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California – Child and Family Services Review Signature Sheet

For submittal of: CSA SIP [X] Progress Report [ ] [ ]

County	Calaveras County
SIP Period Dates	10/29/15 – 10/29/20
Outcome Data Period	Q1 2015

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Board of Supervisors (BOS) Signature

BOS Approval Date	February 9, 2016
Name	Cliff Edson, Chair, Board of Supervisors
Signature*	

Mail the original Signature Sheet to:
*Signatures must be in blue ink

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California - Child and Family Services Review

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California - Child and Family Services Review

System Improvement Plan

October 29, 2015 – October 29, 2020

Calaveras County

10/29/2015

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Background – Child and Family Services Review

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

California Child and Family Services Review (C-CFSR)

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

Quarterly Outcome and Accountability Data Reports

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

County Self-Assessment and Peer Review

The County Self-Assessment (CSA) is a comprehensive review of each county's Child Welfare Services (CWS) and the Probation Department youth in care and affords an opportunity for the quantitative analysis of child welfare data. The purpose of the CSA is to comprehensively assess the full array of child welfare and probation program, from prevention and protection through permanency and aftercare. The CSA is the analytic vehicle by which counties determine effectiveness of current practice, programs, and resources across the continuum of child welfare and probation placement services and identifies areas for target system improvement. The

California Department of Social Services Office Of Child Abuse Prevention is now integrated into the C-CFSR and information is given regarding the use of CAPIT/CBCAP and/or PSSF funds to divert children and families from entering the child welfare system. These funds support the County providing a continuum of services for children and families with an emphasis on prevention and early intervention. Embedded in this process is the Peer Review (PR). The peer review is designed to provide counties with issue-specific, qualitative information gathered by outside peer experts about the county's practice in child welfare and probation. Information garnered through intensive case worker interviews and focus groups helps to illuminate areas of program strength, as well as those areas in which improvement is needed.

A Peer Review (PR) was conducted in Calaveras County, at the Ironstone Vineyards from 1:30 pm on Monday, February 2nd and concluded at noon on February 4, 2015. Child Welfare focused on Exits to Permanency and identified 4 cases where social workers were interviewed. Three "unsuccessful" and one "successful" permanency cases were chosen.

Probation focused on Family Reunification with an emphasis on least restrictive placement. Two cases were chosen for the peers to interview the probation officer. Though Calaveras County Child Welfare Services retains overall accountability for conducting and completing this assessment, the process also incorporates input from various child welfare constituents and reviews the full scope of child welfare and juvenile probation services provided within the county. The CSA is developed every five years by the lead agencies in coordination with their local community and prevention partners, whose fundamental responsibilities align with CWS' view of a continual system of improvement and accountability. The CSA includes a multidisciplinary needs assessment to be conducted once every five years. Information gathered from the CSA and the PR serves as the foundation for the County System Improvement Plan.

System Improvement Plan

Incorporating data collected through the PR and the CSA, the final component of the C-CSFR is the System Improvement Plan (SIP). The SIP serves as the operational agreement between the county and state outlining how the county will improve its system to provide better outcomes for children, youth, and families. The SIP includes a coordinated service provision plan illustrating how the county will utilize prevention, early intervention, and treatment funds (CAPIT/CBCAP/PSSF) to strengthen and preserve families, and to help children find permanent families when they are unable to return to their families of origin. Quarterly county data reports, quarterly monitoring by CDSS, and annual SIP progress reports are the mechanisms for tracking a county's progress. The SIP is developed every five years by the lead agencies in collaboration with their local community and prevention partners. The SIP includes specific action steps, timeframes, and improvement targets and is approved by the County Board of Supervisors and CDSS. The plan is a commitment to specific measurable improvements in performance outcomes that the county will achieve within a defined timeframe including prevention strategies. Counties, in partnership with the state, utilize quarterly data reports to track progress. The process is a continuous cycle and the county systematically attempts to improve outcomes. The SIP is updated yearly and thus, becomes one mechanism through which counties report on progress toward meeting agreed upon improvement goals. Calaveras County had extensive stakeholder input on the development of the SIP throughout the CSA and PR process. There continues to be ongoing data review and program assessment.

C-CFSR Planning Team
Patricia Harper – CDSS – Office of Child Abuse and Prevention
Kelly Larivee – CDSS – CDSS Outcomes and Accountability
Heather Pankiw – CDSS – CDSS Outcomes and Accountability
Sherrie Sperry – Deputy Probation Officer
Samuel Leach – Chief Probation Officer
Mikey Habbestad – Program Manager
Mayko Vang – Central Training Academy
Lisa Molinar – Shared Vision Consultants

The C-CFSR Planning Process

The Planning committee made all decisions regarding the Peer Review, focus groups and stakeholder meetings. The team met on a regular basis and will continue to be responsible for the System Improvement Planning process.

Calaveras is a rural county with a small population. Unlike large counties we typically have the same people at many of the meetings on a variety of topics. The strategies for this SIP were discussed in many venues with all stakeholders as additions to meetings. There has been significant concurrence about the issues facing the county. These include the impact of the economy, isolation and lack of transportation, substance abuse, and domestic violence.

Name	Affiliation
Robin Davis	Prevent Child Abuse Council, Calaveras
Mary R. Sawicki	County Board of Supervisors designated agency to administer CAPIT/CBCAP/PSSF Programs
Linda Winn	Public Health Manager
Christine McKeehan	Social Worker
Susan Sells	Behavioral Health/CSOC
Teri Lane	Executive Director First 5 Calaveras
Sharon Connell	CHHSA/Social Worker III
Alisa Gehrke	CHHSA/Supervisor
Youth	Represented at the youth focus group
Parents	Represented at the parent focus group

Recommended and Other Stakeholders

Name	Affiliation
Teresa Dominguez	CHHSA/Supervisor
Margo Slade	CHHSA/Social Worker IV
Kathy Houle	CHHSA Eligibility Program Manager
Alfiea Porter	CHHSA/Social Worker III
Tamara Davis	CHHSA/Social Worker III
Colleen Dolan	Calaveras Youth Mentoring Program
Joyce Peek	Calaveras Youth Mentoring Program

This team met quarterly throughout the year and more frequently during the preparation for the Peer Review, CSA and SIP. Supervisory staff from Health and Human Services and Probation also participated in several of these meetings.

Current Performance towards 2011-2014 SIP Improvement Goals

S.1.1 Safety Outcome: No Recurrence of Maltreatment

From October 1, 2013 to March 31, 2014, 85.6% of children with substantiated maltreatment within the 6-month period did not have another substantiated maltreatment allegation within the next 6 months. In Quarter 1, 2015, this measure has risen to 94.8%. The strategies that were used to improve this outcome include the use of a Special Projects Code in CWS/CMS to mark and track all referrals that we receive with Domestic Violence-related incidents; gather information regarding the Aggression Regression Therapy and expanded our school-based social worker services. All three strategies encountered ups and downs. Entering of SPC's was impacted by staff turnover. The Probation officer who was doing Aggression Regression Therapy stopped using it. And we had to stop the out-stationing of social workers in the schools due to resource issues. Overall, the measure has improved but this continues to be an area that will be addressed in this SIP.

C3.1 Exits to Permanency (24 months in care)

From October 1, 2010 to September 30, 2011, 6 children in foster care for 24 months or longer on the first day of the year were discharged to a permanent home by the end of the year prior to turning 18. In Quarter 1, 2015, 2 of the 15 youth applicable for review were discharged to a permanent home, measuring in at 13.3%. Strategies included working with relatives, utilizing emancipation conferencing, expansion of Independent Living Program (ILP) services and implementation of Calaveras Men Engaged Now (M.E.N.).

We utilize Axicom and routinely inquire of all parents, children and other relatives about available relative and Non-Related Extended Family Member placement options. On average,

1/3 of the Dependents in out-of-home care are currently placed with relatives or NREFMs, while the majority of the rest of the children are placed in Foster Family Agency homes. We have not yet initiated conducting Team Decision Making (TDM) "Emancipation Conferences" for children aged 16 or older on a routine basis; however, we will hired a Social Worker IV that is allocated to ILP approximately 20 hours per week. We anticipate including the facilitation of these TDMs in the list of expected job duties for this new position. Therefore, we have adjusted the anticipated implementation date to 2015.

The Calaveras Works and Human Services Agency endeavored provide the older youth population a wider range of services that are focused on their population as well as program and services to assist them in making the decision on permanency. These services are through the ILP program, THP and THP Plus programs. The strategy included educating youth on topics that can be tailored more to meet their needs and focus on the troubled areas that are often the barriers or interruptions in placement and permanency. The Calaveras County Citizen's Review Panel met with the Independent Living Program (ILP) participants in September of 2013 and included some of their findings in their annual report, which was submitted to CDSS.

Since we've begun providing our own adoptions services in July of 2012, we have found very little need for adoptive parent recruitments, as most of the children eligible for adoption already have a caring adult willing to adopt them. Our adoption social worker attends quarterly regional adoption meetings where available children and families are discussed. We've also found that adoption picnics outside of Calaveras County typically attract potential adoptive parents who also live outside of Calaveras County. This means that children matched with families attending the picnics will likely have to move away from their school, neighborhood and friends.

C4.2 Permanency Measure Placement Stability Outcome: Placement Stability (at least 12 months but less than 24 months)

At the quarter ending 9/30/13, 76.5% of children in foster care during the year that had been in care for at least 12 months but less than 24 months had two or fewer placement settings. In Quarter 1, 2015, this number fell to 63.9%. Due to the small numbers of children in Calaveras foster care, it is not unusual to have these types of fluctuations.

Placement stability was addressed by our Adoption social worker who participates in weekly case staffing meetings between the social workers, the supervisors, the program manager and the County Counsel. We all have access to an adoption case spreadsheet that is available to all Child Welfare Services staff on our confidential shared drive on each of our workstations. It is updated regularly to reflect the current situation of each case that has been referred to the Adoptions unit. This also includes Permanency Planning cases that had previously had a permanency plan goal of something other than adoption, but the case managing social worker has asked for the assistance of the Adoption social worker in one capacity or another.

Another strategy was to provide lifelong connections and stability placements for all children through family finding and engagement. The action steps related to this strategy were met.

Additionally, placement stability was thought to increase with the use of peers who can mentor or support older children and youth in placement. The program manager and former ILP Coordinator have been in discussion with the Executive Director of the Calaveras Youth Mentoring Program (CYMP) and with the newly-formed Calaveras chapter of the California Youth Connection (CYC) regarding formulating a foster youth mentoring program. The CYMP has applied for a Calaveras Community Foundation grant to fund this project. It is hoped that this mentoring program will support foster youth in their placements.

4B. Type of Placement (Probation)

The overall intent is to provide probation youth with in-county services to prevent out-of-home placements. Resources continue to be limited in Calaveras County. Some of those factors are based on the current economic conditions throughout California. Probation will continue to outreach with all available service providers, community partners, and faith based programs in order to effectively refer our youth to the program that meets their individual needs.

Probation will support the service providers by having open dialogs with the youth and providers, ensuring that the goals and purposes are clear and obtainable.

Calaveras County Probation Department has under gone significant leadership changes. As of June 2014, a new Chief Probation Officer was hired. He has significant background with working with Juveniles and programs to effectively work with youth and families. As a department, we are undergoing vast changes; and with that change, there will be more focus on Evidence Based Programming. Our Chief is very concerned about the decimation of the Juvenile Department. He is in hopes of rebuilding the Juvenile Department and implement programming. In July 2014, three Deputy Probation Officers attended a week-long training regarding the Parent Project. This is a program to assist parents to help change their children's destructive adolescent behavior.

Our strategies included increasing the number of placements for Probation Youth in the county by examining two existing Child Welfare Services programs and determining whether Probation can access those services. Placing youth in out of county group homes is difficult for the youth, family, and agency. If a youth requires placement, the only option is a group home, in or out of the county. This does not meet the needs of many youth, who would benefit from a foster home setting. Formalizing the process and documentation of Family Finding may help identify more relatives for placement. Including older siblings and other relatives whose status changes over time.

There is still a lack of foster homes that will accept Wards of the Court – which presents a challenge in finding local placements – we have been able to place some of our children in Foster Family Agency (FFA) homes within Calaveras County. The FFA staff meets regularly with our Placement Probation Officer. A contract with an ITFC has been developed.

Prioritization of Outcome Data Measures/Systemic Factors and Strategy Rationale

Calaveras County has conducted a comprehensive County Self-Assessment, including Peer Review, focus groups, and data analysis. Over the last three years, the County has made many improvements to how it serves children at risk and strengthens families which were recognized by stakeholders during the CSA and visible in the data analysis.

The strategies which have been selected for this SIP are based on the CSA, continuing our progress on the most recent SIP, and the unique demographics, socio-economic conditions and resources representative of Calaveras County. The demographics of the County shape how services are provided across the continuum of care from prevention and protection through permanency and aftercare.

Calaveras County is located in both the Gold Country and High Sierra regions of California. The county seat is San Andreas; Angels Camp is the only incorporated city. Total county population as of 2013 U.S. Census American Community Survey was 44,515. Growth over the previous decades has been slow and recently declining. Of the total population, approximately 8.6% was children under 10 years of age and 19.7% of the total population was under 19 years old. The principal industries are management/sales, educational, health and social services.

The population of Calaveras County is predominately white (91.5%). About 10 % of the population identifies as Hispanic, primarily Mexican, and by 2024, the Hispanic population is projected to increase to 17% of the total county population and the white population is projected to decrease to 76%. Of individuals 5 years and over, only a total of 7% speak a language other than English at home. Median income for households in Calaveras County is $55,295, which is below the statewide median household income ($59,645). Only 10.9% of all households earned less than $15,000 annually which is below the state average (11.4%) and 7.8% of all families had annual incomes in excess of $ 150,000. Of all families with children under 18 in Calaveras County, 8.6% lived below the poverty level.

In 2013, 45.2% of the total county population 16 years and over and in the labor force were employed and worked for educational, health and social services. Housing costs were below the state average. Of the 132 counted homeless, 15 were families of adults with children. No unaccompanied youth (children alone) were counted. Over half (56.8%) of the homeless populations counted were adults ages 25-59. Of the reporting adults, 52% were males. Other characteristics of the homeless population include: victims of domestic violence (31.5%), chronic homeless (28%), and alcohol or drug addiction (22.8%). Reported obstacles to obtaining housing were unemployment; working, but don't earn enough to pay rent; Benefit payments not enough to pay rent; and bad credit history. The rate of CalWORKs participation is slightly lower than the statewide rate.

From 2008-2010, there was a decline in the percentage of low birth weight births. Over the same timeframe, births to teen mothers increased from 7.8% to .8%). While the Calaveras County percent of live births with late or no prenatal care was slightly above state percent (3.8% vs 3.2%), the rate continues to decline from 2008-2010. Consistent with county demographics, the highest annual rate of live births is among white mothers.

Regarding domestic violence related calls for assistance, the number of such calls gradually decreased from a five year (2009-2013) high of 204 in 2012 to 190 in 2013. However, there was an increase in weapons use during domestic violence incidents.

In 2012, among the 19,000 households in Calaveras County, 69% were families and 23% included one or more persons under 18. In 2013, 11.6% of all families with children under 18 lived under the poverty level at some time during the past 12 months. During the 2013-2014 school year

45.1% of the children were enrolled in elementary school, 26.6% were enrolled in high school, and 18.8% were enrolled in college or graduate school. The high school dropout rate was 1.7% which is below the state rate (3.9%). The majority (61.5%) of the county population 25 years and older are high school graduates and have some college participation. Approximately 15% are college graduates.

During the reporting period (CWS/CMS Q2 2014), the population of Calaveras County consisted of 9,577 children and youth under age 20. Of that total, 48% were between the ages of 6-15. Of the total child and youth population, 73.6% were White, 17.5% were Latino and 0.5% identified as multiracial. For 2013, 628 children had allegations of abuse or neglect. 195 of these referrals resulted in substantiated cases. The highest incidence of substantiations per 1,000 children was for children under age 1 (49.5%) who accounted for 13 entries into child welfare. Of the total children and youth who entered foster care during 2013 (124), the greatest number (30) of substantiated allegations of abuse or neglect involved youth 11-15 years of age. Of the 124 entries into child welfare 87% were White children and 13% were Latino. The vast majority of substantiated allegations were for general neglect (165), followed by 18 substantiated allegations for physical abuse and 14 substantiated allegations for being at-risk due to their sibling being abused. Most of the children with first entries were youth aged 11-15 years (24/101), followed by children 6-10 (23/101). However, children under age one had a higher incidence rate per 1,000 children (40.2) than children aged 11-15 (9.4). The majority of children with first entries were White (87/101). Twenty-three children or youth reentered child welfare during 2013. The majority of these youth were White (21/23), 10 were 6-10 years of age and five were between 11-15 years of age.

During 2013, there were two youth with first entries into Juvenile Probation; all were between 11-17 years of age.

As of January 1, 2014 (point-in-time) Child Welfare supervised 143 children in foster care, which This is the highest number of children of the prior 5 years, which ranged was between 73 (2010) and 86 (2013) in foster care. The largest ethnic group among these children (79.4%) was White. As of January 1, 2014 (point-in-time), Probation supervised five youth between the ages of 11-20. This number was consistent with the previous five year period, which ranged from 5-6 youth each year. Most of the youth under probation supervision on January 1, 2014 were White (60%), which was consistent with the prior comparison years.

Stakeholders reported that the economic recession has had a considerable impact to the County. The economic base is not supportive of families and many are leaving the county. This has had an impact on schools where there has been a decrease in enrollment and school closures. With lower property values there is less money for the county general fund and as a result many services that were seen as valuable by the stakeholders have been cut. For example social workers and probation officers do not have as large a presence in schools, and there's been a cut in after school programs, including the father engagement program. Being at the schools was a major prevention strategy for both child welfare and probation.

In a discussion regarding what drives families into the child welfare and probation systems, intergenerational methamphetamine use was seen as a major driver. There are families that have generational substance abuse lifestyles and when coupled with isolation, lack of

opportunity of seeing other lifestyles, limited resources and lack of activities for most of the communities, it is hard for families to see choices and break away from bad connections. Many stakeholders commented on the lack of hope for families to get jobs, and there is a culture of disenfranchised rural poor. These individuals are often impoverished and isolated physically and socially from mainstream society. Some live this way by choice, while others live this way because they see no other available options. As discussed in the CSA, the median income of households in Calaveras County, California was $55,295. An estimated 11 percent of households had income below $15,000 a year (p. 7 CSA). Due to the rural nature of the community in addition to high poverty levels families frequently don't have land lines, or cell phone service, and have a lack of transportation to access the services. This culture of living in property was identified as the major issue impacting families. Ethnicity and race were not noted in the CSA to be a major issue that drives children coming into foster care. It was reported in the CSA, that of the total child and youth population, 73.6% were White, 17.5% were Latino and 0.5% identified as multiracial. Of the 124 entries into child welfare 87% were White children and 13% were Latino. The vast majority of substantiated allegations were for general neglect (165), followed by 18 substantiated allegations for physical abuse and 14 substantiated allegations for being at-risk due to their sibling being abused (p. 24 CSA). The fact that general neglect was the highest number of referrals would be understandably linked to child and family poverty and substance abuse. Families without resources and transportation as well as impacted by substance abuse are likely to be referred to the Child Welfare agency for neglect. The County has chosen to utilize the services of First Five Calaveras whenever possible to serve these families. Case Management through First Five Calaveras includes personal contact and direct service with individuals to inform them of - and provide coordination of - available preventative services aimed towards parents and primary caregivers of children ages 0-18 at risk for child abuse; neglect; in isolated communities; at-risk populations; or in out-of-home placement and participating in time-limited Family Reunification. It also includes First Five Calaveras staff members' interactions, education and coordination with other community services and agencies, including Multi-Disciplinary Team, Citizen Review Panel and PCACC meetings.

The Resource Connection, Life Skills home visitation program, provides family preservation through home visiting and teaching and demonstrating for home makers. This six- to eight-session home-based parent education program is aimed towards parents and primary caregivers of children ages 0-18 at risk for child abuse; neglect; in isolated communities; at-risk populations; or in out-of-home placement. It helps parents and their children learn and practice various life skills. These include knowing how to work and be part of a team, manage money, manage time, life as part of a family and learning effective communication skills. It also helps parents learn how to meet their children's nutritional needs, home safety, healthy discipline, and family access to community resources.

Although the data reports that there are less calls for domestic violence, this did not equate with the stakeholders as a decrease in domestic violence. The crisis centers are always full and there are less Sheriff Officers on beat to take calls. Victims are requested to come in to the sheriff department and make reports over the counter. This can be very difficult for victims, especially without support and transportation. This is a serious issue for our community.

There are also a lack of mental health services to address issues which can lead to self-medicating. Parents also stated that due to the size of the county it can be stigmatizing to ask for assistance and they frequently don't know where to turn for help.

Stakeholders reported that there are numerous ways that parents can obtain the information of what services are available in the county. The Chamber of Commerce in Angels Camp, County web page, Network of Care website, folders from school with sports, mentoring and parenting information, flyers and notices at grocery stores, post offices, churches, libraries, food banks, word of mouth, eligibility programs. Stakeholders expressed the opinion that a lot of people do not want to reach out for help; that they have moved to the county for privacy. This leads to another barrier of lack of access to social media and the internet. Parents echoed this and stated they do not know what services are available until after they enter the system. Due to the rural nature of the community in addition to high poverty levels families frequently don't have land lines, or cell phone service, and have a lack of transportation to access the services.

For the comparison period, Calaveras County Human Services performance met/exceeded 11 national performance standards:

- S2.1 no maltreatment in foster care
- C1.1 Reunification with 12 months (exit cohort)
- C2.2 Median Time to Adoption
- C2.3 Adoption within 12 months (17 Months in Care)
- C2.4 Legally Free within 6 months (17 Months in Care)
- C2.5 Adoption within 12 months (Legally Free)
- C3.2 Exits to Permanency (Legally Free at Exit)
- C4.3 Placement stability (At least 24 months in care)
- 2F Monthly Visits (Out of Home)
- 2F Monthly Visits in Residence (Out of Home)

The County performance was below the national standard on the remaining outcomes:

- S1.1 No recurrence of maltreatment within a specific 6 month period
- C1.2 Median time to Reunification (exit cohort)
- C1.3 Reunification within 12 months (entry cohort)
- C1.4 Reentry following Reunification (exit cohort)
- C2.1 Adoption within 24 Months
- C3.1 Exits to Permanency (24 Months in Care)
- C3.3 In Care 3 years or Longer and either Emancipated or turned 18 prior to exit
- C4.1 Placement Stability (8 days to 12 months in Care)
- C4.2 Placement Stability (12 to 24 months in care)

Juvenile Probation

For the comparison period, Calaveras County Juvenile Probation, met/exceeded four (4) national standards applicable to youth in placement through Probation:

- S2.1 No maltreatment in foster care
- C4.1 Placement Stability (8 Days To 12 Months In Care)
- 2F Monthly Visits (Out of Home)
- 2F Monthly Visits in Residence (Out of Home)

For the same comparison period, the County was below the national standards for youth in juvenile probation placement on the following measures:

- **C1.1 Reunification within 12 months (exit cohort)**
- **C1.2 Median Time to Reunification**
- **C1.3 Reunification within 12 months (entry cohort)**
- **C4.2 Placement Stability (12 To 24 Months In Care)**

CFSR 3 Measures – Child Welfare

The Federal government updated the CFSR Measures. Effective October 1, 2015, the CFSR2 Measures were replaced with the CFSR3 Measures. The CFSR3 measures will be used in the SIP updates beginning in 2016.

	OLD	National Standard	Calaveras County	NEW	National Standard	Calaveras County
SAFETY	S1.1 No Recurrence of Maltreatment	>94.6	94.8	S2 Recurrence of Maltreatment	<9.1%	10.3%
	S1.2 No Maltreatment in Foster Care	>99.68	100	S1 Maltreatment in Foster Care	<8.50	7.79
Permanency	C1.3 Reunification w/in 12 months (Entry Cohort)	>48.4	45.3	P1 Permanency in 12 months (Entering FC)	>40.5%	39.50%
	C2.5 Adoption w/in 12 months (Legally Free)	>53.7	57.1			
	C2.1 Adoption w/in 24 months	>36.6	80	P2 Permanency in 12 months (12-23 months)	>43.6%	33.30%
	C2.3 Adoption w/in 12 months (17 months in Care)	>22.7	10.5			
	C2.5 Adoption w/in 12 months (Legally Free)	>53.7	57.1			
	C3.2 Exits to Permanency (legally free at exit)	>98.0	100			
	C2.1 Adoption w/in 24 months	>36.6	80	P3 Permanency in 12 months (24+	>30.3%	13.4%
	C2.5 Adoption w/in 12 month (Legally Free)	>53.7	57.1			

	C3.1 Exits to Permanency (24 months in Care)	>29.1	16.4	months)		
	C1.4 Re-Entry following Reunification	<9.9	13.8	P4 Re-Entry into Foster care in 12 months	<8.3%	11.8%
	C4.1 Placement Stability (8 days to 12 days)	>86.0	85.1	P5 Placement Stability	<4.12	4.89
	C4.2 Placement Stability (12-23 months)	>65.4	63.9			
	C4.3 Placement Stability (24 months in care)	>41.8	50			

The following measures have been eliminated in CFSR 3.

Eliminated	C1.1 Reunification w/in 12 months (Exit)	>75.2	77.6	Eliminated
	C1.2 Median Time to Reunification	<5.4 months	6.9	
	C2.2 Median Time to Adoption	<27.3 months	19.5	
	C2.4 Legally Free w/in 6 months (17 months in care)	>10.9	0	
	C3.3 In Care 3 yrs. or Longer (Emancipated)	<37.5	42.9	

The new safety measures are S1 and S2. S1 Maltreatment in Foster Care is defined as "Of all children in foster care during a 12-month period, what is the rate of victimization per day of foster care?" This indicator is included to measure whether the child welfare agency ensures that children do not experience abuse or neglect while in the foster care system. The indicator holds states accountable for keeping children safe from harm while under the responsibility of the state, no matter who perpetrates the maltreatment while the child is in foster care. The national standard is set as being less than 8.5. Quarter 1 2015 data shows that Calaveras exceeds this indicator measuring at 7.79.

S2 Recurrence of Maltreatment is defined as "Of all who were victims of a substantiated or indicated maltreatment report during a 12-month reporting period, what percent were victims of another substantiated or indicated maltreatment report within 12 months of their initial report?" This indicator measures whether the agency was successful in preventing subsequent maltreatment of a child if the child was the subject of a substantiated or indicated report of

maltreatment. The national standard is less than 9.1%. Calaveras is slightly above this standard at 10.3%.

There are five Permanency measures. P1 Permanency in 12 months (Entering FC) is described as "Of all children who enter foster care in a 12-month period, what percent are discharged to permanency within 12 months of entering foster care" This this indicator measures whether the agency reunifies or places children in safe and permanent homes as soon as possible after removal. The national standard is to measure less than 40.5%. Calaveras is at the national standard at 39.5%.

P2 Permanency in 12 months for children in foster care 12 to 23 months is described as "Of all children in foster care on the first day of a 12-month period, who had been in foster care (in that episode) between 12 and 23 months, what percent dis-charged from foster care to permanency within 12 months of the first day of the period?" This indicator measures whether the agency reunifies or places children in safe and permanent homes timely if permanency was not achieved in the first 12 to 23 months of foster care. The national standard is to measure above 43.6%. Calaveras measures below this standard at 33.3%.

P3 Permanency in 12 months for children in foster care 24 months or longer is described as "Of all children in foster care on the first day of a 12 month period who had been in foster care (in that episode) for 24 months or more, what percent discharged to permanency within 12 months of the first day?" This indicator measures whether the agency continues to ensure permanency for children who have been in foster care for longer periods of time. The national standard is to measure above 30.3%. Calaveras measures below this standard at 13.4%.

P4 Re-entry into foster care in 12 months is described as "Of all children who enter foster care in a 12-month period who discharged within 12 months to re-unification, live with relative, or guardianship, what percent re-entered foster care within 12 months of their discharge?" This indicator measures whether the agency's programs and practice are effective in supporting reunification and other permanency goals so that children do not return to foster care. The national standard is to measure less than 8.3%. Calaveras measures above this standard at 11.8%.

P5 Placement Stability is described as "Among children who enter foster care in a 12-month period, the total number of days these children were in foster care as of the end of the 12month period (AFCARS)." This indicator measure whether the agency ensures that children who the agency removes from their homes experience stability while they are in foster care. The national standard is to measure less than 4.12%. Calaveras measures slightly above the standard at 4.89%.

In summary, of the 7 new CFSR 3 measures, Calaveras performs at or exceeds the following indicators:

S1 Maltreatment in Foster Care
P1 Permanency in 12 months (Entering FC)

Calaveras performs below the national standard in the following indicators:

S2 Recurrence of Maltreatment*
P2 Permanency in 12 months for children in foster care 12 to 23 months*
P3 Permanency in 12 months for children in foster care 24 months or longer*
P4 Re-entry into foster care in 12 months*
P5 Placement Stability

The measures above generally, though not completely, correlate with the measures from the CFSR 2 Outcomes that are listed below for inclusion in this SIP. Outcomes S2, P2, P3, and P4 will be addressed in the 2016 SIP update. The strategies we have chosen should address the safety and permanency outcomes that need improvement in the CFSR 3 measures.

CFSR 2 Child Welfare Outcomes:

Child Welfare determined that the measures below would be the most effective in addressing the issues outlined in the CSA. The challenges of geographical isolation, poverty, lack of resources, chronic and intergenerational substance abuse, and domestic violence are prominent in Calaveras. These are all significant barriers to timely permanence and safety of children in the home. As stakeholders in the CSA shared, families are isolated by circumstance (this is a rural county) or by choice (wanting to be away from society). The Stakeholders listed the gaps below as the biggest service needs in the community (p. 25 CSA):

1. Services to address the isolation of families and the a culture of intergenerational disenfranchised rural poor
2. Limited transportation – families are unable to access services
3. There is no homeless shelter or housing for low income families
4. Lack of sober living environments
5. Lack of employment opportunities
6. Lack of Educational opportunities
7. Lack of access to doctors and dentists that take state Medi-Cal

When there are struggles with substance abuse, domestic violence and poverty, children are more likely to be neglected. Neglect is defined as "Failure to meet a child's basic physical, emotional, medical/dental, or educational needs; failure to provide adequate nutrition, hygiene or shelter; or failure to ensure a child's safety." (Gilbert, R., Widom, C. S., Browne, K., Fergusson, D., Webb, E., & Janson, S. (2009). *Burden and consequences of child maltreatment in high-income countries*. The Lancet, 373(9657), 68-81.) Families in poverty can adequately parent their children, however services and supports need to be available and easily accessed. In the literature review of Predicting and Minimizing Re-abuse (August 2009, p.27) by the Northern Training Academy found that children of parents with substance abuse issues tend to enter foster care at younger ages, remain in foster care longer, are less likely to be reunified with their parents and are more likely to re-enter the child welfare system. One intervention that has been linked to reduced probability of re-abuse is substance abuse treatment. The SIP will utilize strategies that will endeavor to improve access to services and decrease barriers for families and improve the following outcomes:

Measure S1.1: No Recurrence of Maltreatment

Q1 2015 94.8% (National Standard 94.6%)

Measure C1.2 Median Time to Reunification
Q1 2015 6.9 months (National Standard 5.5 months)

Measure C1.3 Reunification within 12 months (entry cohort)
Q1 2015 45.3% (National Standard 48.4%)

Measure C1.4 Reentry following Reunification (exit cohort)
Q1 2015 13.8% (National Standard 9.9%)

Measure C3.3 - In Care 3 Years or Longer (Emancipation/Age 18)
Q1 2015 42.9% (National Standard 37.5%)

Note for SIP Update: New Measures will be S2 Recurrence of Maltreatment, P2 Permanency in 12 months for children in foster care 12 to 23 months, P3 Permanency in 12 months for children in foster care 24 months or longer, P4 Re-entry into foster care in 12 months, P5 Placement Stability.

The remaining outcomes were not selected for a variety of reasons. For Child Welfare, the adoptions outcomes were not chosen for focus because the county took over the adoptions program in 2012. As this has already undergone an implementation process, we would like to see how these outcomes improve with the resources that have already been dedicated to adoptions (p. 61 CSA). To improve adoption placements, the adoption social worker attends quarterly regional adoption meetings where available children and families are discussed. We've also found that adoption picnics outside of Calaveras County typically attract potential adoptive parents who also live outside of Calaveras County. This means that children matched with families attending the picnics will likely have to move away from their school, neighborhood and friends. We will continue our adoptions program and strategies and monitor outcomes outside of the SIP.

The county conducted their last peer review on placement stability, and has seen steady improvement. Social workers value placement stability and make sure they go to the foster home to meet with and support the caregiver. They also work closely with the FFA social worker to make sure a coordinated approach occurs. (p. 64 CSA)

A policy of implementing TDMs when a seven day notice is given to see if the placement can be preserved has also been helpful. Although youth voiced that this felt that this was not a time when they were given a voice, but rather the last step before they were moved. First 5 Calaveras is educating foster parents on trauma and there has been an increase in foster parent training. We will continue to monitor the prior SIP strategies to ensure this outcome continues to improve. (p. 65 CSA)

CFSR 3 Probation

	OLD	National Standard	Calaveras County	NEW	National Standard	Calaveras County
SAFETY	S1.1 No Recurrence of Maltreatment	>94.6	94.8	S2 Recurrence of Maltreatment	<9.1%	10.3%
	S1.2 No Maltreatment in Foster Care	>99.68	100	S1 Maltreatment in Foster Care	<8.50	ND (too few # of days in care)
Permanency	C1.3 Reunification w/in 12 months (Entry Cohort)	>48.4	0	P1 Permanency in 12 months (Entering FC)	>40.5%	0.00%
	C2.5 Adoption w/in 12 months (Legally Free)	>53.7	ND			
	C2.1 Adoption w/in 24 months	>36.6	ND	P2 Permanency in 12 months (12-23 months)	>43.6%	100.00%
	C2.3 Adoption w/in 12 months (17 months in Care)	>22.7	ND			
	C2.5 Adoption w/in 12 months (Legally Free)	>53.7	ND			
	C3.2 Exits to Permanency (legally free at exit)	>98.0	ND			
	C2.1 Adoption w/in 24 months	>36.6	ND	P3 Permanency in 12 months (24+ months)	>30.3%	ND
	C2.5 Adoption w/in 12 month (Legally Free)	>53.7	ND			
	C3.1 Exits to Permanency (24 months in Care)	>29.1	ND			
	C1.4 Re-Entry following Reunification	<9.9	0	P4 Re-Entry into Foster care in 12 months	<8.3%	ND
	C4.1 Placement Stability (8 days to 12 days)	>86.0	100	P5 Placement Stability	<4.12	2.33
	C4.2 Placement Stability (12-23 months)	>65.4	63.9			
	C4.3 Placement Stability (24 months in care)	>41.8	ND			

The new safety measures are S1 and S2. S1 Maltreatment in Foster Care is defined as "Of all children in foster care during a 12-month period, what is the rate of victimization per day of foster care?" This this indicator is included to measure whether the child welfare agency ensures that children do not experience abuse or neglect while in the foster care system. The indicator holds states accountable for keeping children safe from harm while under the responsibility of the state, no matter who perpetrates the maltreatment while the child is in foster care. The national standard is set as being less than 8.5. Quarter 1 2015 data shows that Calaveras did not have any measurable data.

S2 Recurrence of Maltreatment is defined as "Of all who were victims of a substantiated or indicated maltreatment report during a 12-month reporting period, what percent were victims of another substantiated or indicated maltreatment report within 12 months of their initial report?" This indicator measures whether the agency was successful in preventing subsequent maltreatment of a child if the child was the subject of a substantiated or indicated report of maltreatment. The national standard is less than 9.1%. Calaveras is slightly above this standard at 10.3%.

There are five Permanency measures. P1 Permanency in 12 months (Entering FC) is described as "Of all children who enter foster care in a 12-month period, what percent are discharged to permanency within 12 months of entering foster care" This this indicator measures whether the agency reunifies or places children in safe and permanent homes as soon as possible after removal. The national standard is to measure less than 40.5%. Calaveras is below the national standard at 0%.

P2 Permanency in 12 months for children in foster care 12 to 23 months is described as "Of all children in foster care on the first day of a 12-month period, who had been in foster care (in that episode) between 12 and 23 months, what percent dis-charged from foster care to permanency within 12 months of the first day of the period?" This indicator measures whether the agency reunifies or places children in safe and permanent homes timely if permanency was not achieved in the first 12 to 23 months of foster care. The national standard is to measure above 43.6%. Calaveras measures is above the standard at 100%.

P3 Permanency in 12 months for children in foster care 24 months or longer is described as "Of all children in foster care on the first day of a 12 month period who had been in foster care (in that episode) for 24 months or more, what percent discharged to permanency within 12 months of the first day?" This indicator measures whether the agency continues to ensure permanency for children who have been in foster care for longer periods of time. The national standard is to measure above 30.3%. Quarter 1 2015 data shows that Calaveras did not have any measurable data.

P4 Re-entry into foster care in 12 months is described as "Of all children who enter foster care in a 12-month period who discharged within 12 months to re-unification, live with relative, or guardian, what percent re-entered foster care within 12 months of their discharge?" This indicator measures whether the agency's programs and practice are effective in supporting reunification and other permanency goals so that children do not return to foster care. The

national standard is to measure less than 8.3%. Quarter 1 2015 data shows that Calaveras did not have any measurable data.

P5 Placement Stability is described as "Among children who enter foster care in a 12-month period, the total number of days these children were in foster care as of the end of the 12month period (AFCARS)." This indicator measure whether the agency ensures that children who the agency removes from their homes experience stability while they are in foster care. The national standard is to measure less than 4.12%. Calaveras measures below the standard at 2.33%.

In summary, of the applicable 7 new CFSR 3 measures, Calaveras performs at or exceeds the following indicators:

P2 Permanency in 12 months for children in foster care 12 to 23 months

Calaveras performs below the national standard in the following indicators:

S2 Recurrence of Maltreatment
P1 Permanency in 12 months (Entering FC)*
P5 Placement Stability*

The following measures did not have measurable data for this quarter:
S1 Maltreatment in Foster Care
P3 Permanency in 12 months for children in foster care 24 months or longer*
P4 Re-entry into foster care in 12 months

The measures above generally, though not completely, correlate with the measures from the CFSR 2 Outcomes that are listed below for inclusion in this SIP. The CFSR 3 measures we will review in the 2016 SIP Update will be P1, P3, and P5. The strategies we have chosen should address the safety and permanency outcomes that need improvement in the CFSR 3 measures.

CFSR 2 Probation Outcomes

Calaveras Probation has decreased the number of youth in placement and for those youth in placement their behavioral and treatment needs typically last longer than twelve months. We conducted our Peer Review to examine and determine what areas could be improved to facilitate timely reunification. It was clearly articulated that placing youth in the least restrictive placement, geographically close to their families, and engaging parents and extended families are areas we can improve upon.

It should be noted that there were no children in foster care that met these criteria for C1.1, C1.3, and C4.2 during this reporting period. There was one child reported for C1.2.

The Peer Review (p. 52, CSA) revealed that a lack of placement resources negatively impacted timely reunification. There is a lack of formal transition plans for when minors return home, lack of substance abuse services and treatment options for sexual offenders, lack of specialized assessments and services that will take Medi-Cal. There is a struggle between placing youth in the closest geographical location to help with maintaining connections, and meeting the youth's

particular rehabilitative needs. In the Peer Review, Probation studied the intersection between timely reunification and placement types, in particular where a youth is placed. Being regionally located so families can visit and receiving appropriate services (address rehabilitation goals) are equally important for probation youth to improve timely reunification and placement stability. Peer Reviewers recommended the following strategies:

- Formalized Family Finding policy be developed, training conducted, and software obtained to support this.
- Continue to develop a Trauma Informed System of Care for youth and their families. By supporting training, evidenced based programming, and cross training between agencies.
- Develop a CASA program for probation youth.
- Improve on communication with CWS and mentor new employees to have an understanding of both systems.
- Look for ways to access substance abuse treatment and in house treatment such as Aggression Response Treatment Therapy. These prevention services may ameliorate the need for the youth to be placed out of their home and likely out of county.

Based on the CSA analysis, the outcomes selected for improvement during the 2016-2021 cycle which are currently below the national standard are:

C1.1 Reunification within 12 months (exit cohort)
Q1 2015 0% (National Standard 75.2%)

C1.2 Median Time to Reunification
Q1 2015 13.8 months (National Standard 5.4 months)

C1.3 Reunification within 12 months (entry cohort)
Q1 2015 0% (National Standard 48.4%)

C4.2 Placement Stability (12 To 24 Months in Care) (All 4 youth in placement during this county were in placement less than 12 months.)
Q1 205 0% (National Standard 65.4%)

Strategies for Child Welfare

The challenges of geographical isolation, poverty, lack of resources, chronic and intergenerational substance abuse, and domestic violence are prominent in Calaveras. These are all significant barriers to timely permanence and safety of children in the home. The county has chosen strategies which will address the above issues and their intersection with neglect. As poverty and neglect can look similar, the Structured Decision Making (SDM) tools will be used to ensure accurate safety and risk assessment during referrals and after children return home. Identification of the underlying issues facing families will be essential to ensure child safety and appropriate service delivery. To support the safety and risk assessments, social workers will then develop safety plans which address the safety issues for children who remain in the family home and upon return after reunification. Utilizing a Safety Network, a group of supportive partners

(i.e. relatives, friends, community, and service providers) will then address the family's isolation and develop strategies to ensure the safety plan is followed.

Another way to assist families will be develop Parent Mentors. These are parents who have been consumers of Child Welfare Services. These paraprofessionals will serve as navigators and supports for families as they interact with the child welfare system. Parent Mentors can visit in the home and help families work on problem solving issues they are facing from a peer perspective.

Two other areas the county will address are that of improving the family-child visitation policy and improving concurrent planning. Both of these strategies address permanency. Parents reported in the CSA that the visitation policy was inconsistently applied to them and felt arbitrary. (p. 85, CSA). The SIP will endeavor to make this policy clear and free of perceived bias.

Concurrent planning is very important in establishing permanency for children and youth. The social workers were willing to learn about concurrent planning, but it was seen as a barrier by the social workers that there are a lack of concurrent foster homes, a lack of understanding of concurrent planning policy and philosophy and a lack of ongoing assessment regarding permanency. (p. 48, CSA). In the Peer Review, the consistent lack of understanding of concurrent planning by social workers was identified. There was also a lack of concurrent planning homes and a lack of agency policy around permanency.

Strategy 1: *Ensure quality implementation of Structured Decision Making (SDM) tool completion.*

The CSA revealed that the lack of community based resources for families to participate in isolated areas has contributed to the recurrence of maltreatment. When safety issues are identified within a family's situation, it is crucial to assess risk and safety accurately and on an ongoing basis. A short-term goal is to use the SOP safety plan template, and implement SOP/SDM recommended safety plan timeframes. Ideally Safety Plans are created in partnership with parents to ensure buy-in and understanding.

It is important to ensure quality implementation of SDM across the life of the case and ensure fidelity to the model. With turnover of staff, we will work to develop strategies that ensure timely initial training as well ongoing training to maintain fidelity to the tools. Additionally, we will consider implementing Case Reviews by supervisors as recommended by the NCCD's Children's Research Center (CRC) to ensure quality implementation and tracking. Case reading addresses whether assessments are being completed accurately and being used to inform decisions. In case reading, there will be a review of the narrative to evaluate if it is relevant to a specific SDM assessment. In this strategy, the supervisor would review the Safety Assessment tool and the worker's written Safety plan to ensure the county's vision for improved safety planning is occurring.

Justification Rationale:

The Structured Decision Making® (SDM) model for child protection assists agencies and workers in meeting their goals to promote the ongoing safety and well-being of children. This evidence- and research-based system identifies the key points in the life of a child welfare case and uses structured assessments to improve the consistency and validity of each decision. The SDM model additionally includes clearly defined service standards, mechanisms for timely reassessments, methods for measuring workload, and mechanisms for ensuring accountability and quality controls.

(*http://www.nccdglobal.org/assessment/sdm-structured-decision-making-systems/child-welfare*)

SDM tools are completed over the life of the child and family's case. These tools continually address safety, risk and needs. At the beginning of the case, the Safety Assessment tool is completed, the social worker determines if there is an immediate safety risk or not. Safety of children is a priority in child protection worker. If an immediate safety risk exits, then the first plan is an immediate safety plan. This MUST be actively in place and focus directly on the danger that was identified. To help everyone (the family, the network, the agency, and, if needed, the court) focus on the danger, it helps to create a simple statement that includes the facts that led to marking the SDM safety threat (or danger item). This should be in words the family understands, using their words whenever possible. Everyone must agree that the plan is enough to keep the child safe for now. Then after the immediate safety issues are addressed, the risk assessment tools will address other important issues. As more of the family's story emerges through completion of the risk assessment and strengths and needs assessment, ideas for how the family can create safety over time will emerge. The safety assessment should be used to evaluate whether or not things that appear as needs are important for creating sustainable safety.

As the family moves through the child welfare system, the child may return home when the danger has been resolved or can be controlled by a safety plan, when risk is reduced, and when contact between the parent and child is demonstrating the parent's new safety behaviors. The safety assessment is a vital link in case planning throughout the life of a case.

Action Steps:

There are a set of recommendations from the NCCD's Children's Research Center (CRC) regarding implementation of SDM. The management team will review these recommendations, consulting CRC and the Regional training academy for support. The management team will identify which areas of implementation need improvement and then focus on those areas with the use of Case Readings (as discussed in Strategy 1). With the launching of SDM 3.0, the county will take advantage of the opportunity to train all new and current staff to SDM.

System Changes Needed:

The SDM policies will be updated to include changes identified during this strategy implementation.

Training Identified:

Training of SDM 3.0 to all staff

Technical Assistance Needed:
None Identified.

Role of Partners
Supervisors and managers will request assistance from CRC and the Central Training Academy to achieve the above goals. A work plan will be developed to address the areas identified for improvement: improved SDM tool completion, improved safety planning and case review. It is anticipated that the Training academy staff will provide the necessary training for the social workers and supervisors.

Strategy 2: *Engage families in Safety Mapping and utilization of Safety Organized Practice (SOP) Safety Networks to ensure child safety.*

Safety-Organized Practice is a holistic approach to collaborative teamwork in child welfare that seeks to build and strengthen partnerships within a family, their informal support network of friends and family, and the agency. SOP utilizes strategies and techniques in line with the belief that a child and his or her family are the central focus and that the partnership exists to find solutions ensuring safety, permanency, and well-being for children. Safety mapping is a facilitated process of exploring the impact of a caregiver's actions on a child. It also describes a continuous effort to gather information and organize it in a way that helps workers and families better understand the presence of safety in relation to the presence of danger for children, and what actions are necessary to promote child safety. A cornerstone practice in SOP is to develop Safety Networks for families. The goal is to co-create a detailed on the ground safety plan that the Network monitors. The SOP practice encourages practicing safety planning and developing plans to ensure success.

Justification Rationale:

Calaveras County implemented SOP in 2014. Safety Plans that are supported by the parents and their support network can ensure that children remain safely in the home. Strategy 1 and 2 come together to develop strong and practical Safety Plans in which parents and their Networks are engaged and committed. These two strategies will help decrease recurrence of maltreatment by ensuring children remain safely in their homes and improve reunification and re-entry outcomes.

In SDM News, April 2010 (Issue 22), an article by Kathy Park, CRC, delineates the advantages of integrating SDM and Signs of Safety. In California, SOP is used, the approach modelled after Signs of Safety (SoS). Ms. Parks writes that "objective and research-based assessment tools like the SDM assessments have been proven to be highly valuable in supporting workers' decisions, they are meant to partner with workers' clinical skills, not replace them." The SOP framework and safety mapping offer a potential solution to the challenges of completing SDM assessments,

and in combination with them, can serve to enhance engagement with families during the critical process of assessing child safety concerns and planning for safety.

The SDM safety assessment is designed to be a worker's "decision-support tool". It is not designed in a format intended to be completed with families. On the other hand, safety mapping, in the absence of defined assessment criteria, may result in inconsistency and decrease reliability in the assessment process. There is also the potential for incorrect assumptions that everyone is defining and interpreting behaviors and circumstances the same way. Developing the skills to use safety mapping may improve the accuracy of SDM assessments.

As mentioned in the Demographics section in the CSA most referrals are received for neglect, thus supporting families in defining their own circle of supports this will likely decrease isolation and thus potential for neglect. Additionally, this integration of SDM and SOP can address the issue of bias that parents reported in the CSA (p. 85, CSA). Utilizing the SDM safety criteria, while engaging families in the SOP process may lead to better outcomes and improved family engagement.

In addition to isolation, domestic violence was identified to be an issue facing Calaveras families. The SDM safety assessment consists of 12 items that, if present, indicate a threat to child safety. Domestic violence (DV) is considered a safety threat. One of the items on the safety assessment asks workers to indicate if DV exists in the home and poses a threat of serious physical and/or emotional harm to the child. Threats to child safety must be imminent and require immediate intervention to ensure that children can remain in the family home. If the threat cannot be immediately mitigated, workers are required to remove children from the home and find alternate living arrangements. In addition to the safety assessment, the Family Needs and Strengths Assessment (FSNA) also addresses DV. DV in the household is captured in the household relationship/domestic violence domain. A minor problem with household relationships may include some DV, and a significant household relationship issue may include severe DV. Through utilizing the SDM tools and bringing the information learned through the tools to the SOP Safety Mapping session, the family and its support network can develop safety plans and case plans that adequately address child safety.

Action Steps:

Supervisors will take the lead on the strategy with the guidance of the Deputy Director by beginning to develop a plan for assessing current use of SOP by workers and supervisor and meeting with social workers on their use of SOP. Training that emphasizes the use of Safety Mapping and the development of Safety Networks will be provided to both supervisors and social workers. Information will be translated into policy and procedure revisions and additional training as necessary.

Systemic Changes Needed:

The county will develop protocols that ensure staff consistently utilize safety mapping, safety planning and safety network meetings.

Training Needed:

Training staff to the SOP modules on Safety Mapping and Safety Networks shall be implemented. Coaching from the Training Academy will be utilized to enhance learning.

Technical Assistance Needed:
None needed.

Role of Partners
We will partner with the Central Regional Training Academy to ensure the training specifically focuses on the use of Safety Mapping and how to create safety plans that address safety and risk and develop a Safety Network.

Partners include the parents, extended family and other identified support people. These identified support people will partner with the agency and family in the Safety Mapping meetings.

Strategy 3: *Create a parent mentor program which can support families and help them navigate the Child Welfare system.*

The California Evidence Based Clearing House (CEBC) defines *"Parent Partner Programs for Families Involved in the Child Welfare System"* as programs that include parents with experience in the child welfare system (who may be called veterans, alumni, or other similar titles) as mentors, advocates, and/or peer support to parents currently involved with the child welfare system. The goals of parent partner programs may vary, but are typically to engage parents more fully in the child welfare case planning and services process; provide information to parents about the child welfare system and their right and responsibilities; and provide support, modeling, and linkages to assist families in meeting their safety, permanency, and well-being goals.

Justification Rationale
Substance Abuse and domestic violence are significant problems in Calaveras County and impact many families that Child Welfare serves. Stakeholders identified that Parent Mentors can help families navigate the child welfare system and play a role in supporting families. Stigma was identified by parents to be a barrier to accessing services. Partnering with a former child welfare consumer may help families with their sense of isolation and stigma. Because lack of transportation is an issue, parent mentors can meet families in their homes, helping to decrease social isolation and bring services into the home.

As reported in the CSA, there are less calls for domestic violence, but this data reality did not square with stakeholders' perceptions of the problem. What they see are that crisis centers are always full and there are less Sheriff Officers on beat to take calls. Victims are requested to come in to the sheriff department and make reports over the counter. This can be very difficult for victims, especially without support and transportation. These barriers may have suppressed the true scope of the domestic violence problem (p. 25). In the past we convened DVERT (Domestic Violence Enhanced Response Team), a multi-disciplinary team that met monthly to discuss domestic violence reports and responses. The team would sometimes respond to follow-

up with families and offer resources and other supports. Over time – mostly due to budgetary and staffing issues – the joint follow-ups ceased and the frequency of the meetings were reduced until the team eventually disbanded.

Action Steps

A review of Parent Mentor programs throughout California and the Nation will be reviewed. A workgroup will be convened to identify the type of parent program the county will implement. Then resources that are needed to develop the program will be identified including financial, staffing and space.

Systemic Changes Identified:

Policies and procedures will need to be developed. These procedures will provide background for the implementation of Parent Mentors, the role of the Parent Mentor, scope of duties and the referral process.

Training Identified:

Training needs will be identified during the development of the program.

Technical Assistance needed:

As identified, utilize TA to develop the Calaveras County Parent Mentor Program.

Role of Partners

The success of developing a Parent Mentor program hinges on a solid engagement and collaboration with parents. "Hearing" the parent's voice in the development of the program will ensure the program is what parents need and is useful to them, not just the agency.

Once the partnership with parents is established, the county will engage attorneys, judges, service providers (in particular Substance Abuse and Domestic Violence providers) and youth to discuss the program. These partner's input and buy in to the program is crucial in its success. The goal is to ensure that none of our key partners misunderstand the role of the Parent Mentor, increasing the possibility of undermining or not supporting the program.

As brining in consumer parents can be threatening to social workers, the county will involve social workers in the development of the program as well.

<u>Strategy 4</u>: *Create a comprehensive visitation policy and develop resources to increase frequency and consistency of parent-child visits.*

In the CSA, parents shared that it was not always clear how the county's visitation plan worked (p. 85, CSA). Because quality parent-child visits are positively correlated with Family Reunification, addressing the gaps in the county's visitation policy will improve outcomes for children and families. Additionally, families will understand the expectations for the visitation, such as how dilute drug tests impact whether they can visit or not.

Justification Rationale

In a literature review regarding the factors that positively impact timely reunification, (Northern California Training Academy the Center for Human Services *Timely Reunification and Reunification Foster Care and Child Welfare Services* May, 2009), when parents/caregivers can maintain consistent and frequent visits and when services are directed at enhancing and/or improving the parent child relationship, reunification is more probable. One of the greatest predictors of successful family reunification and, in some cases, preventing re-entry into child welfare is ensuring quality visits between the parent and child. While the present policy is to have at least one visit per month between the parent and child, greater benefits are rendered when children receive consistent and frequent visits. The important components that contribute to meaningful parent-child visitations (Burke & Pine, 1999) are having the visits serve as opportunities for parents to practice parenting skills.

Action Steps

An internal workgroup will be developed under the direction of the Program Manager to review the current visitation policy. Stakeholder feedback from parents will be reviewed. If possible, a parent will be included in the workgroup to develop a quality visitation policy. The policy will then be published and training plan will be developed.

Systemic Changes Identified:

A thorough review of the agency's current visitation policy will occur. A review of best practices for visitation will occur and be brought forth to the internal workgroup. These best practices as well as the parent feedback will be incorporated into the policy and disseminated to staff and parents.

Training Identified:

Training for Child Welfare staff on policy changes as needed.

Technical Assistance needed:

None identified

Role of Partners

As visitation can serve as opportunities for parents to practice parenting skills, the county will partner with First 5 Calaveras to determine if the current programs of Case management and can be leveraged into this policy. Other partners include parents and staff to ensure these policies are successful.

The county will also engage the courts and attorneys to disseminate the new policies and ensure they are in alignment with the court's perspective of visitation.

STRATEGY 5: *Improve Concurrent planning strategies.*

Concurrent planning is very important in establishing permanency for children and youth. The Peer Review revealed that some social workers were new to Child Welfare and therefore were not as familiar with concurrent planning and the timeliness associated with timely permanency. However social workers were open to learning more about concurrent planning and how to improve permanency outcomes for children.

Justification Rationale

Time to reunification is important; the Department of Health and Human Services (2003) reported that 72% of the children who ultimately reunify do so within a year of entering foster care, and the probability of reunification decreases after this point, such that by the third year, children are as likely to be adopted as they are to be reunited with their birth family. (Northern California Training Academy; The Center For Human Services. *Timely Reunification and Reunification Foster Care and Child Welfare Services* May, 2009). Should a child not reunify, finding alternatives to permanency such as guardianship or adoption should be pursue early in the process to ensure that children do not linger in foster care.

Action Steps

Under the direction of the Program Manager, the concurrent planning policy and training will be reviewed. Stakeholder feedback will be reviewed, identifying gaps and barriers. If needed, a new system for ensuring permanency reviews will be developed. The policy will then be published and training plan will be developed.

Systemic Changes Identified:

As the system for concurrent planning is developed, the current policies will be reviewed and folded into the new concurrent planning policies.

Training Identified:

Train staff to Adoption Safe Families Act (ASFA) and concurrent planning

Technical Assistance needed:

As needed, the county will reach out for TA from other counties or experts related to concurrent planning.

Role of Partners

Social work staff and adoption staff will need to work closely to ensure that this concurrent planning system is effective. Other partners will include the courts and attorneys, CASA, and caregivers. Foster families and relatives will need to understand what they will be asked to do in the new system.

<u>Strategy 6:</u> *Utilize Family Finding strategies to ensure all relative options are explored and utilized.*

As shared in the summation of the Peer Review, social workers value relative options to maintain family/birthparent connections and lifelong connections. However it was identified that a standardized policy regarding Family Finding is not available. Although the county has a search engine for Family Finding (called Axicom) and values it, there is no formalized process for locating family members for placement or ongoing contact, and there is a lack of documentation in the case file regarding family finding efforts within the CWS/CMS.

Justification Rationale

Family Finding can identify relatives that may be capable of providing out-of-home placement for children while in reunification with their parents. They can also provide the child with a

connection to their extended family, which can improve a child's well-being. Additionally, extended family can participate in the parent's Safety Network.

Action Steps
Under the direction of the Program Manager, the current process for Family Finding will be reviewed. Stakeholder feedback will be reviewed, identifying gaps and barriers. A workgroup will be formed to identify best practices for Family Finding and create a comprehensive policy and procedures. Resources will be identified and shared with the Deputy Director. The policy will then be published and training plan will be developed.

Systemic Changes Identified:
As the Family Finding policies are developed, they will be published and shared with staff.

Training Identified:
Training staff to Family Finding process

Technical Assistance needed:
None identified

Role of Partners
Key partners will include the relatives that are located through the family finding process. Engaging them in the process and explaining the purpose of involving them in the child's life will be important. Judges, attorneys and CASA will be key partners as well. They will need to understand the importance of finding family and how it might bring more family into the child's life and case. Parents will also need to be included in the process to explain the importance of expanding a child's network of support while in foster care.

STRATEGY 7: *Implement enhanced parent education program.*

Within the next year, we plan to implement an enhanced parent education program that will include "hands on" teaching and coaching sessions.

Justification Rationale

Staff and parents noted in the stakeholders and focus group meetings that the current parent education classes are valuable and appreciated; however, there is a gap between the classes (where role-playing is often utilized) and the children returning home. We have a "Life Skills" home-based parent education program that we utilize as close to the reunification time that we can; however, typically that's a weekly meeting with the parents to see how the prior week went, and offering suggestions on things to try in the coming week. We found a need for a cross between Parent/Child Interactive Therapy (PCIT) and Family Preservation, where a social worker would provide hands-on coaching during parent-child visits, as well as practical home-maker instruction and assistance.

Action Steps

The current PCIT and Family Preservation programs will be analyzed. Stakeholder feedback will be reviewed, identifying gaps and barriers. A workgroup will be formed to identify best practices for creating a blended model. Resources will be identified and shared with the Deputy Director.

Systemic Changes Identified

As the current programs will be modified, the staff and community will be informed of the changes and how they impact their roles.

Training needed

Train staff to model and referral process.

Technical Assistance needed

None identified at this time.

Role of Partners

The current service providers will be involved in the creation of the new parent education program. Their engagement and expertise will be crucial to ensure the model is effective.

STRATEGIES FOR PROBATION

STRATEGY 1: *Develop a formalized Family Finding policy and training.*

It was clearly articulated in the Peer Review that placing youth in the least restrictive placement, geographically close to their families, and engaging parents and extended families are areas we can improve upon. Although probation attempts to maintain connections between the youth and family by encouraging ongoing contact with visits and Team Decision meetings, the barrier of the distance of the placement and visitation rules at the placements made it challenging. There was strong communication between the service providers and probation in an attempt to provide cohesive services. Probation will develop a Family Finding process to address this issue and improve placement options.

Justification Rationale

As mentioned in Child Welfare's Strategy 6 Family Finding can identify relatives that may be capable of providing out-of-home placement for children while in reunification with their parents. This increases the likelihood a child can remain in a lower level of placement and perhaps within the county.

Action Steps

Under the direction of the Probation Chief, the current process for Family Finding will be reviewed. Stakeholder feedback will be reviewed, identifying gaps and barriers. A workgroup will be formed to identify best practices for Family Finding and create a comprehensive policy and procedures. Resources will be identified and shared with the Probation Chief. The policy will then be published and training plan will be developed.

Systemic Changes Identified:

Policies and procedures will be written to outline the Family Finding process for the Probation Officer(s). Once developed, a training plan will be developed.

Training Identified:
Training staff to new Family Finding process

Technical Assistance needed:

None identified

Role of Partners
Key partners will include the relatives that are located through the family finding process. Engaging them in the process and explaining the purpose of involving them in the child's life will be important. Judges and attorneys will be key partners as well. They will need to understand the importance of finding family and how it might bring more family into the child's life and case. Parents will also need to be included in the process to explain the importance of expanding a child's network of support while in foster care.

Strategy 2: *Continue to develop a Trauma Informed System of Care for youth and their families.*

The Peer Review discussed the need to continue to develop a Trauma Informed System of Care for youth and their families. Partnering with families is essential for children's well-being and an important part of a trauma-informed juvenile justice system. Caregivers and families need to be supported in order to support their children, and this includes considering the effect of caregiver trauma on parenting practices and ways of making justice involvement less trauma-inducing for caregivers and families. Probation will work to create a cultural shift that "embraces trauma-informed practices that support social and emotional health, successful community reentry, and resilience, and family-oriented approaches that support youth in becoming effective adults, while still holding them accountable for their actions". Collaboration across the various domains of the juvenile justice system (e.g., juvenile courts, residential facilities, probations, mental health, etc.) is essential to moving this work forward, establishing safe and effective work and residential environments, and perhaps most importantly, to recognizing that all stakeholders — youth, families, and staff — have important roles in creating a trauma-informed juvenile justice system. (*Current Issues and New Directions in Creating Trauma-Informed Juvenile Justice Systems August 2013*)

Justification Rationale
The National Child Traumatic Stress Network identifies a Trauma informed service system as one with a trauma-informed perspective is one in which programs, agencies, and service providers: (1) routinely screen for trauma exposure and related symptoms; (2) use culturally appropriate evidence-based assessment and treatment for traumatic stress and associated mental health symptoms; (3) make resources available to children, families, and providers on trauma exposure, its impact, and treatment; (4) engage in efforts to strengthen the resilience and protective factors of children and families impacted by and vulnerable to trauma; (5) address parent and

caregiver trauma and its impact on the family system; (6) emphasize continuity of care and collaboration across child-service systems; and (7) maintain an environment of care for staff that addresses, minimizes, and treats secondary traumatic stress, and that increases staff resilience. (The National Child Traumatic Stress Network). Some recommendations from the Trauma-Informed Juvenile Justice Roundtable held in 2013 identified the following recommendations:

- Utilize trauma screening and assessment and evidence-based trauma treatments designed for justice settings
- Partner with families to reduce the potential traumatic experience of justice involvement
- Collaborate across systems to enhance continuity of care
- Create a trauma-responsive environment of care
- Reduce disproportionate minority contact and address disparate treatment of minority youth

(*Current Issues and New Directions in Creating Trauma-Informed Juvenile Justice Systems August 2013*)
(http://www.nctsn.org/sites/default/files/assets/pdfs/jj_trauma_brief_introduction_final.pdf)

Action Steps
Under the direction of the Chief, a workgroup will be formed to identify best practices for creating a trauma informed system of care. Best practices and resources will be identified and shared with the Placement Supervisor. The policy will then be published and training plan will be developed.

Systemic Changes Identified:
Collaboration with partners within the Juvenile Justice System will be needed (Courts, attorneys, etc.)

Training Identified:
Training staff and partners to Trauma Informed theories and practices

Technical Assistance needed:
Probation will identify TA needs we learn more about what is needed to develop this system.

Role of Partners
Because creating a system of care requires collaboration, Probation will partner with juvenile courts, residential facilities, probations, mental health, families and caregivers. Each partner will play a role in the trauma informed system of care. Some partners, like mental health or residential facilities, might implement trauma informed assessments and other partners might focus on a trauma informed response when working with youth and their families.

Prioritization of Direct Service Needs
Based on analysis and discussion, community input and data review during the CSA process, the County considered what direct services should be funded through CAPIT/CBCAP/PSSF. Based on our CSA and consideration of evidence based practices and programs, we are satisfied that each of the programs funded corresponds to best practices and represents the best resources available to our County to provide strong prevention services to children and families and to meet the needs of populations within Calaveras County with the greatest risk of maltreatment as

established in the CSA. Consistently, children in the 0-5 age group receive the most hotline calls of concern, and since February of 2015 they represent the highest age group among children with open cases. The greatest reported (and substantiated) maltreatment type is also consistently General Neglect. Focusing on these two areas makes the most sense.

In conversations with stakeholders, the challenges that the economic recession has had on the county have been significant. The economic base is not supportive of families and many are leaving the county. This has had an impact on schools where there has been a decrease in enrollment and school closures. With lower property values there is less money for the county general fund and as a result many services that were seen as valuable by the stakeholders have been cut. For example social workers and probation officers do not have as large a presence in schools, and there's been a cut in after school programs, including the father engagement program. Being at the schools was a major prevention strategy for both child welfare and probation. Positive feedback regarding the presence at these schools spread to a number of other school administrators, who are all receptive to hosting social workers on their school sites. Despite the success, these services were put on hold due to the social worker shortage and high workload demands. Bringing Child Abuse Prevention curricula into the schools will ensure that children are exposed to keeping themselves safe. It is the County's hope to re-implement the school-based program. There are a number of abuse prevention programs that can be provided in the schools. There are an assortment of programs discussed on the Child Welfare Gateway (https://www.childwelfare.gov/topics/preventing/programs/schoolbased/). In a partnership with First Five Calaveras, the County will review school based child abuse prevention programs and identify the curriculum that meets the county school needs best. An implementation plan will be developed and engagement with the schools will occur to ensure successful implementation.

In a discussion regarding what drives families into the child welfare and probation systems, intergenerational methamphetamine use was seen as a major driver. There are families that have generational substance abuse lifestyles and when coupled with isolation, lack of opportunity of seeing other lifestyles, limited resources and lack of activities for most of the communities, it is hard for families to see choices and break away from bad connections. Many stakeholders commented on the lack of hope for families to get jobs, and there is a culture of disenfranchised rural poor. These individuals are often impoverished and isolated physically and socially from mainstream society. The Strengthening Families approach to parenting classes that First Five Calaveras provides can help fill this gap.

Additionally, when families are isolated, so are their children. By providing Ages and Stages developmental screenings for children under 5 years old, issues are identified early and families are linked. The ***ASQ-3*** is a series of 21 parent-completed questionnaires designed to screen the developmental performance of children in the areas of communication, gross motor skills, fine motor skills, problem solving, and personal-social skills. The age-appropriate questionnaire is completed by the parent or caregiver.

Children under 5 years old comprise 4.1% of the total population in Calaveras County. Forty-nine (34%) of the children in foster care are under 5 years old. Screening young children is an effective, efficient way for professionals to gauge developmental progress and determine meaningful next steps. Because social-emotional and developmental delays in children can be

subtle and can occur in children who appear to be developing typically, most children who would benefit from early intervention are not identified until after they start school. First 5 Calaveras accepts referrals from Children's Services to perform "Ages and Stages" early developmental screenings for all children in open Child Welfare Services cases who are under the age of 5. Because investing in children is so important, this strategy will be utilized to improve the early intervention opportunities for children.

The County has participated in and implemented current federal or state initiatives. Current examples include, but are not limited to:

- **Fostering Connections / After 18 Program**

Calaveras County began providing *After 18* program services in January of 2012. The goal of extended foster care is to assist foster youth in maintaining a safety net of support while experiencing independence in a secure and supervised living environment. The extended time as a non-minor dependent (NMD) can assist the youth in becoming better prepared for successful transition into adulthood and self-sufficiency through education and employment training. In Calaveras County, many foster youth are choosing to remain in foster care to receive extended supportive services as they venture into more independent living situations in their journey to adulthood.

- **Katie A./California's Core Practice Model**

In 2002, a class action lawsuit was filed against the California Department of Social Services (CDSS), the California Department of Health Care Services (DHCS) and the County of Los Angeles. The basic argument made in this lawsuit centered on the issue of inadequate mental health services for foster youth. The plaintiffs alleged this shortfall was causing children to experience placement instability and result in unnecessary restrictive placement settings. A settlement was reached and a strategic plan has been adopted to rectify the challenges identified in this case.

- **Safety Organized Practice**

Through the Safety Organized Practice (SOP) model, social workers have been able to apply a structured strategy designed to help all the key stakeholders involved with a child - the parents, the extended family, the child welfare worker, supervisor, managers, lawyers, judges, and other individuals, maintain their focus on assessing and enhancing child safety at all points in the case process. This practice model integrates the best *Signs of Safety* methodology, i.e., a strengths and solution focused child welfare approach that includes Structured Decision Making.

The Children's Services social workers and supervisors participated in monthly SOP trainings that were coordinated through the Central Regional Training Academy. Training began in January of 2014 and concluded in February of 2015.

CHILD WELFARE CFSR 2	CFSR 3
Priority Outcome Measure or Systemic Factor: S1.1 No Recurrence of Maltreatment **National Standard:** 94.6% **Current Performance:** Q1 2015 - 94.8% (73 out of 77 children) **Target Improvement Goal:** Although the current performance is above the national standard, the Q2 2014 revealed this outcome to be 90.8%. The target improvement goal will be to increase the county's performance to 98%. This would result in 2 less children experiencing recurrence of maltreatment.	**Priority Outcome Measure or Systemic Factor:** S2 Recurrence of Maltreatment **National Standard:** <9.1% **Current Performance:** 10.3%**Target Improvement Goal:** The new CFSR 3 Measure S2 No Recurrence of Maltreatment shows that 10.3% of children experienced recurrence of maltreatment during this period. The National standard is to measure less than 9.1%. The goal will reduce this recurrence rate to less than 9.1%.
Priority Outcome Measure or Systemic Factor: C1.2 Median Time to Reunification **National Standard:** 5.4 months **Current Performance:** Q1 2015 – 6.9 months **Target Improvement Goal:** The CSA reporting period of Q2 2014 showed the median time to reunification to be 7.5 months. This recent period shows an improvement to 6.9 months. The goal is to improve this goal by striving for meeting the national standard of 5.4 months.	**Priority Outcome Measure or Systemic Factor:** P1 Permanency in 12 months (entering foster care) **National Standard:** >40.5% **Current Performance:** 39.5% **Target Improvement Goal:** Continue to improve this goal to reach above 40.5% and sustain this level.

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

National Standard: 48.4%

Current Performance: Q1 2015 – 45.3% (24 of 53 children)

Target Improvement Goal: This outcome is improving. It has increased from 42.1% to 45.3%. The goal is to meet the national standard of 48.4%. This would result in 2 additional children achieving reunification within 12 months.

Priority Outcome Measure or Systemic Factor: C1.4 Reentry following Reunification (exit cohort)

National Standard: 9.9%

Current Performance: Q1 2015 – 13.8% (8 of 58 children)

Target Improvement Goal: The goal is to decrease re-entry rates to the national standard and maintain this level. Achieving this goal would result in 2 less children re-entering foster care.

Priority Outcome Measure or Systemic Factor: C3.3 In Care 3 years or Longer (Emancipation/Age 18)

National Standard: 37.5%

Current Performance: Q1 2015 – 42.9% (3 of 7 children)

Target Improvement Goal: The improvement goal is to decrease the number of children who remain in care 3 years or longer. The target goal is to meet the national standard and maintain it at this level or below.

Priority Outcome Measure or Systemic Factor: P3 Permanency in 12 months for children in foster care 24 months or longer.

National Standard: >30.3%

Current Performance: 20%

Target Improvement Goal: The goal is to improve this measure incrementally each year over the SIP period. An improvement by 3-4% each year will get the county to the national standard of being over 30.3%.

Priority Outcome Measure or Systemic Factor: P4 Re-entry into foster care in 12 months

National Standard: <8.3%

Current Performance: 11.8%

Target Improvement Goal: The goal will be to decrease the number of children re-entering foster care in 12 months by 3.5%.

PROBATION CFSR 2	CFSR 3
Priority Outcome Measure or Systemic Factor: C1.1 Reunification within 12 months (exit cohort) **National Standard:** 75.2% **Current Performance:** Q1 2015 – 0% **Target Improvement Goal:** There are few numbers of probation youth who enter foster care, but when they do, the goal is to reunify within 12 months. The goal is return every child within this time frame, achieving 100% performance.	**Priority Outcome Measure or Systemic Factor:** P1 Permanency in 12 months (entering foster care) **National Standard:** >40.5% **Current Performance:** 0% **Target Improvement Goal:** Continue to improve this goal to reach above 40.5% and sustain this level.
Priority Outcome Measure or Systemic Factor: C1.2 Median Time to Reunification **National Standard:** 5.4 months **Current Performance:** Q1 2015 – 13.8 months **Target Improvement Goal:** There is one youth in foster care at this point-in-time reporting. This youth has not returned home within the national goal of 5.4 months. The goal will be to improve this measure by aiming for reunifying within 12 months.	**Priority Outcome Measure or Systemic Factor:** P3 Permanency in 12 months for children in foster care 24 months or longer **National Standard:** >30.3% **Current Performance:** No data to measure **Target Improvement Goal:** The goal is to improve this measure incrementally each year over the SIP period.
Priority Outcome Measure or Systemic Factor: C1.3 Reunification within 12 months (entry cohort) **National Standard:** 48.4% **Current Performance:** Q1 2015 – 0% **Target Improvement Goal:** There is one youth in foster care at this point-in-time. This youth has not returned home within 12 months. The goal will be to improve this measure by aiming for reunifying within 12 months.	

Priority Outcome Measure or Systemic Factor: C4.2 Placement Stability (12 to 24 months in care) National Standard: 65.4% Current Performance: Q1 2015 – 0% Target Improvement Goal: There are no youth in placement that meet this outcome reporting criteria. This has been an area of concern for the county, so the target goal will be to meet the national standard of 65.4%.	Priority Outcome Measure or Systemic Factor: P5 Placement Stability National Standard: >4.12 Current Performance: 2.33 Target Improvement Goal: The goal is to improve this measure to more than 4.12

CHILD WELFARE CHART		
Strategy 1: *Ensure quality implementation of Structured Decision Making (SDM) tool completion.*	☐ CAPIT ☐ CBCAP ☐ PSSF ☐ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): S1.1 No recurrence of Maltreatment C1.2, C1.3, and C1.4 Reunification CFSR 3 S2 Recurrence of Maltreatment P1 Permanency in 12 months (entering foster care) P3 Permanency in 12 months for children in foster care 24 months or longer P4 Re-entry into foster care in 12 months

Action Steps:	Timeframe:	Person Responsible:
A. Train staff and supervisors to SDM 3.0.	January 2016 – June 2016	Program Manager
B. Identify strategies to ensure quality implementation and tool completion, in particular safety plans. Work with CRC and RTA to create a plan for quality supervision.	July 2016 – October 2016	Program Manager Quality Assurance Supervisor

C. Develop protocol that will ensure tool completion including SafeMeasures monitoring and reports.	October 2016 – December 2016	Program Manager Quality Assurance Supervisor
D. Train supervisors to new SDM tool monitoring and protocols.	December 2016 – January 2017	Program Manager Quality Assurance Supervisor
E. Supervisors monitor SDM tool completion and case review for Safety Plans.	February 2017 - ongoing	Supervisors

Strategy 2: *Engage families in Safety Mapping and utilization of Safety Organized Practice (SOP) Safety Networks to ensure child safety.*	☒ CAPIT ☐ CBCAP ☐ PSSF ☐ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): S1.1 No recurrence of Maltreatment C1.2, C1.3, and C1.4 Reunification CFSR 3 S2 Recurrence of Maltreatment P1 Permanency in 12 months (entering foster care) P3 Permanency in 12 months for children in foster care 24 months or longer P4 Re-entry into foster care in 12 months

Action Steps:	Timeframe:	Person Responsible:
A. Train new social workers and supervisors to SOP. Ensure training for new staff as they are hired.	January 2016 – January 2017	Program Manager, through the Central Regional Training Academy
B. Engage RTA in providing coaching for social workers to focus on how to conduct Safety Mapping meetings and how to engage families in developing Safety Networks.	March 2016 – March 2017	Program Manager Supervisors
C. Develop protocol where social workers hold family meetings to develop safety plans and safety networks when families are reunifying or a referral is being closed with identified safety issues.	April 2016 - ongoing	Supervisors

D. Develop system to track the family meetings and the safety plans. Conduct evaluation of these families to track if recurrence of maltreatment occurred.	January 2016 - ongoing	Supervisors
E. Revise Safety Plan template to incorporate the changes to be utilized in Safety Mapping meetings.	April 2016 and ongoing	Supervisors
F. Develop protocol for Parent Mentors to work in collaboration with the Crisis Center in order to link their families with necessary services and resources.	January 2016 – June 2016	Program Manager, in conjunction with Behavioral Health Services

Strategy 3: *Create a parent mentor program which can support families and help them navigate the Child Welfare system.*	☒ CAPIT ☐ CBCAP ☐ PSSF ☐ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): S1.1 No recurrence of Maltreatment C1.2, C1.3, and C1.4 Reunification CFSR 3 S2 Recurrence of Maltreatment P1 Permanency in 12 months (entering foster care) P3 Permanency in 12 months for children in foster care 24 months or longer P4 Re-entry into foster care in 12 months

Action Steps:	Timeframe:	Person Responsible:
A. Research and identify parent mentor programs. Narrow down models through research.	January 2017 – June 2017	Program Manager, in conjunction with Behavioral Health Services
B. Present identified parent mentor programs to stakeholders (parents, staff, and community) and develop purpose and focus of program.	June 2017 – December 2018	Program Manager, in conjunction with Behavioral Health Services

C. Develop Program scope and identify resources necessary. Create timeline for implementation including hiring and training of parent mentor(s).	January 2018 – June 2018	Program Manager, in conjunction with Behavioral Health Services
D. Develop policies and procedures for program.	June 2018 – October 2018	Program Manager, in conjunction with Behavioral Health Services
E. Recruit and train parent mentor(s).	January 2019	Program Manager, in conjunction with Behavioral Health Services
F. Train staff to program and create outreach to community to introduce program.	November 2018 – February 2019	Program Manager, in conjunction with Behavioral Health Services
G. Launch program.	March 2019	Program Manager, in conjunction with Behavioral Health Services
H. Track and evaluate success of program, making adjustments as needed.	March 2019 - ongoing	Program Manager, in conjunction with Behavioral Health Services

Strategy 4: *Create a comprehensive visitation policy and develop resources to increase frequency of parent-child visits.*	☒ CAPIT ☐ CBCAP ☐ PSSF ☐ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.2, C1.3, and C1.4 Reunification CFSR 3 P1 Permanency in 12 months (entering foster care) P3 Permanency in 12 months for children in foster care 24 months or longer

Action Steps:	Timeframe:	Person Responsible:
A. Create workgroup to review current visitation policy and stakeholder input. Review best practices and identify policy recommendations.	January 2016 – June 2016	Supervisor
B. Present policy recommendations to management team for approval; make adjustments as needed.	July 2016 – August 2016	Supervisor
C. Finalize policy and publish.	September 2016	Supervisor

D. Educate staff to new policies and procedures.	October 2016 – December 2016	Supervisor
E. Develop materials regarding visitation program that are made to distribute to parents. Materials will be parent-friendly and outline purpose of parent-child visits and expectations and rules for visits.	September 2016 – December 2016	Supervisor
F. Implement new visitation program and policies.	January 2017	Supervisor
F. Monitor visitation program and make adjustments as needed.	January 2017 - ongoing	Supervisor

Strategy 5: *Improve Concurrent planning strategies*	☒ CAPIT ☐ CBCAP ☐ PSSF ☐ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.2, C1.3, and C1.4 Reunification C3.3 In Care 3 years or Longer (Emancipation/Age 18) CFSR 3 P1 Permanency in 12 months (entering foster care) P3 Permanency in 12 months for children in foster care 24 months or longer P4 Re-entry into foster care in 12 months

Action Steps:	Timeframe:	Person Responsible:
A. Review current concurrent planning policies and procedures. Identify gaps and develop areas needing improvement.	July 2017 – August 2017	Adoptions Social Worker
B. Research concurrent planning policies from other counties and identify several with promising practices. Research will include interviewing staff, parents, and caregivers.	September 2017 – February 2018	Adoptions Social Worker

C. Develop recommendations for an improved concurrent planning policy and present to management team for input and approval. Make adjustments as needed.	March 2018 – June 2018	Adoptions Social Worker
D. Train staff to new policies and procedures.	July 2018 – September 2018	Adoptions Social Worker
E. Develop a tracking process for children for home concurrent planning is indicated.	March 2018 – September 2018	Adoptions Social Worker
F. Implement new concurrent planning model.	October 2018 - ongoing	Supervisors
G. Track concurrent plans and outcomes. Report data to management team at regular intervals as determined by management.	October 2018 - ongoing	Adoptions Social Worker

Strategy 6: *Utilize Family Finding strategies to ensure all relative options are explored and utilized.*	☐ CAPIT ☐ CBCAP ☐ PSSF ☐ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.2, C1.3, and C1.4 Reunification C3.3 In Care 3 years or Longer (Emancipation/Age 18) CFSR 3 P1 Permanency in 12 months (entering foster care) P3 Permanency in 12 months for children in foster care 24 months or longer P4 Re-entry into foster care in 12 months

Action Steps:	Timeframe:	Person Responsible:
A. The current Family Finding efforts will be examined and analyzed for their effectiveness. Gaps and barriers will be highlighted.	January 2016 – June 2016	Supervisor
B. A workgroup will be formed to identify best practices for Family Finding and create a comprehensive policy and procedures.	July 2016 – December 2016	Supervisor
C. The social workers and supervisors will be trained to the new policy and procedures.	January 2017 – March 2017	Supervisor

D. The policy will be published and implemented.	January 2017 and ongoing	Supervisor
E. Cases will be reviewed by supervisors to determine if Family Finding efforts have been documented.	January 2017 and quarterly thereafter	Supervisors Quality Assurance Supervisor
F. The number of families identified and engaged will be calculated every six months and reported to the management team and Director.	July 2017 and biannually thereafter	Supervisors Quality Assurance Supervisor
G. The workgroup will review the bi-annual reports and make recommendations for improvements. The policy will be updated as needed.	July 2017 and biannually thereafter	Supervisor

Strategy 7: *Create an enhanced Parent Education Program*	[X] CAPIT [X] CBCAP [ ] PSSF [ ] N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): S1.1 No recurrence of Maltreatment C1.2, C1.3, and C1.4 Reunification CFSR 3 S2 Recurrence of Maltreatment P1 Permanency in 12 months (entering foster care) P3 Permanency in 12 months for children in foster care 24 months or longer P4 Re-entry into foster care in 12 months

Action Steps:	Timeframe:	Person Responsible:
A. Convene workgroup.	January 2016	Parent Educator, in conjunction with First 5 Calaveras
B. Analyze current parent education program and Family Preservation program and develop plan for integration.	January – June 2016	Parent Educator, in conjunction with First 5 Calaveras
C. Integrate and develop enhanced parenting program.	July 2018 – March 2017	Parent Educator, in conjunction with First 5 Calaveras

D. Train staff to new program and the referral process.	March 2017 – June 2017	Parent Educator
E. Begin Program.	July 2017 - ongoing	Parent Educator
F. Monitor program outcomes and make adjustments as needed.	July 2017 - ongoing	Parent Educator

PROBATION SIP CHART		
Strategy 1: *Develop a formalized Family Finding policy and training*	☐ CAPIT ☐ CBCAP ☐ PSSF ☐ N/A	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** C1.1, C1.2, C1.3 Reunification C4.2 Placement Stability CFSR 3 P1 Permanency in 12 months (entering foster care) P3 Permanency in 12 months for children in foster care 24 months or longer P5 Placement Stability

Action Steps:	Timeframe:	Person Responsible:
A. Review current process for family finding. Identify gaps and strengths.	November 2015 – January 2016	Probation Supervisor and line staff
B. Research family finding procedures from other probation agencies that are effective. Identify which procedures show promise.	January 2016 – July 2016	Probation Chief
C. Develop policy and procedures recommendations and present to management for input and approval. Make adjustments as needed.	July 2016 – September 2016	Probation Chief

D. Train staff to new policies.	October 2016	Probation Chief
E. Implement family finding program.	January 2017 - ongoing	Probation Supervisor and line staff
F. Track all family finding referrals and input searches in CWS/CMS. Make adjustments as needed.	January 2017 - ongoing	Probation Supervisor

Strategy 2: *Continue to develop a Trauma Informed System of Care for youth and their families.*	☐ CAPIT ☐ CBCAP ☐ PSSF ☐ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.1, C1.2, C1.3 Reunification C4.2 Placement Stability CFSR 3 P1 Permanency in 12 months (entering foster care) P3 Permanency in 12 months for children in foster care 24 months or longer P5 Placement Stability

Action Steps:	Timeframe:	Person Responsible:
A. Explore opportunities to bring in all department training for officers when dealing with adolescents with complex trauma histories.	July 2016 – December 2016	Probation Chief
B. Contract with a trainer or partner with Behavioral Health for training.	January 2017	Probation Chief
C. Train staff	March 2017 – September 2017	Probation Supervisor and line staff

APPENDIX

CAPIT/CBCAP/PSSF Program and Evaluation Description

County: Calaveras
Date Approved by OCAP:

Program Description

Program Name: Life Skills Home Visitation Program

Service Provider:

The service provider is an LCSW-level staff person employed with The Resource Connection, who provides the service through an independent contract with the Calaveras Health and Human Services Agency.

Program Description

The Calaveras Health and Human Services Agency contracts with The Resource Connection, which provides family preservation through home visiting and teaching and demonstrating for parents and care providers. This six- to eight-session individualized, home-based parent education program aimed towards parents and primary caregivers of children ages 0-18 at risk for child abuse; neglect; in isolated communities; at-risk populations; or in out-of-home placement. It helps parents and their children learn and practice various life skills. These include knowing how to work and be part of a team, manage money, manage time, life as part of a family and learning effective communication skills. It also helps parents learn how to meet their children's nutritional needs, home safety, healthy discipline, and family access to community resources.

Funding Sources

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

Identify Priority Need Outlined in CSA

The CSA identified isolation is a significant barrier for families in Calaveras County. In home services were identified by Stakeholders as a way to outreach to families and provide education. (See Reunification Analysis in CSA p. 58)

The target population for the home visitation program is primarily Child Welfare-involved families that have recently reunited, in an effort to reduce foster care recidivism; however, this service is also available to pre- and post-adoptive families as well in an effort to preserve the family's permanency.

Target Population

The target population for the home visitation program is primarily Child Welfare-involved families that have recently reunited, in an effort to reduce foster care recidivism; however, this service is also available to pre- and post-adoptive families as well in an effort to preserve the family's permanency.

Target Geographic Area

All children and families residing within Calaveras County are eligible for the services that are provided with these funds.

Timeline

SIP Cycle: October 2015 - October 2020. Contracts can be renegotiated and extended on an annual basis.

Evaluation

Program Outcome(s) and measurement & Quality Assurance (QA) Monitoring

Desired Outcome	Indicator	Source of Measure	Frequency
Increase parenting and child development knowledge	75% of participating parents gain knowledge/skills in parenting children	Pre- and post-assessments that measure challenges of parenting	First and last sessions

Client Satisfaction (example* provided below)

Method or Tool	Frequency	Utilization	Action
Client survey	At end of program	Surveys to be reviewed at the end of the sessions.	If a concern arises, discussion will take place immediately to resolve the issue and/or provide additional resources.

PROGRAM DESCRIPTION

PROGRAM NAME: EARLY DEVELOPMENTAL SCREENINGS

SERVICE PROVIDER:

The Program Coordinator is employed by First 5 Calaveras, the entity which provides the service.

PROGRAM DESCRIPTION

The First 5 Calaveras will be directly providing service by conducting early developmental screenings of all children under the age of 5 with open CWS cases using the Ages and Stages Questionnaire (ASQ), an evidence-based practice, so that Calaveras County will be in compliance with the Federally-mandated Child Abuse Prevention and Treatment Act (CAPTA). These screenings may be conducted in the CHHSA office or the child's home with the assistance of the parents or substitute care providers.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Early Developmental Screenings
CBCAP	
PSSF Family Preservation	x
PSSF Family Support	x
PSSF Time-Limited Family Reunification	x
PSSF Adoption Promotion and Support	Early Developmental Screenings
OTHER Source(s): (Specify)	

IDENTIFY PRIORITY NEED OUTLINED IN CSA

CSA stakeholders identified lack of community resources as an unmet need. Transportation was also identified as a barrier for many families to access services.

TARGET POPULATION

The target population for this program is specifically Child Welfare-involved children; however, this service is also available to pre- and post-adoptive families of Child Welfare-involved children as well in an effort to preserve the family's permanency.

TARGET GEOGRAPHIC AREA

All children and families residing within Calaveras County are eligible for the services that are provided with these funds.

TIMELINE

SIP Cycle: October 2015 - October 2020. Contracts can be renegotiated and extended on an annual basis.

EVALUATION

Program Outcome(s) and measurement & Quality Assurance (QA) Monitoring

Desired Outcome	Indicator	Source of Measure	Frequency
Parents and substitute care providers will gain understanding of child development and symptomotology and set and follow through with appropriate and consistent limits.	At least 75% of participating adults will report improvement in understanding the child(ren)'s specific developmental needs; Children for whom their questionnaire identifies a need for follow-up treatment are referred to the Valley Mountain Regional Center for follow-up.	Pre- and post-assessments	Quarterly

CLIENT SATISFACTION (EXAMPLE* PROVIDED BELOW)

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

PROGRAM DESCRIPTION

PROGRAM NAME: SHAKEN BABY SYNDROME & SAFE SURRENDER SITE EDUCATION AND TRAINING

SERVICE PROVIDER:

First 5 Calaveras

PROGRAM DESCRIPTION

The Shaken Baby Syndrome & Safe Surrender Site Education and Training program provides direct services to members of the Calaveras County community, including parents, foster parents, adoptive parents and community service providers regarding Shaken Baby Syndrome and the Safe Surrender program. It includes the provision of outreach materials (flyers, brochures, posters); annual public reports; radio and television ads; website maintenance; newspaper ads and articles; training materials; incentives; books. It also includes increasing the level of knowledge of available community resources in the county as a means of providing support to families. It also includes coordinating with local fire departments in becoming recognized and functioning Safe Surrender Baby Sites, and public education and outreach regarding the Safe Surrender laws and Calaveras County locations.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	Network Development
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

Public education has been identified as a strategy to reduce our Foster Care Re-entry outcome measure.

TARGET POPULATION

All individuals residing within Calaveras County are eligible for the services that are provided with these funds; however, parents referred directly by Children's Services will be prioritized.

TARGET GEOGRAPHIC AREA

All children and families residing within Calaveras County are eligible for the services that are provided with these funds.

TIMELINE

SIP Cycle: October 2015 - October 2020. Contracts can be renegotiated and extended on an annual basis.

EVALUATION

Program Outcome(s) and measurement & Quality Assurance (QA) Monitoring

Desired Outcome	Indicator	Source of Measure	Frequency
Increase knowledge, skills and abilities of those providing prevention/intervention services	Number of parents and service providers participating in services and support programs	Agency/Service Provider records	Annual reports provided to the County.

CLIENT SATISFACTION (EXAMPLE* PROVIDED BELOW)

Method or Tool	Frequency	Utilization	Action
Registration Forms	Upon initiation and/or completion of training	Evaluations reviewed after each event by program staff to assist with identifying levels of participant satisfaction.	Completed evaluations will be used to resolve issues and ensure continuous quality improvement in order to provide trainings and programs with the most successful facilitators and outcomes.

PROGRAM DESCRIPTION

PROGRAM NAME: PEER SUPPORT

SERVICE PROVIDER:

Calaveras Health and Human Services Agency – Mental Health Program

PROGRAM DESCRIPTION

Using the Parent Partner Evidence-Based Practice Model, the CHHSA will identify, screen, train and oversee adult mentors who have been consumers of Calaveras County's Child Welfare Services to provide mentoring and peer support to current Child Welfare Services-involved parents.

FUNDING SOURCES

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

IDENTIFY PRIORITY NEED OUTLINED IN CSA

Peer Support has been identified as a strategy to reduce our Foster Care Re-entry outcome measure.

TARGET POPULATION

All parents involved with the Child Welfare Services who have been offered Family Maintenance and/or Family Reunification Services residing within Calaveras County are eligible for the services that are provided with these funds.

TARGET GEOGRAPHIC AREA

All parents residing within Calaveras County are eligible for the services that are provided with these funds.

TIMELINE

SIP Cycle: October 2015 - October 2020.

EVALUATION

Program Outcome(s) and measurement & Quality Assurance (QA) Monitoring

Desired Outcome	Indicator	Source of Measure	Frequency
Reduce the risk of abuse/neglect to children	At least 80% of the referred parents will accept and participate.	Progress reports received and Business Objects data reports.	Quarterly reports provided.

CLIENT SATISFACTION (EXAMPLE* PROVIDED BELOW)

Method or Tool	Frequency	Utilization	Action
Engagement rates	Quarterly	1. Number of parents voluntarily agreeing to services; 2. Participation in peer support activities	Initial engagement and subsequent participation rates of less than 70% require re-evaluation of engagement processes, staff evaluation/training and participant interviews as appropriate.

10/29/15

CAPIT/CBCAP/PSSF PROGRAM FUNDING ASSURANCES

FOR CALAVERAS COUNTY

PERIOD OF PLAN (MM/DD/YY): 10/29/15 THROUGH (MM/DD/YY) 10/29/20

DESIGNATION OF ADMINISTRATION OF FUNDS

The County Board of Supervisors designates Calaveras County Health and Human Services Agency as the public agency to administer CAPIT and CBCAP.

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

FUNDING ASSURANCES

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

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

- Compliance with federal requirements to ensure that anyone who has or will be awarded funds has not been excluded from receiving Federal contracts, certain subcontracts, certain Federal financial and nonfinancial assistance or benefits as specified at http://www.epls.gov/.

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

California Department of Social Services

Office of Child Abuse Prevention

744 P Street, MS 8-11-82

Sacramento, California 95814

	2/9/2014
County Board of Supervisors Authorized Signature	Date

See Attachment B

CAPIT/CBCAP/PSSF PROGRAM AND EVALUATION DESCRIPTION

County: Calaveras
Date Approved by OCAP: January 6, 2016

PROGRAM DESCRIPTION

PROGRAM NAME: LIFE SKILLS HOME VISITATION PROGRAM

SERVICE PROVIDER:

The service provider is an LCSW-level staff person employed with The Resource Connection, who provides the service through an independent contract with the Calaveras Health and Human Services Agency.

PROGRAM DESCRIPTION

Home visiting is a mechanism to provide direct support and coordination of services for families which involves direct services to the family in the home setting.

Programs vary, but components may include 1) education in effective parenting and childcare techniques; 2) education on child development, health, safety, and nutrition; 3) assistance in gaining access to social support networks; and 4) assistance in obtaining education, employment, and access to community services.

The Calaveras Health and Human Services Agency contracts with The Resource Connection, which provides Family Preservation services through home visiting and teaching and demonstrating for parents and care providers. This six- to eight-session individualized, home-based parent education program aimed towards parents and primary caregivers of children ages 0-18 at risk for child abuse; neglect; in isolated communities; at-risk populations; or in out-of-home placement. It helps parents and their children learn and practice various life skills. Components include 1) education in effective parenting and childcare techniques; 2) education on child development, health, safety, and nutrition; 3) assistance in gaining access to social support networks; and 4) assistance in obtaining education, employment, and access to community services. It also includes knowing how to work and be part of a team, manage money, manage time, life as part of a family and learning effective communication skills. It also helps parents learn how to meet their children's nutritional needs, home safety, and healthy discipline.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Parent Education and Support
CBCAP	Parent Education and Support
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

The CSA identified isolation is a significant barrier for families in Calaveras County. In home services were identified by Stakeholders as a way to outreach to families and provide education. (See Reunification Analysis in CSA p. 58)

The target population for the home visitation program is primarily families at risk of Child Welfare Involvement that have recently reunited, in an effort to reduce foster care recidivism; however, this service is also available to pre- and post-adoptive families as well in an effort to preserve the family's permanency.

Target Population

Parents and primary caregivers of children ages 0-18 at risk for child abuse and neglect; in isolated communities; at-risk populations; or in out-of-home placement.

Target Geographic Area

All children and families residing within Calaveras County are eligible for the services that are provided with these funds.

Timeline

SIP Cycle: October 2015 - October 2020. Contracts can be renegotiated and extended on an annual basis.

Evaluation

Program Outcome(s) and measurement & Quality Assurance (QA) Monitoring

Desired Outcome	Indicator	Source of Measure	Frequency
Increase parenting life skills and access to support systems	75% of participating parents gain knowledge/skills in parenting children	Pre- and post-assessments that measure challenges of parenting	First and last sessions

Client Satisfaction (example* provided below)

Method or Tool	Frequency	Utilization	Action
Client survey	At end of program	Surveys to be reviewed at the end of the sessions by the provider.	If a concern arises, discussion will take place immediately between the county and the provider to resolve the issue and/or provide additional resources.

PROGRAM DESCRIPTION

PROGRAM NAME: EARLY DEVELOPMENTAL SCREENINGS

SERVICE PROVIDER:

The Program Coordinator is employed by First 5 Calaveras, the entity which provides the service.

PROGRAM DESCRIPTION

The Ages and Stages Questionnaire-3 (ASQ-3) screens and assesses the developmental performance of children in the areas of communication, gross motor skills, fine motor skills, problem solving, and personal-social skills. It is used to identify children that would benefit from in-depth evaluation for developmental delays.

The ***ASQ-3*** is a series of 21 parent-completed questionnaires designed to screen the developmental performance of children in the areas of communication, gross motor skills, fine motor skills, problem solving, and personal-social skills. The age-appropriate questionnaire is completed by the parent or caregiver in their home, or in the CHHSA office as needed.

The First 5 Calaveras will be directly providing service by conducting early developmental screenings of all children under the age of 5 with open CWS cases using the Ages and Stages Questionnaire (ASQ), an evidence-based practice, so that Calaveras County will be in compliance with the Federally-mandated Child Abuse Prevention and Treatment Act (CAPTA). These screenings may be conducted in the CHHSA office or the child's home with the assistance of the parents or substitute care providers. Children identified with developmental and/or cognitive needs and/or deficits will be referred to the Valley Mountain Regional Center for further assessment and follow-up treatment so that children with identified needs receive all needed services.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Early Developmental Screenings
CBCAP	
PSSF Family Preservation	Early Developmental Screenings
PSSF Family Support	Early Developmental Screenings
PSSF Time-Limited Family Reunification	Mental Health Services
PSSF Adoption Promotion and Support	Mental Health Services
OTHER Source(s): (Specify)	

IDENTIFY PRIORITY NEED OUTLINED IN CSA (PAGE 25)

CSA stakeholders identified lack of community resources as an unmet need. The Valley Mountain Regional Services indicated that they lack capacity to conduct developmental screenings on behalf of all children ages 0-3 in open Child Welfare Services cases. This service allows for developmental screenings to be conducted as mandated by Federal law, and within the best interests of very young children. Transportation was also identified as a barrier for

many families to access services, and the evaluation can be conducted within the child's home as needed.

Target Population

The target population for this program is specifically Child Welfare-involved children; however, this service is also available to pre- and post-adoptive families of Child Welfare-involved children as well in an effort to preserve the family's permanency.

Target Geographic Area

All children and families residing within Calaveras County are eligible for the services that are provided with these funds.

Timeline

SIP Cycle: October 2015 - October 2020. Contracts can be renegotiated and extended on an annual basis.

Evaluation

Program Outcome(s) and measurement & Quality Assurance (QA) Monitoring

Desired Outcome	Indicator	Source of Measure	Frequency
Parents and substitute care providers will gain understanding of child development and symptomotology and gain early access to the Regional Center's follow-up evaluation and services as needed.	At least 75% of participating adults will report improvement in understanding the child(ren)'s specific developmental needs; Children for whom their questionnaire identifies a need for follow-up treatment are referred to the Valley Mountain Regional Center for follow-up.	Pre- and post-assessments	Quarterly

Client Satisfaction (example* provided below)

Method or Tool	Frequency	Utilization	Action
Client survey	Completed at the end of the service.	Surveys will be reviewed by the provider's program staff.	Changes to program implementation will be made by the provider as needed to ensure program compliance and

			continuous quality improvement.

PROGRAM DESCRIPTION

PROGRAM NAME: SHAKEN BABY SYNDROME & SAFE SURRENDER SITE EDUCATION AND TRAINING

SERVICE PROVIDER:

First 5 Calaveras

PROGRAM DESCRIPTION

The Shaken Baby Syndrome & Safe Surrender Site Education and Training program provides direct services to members of the Calaveras County community, including parents, foster parents, adoptive parents and community service providers regarding Shaken Baby Syndrome and the Safe Surrender program. It includes the provision of outreach materials (flyers, brochures, posters); annual public reports; radio and television ads; website maintenance; newspaper ads and articles; training materials; incentives; books. It also includes increasing the level of knowledge of available community resources in the county as a means of providing support to families. It also includes coordinating with local fire departments in becoming recognized and functioning Safe Surrender Baby Sites, and public education and outreach regarding the Safe Surrender laws and Calaveras County locations.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	Public Awareness, Public Education and Outreach
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 (PAGE 25)

Public education has been identified as a strategy to reduce our Foster Care Re-entry outcome measure.

TARGET POPULATION

All individuals residing within Calaveras County, including those at-risk as well as community service providers, are eligible for the services that are provided with these funds; however, parents identified as at-risk / community service providers and referred directly by Children's Services will be prioritized.

TARGET GEOGRAPHIC AREA

All children and families residing within Calaveras County are eligible for the services that are provided with these funds.

TIMELINE

SIP Cycle: October 2015 - October 2020. Contracts can be renegotiated and extended on an annual basis.

EVALUATION

Program Outcome(s) and measurement & Quality Assurance (QA) Monitoring

Desired Outcome	Indicator	Source of Measure	Frequency
Increase knowledge, skills and abilities of the dangers of shaken babies prevention/intervention skills and services	At least 80% of the parents and service providers referred for these services participate.	Service Provider records: The number of telephone calls and emails/website inquiries related to Shaken Babies Syndrome and Safe Surrender Sites; The number of service provider participation in trainings.	Annual reports provided to the County, reflecting the number of individual parents and/or service providers offered (and participated) in training).

CLIENT SATISFACTION (EXAMPLE* PROVIDED BELOW)

Method or Tool	Frequency	Utilization	Action
Participant Evaluations	Upon completion of training	Evaluations reviewed after each training/ and/or event by program staff to assist with identifying levels of participant satisfaction.	Completed evaluations will be used to resolve issues and ensure continuous quality improvement in order to provide trainings and programs with the most successful outcomes.

PROGRAM DESCRIPTION

PROGRAM NAME: PEER MENTOR PROGRAM

SERVICE PROVIDER:

Calaveras Health and Human Services Agency – Mental Health Program

PROGRAM DESCRIPTION

The CHHSA is in the process of developing a Peer Mentor program (based on the Parent Partner Evidence-Based Practice Model). The CHHSA will identify, screen, train and oversee adult mentors who have been consumers of Calaveras County's Child Welfare Services to provide mentoring and peer support to current Child Welfare Services-involved parents. The goals are to engage parents more fully in the Child Welfare Services case planning and services process; provide information to parents about the Child Welfare System and their rights and responsibilities; and provide support, modeling, and linkages to assist families in meeting their safety, permanency, and well-being goals.

Although not a part of formal parent partner programs as defined above, parents may also partner with the child welfare system by being advisory members to child welfare system committees and providing a parent's perspective on programmatic and policy development.

FUNDING SOURCES

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

IDENTIFY PRIORITY NEED OUTLINED IN CSA

Peer Support has been identified as a strategy to reduce our Foster Care Re-entry outcome measure.

TARGET POPULATION

All parents involved with the Child Welfare Services who have been offered Family Maintenance and/or Family Reunification Services residing within Calaveras County are eligible for the services that are provided with these funds.

TARGET GEOGRAPHIC AREA

All Child Welfare Services-involved parents residing within Calaveras County and participating in the Family Reunification Services program are eligible for the services that are provided with these funds.

TIMELINE

SIP Cycle: October 2015 - October 2020.

EVALUATION

Program Outcome(s) and measurement & Quality Assurance (QA) Monitoring

Desired Outcome	Indicator	Source of Measure	Frequency
Reduce the risk of abuse/neglect to children by increasing the following: Develop healthy social skills ▪ Express appropriate emotions ▪ Increase understanding and tolerance of others ▪ Enhance interpersonal skills ▪ Develop coping and problem solving skills ▪ Improve self-control ▪ Improve efforts towards learning in school ▪ Build self-esteem ▪ Improve self-confidence	At least 80% of the referred parents will accept and participate in these voluntary mentor services.	Progress reports received from providers and Business Objects data reports.	Quarterly reports provided by the service provider and/or Business Objects (regarding the number of individuals accepting and participating in these services).

CLIENT SATISFACTION (EXAMPLE* PROVIDED BELOW)

Method or Tool	Frequency	Utilization	Action
Engagement rates	Quarterly	1. Number of parents to participate in these non-Court-ordered services; 2. Participation in peer support activities	Initial engagement and subsequent participation rates of less than 70% require re-evaluation of engagement processes, staff evaluation/training and participant interviews by either the provider or CWS as appropriate.

CAPIT/CBCAP/PSSF Expenditure Workbo
Proposed Expenditures
Worksheet 1

(1) DATE SUBMITTED: 12/28/15 (2) DATES FOR THIS WORKBOOK 10/29/15

(4) COUNTY: CALAVERAS (5) PERIOD OF SIP: 10/29/15 thru 10/29/20 (6) Y

(7) ALLOCATION (Use the latest Fiscal or All County Information Notice for Allocation): CAPIT: $ 65,046 CBCAP: $

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		CBCAP			
					Dollar amount to be spent on CAPIT Programs	CAPIT is used for Administration	Dollar amount to be spent on CBCAP Programs	CBCAP is used for Administration	Dollar amount to be spent on Family Preservation	
A	B	C	D1	D2	E1	E2	F1	F2	G1	
1	Life Skills Home Visting	Direct Service	The Resource Connection		$20,000		$30,000			
2	Parent Education (Shaken Baby and Period of Purple Crying	Direct Service	CHHSA - First 5 Calaveras		$9,077		$6,286		$2,594	
3	Early Childhood Services ASQ		CHHSA - First 5 Calaveras		$35,969				$2,300	
4	Parent Mentor Program		CHHSA - Mental Health							
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
	Totals				$65,046		$36,286		$4,894	
									21%	

CAPIT/CBCAP/PSSF Expenditure Workbook
CBCAP Programs
Worksheet 2

Appendix X

(1) COUNTY: **CALAVERAS** **(2) YEARS:** **2015 - 2020**

No.	Program Name	Logic Model			EBP/EIP ONLY						Parent Involvement Activities		
					EBP/EIP Level As determined by the EBP/EIP Checklist								
		Logic Model Not Applicable	Logic Model Exists	Logic Model Will be Developed	Program Lacking support (Level 0)	Emerging & Evidence Informed Programs & Practices (Level 1)	Promising Programs & Practices (Level 2)	Supported (Level 3)	Well Supported (Level 4)	EBP/EIP Checklist is on file or N/A	Planning	Implementation	Evaluation
A	**B**	**C1**	**C2**	**C3**	**D1**	**D2**	**D3**	**D4**	**D5**	**D6**	**E1**	**E2**	**E3**
1	Life Skills Home Visting		X					X		X		X	X
2	Shaken Baby Syndrome & Safe Surrender Site Education and Training	X								N/A		X	X