateri Ross, MFTI</p>
<p>B. Three clinical staff to attend 2 day training for Trauma-Focused CBT. Team lead will also attend an additional half day of training.</p>	<p>10/1/14</p>	<p>10/31/14</p>	<p>Melissa Cranfill, LCSW (Oversight) Tammy Garner, MFT (Team Lead) Megan Hodson, ACSW Kateri Ross, MFTI</p>



<p>C. Clinical Team will participate in all additional training, consultation calls and supervision on an ongoing basis for the duration of one year.</p>	<p>10/1/14</p>	<p>9/30/15</p>	<p>Melissa Cranfill, LCSW (Oversight) Tammy Garner, MFT (Team Lead) Megan Hodson, ACSW Kateri Ross, MFTI</p>
<p>D. Evaluate the utilization of Trauma-Focused CBT for fidelity to the model and report as required.</p>	<p>11/1/15</p>	<p>4/30/16 and on-going</p>	<p>Melissa Cranfill, LCSW (Oversight) Tammy Garner, MFT (Team Lead) Megan Hodson, ACSW Kateri Ross, MFTI</p>
<p>E. Review requirements and provide necessary training to clinical staff to resume implementation of weekly Seeking Safety groups.</p>	<p>12/1/15</p>	<p>5/31/15</p>	<p>Melissa Cranfill, LCSW</p>
<p>F. Schedule Seeking Safety groups to begin. Identify co-occurring clients that could benefit from this service to determine the number of groups to offer.</p>	<p>3/1/15</p>	<p>8/31/15 and on-going</p>	<p>Melissa Cranfill, LCSW</p>
<p>G. Evaluate the utilization of Seeking Safety for fidelity to the model and report as required.</p>	<p>4/1/16</p>	<p>4/1/17 and on-going</p>	<p>Melissa Cranfill, LCSW</p>

<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.1 - Reunification within 12 months (exit cohort) C1.4 - Reentry following reunification (exit cohort)
<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project
Strategy 3: (GPS) Increase the use of research based practices provided by Amador County Behavioral Health for parents by utilizing the Milestones of Recovery Scale.	Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project
A. Train lead staff on the Milestones of Recovery Scale (MORS).	1/31/14 Program Manager, Melissa Cranfill, LCSW
B. Train all clinical staff on the Milestones of Recovery Scale (MORS).	8/31/14 Program Manager, Melissa Cranfill, LCSW
C. Milestones of Recovery Scale (MORS) assessment form to be added to the Electronic Health Record (EHR) system.	9/30/14 Program Manager, Melissa Cranfill, LCSW
D. Utilize the Milestones of Recovery Scale (MORS) with all Full Service Partner (FSP) clients. Clinicians and/or Personal Services Coordinators (PSC's) will complete a baseline MORS score for all FSP clients.	11/30/14 and on-going Program Manager, Melissa Cranfill, LCSW

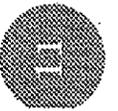
<p>E. Clinicians and/or Personal Services Coordinators (PSC's) will complete a monthly MORS score for all FSP clients. Clinical staff will continue to assess every 30 days.</p>	<p>11/1/14</p>	<p>11/30/14 and every 30 days thereafter</p>	<p>Program Manager, Melissa Cranfill, LCSW</p>
<p>F. Implement Milestones of Recovery Scale (MORS) with all adult client populations, both mental health and drug and alcohol clients.</p>	<p>1/1/15</p>	<p>1/1/16 and on-going</p>	<p>Program Manager, Melissa Cranfill, LCSW</p>
<p>G. Evaluate the utilization of the Milestones of Recovery Scale (MORS) and report as required.</p>	<p>1/1/16</p>	<p>1/1/17 and on-going</p>	<p>Program Manager, Melissa Cranfill, LCSW</p>



Strategy 4: (CPS) Develop and implement the Maternal Wellness Project to address maternal post partum anxiety and depression.	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.1 - Reunification within 12 months (exit cohort) C1.4 - Reentry following reunification (exit cohort)
<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Author/Status	Implementation Date	Project Responsibility
A. Develop a Maternal Wellness Task Force for Amador County	9/1/14	Connie Vaccarezza/Public Health Nurse, Supervisor Nina Machado/Executive Director, Amador First 5
B. Complete an action plan for the Maternal Wellness Project with assistance from Strategies' Consultants Plan will at a minimum include training, screening tool development, and creation of a referral process. Plan will also include a schedule for the Maternal Wellness Task Force to continue on-going meetings for the life of the project.	11/1/14	Maternal Wellness Task Force
C. Develop grant committee for fund development for medical provider certification	2/1/15	Maternal Child Adolescent Health (MCAH) Perinatal Services (Public Health) Amador First 5

<p>D. Capacity building/education on Postpartum Depression to public and nonprofit agencies providing services to parenting families</p>	<p>3/1/15</p>	<p>5/1/15</p>	<p>Strategies will set up conference</p>
<p>E. Postpartum Support International Certificate training of local clinicians and medical staff and foundational training of case managers, home visitors, and other direct services staff serving mothers and families</p>	<p>4/1/15</p>	<p>6/30/15</p>	<p>Strategies Consultant Perinatal Services Coordinator (Public Health)</p>
<p>F. Professional staff to utilize screening tool</p>	<p>7/1/15</p>	<p>10/1/15 and On-going</p>	<p>Community partners including medical professionals and mental health professionals</p>
<p>G. Implementation of referral process for professionals to refer women and families for mental health services</p>	<p>7/1/15</p>	<p>10/1/15 and On-going</p>	<p>Medical and mental health professionals</p>
<p>H. Gather and analyze data gathered from screening and referral process</p>	<p>1/1/16</p>	<p>7/1/16 and On-going</p>	<p>Maternal Wellness Task Force Strategies Consultant</p>
<p>I. Share data with key stakeholders so that gaps in services can be identified and services can be improved</p>	<p>7/1/16</p>	<p>1/1/17 and On-going</p>	<p>Maternal Wellness Task Force</p>





<p>E. Child Protective Services staff and key community partners to attend two day SOP Foundational Training. Work with Northern California Training Academy to coordinate time and date.</p>	<p>9/1/15</p>	<p>12/31/15</p>	<p>CPS Program Manager CPS SW Supervisor CPS Social Workers Community Partners Northern California Training Academy</p>
<p>F. Coach assigned to Amador County Child Protective Services and plan developed to best utilize coach's assistance.</p>	<p>1/1/16</p>	<p>2/29/16</p>	<p>CPS Program Manager CPS SW Supervisor Northern California Training Academy</p>
<p>G. Hold monthly, regular coaching sessions with SOP coach through Northern Training Academy. All social workers and the supervisor will receive both group and individual coaching.</p>	<p>3/1/16</p>	<p>5/31/2016, then as needed</p>	<p>CPS SW Supervisor CPS Social Workers Northern California Training Academy</p>
<p>H. Begin to review and revise policies as needed to support practice.</p>	<p>6/1/16</p>	<p>12/1/2016</p>	<p>CPS Program Manager CPS SW Supervisor</p>
<p>I. CPS staff to participate in at least one SOP advanced training each calendar year.</p>	<p>6/1/16</p>	<p>11/17/2019 and on-going</p>	<p>CPS Program Manager CPS SW Supervisor CPS Social Workers</p>

<p>J. Develop plan to support supervisor to continue practices in the long term. This includes attending the Coaching Institute for Child Welfare Supervisors.</p>	<p>7/1/16</p>	<p>12/31/16</p>	<p>CPS Program Manager Northern California Training Academy</p>
<p>K. Develop plan to evaluate implementation progress, successes, and challenges for continued improvement.</p>	<p>7/1/16</p>	<p>12/31/16 and on-going</p>	<p>CPS Program Manager CPS SW Supervisor</p>
<p>L. Develop plan to train new staff</p>	<p>4/1/17</p>	<p>4/30/17</p>	<p>CPS Program Manager CPS SW Supervisor</p>
<p>M. Ongoing CQI review of practice to look at effectiveness and needed modifications for improvement</p>	<p>4/1/17</p>	<p>11/17/19 and on-going</p>	<p>CPS Program Manager CPS SW Supervisor</p>

<p>Strategy 1: (Probation)</p> <p>Increase data collection within Juvenile Probation to gain a better understanding of the population served and where to best focus efforts, focusing on referral and recidivism rates.</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):</p> <p>Reduce the number of offenses committed by youth which result in a referral to Juvenile Probation</p> <p>Reduce the number of subsequent referrals received or sustained violations committed amongst present and recently supervised minors after probation is terminated</p> <p><input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project</p>
<p><input checked="" type="checkbox"/> N/A</p>	<p>N/A</p>	<p>Allocation Project</p>
<p>A. Develop and begin to utilize Automon, the Probation Department's data collection system, to gather data on all new law enforcement referrals in relation to type of offense, level of offense, age, drug/alcohol related, additional referrals received, prior contact, etc.</p>	<p>11/1/14</p>	<p>4/30/15</p> <p>Juvenile Unit Supervisor</p>
<p>B. Develop form to capture key factors regarding youth served through Probation and various forms of supervision and referrals for services based upon risks and needs.</p>		
<p>C. Gather and analyze data from new tracking system.</p>	<p>11/1/16</p>	<p>1/1/17 and annually thereafter</p> <p>Juvenile Unit Supervisor Supervising Deputy Probation Officers</p>

<p>D. Establish target goals for reducing recidivism rates for calendar years 2017-2019.</p>	<p>11/1/16</p>	<p>1/1/17</p>	<p>Juvenile Unit Supervisor</p>
<p>E. Disseminate data gathered to key community partners, including but not limited to: Schools, ATCAA, Behavioral Health, Public Health, Juvenile Justice Commission, Operation Care, Nexus, and Multi-Disciplinary Team participants.</p>	<p>1/1/17</p>	<p>5/1/17 and annually thereafter</p>	<p>Juvenile Unit Supervisor</p>
<p>F. Meet with key community partners and MDT participants to assess service array and gaps in services and to develop strategies for improvement.</p>	<p>7/1/17</p>	<p>1/1/18 and annually thereafter</p>	<p>Juvenile Unit Supervisor</p>

Strategy 2: (Probation)	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF	Applicable Outcome Measure(s) and/or Systemic Factor(s): Reduce the number of offenses committed by youth which result in a referral to Juvenile Probation Reduce the number of subsequent referrals received or sustained violations committed amongst present and recently supervised minors after probation is terminated
Introduce an evidence based youth alcohol/drug treatment program provided by the Amador County Department of Behavioral Health.	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project
Action Steps:	Implementation Date:	Responsible Party:
A. Hire/assign Alcohol & Drug staff to provide and oversee implementation of an Evidence-Based Alcohol & Drug Program Curriculum (MATRIX)	9/1/14	Jim Foley, HHS Director
B. Purchase the MATRIX Alcohol & Drug Program Curriculum for the youth population	3/1/15	Alcohol & Drug Supervisor
C. Train Alcohol & Drug Treatment Staff to provide the MATRIX Program Curriculum for the youth population	4/1/15	Alcohol & Drug Supervisor
D. Implement the MATRIX Program Curriculum for youth population	5/1/15	Alcohol & Drug Supervisor

F. Evaluate the MATRIX Program for fidelity to the model, report as required	6/1/2016	6/1/17 and on-going	Alcohol & Drug Supervisor
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CAPIT/CBCAP/PSSF Expenditure Workbook
Proposed Expenditures
Worksheet 1

(1) DATE SUBMITTED: 11/17/14 thru 11/17/14 (2) DATES FOR THIS WORKBOOK: 7/1/14 thru 6/30/15 (3) DATE APPROVED BY OCAP: Internal Use Only
(4) COUNTY: Amador (5) PERIOD OF SIP: 11/17/14 thru 11/17/19 (6) YEARS: 1

(7) ALLOCATION (Use the latest Fiscal or All County Information Notice for Allocation):
CAPIT: \$ 55,500 CBCAP: \$27,571 PSSF: \$24,155

No.	Program Name	Applies to CBCAP Programs Only	Name of Service Provider	D2 Service Provider is Unknown, Date Revised, Workbook to be Submitted to OCAP	CAPIT		CBCAP		PSSF					OTHER SOURCES	NAME OF OTHER	TOTAL
					E1	E2	F1	F2	G1	G2	G3	G4	G5			
1	Parenting Education	Direct Service	ATCAA			\$0	\$13,800	\$4,031	\$8,060	\$0	\$2,016	\$14,107	\$5,000	Amador Co SO	\$30,907	
2	Home Visitation	Direct Service	ATCAA			\$55,500	\$0	\$0	\$0	\$0	\$0	\$0	\$10,948	CHAT, CSBG	\$66,448	
3	Child and Family Therapeutic Services	Direct Service	ATCAA			\$0	\$0	\$0	\$0	\$4,030	\$2,016	\$6,046	\$160,000	CA OES CHAT	\$166,046	
4	Child Abuse Prevention Outreach and Education	Outreach	Amador CAPC			\$0	\$13,771	\$0	\$0	\$0	\$0	\$0	\$0	First 5	\$13,771	
5						\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	
6						\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	
7						\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	
8						\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	
9						\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	
10						\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	
11						\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	
12						\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	
13						\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	
14						\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	
15						\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	
Total						\$55,500	\$27,571	\$4,031	\$8,060	\$4,030	\$4,032	\$20,155	\$173,948		\$277,172	
								20%	40%	20%	20%	100%				

CAPIT/CBCAP/PSSE
PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION

PROGRAM NAME

Parenting Education

SERVICE PROVIDER

Amador-Tuolumne Community Action Agency (ATCAA)

PROGRAM DESCRIPTION

During the parenting classes, participants learn effective strategies for positive parenting, daily routines, child safety, nutrition, and the importance of play. In addition, they learn child development fundamentals and appropriate expectations as well as child development fundamentals and appropriate expectations. Courses include discipline techniques, communication skills, building on parental strengths, and the development of positive self-esteem. Classes are offered at the ATCAA Jackson Service Center and at the Amador County Jail.

Service Overview:

1. Parenting education offers two types of classes: (1) *Baby Steps*, a ten week (20 hour) group course for parents and caregivers with children from prenatal to 2 years old; and (2) *Creative Parenting*, a ten week (20 hour) group course for parents and caregivers with children from preschool age to teenagers. Child care is offered to families who attend parenting classes.
2. Provide parents who attend the parenting classes with information and effective referrals to other community resources, to ensure that children receive adequate services to meet their needs.
3. Provide parenting classes at the Amador County Jail, under an in-kind funding source from the Amador County Sherriff's Office.
4. Expand parenting education outreach to all Amador ATCAA programs through brochures, messaging, and referrals.

Transportation may be provided as needed. Bilingual staff is available for Spanish translation, supportive services, and coordination of culturally appropriate services.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	Parenting education
PSSF Family Preservation	Parenting education
PSSF Family Support	Parenting education
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	Parenting education
OTHER Source(s): (Specify) Amador County Sheriff's Office	Parenting education

IDENTIFY PRIORITY NEED OUTLINED IN CSA

1. CSA stakeholders identified parenting education as one of the top five needs to support well-being and as a critical child abuse prevention service as a means to address a combination of needs including increasing knowledge of child development, building parent resilience, and providing support and social connections for parents. (CSA, pg. 68)
2. Transportation was also identified as a barrier for many families to access services. Therefore, transportation assistance and outreach to outlying communities are integrated into the program strategies. (CSA, pg. 67)

TARGET POPULATION

The parent education services under CBCAP funds address primary and secondary prevention, with education strategies that help all families, as well as targeting children and families at risk for abuse or neglect (but who do not have an open child welfare case). This will include, but not be limited to, families where children have unmet basic needs, those exposed to alcohol/substance abuse, those exposed to domestic violence, adolescent parents, and geographically isolated families.

Parenting education is also funded under PSSF, targeting families (including adoptive and extended families) with children who are at risk of abuse or neglect, including those who have an open child welfare case.

TARGET GEOGRAPHIC AREA

Services will be available for all Amador County communities. ATCAA's office is located in the City of Jackson. Parenting education will be offered at this location as well as at the Amador County Jail. Transportation services will be offered to families in outlying areas, including River Pines, Fiddletown, and Pioneer communities if they wish to participate in Jackson.

TIMELINE

The current contract extends from July 2014 through June 2015. It is anticipated that the RFP process will be followed and completed for the remainder of the 2014-2019 SIP cycle.

EVALUATION

PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING

Desired Outcome	Indicator	Source of Measure	Frequency
Parent(s) participating in Baby Steps or Creative Parenting will have increased knowledge of parenting and child development.	At least 75% of parents participating in Baby Steps or Creative Parenting courses will be able to show increased knowledge in at least two (2) topic/skill areas.	Pre and Post Inventories completed by parent(s) The Adult-Adolescent Parenting Inventory (AAPI-2) The Nurturing Skills Competency Scale (NSCS)	Completed at program beginning and program completion.

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Parenting course evaluations	After the entire parenting course is completed.	Evaluations are used by program participants to rate the quality of each specific session, as well as the quality of the program in general. Parents list things they liked and disliked about the sessions and are offered opportunities to make recommendations to improve the instruction.	Changes to program implementation will be made as needed and based on feedback to ensure program compliance and continuous quality improvement.

PROGRAM DESCRIPTION

PROGRAM NAME

Home Visitation

SERVICE PROVIDER

Amador-Tuolumne Community Action Agency (ATCAA)

PROGRAM DESCRIPTION

Home visitation services promote family resiliency through the provision of evidence-based home visiting services that enhance caregiver skills and competencies. These family strengths will reduce (or prevent) child abuse, and foster support and safety for children, permanency and well-being of children, youth and families throughout Amador County. Services are provided weekly or as often as is necessary and appropriate to engage them in the process of identifying and achieving goals.

Service Overview: Provide home visiting services for CWS-referred or self-referred families throughout Amador County.

1. Utilize the Nurturing Parenting home visiting model, an evidence-based model that has shown strong outcomes in the last CAPIT funding cycle in Amador County. Supplement parenting support and education with in-home coaching, life skills training and support and with effective referrals to other community resources. Provide ongoing case management. During home visits, parents learn effective strategies for positive parenting, daily routines, child safety, nutrition, and the importance of play as well as child development fundamentals and appropriate expectations.
2. Provide Parent Child Interaction Therapy (PCIT) as a home-based model during home visits. This is an evidence based intensive treatment program that is designed to help both parents and children improve family functioning, resiliency, and cohesion.
3. Where appropriate, provide therapeutic home visiting in home visits, with a focus on modeling and coaching caregivers on techniques to respond to children's challenging behaviors, and giving caregivers an opportunity to practice techniques with guidance. The therapeutic component will be based on the elements of Parent Child Interactive Therapy (PCIT) coaching strategies.
4. Provide coaching to families participating in supervised visits.
5. Link to, and leverage against, the intensive weekly home visitation program offered to Early/Head Start families, sharing cross-training, referring families, and incorporating best lessons learned.

Transportation may be provided as needed. Bilingual staff is available for Spanish translation, supportive services, and coordination of culturally appropriate services.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Home visitation
CBCAP	
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): (Specify)	CHAT, Community Services Block Grant

IDENTIFY PRIORITY NEED OUTLINED IN CSA

1. CSA stakeholders identified home visitation as a critical program to address a combination of needs including increasing knowledge of child development, building parent resilience, and providing support and social connections for parents. (CSA, pg. 68)
2. Transportation was also identified as a barrier for many families to access services. The home visitation program brings the services and support to the family, whether in the home or at family visits. (CSA, pg. 67)

TARGET POPULATION

The target population is families at high risk for involvement in the child welfare system or with open child welfare cases.

TARGET GEOGRAPHIC AREA

Services will be available for families from all regions of Amador County. The home visitation program is provided in the family home or during family visits in the form of coaching.

TIMELINE

The current contract extends from July 2014 through June 2015. It is anticipated that the RFP process will be followed and completed for the remainder of the 2014-2019 SiP period.

EVALUATION

PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING

Desired Outcome	Indicator	Source of Measure	Frequency
Participants in home visitation services will have increased family engagement; improved self-awareness, positive concept/self-esteem; increased levels of empathy; enhanced family communication and awareness of needs; increased knowledge of nurturing parent behaviors and healthy physical and emotional development; and increased knowledge of age-appropriate developmental expectations.	At least 75% of parents participating in home visitation services will be able to show increased knowledge in at least two (2) topic/skill areas.	Pre and Post Inventories completed by participant(s) The Adult-Adolescent Parenting Inventory (AAPI-2) The Nurturing Skills Competency Scale (NSCS)	Pre and post inventory completed at beginning and end of program

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Nurturing Skills Program Home Visit evaluations	After home visiting program is completed.	Evaluations are used by program participants to rate the quality of each specific session, as well as the quality of the program in general. Parents list things they liked and disliked about the sessions and are offered opportunities to make recommendations to	Evaluations will be reviewed by program staff to assess program effectiveness and utilization. Changes to program implementation will be made as needed and based on feedback to ensure program compliance and continuous quality improvement.

		improve the instruction.	
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PROGRAM DESCRIPTION

PROGRAM NAME

Child and Family Therapeutic Services

SERVICE PROVIDER

Amador-Tuolumne Community Action Agency (ATCAA)

PROGRAM DESCRIPTION

The proposed counseling services under PSSF funds address time-limited reunification services targeted to foster children and their families or primary caregivers. The goal of these therapeutic services is to work toward successful reunification of the child safely, appropriately, and in a timely manner. The services also address adoption promotion and support. The goal is to provide adoptive families with support for them to make a lifetime commitment to the child.

Transportation may be provided as needed. Bilingual staff is available for Spanish translation, supportive services, and coordination of culturally appropriate services.

Service Overview:

Under the Common Ground model, parents and teens meet with trained facilitators/therapists for 3 hours each week for 7 weeks. Common Ground is a research based program which targets parents and teens who need to develop life-skills which are fundamental to successful relationships. Throughout the course, participants learn the five principles of creating common ground: I take personal responsibility for my actions, I am committed to communicating my feelings respectfully, I set clear boundaries to protect myself and my property, I believe that conflicts can end in win-win results, and I make effective choices that keep me healthy and safe.

Individual counseling services are also available along with transportation, as needed. Individual counseling services are offered weekly or as often as necessary.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	Child and Family Therapeutic Services

PSSF Adoption Promotion and Support	Child and Family Therapeutic Services
OTHER Source(s): (Specify) CA OES, CHAT	Child and Family Therapeutic Services

IDENTIFY PRIORITY NEED OUTLINED IN CSA

1. CSA stakeholders identified lack of community resources as an unmet need. (CSA, pg. 68)
2. Transportation was also identified as a barrier for many families to access services. This program provides transportation services as needed. (CSA, pg. 67)

TARGET POPULATION

These services will target families with a demonstrated need for intervention and have an open child welfare case. Services are for children who are removed from the home and placed in out of home care and the parents of such children in order to facilitate the reunification of the child safely, appropriately, and in a timely manner. Services are also for dependents in foster care with a case plan goal of adoption, children who have had a finalized adoption and their adoptive families, and families exploring adoption.

TARGET GEOGRAPHIC AREA

Services will be available for families from all over Amador County. Outreach activities will target outlying areas, including River Pines, Fiddletown, and Pioneer. Transportation services will be offered to families in those communities if they wish to participate in the services offered in Jackson.

TIMELINE

The current contract extends from July 2014 through June 2015. It is anticipated that the RFP process will be followed and completed for the remainder of the 2014-2019 SIP period.

EVALUATION

PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING

Desired Outcome	Indicator	Source of Measure	Frequency
Parents will gain understanding of child development and symptomatology; set and follow through with consistent and appropriate limits; use positive choices; improve family communication and parent/child interaction; decrease	At least 75% of participants will show improvement in at least two (2) topic and/or skill areas.	For counseling services related to family reunification, utilize pre and post assessments, including the Parenting Stress Index, the Eyberg Child Behavior Inventory, the Child Behavior Checklist and the Trauma Symptom Checklist	At beginning and end of services.

frequency and severity of disruptive behaviors in the home, recognize the child's individuality and make changes in parenting methods; improve family functioning and parenting skills.		for Children. Case plan notes are also used to measure progress and effectiveness.	
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CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Client satisfaction survey	Completed at the end of treatment.	Surveys will be reviewed by program staff.	Changes to program implementation will be made as needed to ensure program compliance and continuous quality improvement.

PROGRAM DESCRIPTION

PROGRAM NAME

Child Abuse Prevention Outreach and Education

SERVICE PROVIDER

Amador Child Abuse Prevention Council (ACAPC)

PROGRAM DESCRIPTION

The Child Abuse Prevention Outreach and Education program promotes public awareness of the issues surrounding child abuse and neglect and provides information to the public on how to prevent child abuse and neglect. Free prevention workshops and training are offered in the community including:

- Mandated Child Abuse & Neglect Reporter Training
- Shaken Baby Syndrome Prevention Workshops
- Internet Safety Presentations for kids, teens, and adults

Amador CAPC also participates in many community events and disseminates prevention and

child safety information throughout the county, speaks to community organizations, and publishes a monthly electronic newsletter.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	Information and Referral, Outreach and Education
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): (Specify)	First 5 A percentage of birth certificate fees and a portion of specialty license plate revenue Fundraising Donations

IDENTIFY PRIORITY NEED OUTLINED IN CSA

1. Poverty continues to be linked to challenges faced by many families in the community, affecting the ability to obtain housing, food, and transportation. (CSA, pg. 13)
2. The most common allegation received by Amador County Child Protective Services is neglect, which is also the most frequently substantiated allegation type. The vast majority of these included substance abuse by the parent or caregiver. (CSA, pg. 21)
3. Stakeholders have identified several priority needs, which have become a focus of the Child Abuse Prevention Council. These include the need for greater awareness of what constitutes family violence and for increased knowledge of and access to community resources. (CSA, pg. 68)

TARGET POPULATION

Community Based Child Abuse Prevention outreach and education services serve the entire Amador County community targeting the needs of parents, children, and families at high risk of abuse and/or neglect.

TARGET GEOGRAPHIC AREA

Services will be available countywide. The Council is aware that the outlying areas of River Pines, Fiddletown, and Pioneer are underserved and strives to outreach to these communities.

TIMELINE

It is anticipated that the efforts of the Council will continue throughout this 2014-2019 SIP period. This is subject to change with notice and approval from CDSS/OCAP.

EVALUATION

PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING

Desired Outcome	Indicator	Source of Measure	Frequency
The residents of Amador County will have increased awareness of what constitutes child abuse and neglect and will gain increased knowledge on child abuse prevention and intervention and how to access resources.	At least four (4) workshops and/or outreach events will be held each year where the residents of Amador can get information and learn about child abuse and neglect prevention and intervention.	Number of trainings/workshops provided Number of outreach events held/participated in	Quarterly reports provided to the County from the Child Abuse Prevention Council on attendance and number of events held.

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Workshop/Training Evaluations	Completed by participants after each workshop/training at end of session	Evaluations reviewed by program staff.	Reviewed by staff/trainers to resolve issues and ensure continuous quality improvement

BOS NOTICE OF INTENT

THIS FORM SERVES AS NOTIFICATION OF THE COUNTY'S INTENT TO MEET ASSURANCES FOR THE CAPIT/CBCAP/PSSF PROGRAMS.

**CAPIT/CBCAP/PSSF PROGRAM FUNDING ASSURANCES
FOR AMADOR COUNTY**

PERIOD OF PLAN: 11/17/2014 THROUGH 11/17/2019

DESIGNATION OF ADMINISTRATION OF FUNDS

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

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

FUNDING ASSURANCES

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

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

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

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

	10/20/14
County Board of Supervisors Authorized Signature	Date
JAMES A. FOLEY, LCSW	HHS DIRECTOR
Print Name	Title

¹ Fact Sheets for the CAPIT, CBCAP and PSSF Programs outlining state and federal requirements can be found at: <http://www.cdsscounties.ca.gov/OCAP/>

**BEFORE THE BOARD OF SUPERVISORS OF THE
COUNTY OF AMADOR, STATE OF CALIFORNIA**

IN THE MATTER OF:

RESOLUTION APPROVING THE CHILD) RESOLUTION NO. 14-138
WELFARE SYSTEM IMPROVEMENT PLAN)
FOR THE PERIOD OF NOVEMBER 17, 2014)
THROUGH NOVEMBER 17, 2019)

WHEREAS, the State of California Department of Social Services requires that the Board of Supervisors must make a resolution approving the counties System Improvement Plan; and

WHEREAS, the System Improvement Plan is a guiding document in the county's Children's Systems of Care for the next five years; the document has been created jointly by Child Welfare and Probation in cooperation with other local agencies and CDSS; and

WHEREAS, Amador County wishes to continue to receive funding for its Child Welfare and Probation programs.

BE IT RESOLVED by the Board of Supervisors of the County of Amador, State of California that said Board does hereby approve the Child Welfare System Improvement Plan based upon the guidelines of the 2014 County Self-Assessment report.

BE IT FURTHER RESOLVED that the Chairman of said Board is hereby authorized to sign and execute said agreement on behalf of the County of Amador.

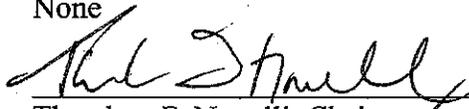
The foregoing resolution was duly passed and adopted by the Board of Supervisors of the County of Amador at a regular meeting thereof, held on 25th day of November, 2014 by the following vote:

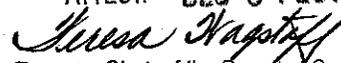
AYES: Theodore F. Novelli, Brian Oneto, John Plasse, Louis D. Boitano, and Richard M. Forster

NOES: None

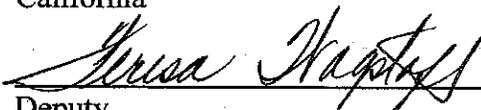
ABSENT: None

THE FOREGOING INSTRUMENT IS
A CORRECT COPY OF THE ORIGINAL
ON FILE IN THIS OFFICE


Theodore F. Novelli, Chairman

ATTEST: DEC 01 2014

Deputy Clerk of the Board of Supervisors
Amador County, California

ATTEST:
JENNIFER BURNS, Clerk of the
Board of Supervisors, Amador County,
California


Deputy

