California - Child and Family Services Review

System Improvement Plan

September 9, 2014 TO September 9 2019

Rev. 12/2013

Monterey County

168 West Alisal Street,
1st Floor
Salinas, CA 93901
831.755.5066

Board Order

Upon motion of Supervisor Salinas, seconded by Supervisor Armenta and carried by those members present, the Board of Supervisors hereby:

a. Approved and authorized the Child and Family Services Review-System Improvement Plan September 9, 2014 through September 9, 2019; and
b. Approved and authorized CAPIT/CBCAP/PSSF Expenditure Workbook for the period - July 1. 2014 through September 30, 2019; and
c. Approved and authorized CAPIT/CBCAP/PSSF Evaluation Template- September 9, 2014 through September 9, 2019; and
d. Approved and authorized the Chair of the Board to sign the required Notice of Intent for September 1, 2014 through September 31, 2019.

PASSED AND ADOPTED on this 2nd day of December 2014, by the following vote, to wit:

AYES: Supervisors Armenta, Calcagno, Salinas and Parker
NOES: None
ABSENT: Supervisor Potter

I, Gail T. Borkowski, Clerk of the Board of Supervisors of the County of Monterey, State of California, hereby certify that the foregoing is a true copy of an original order of said Board of Supervisors duly made and entered in the minutes thereof of Minute Book 77 for the meeting on December 2, 2014.

Dated: December 9, 2014
File Number: 14-1223

Gail T. Borkowski, Clerk of the Board of Supervisors
County of Monterey, State of California

By Denise Hancock
Deputy

California – Child and Family Services Review Signature Sheet

For submittal of: CSA ☐ SIP ☒ Progress Report ☐

County	**Monterey**
SIP Period Dates	**2014-2019**
Outcome Data Period	**CWS/CMS- Oct. 2013 Data Abstract: Q2 2013**
County Child Welfare Agency Director	
Name	**Robert Taniguchi**
Signature*	
Phone Number	831-755-4474
Mailing Address	1000 S. Main St., Suite 205 Salinas, CA 93901
County Chief Probation Officer	
Name	**Manuel Real**
Signature*	
Phone Number	831-755-3913
Mailing Address	20 E. Alisal Salinas, CA 93901
Public Agency Designated to Administer CAPIT and CBCAP	
Name	**Elliott Robinson**
Signature*	
Phone Number	831-755-4434
Mailing Address	1000 S. Main St., Suite 205 Salinas, CA 93901
Board of Supervisors (BOS) Signature	
BOS Approval Date	12-2-14
Name	Louis R. Calcagno
Signature*	

Mail the original Signature Sheet to:

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

*Signatures must be in blue ink

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	Agency	Probation
	Phone & E-mail	831-755-3923 acevesn@co.monterey.ca.us
	Mailing Address	1422 Natividad Road Salinas, CA 93906
Public Agency Administering CAPIT and CBCAP (if other than Child Welfare)	Name	Elliott Robinson
	Agency	DSS
	Phone & E-mail	831-755-4434
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CAPIT Liaison	Name	David Maradei
	Agency	CAPC
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CBCAP Liaison	Name	David Maradei
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PSSF Liaison	Name	Daniel Bach
	Agency	DSS-FCS
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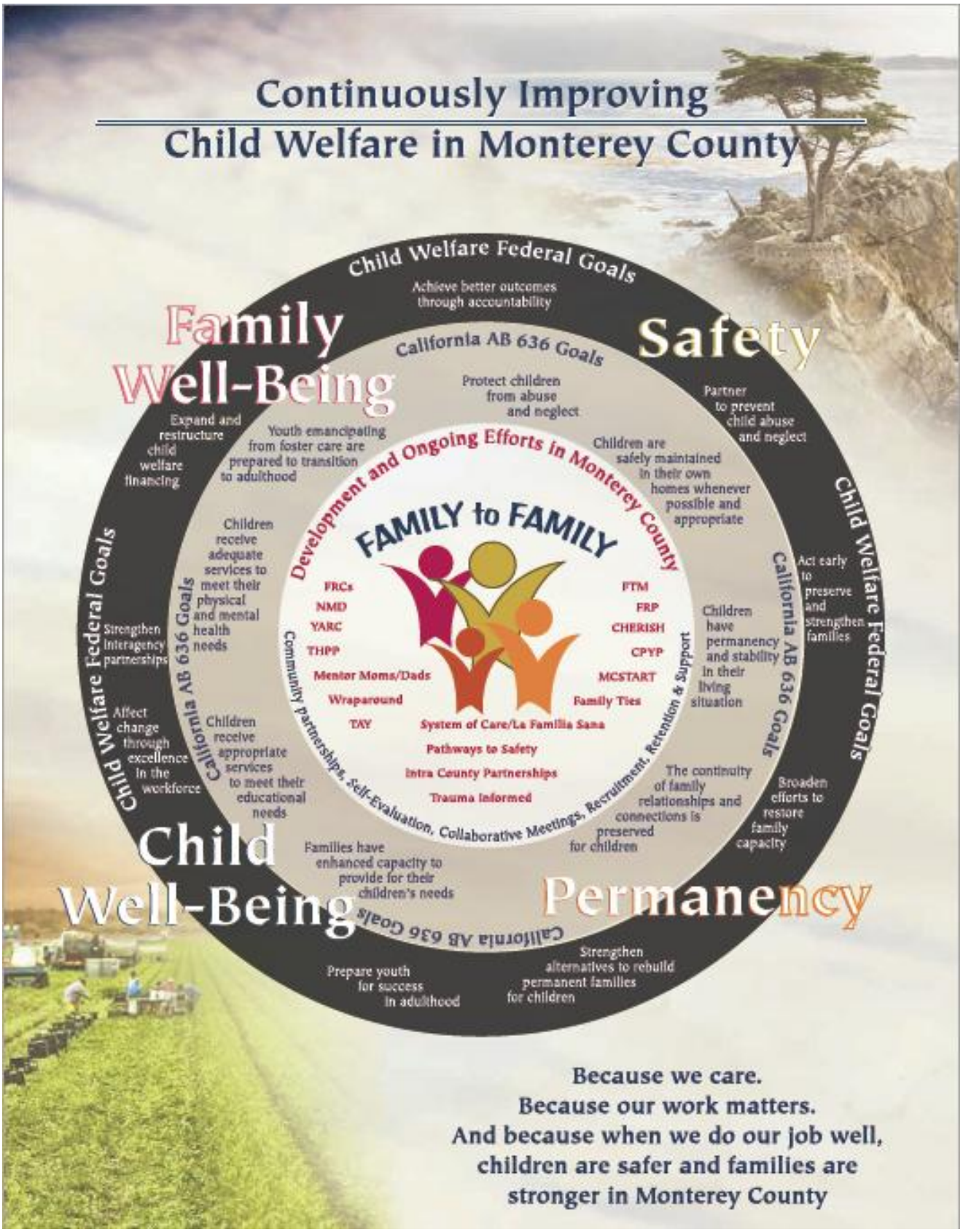
	Mailing Address	1000 S. Main St., Suite 205 Salinas, CA 93901


Continuously Improving
Child Welfare in Monterey County
Child Welfare Federal Goals
Achieve better outcomes through accountability
Family Well-Being
Safety
Child Well-Being
Permanency
California AB 636 Goals
Protect children from abuse and neglect
Partner to prevent child abuse and neglect
Children are safely maintained in their own homes whenever possible and appropriate
Children have permanency and stability in their living situation
The continuity of family relationships and connections is preserved for children
Families have enhanced capacity to provide for their children's needs
Prepare youth for success in adulthood
Strengthen alternatives to rebuild permanent families for children
Children receive appropriate services to meet their educational needs
Children receive adequate services to meet their physical and mental health needs
Expand and restructure child welfare financing
Youth emancipating from foster care are prepared to transition to adulthood
Strengthen interagency partnerships
Affect change through excellence in the workforce
Act early to preserve and strengthen families
Broaden efforts to restore family capacity
Development and Ongoing Efforts in Monterey County
FAMILY to FAMILY
FRCs
NMD
YARC
THPP
Mentor Moms/Dads
Wraparound
TAY
FTM
FRP
CHERISH
CPYP
MCSTART
Family Ties
System of Care/La Familia Sana
Pathways to Safety
Intra County Partnerships
Trauma Informed
Community Partnerships, Self-Evaluation, Collaborative Meetings, Recruitment, Retention & Support
Because we care.
Because our work matters.
And because when we do our job well,
children are safer and families are
stronger in Monterey County

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FAMILY to FAMILY

Monterey County Board of Supervisors

District 1, Fernando Armenta

District 2, Louis Calcagno

District 3, Simon Salinas

District 4, Jane Parker

District 5, Dave Potter

Monterey County Department of Social Services

Elliott Robinson, Director

Robert Taniguchi, Branch Director, Family and Children's Services

Monterey County Probation Department

Manuel Real, Chief Probation Officer

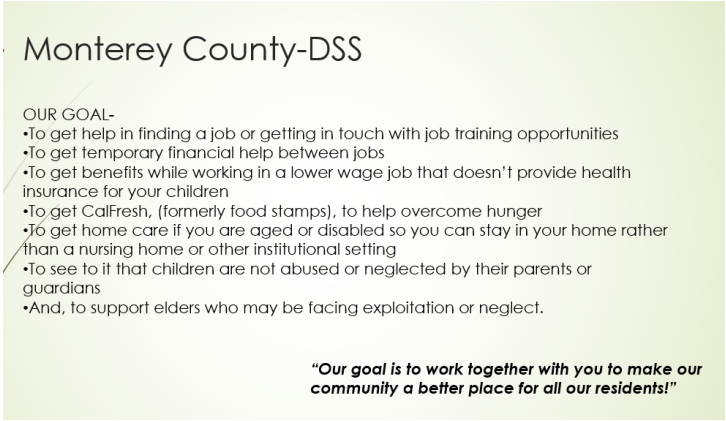
Todd Keating, Juvenile Division Director

Introduction

Pursuant to Assembly Bill 636 (Chapter 678, The Child Welfare System Improvement and Accountability Act of 2001), the Child Welfare Outcomes and Accountability System to improve child welfare outcomes for children and their families in California was established. This system includes continuous quality improvement, interagency partnerships, community involvement and public reporting of program outcomes. It provides a means to objectively measure county performance in administering child welfare services, a protocol for assessing needs and strengths to improve that performance and a mandate to plan for continuous improvement. The California Child and Family Services Review (C-CFSR) includes;

- County Self-Assessment (CSA) which also includes a peer review
- System Improvement Plan (SIP)
- Yearly review and updates

Office of Child Abuse Prevention (OCAP) was integrated into the C-CFSR in 2008-2009 to fulfill some of CAPIT, CBCAP, PSSF requirements for a needs assessment which was previously included in the OCAP 3 year plan.



Monterey County, Department of Social Services (DSS) has developed this SIP in order to continue our work at improving outcomes for children and families. Our local Child Abuse Prevention Council has also contributed to this SIP. This document provides a guide that can change with yearly demands and changes based on legislation and or data. Our end goal is to improve how our system, both Probation and Child Welfare, interacts with our partners in caring for our most vulnerable and at-risk youth.

Monterey County has embraced a philosophy of Continuous Quality Improvement (CQI) that involves meeting the needs of our families and children as they evolve and change with every new referral and or first entry. This requires utilization of data balanced with understanding perception of all parties connected with our system. These improvements encompass some state required changes, some county elected changes and some best and promising practice review. It also requires a commitment to quality data entry and ongoing awareness to data requirements.

Service gaps and system strengths are challenged yearly as the infrastructure around revenue sources continue to adjust. The implementation of the second realignment strategies, implementation of ACA (Affordable Care Act) requirements and access to EPSDT (Early Periodic Screening Diagnosis and Treatment) supports for at risk youth have all been challenges Child Welfare has and will continue to face. The enormous task of looking at increases in placement rates, whether they are child welfare or probation, access to federal funding, eligibility requirements and service costs still lies ahead. Monterey is not standing alone as data indicates growth in placement rates, with Probation leading the access to non-federal funding and lowering federal penetration rates. This will require a need to look at types of placements and the possibility of cross department supports to find more local solutions.

Part of this challenge is the overall increase in the number of Hispanic origin youth entering the system, while having disproportionality in other much smaller represented ethnic groups. The department's dedication in meeting the needs of all the families and children involved places additional financial challenges that will continue for many years. However, every effort is made to ensure services are culturally relevant and in proportion to our populations served. As an example, and in partnership with The Child Abuse Prevention Council (CAPC), Parenting is offered county wide, in different languages and across multiple approaches.

Note:
California is pending changes with ACF on the new outcomes for Child Welfare that was recently posted to the Federal Register. Those changes will take place during this next SIP cycle and will require some adaptation. Without knowing the changes that will be implemented in the data tracking or the new methodology, Monterey County adjusted some of our focus areas to be more in line with potential changes. An example is the move away from using Exit Cohorts in outcomes, which by their very nature mixes populations. In addition we will see the removal of our current composite measures, new national standards and the adoption of Risk Adjustment. All of which will require us to evolve our current evaluation and data structures to accommodate.

C-CFSR Team and Core Representatives

Participation of Core Representatives

To ensure our process remains informative and collaborative, the collaborative nature of our System of Care(SOC) laid the foundation of core participation. SOC has acted as the collaborative body and oversight for Monterey County's Child Welfare Redesign and has provided feedback and commentary on changing demographics and data. SOC meets on a varied (Monthly as needed or Quarterly) schedule and contributed to the CSA and to the focus of this SIP. For more detail on the CSA and on steps taken to gather information go to: http://mcdss.co.monterey.ca.us/reports/

C-CFSR Planning Team

Robert Taniguchi, Director	DSS-FCS
Christine Lerable, Program Manager	DSS-FCS
Emily Nicholl, Program Manager	DSS-FCS
Daniel Bach, MAIII	DSS-FCS
Ginger Pierce, MAIII	DSS-FCS
Karen Clampitt, MAII	DSS-FCS
Todd Keating, Director	Probation
Greg Glazzard, PSM	Probation
Norma Aceves, MA	Probation
Adreanna Riley	Bay Area Academy
Jenifer Cannell	Bay Area Academy
Sarah Davis	CDSS O&A
Irma Munoz	CDSS OCAP
Lisa Molinar	Consultant-Peer Review

CORE REPRESENTATIVES

Monterey County's core team is represented by our System of Care Governance Council, which consists of members from different disciplines and responsibilities'.

Representation consists of the following categories:

Monterey County Health Department, Behavioral Health Division

- Sid Smith-Children's Deputy Director
- Tom Berg-Manager
- Dana Edgull –Manager

Monterey County Health Department, Admin Division

- Krista Hanni – Manager

Monterey County Health Department, Public Health Division

- Anne Reeves-Supervising PHN
- Dyan Aspostolos–Manager

Department of Social and Employment Services, Family and Children's Services

- Robert Taniguchi- Director
- Daniel Bach-Senior Analyst
- Christine Lerable-Program Manager

Probation Department, Juvenile Justice Division

- Todd Keating-Director
- Greg Glazzard-Manager
- Norma Aceves-MA

Educational Representatives

- Gary Vincent- Alternative Programs; Director II
- Denise Lang- Foster Youth Services Coordinator

Family Representatives

- Karen Hart
- Yessica Rincon

Community-Based Family and Youth Organizations

- David Maradei- CAPC

Community-Based Organization(s) addressing Alcohol and/or Drug Use

- Chris Shannon - Door to Hope
- Carolina Cortez- Door to Hope
- Kim Batiste-Reed – Mentor Moms

First Five Monterey County

- Francine Rodd

PRIORITIZATION OF OUTCOME DATA MEASURES/SYSTEMIC FACTORS AND STRATEGY RATIONALE

AS MENTIONED IN OUR CSA:

> *"...MONTEREY COUNTY IS CONTINUING TO GROW AND THE FASTEST GROWING POPULATION IS THOSE OF HISPANIC/LATINO ORIGIN. WE SEE INCREASED MEDIAN AND AVERAGE AGE, BUT DECREASED AVERAGE HOUSEHOLD INCOME. WE SEE RECOVERY IN HOME VALUES BUT STRUGGLES WITH HOMELESSNESS. WE SEE*

DECREASED TEEN BIRTHS AND INCREASED PUBLIC ASSISTANCE. THESE CHANGING DEMOGRAPHICS INEVITABLY IMPACT REPORTS TO CHILD WELFARE. SINCE THE LAST CSA WE SEE DECREASING REFERRALS BUT INCREASING FIRST ENTRIES FOR YOUTH 0-4. WE SEE LITTLE TO NO CHANGE IN AGE AND OR ETHNICITY REPORTED TO THE DEPARTMENT. WE SEE OVERALL FOSTER CARE NUMBERS THAT HAD DECREASED STARTING TO CLIMB, BUT WE ALSO SEE THE NUMBER OF OLDER YOUTH IN CARE ABSORBING SOME OF THAT GROWTH AS TRANSITION AGE YOUTH. SOME LIMITED FORECASTING SHOWS THAT WE WILL BE INCREASING IN OUR OVERALL WORKLOAD BY VOLUME AND BY LEGISLATED REQUIREMENTS."

On that note we are also faced with balancing perceived needs and legislated changes. And thus have sought to find balance over the next 5 years focusing on areas that will support and improve the entire system, rather than on a single focal point. From our CSA we know; that prevention based services, adoption supports, partnerships for more effective service, CQI and ongoing training are key to moving Monterey forward. In addition we need to improve recruitment and engagement of relative and near-kin.

Our Focus:

In order to support our system as a whole and to build off of data gleaned from our Peer Review as well as pending changes, Monterey County Child Welfare in conjunction with our group process that has taken place has chosen to focus on the following:

S1.1 NO RECURRENCE OF MAL TREATMENT: *THIS IS SEEN AS A CORE FOUNDATION PERFORMANCE AREA THAT REQUIRES ONGOING MONITORING AND FOCUS. DESPITE OUR CONSISTENT PERFORMANCE IN THIS MEASURE, IT IS ONE THAT IS SEEN AS CRITICAL TO DAY TO DAY OPERATIONS.*

C1.3 REUNIFICATION WITHIN 12 MONTHS (ENTRY COHORT): *THIS MEASURE HAS CONTINUALLY BEEN A CHALLENGE TO ONE, FIND VALUE WHEN WEIGHED AGAINST RE-ENTRY AND TWO, TO FIND WAYS TO EXPEDITE THE TREATMENT OF FAMILIES FOR THEIR MAXIMUM SUCCESS. HOWEVER, WE ARE WILLING TO CONTINUALLY LOOK AT VARIED ASPECTS OF OUR SYSTEM TO IMPROVE THE MEASURE WITHIN THE BALANCE OF ITS RELATION TO RE-ENTRY.*

C2.5 ADOPTION WITHIN 12 MONTHS (LEGALLY FREE): *THIS MEASURE WAS SUBSTITUTED FOR MEDIAN TIME WHICH WAS THE FOCUS OF OUR PEER REVIEW DUE TO THE PENDING CHANGES PUBLISHED IN THE FEDERAL REGISTER. THIS MEASURE PERFORMS FAIRLY WELL, BUT WILL KEEP THE FOCUS ON ENTRY COHORT NOT THE EXIT COHORT.*

C4.3 PLACEMENT STABILITY (AT LEAST 24 MONTHS IN CARE): *THIS MEASURE HAS ALSO BEEN ONE NEEDED TIME AND ATTENTION. ALTHOUGH OUR STABILITY FOR 12 MONTHS AND 2 YEARS IS CONSISTENTLY APPROPRIATE, AFTER 2 YEARS OUR ABILITY TO MAINTAIN THE HOME COMES INTO QUESTION. FOCUS ON THIS AREA HAS BEEN UNDER CONSTANT CHANGE SINCE THE IMPLEMENTATION OF AB12 AND LOOKING AT THIS MEASURES RELATIONSHIP TO OTHER FACTORS MAY BE CRITICAL.*

CQI-DATA INTEGRATION/TRAINING: *AT THE CENTER OF ALL OF THESE MEASURES IS A NEED TO CQI AND DATA MANAGEMENT/ANALYTICS. TRACKING PERFORMANCE AND REDUCING THE NUMBER OF PERCEPTION DRIVEN DECISIONS IS CRITICAL TO MISSION FUNCTION.*

Despite the fact that some of these measures are above the national standard and some are below, it is our contention that they have an inherent relationship that informs and affects each other in a systemic flow and requires a focus that is not just on "What is wrong" but what needs to be monitored and

researched. As such, our internal pursuit of relationships between PIT measures that can swing in validity and how they may have correlations to how we perform on others remains as our focal area. As an example: If we were to focus on Long Term Care measures or Median time to reunification we would be focusing downstream from what feeds the stream, Time to Reunification. Our efforts to monitor different entry populations allow us to see what is impacting other measures as those youth and families move through services.

It is our belief that by informing these focus areas with the information from our Peer Review will allow us the flexibility needed to accommodate the influx of changes facing Child Welfare in the coming years. Concepts around staff supports and maximization, training, caretaker supports and engagement all have a roll in being successful. Through much discussion and looking at a trajectory that moves Monterey County's improvement, these focal areas will give us a balanced approach to systems change in light of newer child welfare performance outcomes, new initiatives, and forced changes related to funding and/or legislation.

Monterey County believes that our 15 overall strategies listed in the 5 year SIP chart will work to improve our overall performance and help to maintain or achieve the federal standards set forth by the state. This selection of strategies works to balance what is required at all levels of government and supports the work already being accomplished. It is not currently possible to directly relate our strategies to specific outcomes however; we do understand that it is human nature to derive conjecture to those outcomes.

Through process we know we impact overall service delivery and that within this process we see certain steps or category of steps that we reflect in our SIP chart. Those look like:

These 5 categories are not fully independent nor dependent, but interactive. As we focus on these categorical areas we hope to improve our outcomes, while working to isolate data that can show a positive relationship.

In this vein, our 15 strategies should allow for maintenance of low recurrence, improved reunification, effective adoption and increased stability. Tapping into expanded services i.e. Cal WORKS, increased

collaborations with service partners and caregivers, process clean up through CQI and training allow for a holistic approach towards improvement, stability and increased permanency for our youth. Staff, management and collaborative partners worked to support this direction and as new data is available we will work to measure its effectiveness.

Underlying any change management is the need for information to guide decisions and evaluation. This use of data, also known as descriptive analytics reports what we know and where we have been, but building a system that supports predicative analytics so that we can forecast and optimize limited resources will take a sustained focus; part of moving forward in our local use of data and discussions around Interoperability. Monterey County is supportive of the goals supporting interoperability, through the creation of a comprehensive roadmap on how to pursue the concept across organizational lines. This concept encompasses a long-term vision of connected health and human services systems. In pursuit of that end we have been actively engaging in the exchange of information as it relates to dependent youth. Sharing the concepts of big data, open data and access to data have started us on a road to be more informed about the population we serve.

This theory of change model provides a structure for rethinking the overall business approach. To evolve our outcomes and improve policy, structure or practice; data has to be at the foundation.

This relates to ensuring the needs of our population is met and met with efficiency. As an example; constantly having adequate and timely behavioral health supports has been identified and as a result the need to look closer at the data prior to making decisions came to the forefront.

As a start, we have actively been pursuing analytics and data management to better inform CWS of the impact of certain types of services and the effect of mental health based supports. Merging data with our partners to look at expanded variables in relation to CWS outcomes is a lens that can drive service needs and ensure more timely stability. To that end recent data merges with our Behavioral Health Department shows the following matches:

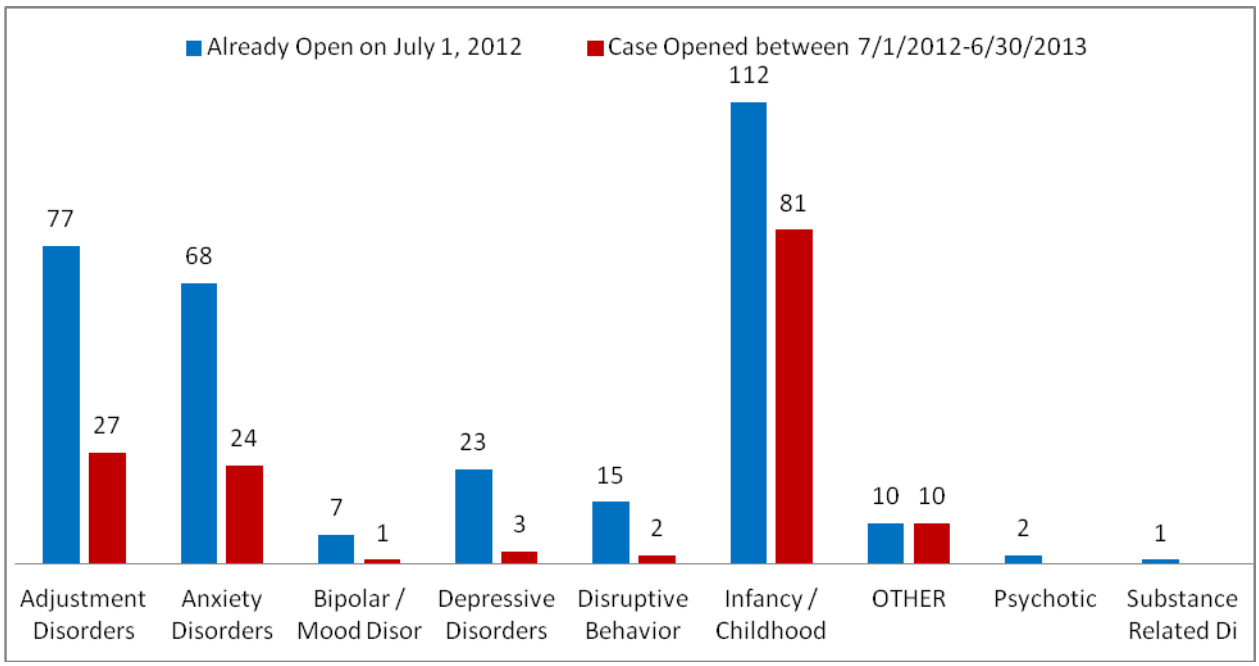
County of Monterey - Family & Children's Services
Child Welfare cases open between July 1, 2012 and June 30, 2013
For Management/Supervisors Only

	Match Type			
	Match to CWS/CMS	Match to CWS/CMS but No Services In Year	No Match to CWS/CMS	All
	N	N	N	N
Case Status				
Already Open on July 1, 2012	315	86	44	445
Case Opened between 7/1/2012-6/30/2013	148	23	35	206
All	463	109	79	651

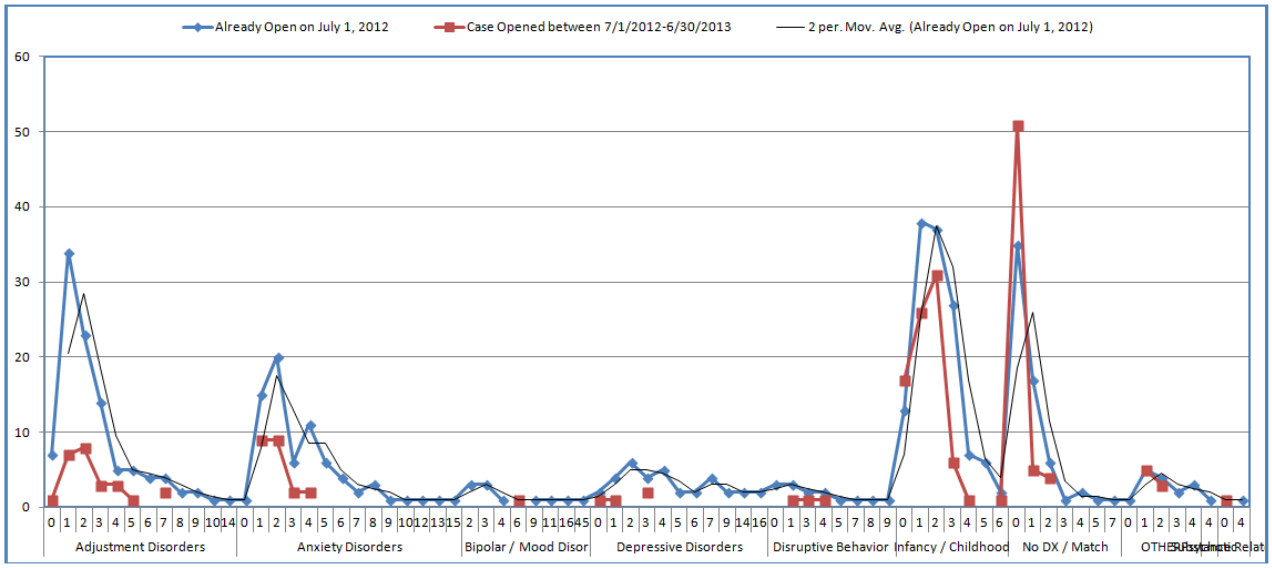
When looking at these matches, we can begin to see the impact of cross agency supports, better CQI and the need to foster effective communication. The shear volume of service requires that we look at the impact these services have on CWS outcomes. Our hope is to better connect the data to see the effect on reunification and placment stability while being aware of placemnt types and demograpics. The folowing chart shows the level of fiscal investment by diagnosis:

Latest_DX_SubGroup	Case Count	Service_Summary_Sum	Minutes_Summary_Sum	Cost_Summary_Sum
Adjustment Disorders	104	10,481	535,854	$1,721,269.24
Anxiety Disorders	92	9,318	539,460	$1,632,717.59
Bipolar / Mood Disor	8	1,780	85,137	$288,525.67
Depressive Disorders	26	2,784	206,141	$624,251.75
Disruptive Behavior	17	1,553	114,878	$319,761.89
Infancy / Childhood	193	9,151	607,901	$1,837,461.38
OTHER	20	1,173	82,875	$244,164.24
Psychotic	2	342	22,477	$75,291.70
Substance Related Di	1	5	172	$448.92
	463	36,587	2,194,895	$6,743,892.38

An investment of over 35,000 hours of service at a cost of over 6 million dollars directs our focus toward the impact these services are having on our youth. When looking at these numbers related to placement, we are able to separate the flow of cases by their respective entry; those already open and those opened within the period.



We then drill further into the number of palcments for each child by diagnosis category, noting that cases that were already open have a similar trajectory as those opened with in the fiscal year of 12-13.



Once our base methodology is confirmed through our Internal Data and Statistics Group, we will look to further develop links between this matched data sets and our CWS performance outcomes.

To further complicate the next 5 years, the upcoming CFSR onsite review will require integration with our internal CQI, and Federal IVB reviews. These reviews, although very early in the process, comes at a time that a number of initiatives are just kicking off and manpower is drastically needed. These changes promote additional changes in our internal supports and training. To ensure an environment is created

that allows effective testing and evaluation of new ideas, restructuring of duties will need to be considered.

Currently, disparity remains in the conversations on action steps in moving our strategies forward. Monterey is aware of the representations of youth in the system and at the same time we aware of the how disproportionality metrics are complicated at best. Using relative risk to monitor equity has been the primary supports provided by UCB, and informs our discussions. This view of looking at each ethnic population against the other ethnic populations informs discussion, but the statistical view has a high margin of error and we often have to look at real numbers.

In this discussion our overall goal of focusing on the details and watching the effect on outcomes, then dissecting data to inform our speculation and supposition for actual relationships will continue. In day to day activity this looks like the standard PDSA (Plan, Do, Study Act) process. These action steps will embrace internal department supports and staff time through meetings and dialogues that our guided by internal management.

Contextually, we are aware that we are not an island, but it will continue to take the support of our community partners, other county departments and resources. Some of these relationships will require a look at systematic barriers and re-evaluation of what we know or think we know. Some of the focal areas are related to our relationships with education, university's and existing service providers.

As identified technical assistance may be requested or a change in our overall training plan, but that will be assessed as the new strategies are implemented. Ongoing management meetings will weigh and consider funding, capacity and partnerships to move us to better outcomes on an ever changing schedule do to the adjustments in the population coming into care and the need to meet their needs, not addressing what others feel their needs maybe.

PROBATION FOCUS:

C3.1 EXITS TO PERMANENCY (24 MONTHS IN CARE): *PROBATION RECOGNIZED THAT ONE OR TWO LONG TERM FOSTER CARE CASES SIGNIFICANTLY AFFECTS THE RATE FOR THIS MEASURE DUE TO THE FACT THAT PROBATION HAS RELATIVELY SMALL NUMBERS OF MINORS IN FOSTER CARE. FURTHER, IT WAS NOTED THAT THE YOUTH AFFECTING THIS MEASURE WERE PREVIOUSLY REMOVED FROM THE HOME BY CHILD WELFARE SERVICES PRIOR TO ENTERING THE DELINQUENCY SYSTEM.*

EXTENDED FOSTER CARE / AB 12: *IN MAY 2012, THE PROBATION DEPARTMENT ASSIGNED DEPUTY PROBATION OFFICERS IN THE PLACEMENT UNIT TO CASE MANAGE THE NON-MINOR DEPENDENT POPULATION. THIS REQUIRED PROBATION OFFICERS TO BE TRAINED ON THE NEW EXTENDED FOSTER CARE LEGISLATION AND NEW POLICIES AND PROCEDURES HAD TO BE DEVELOPED FOR IMPLEMENTATION.*

Probation has implemented two strategies to target the outcome measures for C3.1 Exits to Permanency (24 months in care) and extended foster care / AB 12. One strategy includes increasing the number of youth discharged to permanent homes that have been in care 24 months or longer by evaluating the effectiveness of family engagement protocols, expanding family finding efforts and increased training. Another strategy includes streamlining current practices for youth participating in extended foster care, developing effective and efficient procedures and providing ongoing training

efforts to probation officers and staff as to extended foster care legislation. Probation will measure C3.1 by documenting additional training efforts provided to staff and through quality contacts made by staff. By March 2016, Probation will identify and develop flow charts for different scenarios for extended foster care. This will be overseen by the management analyst and Probation Services Manager and be measured by developing the flow charts and templates available for staff to use on a regular basis.

The first focus area targets extended foster care. Probation chose this area to focus on due to the fact that this is a growing population of youth who are choosing to participate in addition to the legislative changes that have occurred while the program has developed. In an effort to serve our youth in the most effective and efficient ways possible, we wanted to focus on areas that have been effective thus far and modify practices that have not worked.

The second focus area was Permanency Measure C3.1 Long Term Care Outcome: Exits to Permanency (24 Months in Care). This particular focus was of all children in foster care for 24 months or longer on the first day of the year, what percent were discharged to a permanent home by the end of the year and prior to turning 18? We recognized that this was a measure where we were falling below the national standard and due to the length of time the youth were in care; we wanted to analyze the reasons why the youth were not exiting to permanent homes prior to turning eighteen.

In addressing each process, we will be focusing on appropriate training for each area. Probation Officers and staff will continue to benefit from on-going trainings as it relates to extended foster care, qualitative visits and family engagement. Further, the development of new templates for Court reports will be imperative to an efficient process in addition to developing flow charts for staff to use in order to understand the complex nature of out of home care placement and extended foster care. The Probation Services Manager, a Management Analyst and Deputy Probation Officer III will continue to monitor the progress of these strategies which will be measured by the effectiveness and quality of our placement process, qualitative Court reports, quality visits and the strive to meet the national standard for Measure C3.1.

PRIORITIZATION OF DIRECT SERVICE NEEDS

Considering the complexity of funding, CAPIT, CBCAP and PSSF have been utilized to pay for supports that have been informed from qualitative information. Focus on parenting supports, reporter education, and key prevention and AOD services remains as drivers with our CAPC (Child Abuse Prevention Council) and DSS management. While making decisions CAPC have presented the following to narrow discussion of the population(s) at risk:

- Some of the families that migrate from Mexico come from small rural communities with limited child development knowledge.
- 45% referrals are neglect
- 66% substantiated are neglect
- 45% substantiated are under age 5

- The Hispanic population now exceeds 55% of residents in the 2010 census. Our local statistics indicate that most CPS referrals originate from this large segment of our community (largest report of CAN referrals).

Despite the limited use of Evidenced Based Practice's (EBP) Monterey County explores promising practices and current literature as it relates to trauma and parenting. Application of research that fits our county's demographic makeup is many times lacking and in need of ongoing research supports. This area of service need will remain one of ongoing discussion.

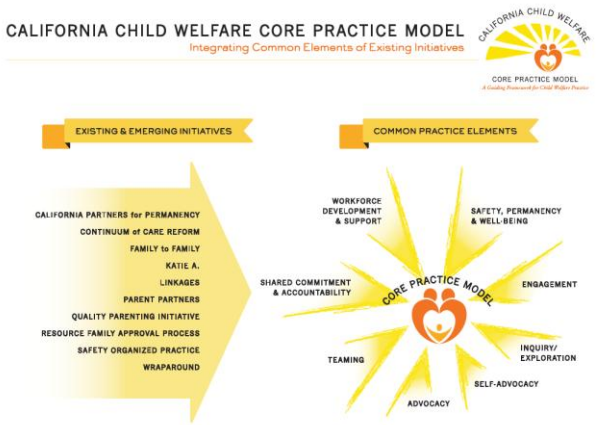
As part of this process our annual expenditure workbook and supporting documentation have been submitted. Future data development and department needs will inform changes in this service array as well as how this array works with other services and supports provided by other funding streams.

Child Welfare/Probation Placement Initiatives

Monterey County, FCS works towards keeping informed on many of the changes and initiatives that in development. Our focus has always been to apply what works for our population and to push the envelope of our medium sized county. To that end the following are focus areas currently under evaluation, implementations or improvement.

California Child Welfare Core Practice Model

Efforts are currently underway to develop a Child Welfare Core Practice Model for California that is intended as a framework to support child welfare practice and allow child welfare professionals to be more effective in their roles. The framework will give meaning to the work currently in practice and improve accountability and outcomes for children and families. The goal is to develop a practice model that builds on the great work already taking place by integrating existing and emerging initiatives. The model will help to identify the tools needed to support social workers and other child welfare and child-serving staff to optimize outcomes for children and families. Ultimately, a Core Practice Model will benefit social workers and empower them



to perform their work at the highest level.

At the heart are orienting theories related to conflict, attachment, bio/development, life cycle, trauma and many others that were foundations in social work education. As applied to the root of maltreatment and how it has implications for child welfare will be the ongoing exploration. The following table was developed by Anita P. Barbee, MSSW, Ph. D. (07-02-2013) in alignment with CALSWEC to show the possible implications to CWS and how they merge with practice.

Theory	How it explains the root of the problem of child maltreatment	Level of Explanation	Attributions	Implications for child welfare practice
ORIENTING THEORIES				
Conflict Theories	Explains why our families, particularly those who are poor, African American, Native American, Japanese and Latinos struggle as a result of historical and present oppression and traumatization. (Process)	Macro	External, stable and largely uncontrollable (e.g. past oppression is uncontrollable, much of present is uncontrollable but with changes in laws, policies and social action can change)	1) Empathy and compassion for our families 2) Infusion of culturally sensitive engagement strategies and tools that include extended family and community members 3) Advocacy
Humanistic Theory e.g. Maslow's Hierarchy of Needs, Person-Centered→ **Strengths Based** **Solution Focused** **Motivational Interviewing**	Parents who do not have their own physiological, safety or belonging needs met have a difficult time meeting these needs in their children. Parents who did not receive unconditional positive regard from their own families, teachers etc. thus they have difficulty giving that to their children.	Macro and Micro	External, stable and uncontrollable causes in society prevent people from meeting their needs. Proximal cause is low self-esteem and a focus on the negative which is internal, unstable and controllable	1)Maslow forms the foundation of child outcomes – meet primary needs of children and families in order to assist them in higher levels of need attainment 2) Honor client self - determination, see clients as experts in own lives, join with them with respect, genuineness, empathy so they can be their best selves 3) Build on strengths 4) Track solutions, reinforce times problem is absent, celebrate small changes
BIO/DEVELOPMENTAL				
Family Life Cycle Theory	Task of parenting is complex, challenging and difficult for all families who struggle from time to time- especially with certain aspects of family life.	Meso-Micro	External but controllable and unstable- family can learn skills	1)Normalize issues in context of everyday life events 3)Maltreatment usually focused on key milestones and transitions as well as discipline 4)Can be multigenerational

Stress/Traumatic Event Effects on Brain and Coping Mediated by Protective and Risk Factors	Being traumatized can create the context for harsher punishment of children and child maltreatment is a traumatic event for a child. So trauma is both a cause and an effect of child maltreatment	Micro	Mix of external, stable, uncontrollable and internal attributions	1)Empathy 2)Prevent re-traumatization through how treat clients 3)Identify risk and protective factors, use natural supports and resources to surround family 3)Intervene with EBPs focused on trauma (TF-CBT, TG-CBT, TST, FFT)
Attachment Theory	Focus on nature and impact of child maltreatment and how to intervene (not why child maltreatment occurs). Children need consistent nurturance and protection.	Micro	External, controllable and unstable	1)Engage parents and other family to keep families together 2) Removal has great potential to harm children. Work to minimize disruptions in attachment. 3)It matters where children are placed – assure that children have opportunities for health attachment
Theory	**How it explains the root of the problem of child maltreatment**	**Level of Explanation**	**Attributions**	**Implications for child welfare practice**
INTERVENTION				
BEHAVIORISM **Social Learning Theory** **Tie with Cognitive Processes** **CB Family Therapy** **CBT, TF-CBT, etc.** **Relapse Prevention** **Empowerment**	Cause of maltreatment is a result of parents' own conditioning and social learning Cognitive distortions and emotions can exacerbate the problem	Micro	External, stable (or unstable), uncontrollable But can take control (self-efficacy)	1)Sequence of events 2)Understand triggers 3)Interrupt pattern, reinforce new behavior to prevent relapse 4)Use of CBT and other therapies to give parents tools 5)Case plans include ILOs as well as FLOs

** http://calswec.berkeley.edu/sites/default/files/uploads

This further goes to look at all of programs and promising initiatives that are under review in Monterey County. Our overarching strategies touch on these initiatives and allow evaluation of how they interact or impact each other.

Program/Initiative	Goals	Key Elements of Practice	Values and/or Principles
Continuum of Care	To fully address the	○ County interagency	○ Youth and family voice

Program/Initiative	Goals	Key Elements of Practice	Values and/or Principles
Reform (Exploration of Treatment Foster Care)	needs of children and families who are being served by the child welfare, probation and disabled student systems, and whose needs include mental health services, alcohol and drug treatment, and/or special education services.	placement councils ○ Family Team Decision-making meetings ○ Family involvement in comprehensive assessment and planning processes. ○ Provider and placement agency agreement on case plan ○ Accountability system of checks and balances	○ Trauma-informed services ○ Caregiver training ○ Constant focus on permanency
Family to Family	To develop a network of family foster care that is focused on safety, neighborhood-based, culturally sensitive, and located primarily in communities in which children currently live.	○ Recruiting, Developing, and Supporting Resource Families ○ Building Community Partnerships ○ Making Decisions as a Team ○ Evaluating Results	○ A child's safety is paramount ○ Children belong in families ○ Families need strong communities ○ Public child-welfare systems need partnerships with the community and with other systems to achieve strong outcomes for children
Differential Response (Pathways to Safety)	To provide a county wide early intervention and prevention support families at-risk of entering the child welfare system.	○ Families can resolve issues ○ Success increases when voluntarily engaged ○ Children are safer and families are stronger when communities work together.	○ Children belong in families ○ Families need strong communities ○ Public child-welfare systems need partnerships with the community and with other systems to achieve strong outcomes for children
Multidisciplinary Meetings-Including TDM	To involve birth families and community members, along with resource	○ Includes birth parents and youth. ○ Neighborhood-based community representatives	○ Every child deserves a family ○ Every family needs the support of the community ○ Public child welfare agencies need community partners

Program/Initiative	Goals	Key Elements of Practice	Values and/or Principles
	families, service providers and agency staff, in all placement, reunification and permanency decisions, to ensure a network of support for the child and the adults who care for them.	participate. ○ Skilled, immediately accessible, internal facilitator utilized. ○ Information collected and linked to data on outcomes.	
Katie A. (Trauma Informed Care Evaluation)	To deliver an array of mental health services for children in foster care through a coordinated, comprehensive and community-based system.	○ Engagement ○ Teaming ○ Assessing ○ Service Planning and Intervention ○ Monitoring and Adapting ○ Transition	○ Services Are: • Needs-driven, strength based and family focused • Individualized and tailored to strengths • A blend of formal and informal resources • Culturally competent • Provided in community ○ A multi-agency collaborative approach ○ Children are first and foremost protected from abuse and neglect ○ Children have permanency and stability
Family Stabilization	To improve the coordination of Child Welfare Services and CalWORKs to produce better outcomes for the children and families who receive services.	○ Shared Vision ○ Leadership commitment ○ Coordinated assessments and services ○ Jointly trained workforce ○ Leveraged resources ○ Robust communication between CWS and CalWORKs and across stakeholders.	○ Holistic perspective ○ Reduces duplication of efforts ○ Collaboration with internal and external partners ○ Honors client choice ○ Timely services in a respectful manner.

Program/Initiative	Goals	Key Elements of Practice	Values and/or Principles
Mentors	To engage parents more fully in the child welfare case planning and services process.	○ Provision of information to parents about the child welfare system and their right and responsibilities. ○ Provision of support, modeling, and linkages to assist families in meeting their safety, permanency, and well-being goals.	○ Effective use of time for families. ○ Supports client.
Evaluation of the Quality Parenting Initiative for its absorption into existing Family to Family Framework.	To develop a statewide approach to recruiting and retaining high quality caregivers who provide excellent care to children in California's child welfare system by rebranding foster care, not simply by changing a logo or an advertisement, but by changing the core elements underlying the brand.	○ Clear expectations of caregivers ○ Articulated expectations ○ Alignment of system and goals	○ Negative connotations of the brand make recruitment and retention difficult ○ Branding requires all stakeholders to agree on foster parents roles and responsibilities ○ System changes must support those expectations and be implemented by the people whom they affect ○ Change is a continuous process ○ Meaningful recruitment only occurs after substantial practice changes are accomplished.
Resource Family Approval	To implement a unified, family friendly, and child-centered resource family approval process that replaces the existing multiple processes, eliminates duplication, and increases approval	○ One application & background check ○ Combined home environment and permanency assessment ○ Pre-approval and post-approval training for all families ○ Placement procedures for child prior to resource family	

Program/Initiative	Goals	Key Elements of Practice	Values and/or Principles
	standards by incorporating a comprehensive psychosocial evaluation of all families that want to foster, adopt, or provide legal guardianship to a child.	approval ○ Emergency placement ○ Compelling Reason	
Safety Organized Practice	To form a constructive, purposeful focus among all the stakeholders involved with children and families by generating a clear, shared understanding of the problems facing that family and a straightforward vision of what future safety for the children needs to look like.	○ Signs of Safety ○ Appreciative inquiry ○ Solution-focused therapy ○ Motivational interviewing ○ Structured Decision-Making tools	
Wraparound	To engage with individuals with complex needs (most typically children, youth, and their families) in an intensive, holistic approach so that they can live in their homes and communities and realize their hopes and dreams.	○ Grounded in a Strengths Perspective ○ Driven By Underlying Needs ○ Supported by an Effective Team Process ○ Determined By Families	○ Family voice and choice ○ Team-based ○ Natural Supports ○ Collaboration ○ Community-based ○ Culturally competent ○ Individualized ○ Strengths-based ○ Unconditional(and/or "Persistent") ○ Outcome-based

Program/Initiative	Goals	Key Elements of Practice	Values and/or Principles
Relative /Near Kin Support	An approach to recruiting and retaining high quality caregivers who provide excellent care to children.	○ Clear expectations of caregivers ○ Articulated expectations	○ System changes must support those expectations and be implemented by the people whom they affect
California Fostering Connections to Success (Supports for Transitional age youth, NMD's and young adults)	Transition Age Youth Programs serve current and former foster and probation placement youth ages 15-24	○ Clear supports and ease of access. ○ Supported with common goals ○ Support for THP programs, ILP, CYC, VOICES (Epicenter).	○ Voice and choice ○ Team-based ○ Natural Supports ○ Collaboration ○ Community-based ○ Culturally competent ○ Individualized ○ Strengths-based ○ Outcome-based
CQI	An approach to ensure support for ongoing system change and provide feedback for improvement of social worker performance.	○ Regular reporting ○ Use in training ○ Qualitative and Quantitative ○ Client voice	○ Collaborative ○ Focused on outcomes ○ Descriptive ○ Predictive

More information can be found at the following link informing the above listed practices.

http://www.childsworld.ca.gov/res/OCAP/CaliforniaEvidenceBasedClearinghouse_FactSheet.pdf

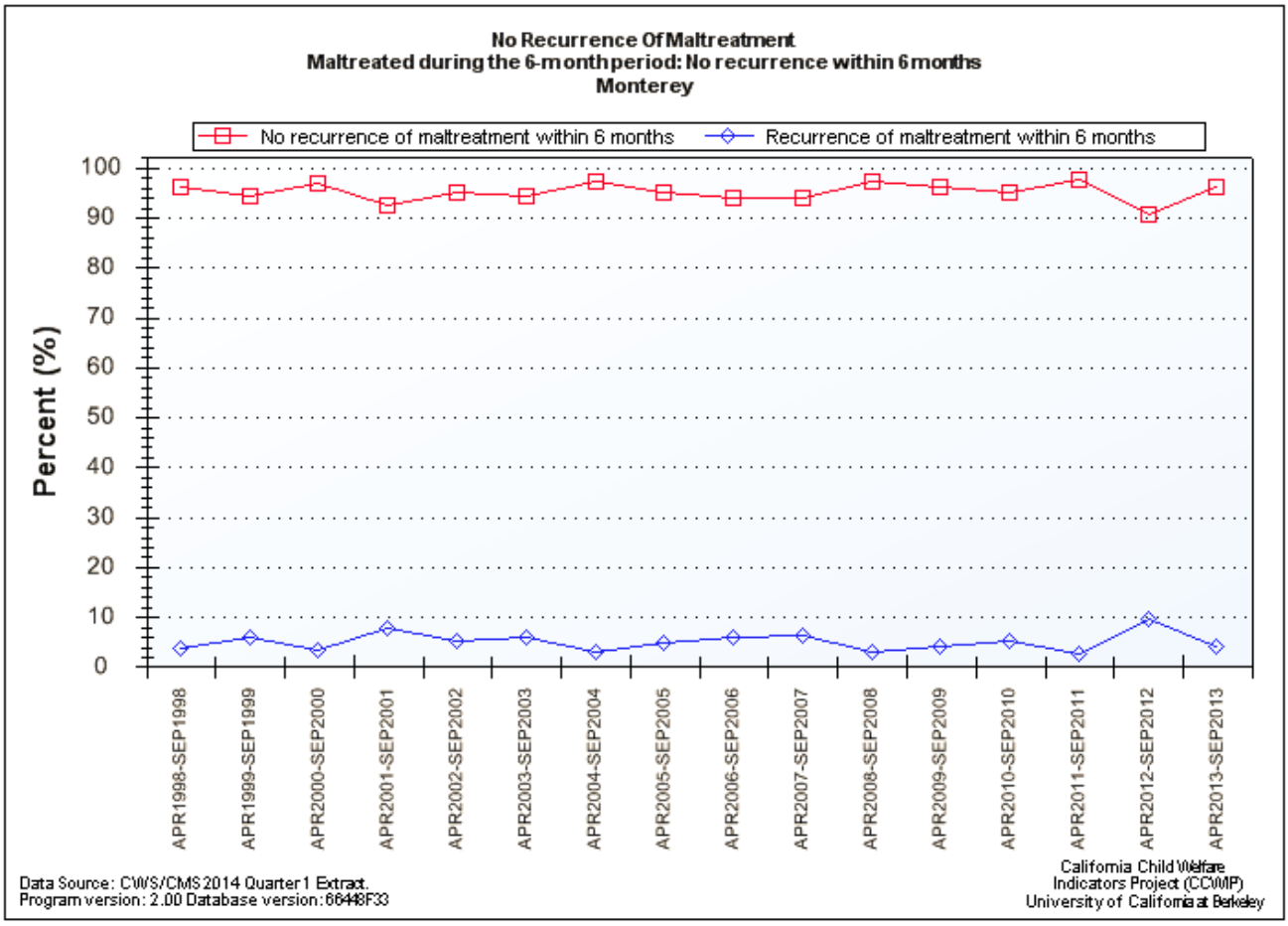
Despite this list, Monterey County faces many challenges as the road of exploration meets implementation. As an example, Katie A. has established an ongoing dialogue that will take many hours of collaboration in fully vetting a system change for the larger class. The increased workload of assessing all children with an open CWS case and ensuring, if qualified, access to service requires a greater deal of communication. Add the increased service delivery of doing trauma assessments and then arrangement for services during times where removal fluctuates and we experience system stress.

Overall, Monterey is conducting business in a way that promotes improved outcomes for children and families. In this California's goals are also supported.

5 – Year SIP Chart

Priority Outcome Measure or Systemic Factor: S1.1 No Recurrence of Mal Treatment

The following chart shows the trending data by similar time periods over multiple years, and is provide to allow the reader to see performance change patterns as to establish context to the measure.



Citation:
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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., Pixton, E., Lou, C., Peng, C., King, B., & Lawson, J. (2014). *CCWIP reports*. Retrieved 7/2/2014, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>

National Standard: 94.6*

CSA Baseline Performance: 87.8*

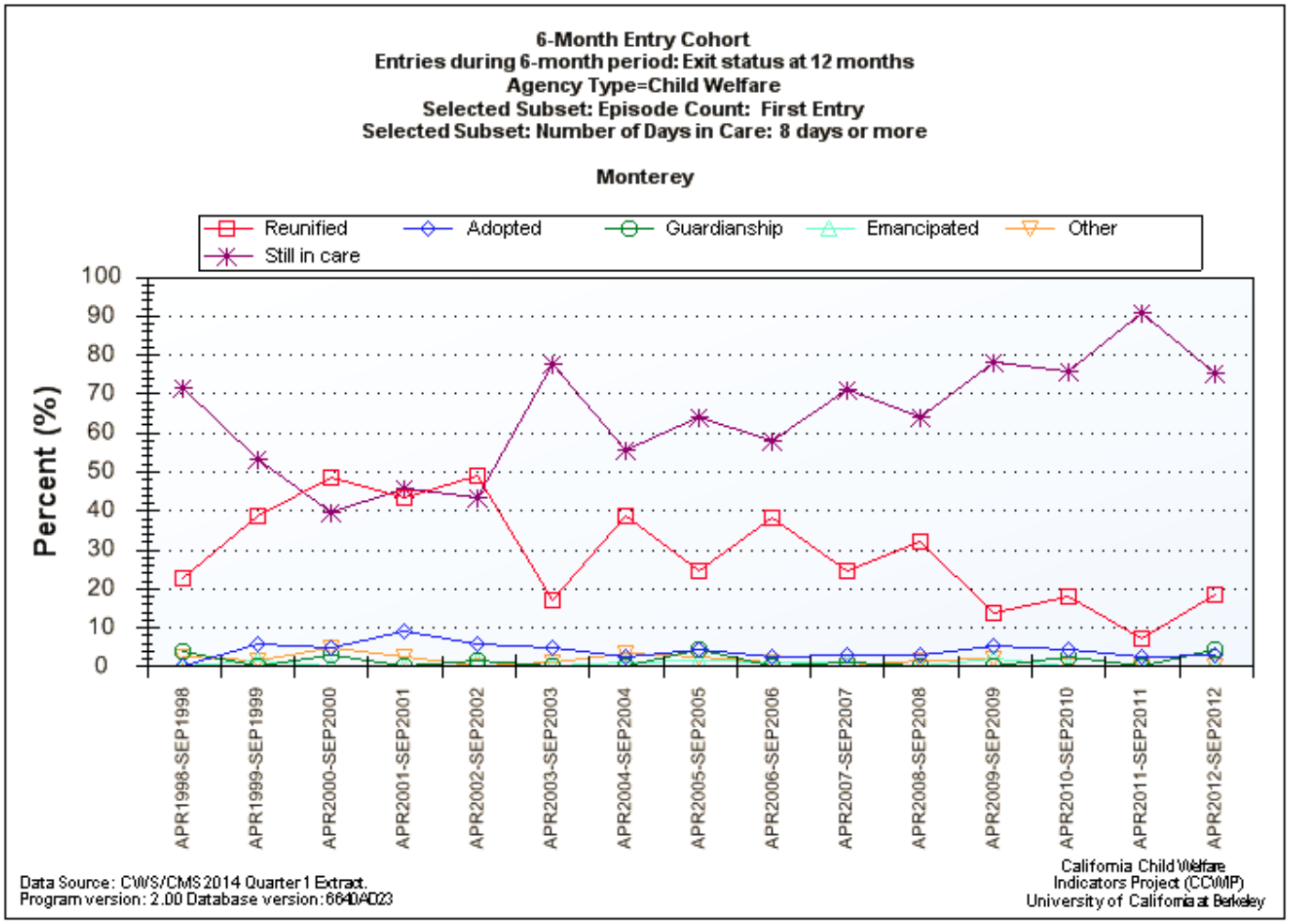
Current PIT Performance: 95.9*

Target Improvement Goal: Consistent performance above the National Standard (+/-5%)

Data Source: CWS/CMS 2014 Quarter 1 Extract

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

The following chart shows the trending data by similar time periods over multiple years, and is provide to allow the reader to see performance change patterns as to establish context to the measure.



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National Standard: 48.4*

CSA Baseline Performance: 15.8*

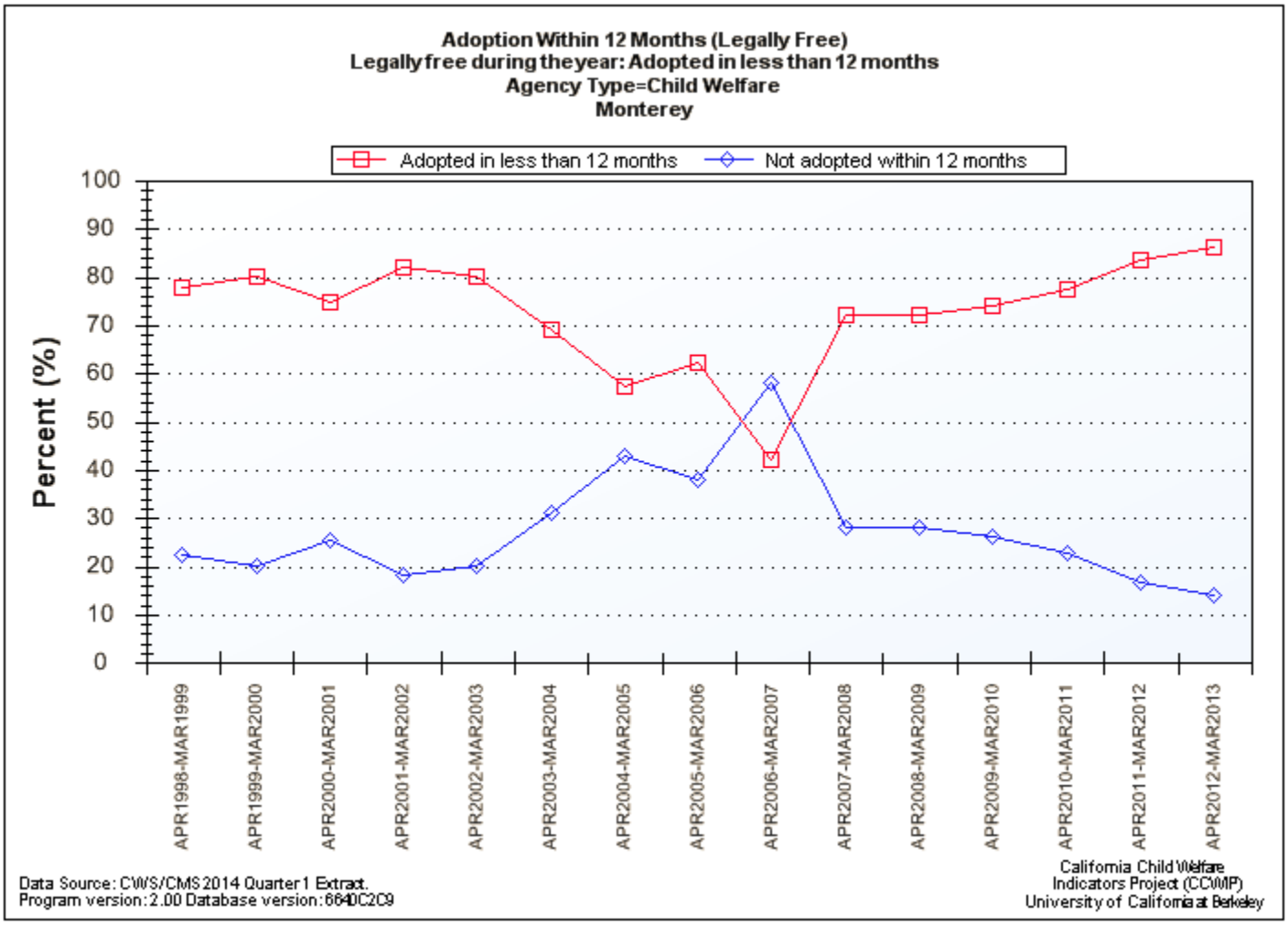
Current PIT Performance:6.3*

Target Improvement Goal: 10% ongoing improvement per calendar year

Data Source: CWS/CMS 2014 Quarter 1 Extract

Priority Outcome Measure or Systemic Factor: C2.5 Adoption Within 12 months (legally Free)

The following chart shows the trending data by similar time periods over multiple years, and is provide to allow the reader to see performance change patterns as to establish context to the measure.



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National Standard: 53.7*

CSA Baseline Performance: 82.8*

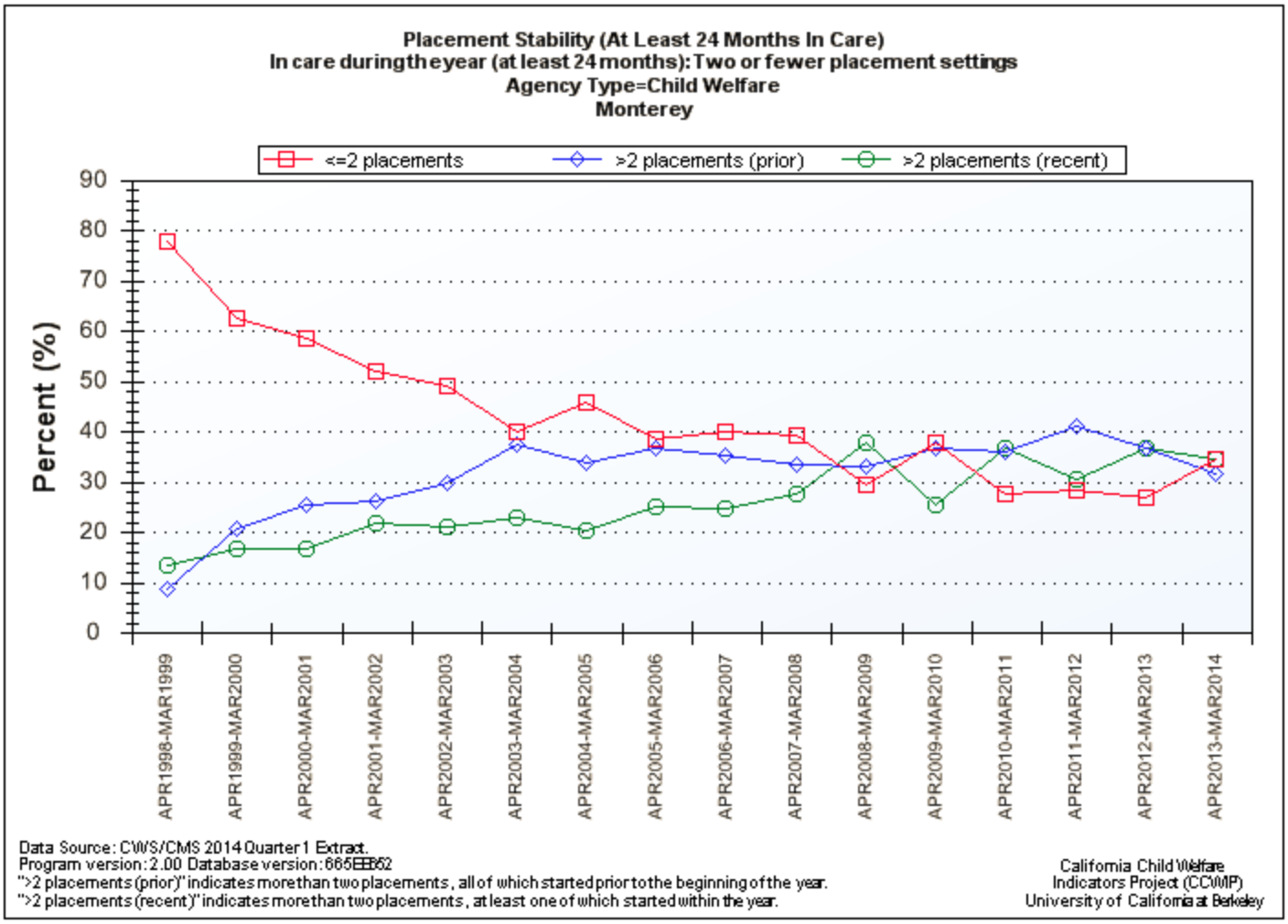
Current PIT Performance:86.1*

Target Improvement Goal: Consistent performance above CSA Baseline (+/-5%)

Data Source: CWS/CMS 2014 Quarter 1 Extract

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

The following chart shows the trending data by similar time periods over multiple years, and is provide to allow the reader to see performance change patterns as to establish context to the measure.



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National Standard: 41.8*

CSA Baseline Performance: 27.3*

Current PIT Performance: 34.3*

Target Improvement Goal: Consistent performance above CSA Baseline (+/-10%)

Data Source: CWS/CMS 2014 Quarter 1 Extract

Strategy 1: CalWORKS Family Stabilization: Increase access to services for prevention by building on relationships with services offered through employment services (ER).	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): S1.1 No Recurrence of Mal Treatment ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Development of a referral system for determination of appropriate prevention path (VFM, WTW, DR-P2S/P2E).	June 2014	December 2014	ER Program Manager: Other line staff to be identified
B. Development of policies and procedures for implementation.	June 2014	December 2014	ER Program Manager: ER Supervisors
C. Installation of a cross-discipline team including FCS, WTW, CB and CBH.	June 2014	September 2014	ER Program Manager: BH Manager: WTW Manager
D. Develop appropriate tracking systems and CQI for improvement and assessment for training.	September 2014	February 2015	ER Program Manager: CQI Supervisor

Strategy 2: ER Performance Improvement Project:	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): S1.1 No Recurrence of Mal Treatment ☐ Title IV-E Child Welfare Waiver Demonstration Capped

		Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Improve communication and tracking: 1. Installation of Call Tracking Software 2. Equitable referral distribution/assignment 3. Develop standards for intakes use of Call Tracking software and incorporate into job descriptions.	August 2014	August 2015	ER Program Manager: Intake Supervisor: Support Staff as Needed
B. Improve timeliness through formation of a review group to look at: 1. IER 2 Hour Response – examine and improve unit communication. 2. Referral Closure – examine office procedures to obtain standards that ensure closure and approval within regulations. 3. Supervisor approval – develop standards that support timely supervisor closure. 4. DOJ-CACI Screening – increase screening to reduce need for CACI hearings and improved communication with law enforcement.	December 2014	Ongoing	ER Program Manager: Intake Supervisor: ER Supervisors

5. Transition Improvement – timely paper work completion(VFM and Court) 6. Logistics: Research office locations and staff placement.			
C. Update ER manuals and Program Directives to ensure consistent SW standards and expectations.	December 2014	Ongoing	ER Program Manager: Management Analyst
D. Review and improve Clerical support for processing of paper work and translation.	December 2014	Ongoing	ER Program Manager
E. Apply for NCA accreditation for the Child Advocacy Center.	October 2014	October 2015	ER Program Manager: CAC Staff

Strategy 3: Training: Provide staff and community education.(ER)	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): S1.1 No Recurrence of Mal Treatment ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:

A. Community Education: Distribute to Mandated Reporters a list of "Helpful Tips".	September 2014	Ongoing	Training Supervisor: Intake Staff
B. Internal Training: 1. Provide ongoing training on SDM 2. Provide ongoing training on Interviewing. 3. Provide training on use of new call management software. 4. Provided education on Prevention Resources (Family Stabilization, Pathways, VFM, and DV). 5. Provide training on all ER Manual Updates.	September 2014	Ongoing	ER Program Manager: Training Supervisor

Strategy 4: Continuous Quality Improvement(CQI)-(ER)	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): S1.1 No Recurrence of Mal Treatment ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:

A. Improve Contact Timeliness through integration of monthly SIP reports.	December 2014`	Ongoing-Monthly	ER Supervisors
B. Develop feedback on Probationary Staff by having CQI Supervisor implement a systematic way to monitor work quality.	January 2015	Ongoing	ER Program Manager: CQI Supervisor
C. Monitor line Supervision in the use of SIP reports in addressing quantitative and qualitative issues.	January 2015	Ongoing-Monthly	ER Program Manager: ER Supervisors
D. Integrate data reports into review of equitable referral assignment.	July 2015	Ongoing	ER Program Manager
E. Develop standards for Family Stabilization to assess effeteness.	September 2014	February 2015	Cross Discipline Staff

Strategy 5: Cal WORKS Integration	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.3 Reunification within 12 months (Entry Cohort) ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Train and implement Extension of CalWORKS Services: (WELFARE & INSTITUTIONS CODE SECTION 11203 AND AB 429, CHAPTER 111, STATUTES OF 2001).	October 2014	October 2015	Ongoing Program Manager: Training Supervisor
B. Develop cross training to integrate Family Stabilization and use of increased resources.	January 2015	December 2015	Ongoing Program Manager: Training Supervisor
C. Explore development of additional "Linkage" like supports.	September 2014	Ongoing	Ongoing Program Manager

Strategy 6: Increase collaboration with Behavioral Health and Door to Hope	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.3 Reunification within 12 months (Entry Cohort) ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Collaborate with Behavioral Health to develop polices to eliminate waiting lists.	September 2014	Ongoing	Ongoing Program Manager: Management Staff
B. Explore service expansion: 1. Assess feasibility to expand mentor services for additional populations. 2. Assess ability to expand Supervised Visitation supports. 3. Implement regular use of Therapeutic Visitation.	January 2015	Annually	Ongoing Program Manager: Management Staff

Strategy 7: Ongoing Case Management Training	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.3 Reunification within 12 months (Entry Cohort) ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Semi-annual training on specialized visitation for SSA's and community partners.	September, 2014	Ongoing	Ongoing Program Manager: FR Supervisor
B. Staff Training: 1. Increase Concurrent Planning training. 2. Implement Solution Focused training. 3. Impalement Solution Focused Coaching training for supervisors. 4. Integrate Katie A. implementation into FTM and other case management training.	January 2015	Ongoing	Ongoing Program Manager: Training Supervisor: BAA

Strategy 8: Ongoing Continuous Quality Improvement (CQI).	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.3 Reunification within 12 months (Entry Cohort) ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Distribute and use SIP reports to ensure contact and quality of contact.	September 2014	Ongoing-Monthly	Ongoing Program Manager: Management Staff
B. Increase Supervisor responsibility for CQI. 1. Supervisors to conduct 2 case reviews prior to all SW evaluations. 2. Supervisors to follow up on reports from CQI Supervisor and report findings to the PM. 3. Supervisors to include CQI Supervisor information on probationary staff at 4-8 month evaluation.	January 2015	Ongoing	Ongoing Program Manager: Management Staff: Supervisors

Strategy 9: Home study redesign to increase timely completion.	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): C2.5 Adoption Within 12 months (legally Free) ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Have the RSU conduct all intakes and monitor for timeliness.	September 2014	Ongoing	RSU Supervisor
B. Develop, train and monitor agreements with Kinship Center for Home Studies. 1. Implement individual training plans 2. Develop supervisor supports to track and monitor. 3. Conduct bi-monthly team meetings to monitor status. 4. Access and integrate Kinship Center's Permanency Support staff.	September 2014	Ongoing	Ongoing Program Manager: Management Staff: Training Supervisor: Line Supervision

Strategy 10: Increase use of collaborative meetings and concurrent planning teams.	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): C2.5 Adoption Within 12 months (legally Free) ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Develop and implement protocols for concurrent planning teams. 1. Placement supervisors to track children not in concurrent homes and work to develop concurrent planning teams. 2. Monthly team meetings for children identified. 3. Assure all cases have a collaborative plan review. 4. Assess CP-RAP (Concurrent planning-review, assess and plan) early in dependency.	June 2015	Ongoing	Ongoing Program Manager: Placement Supervisors
B. Meeting usage 1. Enact Joint unit meetings to develop relationships and fine tune protocols. 2. Implement Program Manager staffing's prior to decisions on long term foster care designations. 3. Increase Permanency Conferences	June 2015	Ongoing	Ongoing Program Manager: Placement Supervisors

prior to review hearings.			

Strategy 11: Training and CQI	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): C2.5 Adoption Within 12 months (legally Free) ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Collaborate with Bay Area Academy to develop increased Concurrent planning training for staff.	April 2015	June 2015	Director: Program Managers: Training Supervisor
B. Integrate concurrent planning principals into caregiver training provided by Hartnell College.	September 2014	Ongoing	Program Managers: Management Staff: Hartnell Staff
C. Develop Training for Foster Parent Mentors in order to support concurrent caregivers.	September 2014	Ongoing	Program Managers: Hartnell Staff
D. Evaluate and use Kinship Center's Path to Permanency services as appropriate.	July 2015	June 2016	Program Managers

E. Implement regular review of Monthly SIP reporting to ensure work efficiency and quality.	September 2014	Ongoing -Monthly	Ongoing Program Manager: Adoption Supervisor

Strategy 12: Establish meeting hub and supports for Foster Parent recruitment and retention.	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): C4.3 Placement Stability (At Least 24 Months in care) ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Restructure Family to Family to use joint meeting as a primary point of contact.	September 2014	September 2016	Program Managers: Management Analyst: Assigned Staff
B. Increase recruitment efforts and supports: 1. Focus on Churches and Community Organizations. 2. Develop strategies to support caregivers and allow feedback. 3. Recruit attendance for joint meeting.	September 2014	Ongoing	Recruitment and Retention Steering Committee: Caregivers
C. Maintain and evaluate use of Family to Family Liaisons to support caregivers' post-TDM.	Annually	Annually	Management Analyst: Program Manager:
D. Maintain and evaluate use of Family to Family Liaisons in marketing and recruiting foster parents.	Annually	Annually	Management Analyst: Program Manager

E. Evaluate and assess for implementation: 1. Evaluate expansion of mentors for FFA Caregivers 2. Evaluate Parent Education Group (PEG) for caregivers. 3. Evaluate use of neighborhood support groups. 4. Expanded recruitment for relative and Foster Parent Mentors.	September 2014	Annually	Program Managers: Management Analyst: Assigned Staff

Strategy 13: Develop policies and procedures to improve utilization, recruitment and retention of relative/near-kin caregivers.	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): C4.3 Placement Stability (At Least 24 Months in care) ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Revise the relative assessment process to be more inclusive of relatives.	September 2014	September 2016	Program Managers: Supervisors
B. Increase comprehensive relative searches in court intake by using Accurint Advanced searches and by expanding role of TDM facilitators. .	January 2015	Ongoing	Program Managers, Management Analyst

C. Ensure that all relative caregivers attend ROOTs by improving the timely communication and participant tracking with Hartnell-FKCE.	Annually	Annually	Program Managers: Assigned Staff: Hartnell Staff
D. Develop in collaboration with Hartnell, a psyco-educational group for biological children of relative caregivers, concurrent with ROOTs.	September 2014	September 2015	Program Managers: Assigned Staff: Hartnell Staff

Strategy 14: Increased Training	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): C4.3 Placement Stability (At Least 24 Months in care) ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Invite all interested parties to the annual Caregiver Retention Planning Meeting and share updated information from prior year.	Annually	Annually	Program Managers: Assigned Staff: Hartnell Staff
B. Explore providing access to TEAM training to FFA caregivers, to ensure consistent provision of information.	January 2015	January 2016	Program Managers: Assigned Staff

C. Increase staff awareness of revised relative assessment processes and of implementation of new supports and changes.	Ongoing	Ongoing	Program Managers: Assigned Staff: Hartnell Staff

Strategy 15: Continuous Quality Improvement	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): C4.3 Placement Stability (At Least 24 Months in care) ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Develop assessments for the effectiveness of revised relative placement procedures in increasing the number and quality of placements.	January 2015	Ongoing	Management Staff:
B. Revise current CQI tools to include questions that provide information on caregiver support and improvement.	June 2015	September 2015	CQI Supervisor
C. Conduct ongoing assessment to further assess supports for foster and relative caregivers.	Annually	Annually	Assigned Staff

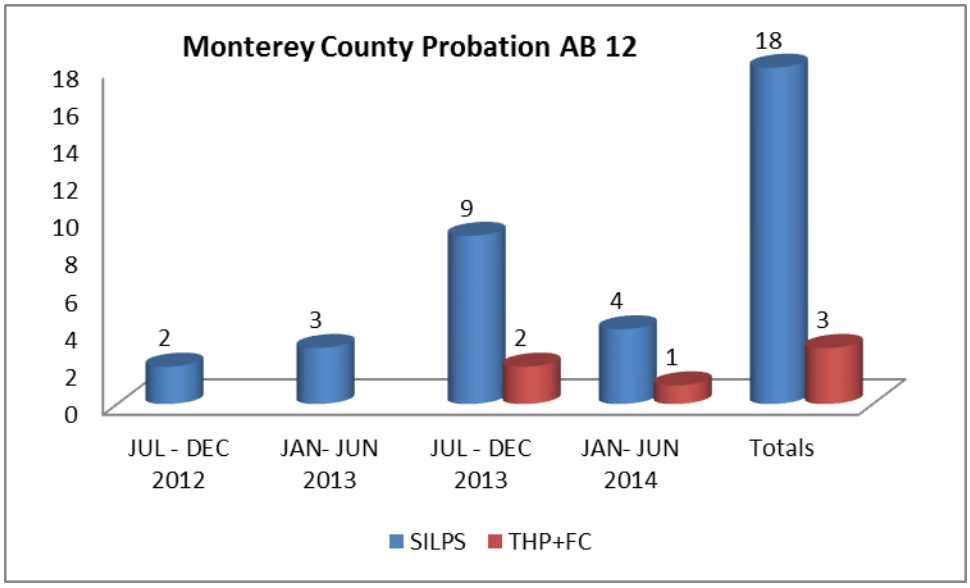
D. Explore the development of data tracking (ETO) for setting up outcomes for the work of Family to Family Liaisons.	January 2015	December 2015	Management Staff
E. Continue review of effectiveness of collaborative meetings.	Annually	Annually	Management Staff: Assigned staff

Systemic Factor: Extended Foster Care

National Standard: N/A

CSA Baseline Performance: N/A

Target Improvement Goal:
Beginning May 2012, the Probation Department assigned deputy probation officers in the Placement Unit to case manage the new AB 12 nonminor dependent population. This assignment created new opportunities to educate youth who had voluntarily agreed to participate in extended foster care as non-minor dependents about housing options, educational goals, basic needs, and assist them in becoming self-sufficient young adults. In our county, Supervised Independent Living Placement (SILP) has been the most prevalent placement since extended foster care was implemented.



During 2012-2014, Probation has supervised 21 youth participating in extended foster care.

Priority Outcome Measure or Systemic Factor:

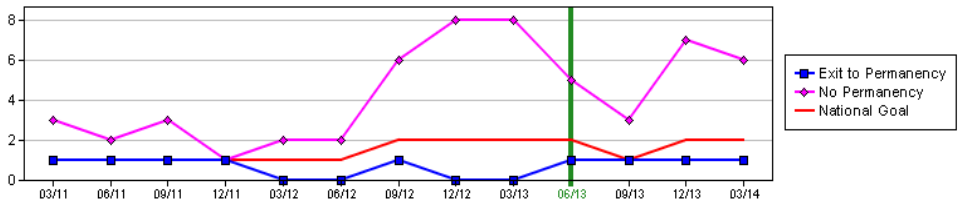
Permanency Measure C3.1 Long Term Care Outcome: Exits to Permanency (24 Months in Care)

This measure answers the question: Of all children in foster care for 24 months or longer on the first day of the year, what percent were discharged to a permanent home by the end of the year and prior to turning 18?
National Standard: 29.1 %

CSA Baseline Performance:
From July 1, 2012 to June 30, 2013, one minor in foster care for 24 months or longer on the first day of the year was discharged to a permanent home by the end of the year prior to turning 18. Current performance is below the Federal Standard goal of 29.1 %, and above the Statewide performance of 13.6%.

SafeMeasures® data:

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Percentage
07/01/2012	06/30/2013	1	5	16.7%



Exits to Permanency

	Count	Percentage
Exit to Permanency	1	16.7%
No Permanency	5	83.3%
National Goal	2	29.1%
Total	6	100.0%

Because Probation has relatively small numbers of minors in foster care, one or two long term foster care cases significantly affects the rate for this measure. Also, in this time period all of the minors staying in foster care had previously been removed from the home by Child Welfare Services at the time they entered the delinquency system, also referred to as cross-over youth. Therefore, they had already been in foster care for a period of time prior to Probation's efforts commenced.

Target Improvement Goal:
Increase awareness and implementation of best practice in achieving permanency.

Strategy 1: Establish and streamline current procedures for nonminor dependent youth electing to participate in extended foster care with Probation.	☐ CAPIT ☐ CBCAP ☐ PSSF ☐ N/A	Applicable Systemic Factor(s): **Extended Foster Case / AB 12** ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Provide ongoing/refresher training to Placement Probation Officers to understand how to execute the technical requirements of extended foster care, and meet the needs of emerging adults.	09/2015	On going	Probation Services Manager Management Analyst Deputy Probation Officer III Training Probation Services Manager Deputy Probation Officers
B. Train Placement Probation Officers on quality visits to meet and comply with mandates associated with the visitation and documentation of monthly Caseworker visits with youth.	09/2014	09/2016	Probation Services Manager Management Analyst Deputy Probation Officer III Training Probation Services Manager
C. Create new court templates, and a system that streamline our current process for court reports. • Special Immigrant Juvenile Status • Written Information • Required documents • Rights and responsibilities for EFC	03/2015	03/2016	Probation Services Manager Management Analyst Deputy Probation Officer III

• Transitional Independent Living Case Plan • Transitional Independent Living Plan			
D. Identify and develop flow charts for different scenarios to help streamline the process of different scenarios for youth who elect to exit foster care, re-enter foster care, jurisdictional transfers, requirements based on scenario, etc.	09/2014	09/2016	Probation Services Manager Management Analyst Deputy Probation Officer III

Strategy 2: Increase the number of minors discharged to permanent homes that have been in care 24 months or longer.	☐ CAPIT ☐ CBCAP ☐ PSSF	Applicable Outcome Measure(s): **CFSR Measure C3.1: Exits to Permanency (24 Months in Care)**	
	☐ N/A	☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Evaluate the effectiveness of family engagement protocols providing revisions as needed. Identify past family finding efforts made by Child Welfare if applicable.	01/2015	On going	**A.** Probation Services Manager Management Analyst Deputy Probation Officer III Deputy Probation Officer

B. Evaluate current trainings that are conducted on Permanency and plan for additional training as necessary	06/2015	On going	**B.** Probation Services Manager Management Analyst Deputy Probation Officer III
C. Identify and document challenges to meeting the federal standard for measure C3.1 due to the implementation of extended foster care. This is noted as the most appropriate permanent plan for this population, especially for cross-over youth, may be for participation in extended foster care and by doing so, that youth reflects negatively for this measure.	01/2015	On going	**C.** Probation Services Manager Management Analyst Deputy Probation Officer III

ATTACHMENTS

CAPIT/CBCAP/PSSF - Service Provision

1. Expenditure Workbook
2. Program and Evaluation Description
3. Notice of Intent

CAPIT/CBCAP/PSSF Expenditure Workbook
Proposed Expenditures
Worksheet 1

Appendix X

(1) DATE SUBMITTED: 6/17/14 (2) DATES FOR THIS WORKBOOK 7/1/14 thru 9/30/19

(3) DATE APPROVED BY OCAP 7/17/2014
Internal Use Only

(4) COUNTY: Monterey (5) PERIOD OF SIP: 9/9/14 thru 9/9/19 (6) YEARS: 2014-2019

(7) ALLOCATION (Use the latest Fiscal or All County Information Notice for Allocation): **CAPIT: $ 143,327** **CBCAP: $25,606** **PSSF: $349,557**

No.	Program Name	Applies to CBCAP Programs Only	Name of Service Provider	Service Provider is Unknown, Date Revised Workbook to be Submitted to OCAP	CAPIT: Dollar amount to be spent on CAPIT Programs	CAPIT: CAPIT is used for Administration	CBCAP: Dollar amount to be spent on CBCAP Programs	CBCAP: CBCAP is used for Administration	PSSF: Dollar amount to be spent on Family Preservation	PSSF: Dollar amount to be spent on Family Support	PSSF: Dollar amount to be spent on Time Limited Reunification	PSSF: Dollar amount to be spent on Adoption Promotion & Support	PSSF: Dollar amount of PSSF allocation to be spent on PSSF activities (Sum of columns G1-G4)	PSSF: PSSF is used for Administration	OTHER SOURCES: Dollar amount from other sources	NAME OF OTHER: List the name(s) of the other funding source(s)	TOTAL: Total dollar amount to be spent on this Program (Sum of Columns E, F, G5)
A	**B**	**C**	**D1**	**D2**	**E1**	**E2**	**F1**	**F2**	**G1**	**G2**	**G3**	**G4**	**G5**	**G6**	**H1**	**H2**	**I**
1	Parent Education		Multiple Trainers		$110,000		$0		$0	$0	$36,000	$0	**$36,000**		$0	Kids Plate/multiple funders	**$146,000**
2	Community Based Education	Outreach	Margaret Pelikan				$20,000	X	$0	$0	$0	$0	**$0**		$0		**$20,000**
3	CAPC	Outreach	CAPC Director		$33,327	X	$5,606	X	$0	$0	$0	$0	**$0**		$0	Multip Funders (LOL) & County	**$38,933**
4	Pathway to Safety		ACTION Council						$86,000	$86,000			**$172,000**		$0	CWSIOP/CWS	**$172,000**
5	AOD(Non-Medical cost)		Door to Hope								$20,000		**$20,000**		$0	Medi-cal	**$20,000**
6	Childcare		Aspiranet (Cherish Center)								$19,354		**$19,354**		$0	CWS	**$19,354**
7	Multi-Disciplinary Teams		CWS Staff									$70,000	**$70,000**		$0	CWS	**$70,000**
8	Concrete Supports		Multiple vendors						$5,000	$5,000	$12,500	$9,703	**$32,203**		$0	CWS	**$32,203**
															$0		**$0**
					$0		$0		$0	$0	$0	$0	**$0**		$0		**$0**
	Totals				**$143,327**		**$25,606**		**$91,000**	**$91,000**	**$87,854**	**$79,703**	**$349,557**		**$0**		**$518,490**
									26%	**26%**	**25%**	**23%**	**100%**				

CAPIT/CBCAP/PSSF
PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION TEMPLATE

COUNTY: MONTEREY
DATE APPROVED BY OCAP: JULY 17, 2014

PROGRAM NAME

Parent Education Program

SERVICE PROVIDER

Community Human Services (Triple P)
Door to Hope (Parents as Teachers)
Efrain Ramirez, Jorge-Mata Vargas, and Eduardo Eizner (CAPIT – Parent Education Class)

PROGRAM DESCRIPTION

Each contract trainer provides bi-lingual, bi-cultural parent education classes to mono-lingual Spanish speaking parents of Monterey County children. The trainers may teach the class by using the book "How to raise Emotionally Healthy Children?" by Gerald Newmark, Ph.D. A total of 550 classes will be offered. Classes vary from one hour to two hour classes. The curriculum may provide up to one to four classes on one topic. The CAPC Director provides program oversight and administrative services. These parenting classes are paid through CAPIT.

Parents as Teachers (evidenced-based) is home visiting parent education offered through Door to Hope. Triple P (evidenced-based) is a parenting class offered through Community Human Services. Both programs are available in English and Spanish. These parenting education programs are paid through PSSF TLFR.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Parent Education Classes
CBCAP	
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	Parent Caregiver/Support Groups (Triple P) Peer to Peer Mentoring (PAT)
PSSF Adoption Promotion and Support	
OTHER Source(s): (Specify)	PSSF TLFR Programs (only): Community Grants & Behavioral Health Funding (Triple P) & EPSDT (Triple P)

IDENTIFY PRIORITY NEED OUTLINED IN CSA

- Some of the families that migrate from Mexico come from small rural communities with limited child development knowledge.
- 45% referrals are neglect
- 66% substantiated are neglect
- 45% substantiated are under age 5
- The Hispanic population now exceeds 55% of residents in the 2010 census. Our local statistics indicate that most CPS referrals originate from this large segment of our community (largest report of CAN referrals).

TARGET POPULATION

Mono-lingual Spanish and English speaking parents of Monterey County Children involved in CPS. Targeted toward families with at least a child ages 0-5 (serves the entire family).

TARGET GEOGRAPHIC AREA

All 3300 square miles of Monterey County

TIMELINE

SIP CYCLE SEPTEMBER 9, 2014 TO SEPTEMBER 9, 2019; SUBJECT TO CHANGE WITH NOTICE AND APPROVAL FROM CDSS/OCAP.

EVALUATION

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

Desired Outcome **CAPIT-Parent Education**	**Indicator**	**Source of Measure**	**Frequency**
Participants know how to manage child behavior in a nurturing and effective manner (behavior management, discipline).	80% of participants demonstrate knowledge of the importance of spending time positively interacting with their children.	Post Class Surveys are conducted	Contract trainers must provide one survey for every ten classes Approximately 55 per year. Quarterly
Classroom training (participants – sign in sheets) and surveys are used to track the participation rates through hand count. The evaluation survey of the classes covers content and presentation. The CAPC council receives quarterly reports.			
Desired Outcome **PAT & Triple P- PSSF TLFR**	**Indicator**	**Source of Measure**	**Frequency**
Participants know how to manage child behavior in a nurturing and effective manner (PSSF-Triple P, PAT).	80% of participants demonstrate improved parenting practices.	Parent Ladder (assessment tool)	Pre and Post participant completion assessment.
Multiple database systems are used to track service delivery, billing, and client satisfaction.			

CLIENT SATISFACTION (EXAMPLE* PROVIDED BELOW)

Method or Tool **CAPIT-Parent Education**	**Frequency**	**Utilization**	**Action**
Post class quality of delivery and content survey	Following every ten classes	Reviewed by the CAPC Director	Notified the CAPC Board and address the concerns of the complaining party.
Method or Tool **PAT & Triple P- PSSF TLFR**	**Frequency**	**Utilization**	**Action**
Parent Ladder Survey	Upon completion of Program	Contract Agency and CSW Management (review)	Quality improvement

CAPIT/CBCAP/PSSF

PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION TEMPLATE

COUNTY: MONTEREY
DATE APPROVED BY OCAP: 6-26-14

PROGRAM NAME

Community Based Education

SERVICE PROVIDER

Margaret Pelikan (contractor)

PROGRAM DESCRIPTION

Provides information and guidance for the prevention of child sexual abuse via the Monterey County Enough Abuse Campaign, Monterey County; participation in radio and television shows to discuss the Enough Abuse Campaign and child abuse prevention programs; individual trainings on the Enough Abuse Campaign to public agencies and community based organizations; participation in community health fairs or informational fairs held throughout Monterey County.

Mandated reporting classes with a prevention component within Monterey County; provide child abuse prevention education sessions to schools or public entities to train staff in the nuance of completing valid mandated reports on child victims of abuse and neglect.

CONTRACTOR may also provide program oversight and administrative support services for the Child Abuse Prevention Council if needed.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	Public Awareness/Public Education/Presentation Radio - Public Service Announcements
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): (Specify)	

IDENTIFY PRIORITY NEED OUTLINED IN CSA

Referrals with Reporting Party - Grouped by Type
A child is counted only once, in category of highest severity
July 1, 2012 - June 30, 2013

	Allegation Type								
	Sexual Abuse	Physical Abuse	Severe Neglect	General Neglect	Exploitation	Emotional Abuse	Caretaker Absence/Incapacity	At Risk, sibling abused	Total
	N	N	N	N	N	N	N	N	N
Reporting Party Type									
Not Entered	22	34	0	193	0	18	12	0	279
Family/Friend	6	32	0	68	0	7	2	1	116
Neighbor	4	0	0	1	0	0	0	0	5
Law Enforce/Legal	34	34	7	150	0	15	27	6	273
Soc Serv./MH	76	139	1	130	0	46	5	1	398
Day Care/Fost Care	1	3	0	3	0	0	0	0	7
Medical	28	38	9	106	0	14	9	0	204
Education	46	323	1	190	1	45	4	8	618
Other Professional	36	61	4	121	0	12	6	3	243
Other	4	5	0	12	0	2	2	0	25
All	257	669	22	974	1	159	67	19	2168

CSA page 25- Domestic Violence
The rate for domestic violence calls in Monterey runs slightly higher than the state average.

- 45% referrals are neglect
- 66% substantiated are neglect
- 45% substantiated are under age 5
- The Hispanic population now exceeds 55% of residents in the 2010 census. Our local statistics indicate that most CPS referrals originate from this large segment of our community (largest report of CAN referrals).

TARGET POPULATION

Public agencies, schools, non-profit agencies, law enforcement agencies

TARGET GEOGRAPHIC AREA

All 3300 square miles of Monterey County

TIMELINE

SIP CYCLE SEPTEMBER 9, 2014 TO SEPTEMBER 9, 2019; SUBJECT TO CHANGE WITH NOTICE AND APPROVAL FROM CDSS/OCAP.

EVALUATION

PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING (EXAMPLE* PROVIDED BELOW)

Desired Outcome	Indicator	Source of Measure	Frequency
Increased awareness about the impact of child abuse and neglect in Monterey County.	80% of public and private agencies identify ways that they can offer supports or make appropriate	Post class survey Every 10 classes Observes or report to	Every 10 classes Quarterly

	referrals to families as needed (classes). Number of Public Education Presentations Number of Individuals Reached (estimates)	the CAPC Director	
Classroom training (participants), presentations, Labor of Love Survey results reported to the CAPC Council during regular quarterly meeting. Track the participation rates through hand count (number of participants). The evaluation survey of the classes covers content and presentation.			

CLIENT SATISFACTION (EXAMPLE* PROVIDED BELOW)

Method or Tool	Frequency	Utilization	Action
Post class quality of delivery and content survey	Following every ten classes	Reviewed by the CAPC Director	Notified the CAPC Board and address the concerns of the complaining party.

CAPIT/CBCAP/PSSF
PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION TEMPLATE

COUNTY: MONTEREY
DATE APPROVED BY OCAP: 6-26-14

PROGRAM NAME

CAPC

SERVICE PROVIDER

David Maradei

PROGRAM DESCRIPTION

The CAPC Director provides on-call training for parent groups, faith-based groups, schools, social services and non-profit agencies (such as CASA, Girls, Inc, the Rape Crisis Center, Sun Street Center, YMCA, YWCA, Boys and Girls Clubs, the local Catholic Church) who need to understand the impact of Domestic Violence and child abuse topics with emphasis on prevention efforts. In addition, class topics include the early brain development, impact of literacy, impact adverse childhood experience, and the identification of trauma informed therapy.

The CAPC Director will provide mandated reporting classes (one hour) with a prevention component within Monterey County. The CAPC Director shall provide child abuse prevention education sessions to any school agency or public entity that desires to train staff in the nuance of completing valid mandated reports on child victims of abuse and neglect.

The CAPC Director participates and supports the largest annual, one day health fair event in Monterey County referred to as the "Labor of Love," which has been in existing for over 20 years. Over 40 community agencies provide services and valuable information to pregnant mothers, mothers to be, and fathers to support child safety and promote health behaviors before and during pregnancy. Raffle prizes (car seats and strollers), health snacks, and games are provided at the health fair to parents. Free car seat presentation offered in English and Spanish. In addition, information is offered to pregnant mothers, mothers-to-be, and fathers on maternal health care information including child abuse and neglect prevention information (shaken baby syndrome, child car seat safety, the dangers of "hitting" children, mandated reporting and community based health care resources). In addition, two bilingual trainers are present to educate the parents on shaken baby syndrome by using a demonstration doll.

The CAPC Director works with community based adult universities and family resource centers to provide education and support to agencies that reach out to provide information to specialty populations who cannot afford services.

All CBCAP funding is utilized to support Prevention Network Collaborative Development and Public Awareness/Public Education/Presentations through education sessions, trainings and workshops. The Prevention Network Development includes activities to support community based efforts to develop, operate, expand and/or enhance network initiatives and/or coordinate resources and activities aimed at preventing child abuse and neglect.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Parent Education and support programs
CBCAP	Public Awareness/Public Education/Presentations Prevention Network Development Classes
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): (Specify)	Labor of Love is sponsored by the Community Hospital (Monterey Peninsula), Natividad Medical Center, Salinas Valley Memorial Healthcare System, WIC, United Way's Success by 6, First 5, and CAPC. CAPC – county funds & CAPIT

IDENTIFY PRIORITY NEED OUTLINED IN CSA

CSA page 25- Domestic Violence

The rate for domestic violence calls in Monterey runs slightly higher than the state average.

- 45% referrals are neglect
- 66% substantiated are neglect
- 45% substantiated are under age 5
- The Hispanic population now exceeds 55% of residents in the 2010 census. Our local statistics indicate that most CPS referrals originate from this large segment of our community (largest report of CAN referrals).

TARGET POPULATION

All children and family at risk of child abuse and neglect throughout Monterey County

Labor of Love - Target Population: All pregnant mothers, mothers to be, and fathers.

Mandated Reporting Classes- All CAN identified mandated reporters in Monterey County

Parent Education and Support Program (Community Classes - Professionals, parents, and members of the public

TARGET GEOGRAPHIC AREA

All 3300 square miles of Monterey County

TIMELINE

SIP CYCLE SEPTEMBER 9, 2014 TO SEPTEMBER 9, 2019; SUBJECT TO CHANGE WITH NOTICE AND APPROVAL FROM CDSS/OCAP.

EVALUATION

PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING (EXAMPLE* PROVIDED BELOW)

Desired Outcome	Indicator	Source of Measure	Frequency
Participants increased awareness of risks and prevention of child maltreatment.	Number of Public Education Presentations Number of Individuals Reached (estimates)	Verbal Feedback Observation Participation Data Survey (First 5- Labor of Love)	Quarterly
Classroom training (participants), presentations, and the Labor of Love Survey results reported to the CAPC Council during regular quarterly meeting. Track the participation rates through hand count (number of participants).			

CLIENT SATISFACTION (EXAMPLE* PROVIDED BELOW)

Method or Tool	Frequency	Utilization	Action
Observation and verbal feedback	Post- presentations and/or classes	Reviewed by the CAPC Director and reported the CAPC Council on a quarterly basis.	Notified the CAPC Board and address the concerns of the complaining party.

CAPIT/CBCAP/PSSF
PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION TEMPLATE

COUNTY: MONTEREY
DATE APPROVED BY OCAP: JULY 17, 2014

PROGRAM NAME

Pathways to Safety

SERVICE PROVIDER

ACTION Council

PROGRAM DESCRIPTION

CWS Contract oversight provides program oversight, development, CQI and administrative services.

Monterey County provides a Differential Response model called Pathways to Safety. Action Council acts as an administrative entity contracting with community agencies to provide support for 3-Paths. Path-1 provides information and referral support for referrals that are evaluated out. Path-2 provides joint response services for referrals coding 10 day. Path-3 provides supports for immediate referrals. Short term case management is provided to families (maximum of 90 days). Services are available in English and Spanish.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	
PSSF Family Preservation	(short term) Case Management
PSSF Family Support	(short term) Case Management
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): (Specify)	CWS/CSWSIOP

IDENTIFY PRIORITY NEED OUTLINED IN CSA

- 45% referrals are neglect
- 66% substantiated are neglect
- 45% substantiated are under age 5
- The Hispanic population now exceeds 55% of residents in the 2010 census. Our local statistics indicate that most CPS referrals originate from this large segment of our community (largest report of CAN referrals).
    - http://cssr.berkeley.edu/ucb_childwelfare/RefRates.aspx

TARGET POPULATION

At risk mono-lingual Spanish and English speaking parents of Monterey County Children referred to CWS for suspected abuse.

TARGET GEOGRAPHIC AREA

All 3300 square miles of Monterey County

TIMELINE

SIP CYCLE SEPTEMBER 9, 2014 TO SEPTEMBER 9, 2019; SUBJECT TO CHANGE WITH NOTICE AND APPROVAL FROM CDSS/OCAP.

EVALUATION

PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING (EXAMPLE* PROVIDED BELOW)

Desired Outcome	Indicator	Source of Measure	Frequency
Participants have decreased recurrence from the baseline when re-referred within 6 months.	Minimum of 70% of families will have no incidence of re-referral within 6 months.	CWS/CMS ETO	Yearly report April to March Reporting year Sample population within the methodology of 0-180 days will be measured against baseline performance.
Participants have decreased severity in disposition from the baseline if re-referred within 6 months.	Sample population within the methodology of 0-180 days will be measured against baseline performance.	CWS/CMS ETO	Yearly report April to March Reporting year
Reports published yearly to: http://mcdss.co.monterey.ca.us/ Participation rates are tracked through the Efforts to Outcomes software database which is matched with the CWS/CMS database. An evaluation report is conducted on an annual basis.			

CLIENT SATISFACTION (EXAMPLE* PROVIDED BELOW)

Method or Tool	Frequency	Utilization	Action
Upon termination of case management services, a voluntary post service survey is conducted.	Every time a family completes services.	By CWS Management	Used for program improvement and training

CAPIT/CBCAP/PSSF
PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION TEMPLATE

COUNTY: MONTEREY
DATE APPROVED BY OCAP: JULY 17, 2014

PROGRAM NAME

AOD

SERVICE PROVIDER

Door to Hope

PROGRAM DESCRIPTION

Contractor provides residential AOD services (Nueva Esperanza) to women who do not have Medi-Cal. CWS Contract oversight provides program oversight, development, CQI and administrative services. Services available in English and Spanish.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	Residential AOD services
PSSF Adoption Promotion and Support	
OTHER Source(s): (Specify)	Medical

IDENTIFY PRIORITY NEED OUTLINED IN CSA

- The Hispanic population now exceeds 55% of residents in the 2010 census. Our local statistics indicate that most CPS referrals originate from this large segment of our community (largest report of CAN referrals).
    - As of July 2013 78% of the CWS population reported by UCB was of Latino origin
    - It is suspected from Anecdotal information that up to 90% of the children have parents with substance abuse concerns. http://cssr.berkeley.edu/ucb_childwelfare/RefRates.aspx

CSA page 26

Alcohol and Drug

According to the Center for Applied Research Solutions in their 2010 report on Monterey County, they asserted that 29.9% of the residents over 18 engaged in binge drinking. That overall admission to treatment facilities had increased from 2000 to 2008 and so did hospitalize related to alcohol and drug use. Based on qualitative information and perception these trends are likely to continue.

TARGET POPULATION

Mono-lingual Spanish and English speaking mothers of Monterey County Children involved with the CPS system.

TARGET GEOGRAPHIC AREA

All 3300 square miles of Monterey County

TIMELINE

SIP CYCLE SEPTEMBER 9, 2014 TO SEPTEMBER 9, 2019; SUBJECT TO CHANGE WITH NOTICE AND APPROVAL FROM CDSS/OCAP.

EVALUATION

PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING (EXAMPLE* PROVIDED BELOW)

Desired Outcome	Indicator	Source of Measure	Frequency
Participants have increased chance of reunification post completion	Reunification within 12 months (C 1.3 entry Cohort)	CWS/CMS	Quarterly
Reports published yearly to: http://cssr.berkeley.edu/ucb_childwelfare/C1M3.aspx Multiple database System to track the participation rates.			

CLIENT SATISFACTION (EXAMPLE* PROVIDED BELOW)

Method or Tool	Frequency	Utilization	Action
SW interviews parent	Every parent who receives services	By CWS management	Used for program improvement and training.

CAPIT/CBCAP/PSSF
PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION TEMPLATE

COUNTY: MONTEREY
DATE APPROVED BY OCAP: (TEMPORARY APPROVED- JULY 17, 2014)

PROGRAM NAME

Childcare (temporary)

SERVICE PROVIDER

Aspiranet (Cherish Center)

PROGRAM DESCRIPTION

Contractor provides up to 23 hour receiving center for children removed from their parents.
CWS Contract oversight provides program oversight, development, CQI and administrative services.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	Childcare (temporary)
PSSF Adoption Promotion and Support	
OTHER Source(s): (Specify)	CWS

IDENTIFY PRIORITY NEED OUTLINED IN CSA

- The Hispanic population now exceeds 55% of residents in the 2010 census. Our local statistics indicate that most CPS referrals originate from this large segment of our community (largest report of CAN referrals).
    - As of CY 2013 Monterey County had 169 first entries into care.
    - Of which 86% were reported to be of Latino origin.

CSA page 76-77
County Shelter
Monterey County does not operate a shelter facility. As an alternative, Family and Children Services operate a 23 hour receiving center for youth at risk. The center provides a supportive, child friendly place, where a child can receive food, clothing, medical screening and assessment by behavioral health. These services assist in matching children to the appropriate level of care and allows for the issues related to concurrent planning and permanency to start at the earliest point. Last year the center supported 237 youth.

TARGET POPULATION

Children involved in the child welfare system

TARGET GEOGRAPHIC AREA

All 3300 square miles of Monterey County

TIMELINE

SIP CYCLE SEPTEMBER 9, 2014 TO SEPTEMBER 9, 2019; SUBJECT TO CHANGE WITH NOTICE AND APPROVAL FROM CDSS/OCAP.

EVALUATION

PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING (EXAMPLE* PROVIDED BELOW)

Desired Outcome	Indicator	Source of Measure	Frequency
Participants have a safe and secure place to be assessed while placement decisions are made.	Placement Stability (C 4.1)	CWS/CMS	Quarterly
CWS/CMS database will be used to track participation rates on a quarterly.			

CLIENT SATISFACTION (EXAMPLE* PROVIDED BELOW)

Method or Tool	Frequency	Utilization	Action
SW interviews child	Every child who receives this service	By CWS management	Used for program improvement and training.

CAPIT/CBCAP/PSSF
PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION TEMPLATE

COUNTY: MONTEREY
DATE APPROVED BY OCAP: JULY 17, 2014

PROGRAM NAME

Multi Disciplinary Teams

SERVICE PROVIDER

CWS Staff

PROGRAM DESCRIPTION

Staff provides facilitation to address a host of case concerns, transitions as described in department policy. Multi Disciplinary meetings involve a variety of partners and family members (TDM Meeting, Focus Meeting, Wrap Around Meeting, Family Team Meeting, Permanency Conference Meeting, Case Plan Review Meeting, Inter-agency Placement Meeting). Meetings are available in English, Spanish, and with interpretation for Spanish speaking families. Program manager oversight, development, and CQI.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	Multi Disciplinary Teams
OTHER Source(s): (Specify)	CWS

IDENTIFY PRIORITY NEED OUTLINED IN CSA

- The Hispanic population now exceeds 55% of residents in the 2010 census. Our local statistics indicate that most CPS referrals originate from this large segment of our community (largest report of CAN referrals).
    - As of 4-1-13 to 3-31-14 Monterey County had 15 completed adoptions.
    - Of which 12 were reported to be of Latino origin.

This was the focus of our current Peer Review; in addition to the observations provided, staff sees the consistent performance in adoptions as directly related to staff relationships with families and their involvement with concurrent planning. It is clear that we do not have enough understanding of our adoption numbers as it is an area in need of improved data input and collection. (CSA page 12, Federal Adoptions Measures)

TARGET POPULATION

Mono-lingual Spanish and English speaking parents of Monterey County Children involved with concurrent planning, adoption and adoption services (involves pre and post adoption services).

TARGET GEOGRAPHIC AREA

All 3300 square miles of Monterey County (may include adoptive families that relocated from the county).

TIMELINE

EVALUATION

PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING (EXAMPLE* PROVIDED BELOW)

Desired Outcome	Indicator	Source of Measure	Frequency
Timely adoption completion	Adoption rates among completed annual adoptions	CWS/CMS	annually
Reports published to: http://cssr.berkeley.edu/ucb_childwelfare/C2M3.aspx CWS/CMS database tracks the participation rates.			

CLIENT SATISFACTION (EXAMPLE* PROVIDED BELOW)

Method or Tool	Frequency	Utilization	Action
SW interviews the family	Every family who receives services	By CWS Management	Used for program improvement and training.

CAPIT/CBCAP/PSSF
PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION TEMPLATE

COUNTY: MONTEREY
DATE APPROVED BY OCAP: JULY 17, 2014

PROGRAM NAME
Concrete Supports

SERVICE PROVIDER
Various vendors who will provide services, as needed for the population being served.

PROGRAM DESCRIPTION
Concrete support examples are, but not limited to, transportation, or temporary support related to housing, food or utilities. Other services include summer youth programs (camps) and education materials (etc. books for parent education). Program manager provides oversight and CQI.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	
PSSF Family Preservation	Concrete Supports
PSSF Family Support	Concrete Supports
PSSF Time-Limited Family Reunification	Transportation
PSSF Adoption Promotion and Support	Concrete Supports Youth Programs
OTHER Source(s): (Specify)	CWS

IDENTIFY PRIORITY NEED OUTLINED IN CSA

- The Hispanic population now exceeds 55% of residents in the 2010 census. Our local statistics indicate that most CPS referrals originate from this large segment of our community (largest report of CAN referrals).
    - As of July 2013 78% of the CWS population reported by UCB was of Latino origin
    - It is suspected from Anecdotal information that up to 90% of the children have parents with substance abuse concerns. http://cssr.berkeley.edu/ucb_childwelfare/RefRates.aspx
- In 2012, 211 operators responded to 14,512 calls; 20,161 referrals were made; largest number of 211 calls request were for basic needs.

TARGET POPULATION
Mono-lingual Spanish and English speaking parents of Monterey County Children involved or at risk in CPS.

TARGET GEOGRAPHIC AREA

All 3300 square miles of Monterey County

TIMELINE

EVALUATION

PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING (EXAMPLE* PROVIDED BELOW)

Desired Outcome	Indicator	Source of Measure	Frequency
Improved outcomes for families to reunify	Improvement C-CFSR outcomes (C 1.1, C 2.1)	CWS/CMS	Quarterly
Reports published to http://cssr.berkeley.edu/ucb_childwelfare/ReportDefault.aspx CWS/CMS database system tracks the participation rates.			

CLIENT SATISFACTION (EXAMPLE* PROVIDED BELOW)

Method or Tool	Frequency	Utilization	Action
SW interviews the family	Every family that receives services	By CWS Management	Used for program improvement and training.

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 MONTEREY COUNTY

PERIOD OF PLAN: 09/01/2014 THROUGH 09/31/2019

DESIGNATION OF ADMINISTRATION OF FUNDS

The County Board of Supervisors designates the Child Abuse Prevention Council of Monterey County 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 Department of Social Services for Monterey County as the local welfare department to administer PSSF.

FUNDING ASSURANCES

The undersigned assures that the Child Abuse Prevention, Intervention and Treatment (CAPIT), Community Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) funds will be used as outlined in state and federal statute[1]:

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

In order to continue to receive funding, please sign and return the Notice of Intent to:

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

Louis R. Calcagno	12-3-14
County Board of Supervisors Authorized Signature	Date
Louis R. Calcagno	Chair, Board of Supervisors
Print Name	Title

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