California - Child and Family Services Review

System Improvement Plan

JUNE 2015 – JUNE 2020

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Introduction

The California-Children 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 C-CFSR is a cyclical process which begins with the identification and analysis of the current system through the Child Welfare and Probation County Self-Assessment and Peer Review, and leads to development and implementation of solutions which are tested in the System Improvement Plan, and an ongoing evaluation and revision of those solutions for continuous improvement. To meet the changing needs of the system over time activities are monitored and may be updated through the Annual System Improvement Plan Progress Report. As the C-CFSR is a continuous quality improvement model, Shasta County has worked toward continuing development, implementation, and evaluation of strategies to improve safety, permanency, and well-being of children. Shasta has added an additional quality monitoring and improvement step that includes periodic review of and opportunity for input into the C-CFRS process by the Continuous Quality Improvement Committee. This collaborative group includes decision makers within County and community organizations as well as individual community stakeholders.

The County Self-Assessment is completed every five years in coordination with local community partners. The County Self-Assessment is a comprehensive Child Welfare and Probation program assessment to determine the effectiveness of current practice, programs and resources across the continuum of child welfare and probation placement services (from prevention and protection through permanency and aftercare) and to identify areas for targeted system improvement. The County Self-Assessment guides Shasta County Child Welfare and Shasta County Probation in:

- Identifying the successes and challenges in current practices, programs and resources,
- Identifying the existence, prevalence or magnitude of a need for services, and
- Determining where efforts and funding should be focused to maximize positive outcomes for children and families.

The County Self-Assessment team completed the self-assessment using a variety of methods: gathered and analyzed information and data; actively participated in the Peer Review; and conducted focus groups and administered surveys as a means to engage stakeholders and obtain feedback about the quality of the Child Welfare and Probation systems as well as the provision of services to children and families in the community. Results obtained utilized a combination of quantitative analysis; qualitative information gathered from child welfare source experts, County leadership, survey/focus group input, and literature reviews; in addition to periodic review and input by the Continuous Quality Improvement Committee.

The Peer Review provided Shasta County with qualitative information about programs by examining child welfare practices and policies that impact Placement Stability outcomes for children and families. The Peer Review identified themes of agency strengths and areas needing improvement for child welfare and probation. During the review, staff from our peer counties interviewed Shasta County case-carrying social workers and probation officers regarding county practice. Utilizing peers from other counties promoted the exchange of best practice ideas between Shasta County and the peer counties.

The Child Welfare and Probation System Improvement Plan is developed every five years in coordination with local community partners. The System Improvement Plan is based on data collected through County Self-Assessment and Peer Review. The System Improvement Plan is the operational agreement between the county and state, outlining how the county will improve their system of care for children and families. The System Improvement Plan includes a plan for 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. *The System Improvement Plan is a commitment to specific targeted and measurable improvements and is not intended to be the county's comprehensive child welfare plan.* The System Improvement Plan includes specific action steps, timeframes, and improvement targets and is approved by the Board of Supervisors and California Department of Social Services.

The California Department of Social Services provides quarterly data reports that include county level outcome-based data focused on core safety, permanency and well-being measures. The data is derived from the Child Welfare Services/Case management System (CWS/CMS). Baseline data was analyzed in the County Self-Assessment and used to inform and guide both the Peer Review and System Improvement Plan. The quarterly data reports are used to track state and county outcome measure performance over time. The County Self-Assessment and Peer Review allowed a systematic assessment of program strengths and limitations in order to improve service delivery. The System Improvement Plan linking of program processes and performance with outcome measures helps evaluate progress. The process is a continuous cycle and the county systematically attempts to improve outcomes. Programs and/or practices are modified as appropriate through the System Improvement Plan Annual Updates.

Shasta County had extensive stakeholder input on the development of the System Improvement Plan throughout the County Self-Assessment and Peer Review process. Through the Continuous Quality Improvement Committee that includes decision makers within County and community organizations as well as individual community stakeholders there continues to be ongoing data review and program assessment.

SUMMARY OF IMPROVEMENT EFFORTS FROM PREVIOUS SYSTEM IMPROVEMENT PLAN

There were five focus areas addressed in the 2010-2015 Shasta County System Improvement Plan. Each focus area was individually addressed with strategies. Some strategies were applicable to more than one focus area. The focus areas (goals) were: prevention of child maltreatment; reducing the rate of foster care placement; reducing the time to reunification; increasing placement stability; and building more connections for youth in foster care to family and/or nonrelated persons with whom child has connections.

System Improvement Plan – October 2010 – June 2015

Goals	Strategies	Outcome Measures
Prevention of Child Maltreatment	▪ Community Collaborative ▪ SafeCare® Differential Response ▪ CBCAP Parent Leadership	▪ Participation Rates: Referral Rates ▪ Participation Rates: Substantiation Rates ▪ S1.1 No Recurrence of Maltreatment
Reduce Rate of Foster Care Placement	▪ Family Finding ▪ Family Team Meetings ▪ SafeCare® ▪ Safety Organized Practice (SDM and SOS)	▪ Participation Rates: Entry Rates ▪ Participation Rates: In-Care Rates ▪ C1.4 Reentry Following Reunification (Exit Cohort)

Reduce Time to Reunification	▪ Father Finding and Engagement ▪ Triple-P® ▪ Linkages ▪ SafeCare® ▪ Decrease # of Continued Hearings ▪ Participatory Case Planning (including Family Team Meetings, Safety Organized Practice)	▪ C1 Permanency Composite 1 Timeliness and Permanency of Reunification C1.1 Reunification Within 12 Months (Exit Cohort) C1.2 Median Time to Reunification (Exit Cohort) C1.3 Reunification Within 12 Months (Entry Cohort) C1.4 Reentry Following Reunification (Exit Cohort)
Increase Placement Stability	▪ Family Finding and Engagement ▪ Support Services to Secondary Care Providers, (including Triple-P®, Participatory Case Planning, and High Risk Team)	▪ C.4 Permanency Composite 4 Placement Stability C4.1 Placement Stability (8 days-12 month in care) C4.2 Placement Stability (12 - 24 months in care) C4.3 Placement Stability (24+ months in care)
Build More Connections for Foster Youth in Care	▪ Family Finding and Engagement, ▪ Participatory Case Planning (including Transitional Independent Living Plan (TILP) and National Youth in Transition Database (NYTD) accuracy)	▪ 4B: Least Restrictive Placement (Entries First Placement: Relative) ▪ 4B: Least Restrictive Placement (Point in Time: Relative) ▪ 8A: Permanency Connection with an Adult

The strategies of our first focus area, prevention of child maltreatment, were implemented to address the federal Child Welfare Services safety outcome; children are first and foremost protected from abuse and neglect. Strategies included: Community Collaboration toward Prevention of Adverse Childhood Experiences; support services for high risk pregnant mothers; SafeCare® Differential Response; and increased opportunities for Parents/Consumers of Services to be involved in the Child Welfare Services system as parent leaders and advisors.

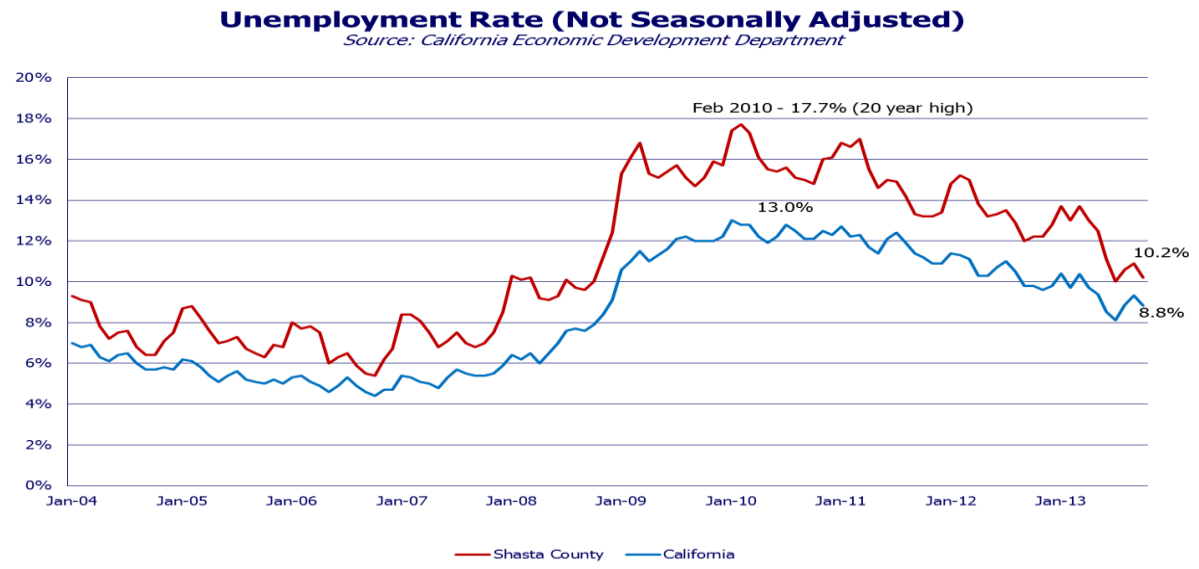
To prevent adverse childhood experiences, an expanded prevention initiative called the Strengthening Families Community Collaborative was formed to: increase community awareness of and engagement in preventing adverse childhood experiences. Subcommittee structure and work was organized around perinatal exposure to violence and substance use, maternal mental and emotional well-being; increased protective factors for youth who identify three or more types of adverse childhood experience in their personal history; and increased parenting abilities among parents.

Additional community based prevention activities included support services provided for high risk pregnant mothers. Coordination with the local Maternity Center allowed an assessment of pregnant women with identified high risk factors during pregnancy (including the use of illegal substances during pregnancy, domestic violence, prior removal of other children by CFS and current or past CFS involvement). The goals of these assessments included: offering preventative services to the client such as referrals to community resources; obtaining necessary releases of information to allow for the sharing of pertinent information amongst providers, and explaining the Child Welfare investigative process in an attempt to alleviate anxiety in the client prior to delivery.

Children's Services Differential Response services were strengthened through implementation of the SafeCare® evidence-based Home Visiting program. Parent leadership education/development and parent mutual support activities included the Shasta County Parent Leadership Advisory Group and opportunities for increasing leadership skills, motivation to succeed, positive socialization, and development of supportive relationships to continue positive parenting.

Progress

To measure the effectiveness of our prevention of child maltreatment strategies we tracked Referral rates, Substantiation rates and outcome measure S1.1 No Recurrence of Maltreatment. Our baseline for Referral rates was 77.9 referrals per 1000 child population. With the selection of a 5% improvement goal we worked toward a Referral rate less than or equal to 74.0 by the completion of our System Improvement Plan. Contrary to our goal, county Referral rates peaked in 2012, a time of unfavorable economic conditions, to 92.2.



In the last few years, Shasta County's population experiencing economic hardships has finally begun decreasing from the highs in 2010. The proportion of families below the poverty level in Shasta County has decreased from a 2007-2009 American Community Survey (ACS) estimate of 13.4% to an estimate of 12.4% in the 2009-2011 ACS. Shasta County's unemployment rate of 16.0% in 2010 has since declined 2.6% to an unemployment rate of 13.4% in 2012, consistently higher than the CA unemployment rate.

Most recent county performance as of the first quarter of 2014 is 85.0. Although still above our baseline and more than 1.6 times the California average of 52.7, we are starting to see the desired downward trend in Referral rates. We tracked progress on a quarterly basis and display below our annual progress. Our baseline Substantiation rate was 19.1, our 5% improvement goal was a Substantiation rate less than or equal to 18.1, and our most recent performance was 16.3. Although successful in obtaining our improvement goal at 16.3 we are still more than 1.7 times the California average substantiation rate. Outcome measure S1.1 No Recurrence of Maltreatment has a National Standard/Goal performance level of greater than or equal to 94.6 children having a substantiated incident of child abuse/neglect within a specified time period not having another substantiated incident in a subsequent time period. Shasta baseline for this measure at the beginning our System Improvement Plan was 89.8, our 5% improvement goal was to be greater than or equal to 94.3 by June 2015, and our most recent performance level was 93.7. This is better than the California average of 93.3.

- Outcome/Systemic Factor - Participation Rates: *Referral Rates*
  - County's performance at beginning of SIP year 1; Q4-2009: (77.9)
  - County's performance at beginning of SIP year 2; Q4-2010: (▼ 78.5)
  - County's performance at beginning of SIP year 3; Q4-2011: (▼ 88.3)
  - County's performance at beginning of SIP year 4; Q4-2012: (▼ 92.2)
  - County's performance at beginning of SIP year 5; Q4-2013: (▼ 84.2)

- County's most recent performance as of Q1-2014: (▼ 85.0) (CA average 52.7)
- County's goal: 5% improvement of original data by June 2015 (<=74.0)

- Outcome/Systemic Factor - Participation Rates: *Substantiation Rates*
  - County's performance at beginning of SIP year 1; Q4-2009: (19.1)
  - County's performance at beginning of SIP year 2; Q4-2010: (▲ 17.1)
  - County's performance at beginning of SIP year 3; Q4-2011: (▼ 19.8)
  - County's performance at beginning of SIP year 4; Q4-2012: (▲ 18.2)
  - County's performance at beginning of SIP year 5; Q4-2013: (▲ 15.9)
  - County's most recent performance as of Q1-2014: (▲ 16.3) (CA average 9.2)
  - County's goal: 5% improvement of original data by June 2015 (<=18.1)

- Outcome/Systemic Factor - S1.1 *No Recurrence of Maltreatment*
  (National Standard/Goal >= 94.6)
  - County's performance at beginning of SIP year 1; Q4-2009: (89.8)
  - County's performance at beginning of SIP year 2; Q4-2010: (▲ 92.8)
  - County's performance at beginning of SIP year 3; Q4-2011: (▲ 93.8)
  - County's performance at beginning of SIP year 4; Q4-2012: (▲ 91.0)
  - County's performance at beginning of SIP year 5; Q4-2013: (▲ 92.5)
  - County's most recent performance as of Q1-2014: (▲ 93.7) (CA average 93.3)
  - County's Goal: 5% improvement of original data by June 2015 (>=94.3)

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Explanation of symbols:
Green text with (▲) indicates performance moving in the desired direction and better than baseline measurement
Blue text with (▲) indicates performance moving in the desired direction and better than baseline but still below National Standard/Goal
Red text with (▼) indicates performance moving away from the desired direction or not as good as the baseline measurement

Differential Response Success Story

This struggling, frustrated and broken family on the verge of divorce became part of the Differential Response (DR) program. Both children were diagnosed with ADHD along with many other health related issues. The DR Parent Partner (PP) worked with this family by completing an assessment, identifying their strengths, and looking at the problems they were facing daily.

Both children were struggling in school. A family team meeting was arranged with the school, parents, and DR PP. A plan was developed to mainstream the oldest child into high school after the school year and mainstream the younger child during the morning hours at the local elementary school and then transport back to the community day school afternoon program.

The DR PP connected this family to multiple concrete supports such as Hill Country Clinic, Pit River Health, Social Services, SSI, Circle of friends, National Alliance on Mental Illness, Rowell Family Empowerment, Individualized Education Plans at the children's schools, Triple-P® parenting education, local summer activities for kids, local churches for support groups, and self-care tips. The DR PP provided weekly support to discuss the parents current issues and to help them understand parenting as an ongoing process and that having children with special needs adds a little more stress on their plates to handle. Having increased knowledge of parenting and child development, as well as how to ensure that their children's social and emotional developmental needs were met, they started to become less stressed and more focused on things they could control. With the gained strong connection to Rowell Family Empowerment that helps families obtain appropriate education/services for their child with diverse abilities this family has started to increase their own parental resilience and confidence. Advocating for support the parents are starting a support group within the Intermountain rural area for families who struggle with special needs children.

Child Abuse Prevention, Intervention, and Treatment/Community Based Child Abuse Prevention/ Promoting Safe and Stable Families (CAPIT/CBCAP/PSSF) Shasta County Annual Report FY2013-2014

The strategies of our second focus area, reducing the rate of foster care placement, were implemented to address the federal Child Welfare Services safety outcome; children safely maintained in their homes whenever possible and appropriate. Strategies included: Family Finding/Engagement, Family Team

Meetings, SafeCare®, and implementation of Safety Organized Practice including Structured Decision Making, Signs of Safety, plus trauma-informed practice.

Efforts were focused on increasing family finding efforts and relative engagement at the front end of Child Welfare Services and Juvenile Probation Intake. Through family finding, and the identification of support services available, social workers and juvenile probation officers worked to increase options for children who are unsafe in their parents' home. Relatives and nonrelated extended family members can offer solutions to reduce foster care placement by creating safety and support prior to a court intervention. Family Team Meetings were utilized to increase parents/family engagement through Participatory Case Planning. Engaging parents/families immediately helped the social workers to address the needs of the children as well as placement resources. Engaging parents/families early on in the development of their case plan was also targeted to prevent or reduce the time children spend in foster care. Parents advocated for in-home visiting and parenting training on a regular basis to support family success. Parents provided feedback that classroom parenting training is not enough. The SafeCare® home visiting model, in-home parent training, focused on health, safety, parent-child interactions, and structured problem solving was implemented for voluntary and court order family maintenance cases. We worked to institutionalize Safety Organized Practice including Structured Decision Making, Signs of Safety, plus trauma-informed practice. We worked to improve collaborative teamwork to build and strengthen partnerships within the family, their informal support network of friends and family, and the agency.

Progress

To measure the effectiveness of our reducing the rate of foster care placement strategies we tracked Entry rates, In Care rates and outcome measure C1.4 Reentry Following Reunification (Exit Cohort). Our baseline for Entry rates was 7.3 children entering foster care per 1000 child population. With the selection of a 5% improvement goal we worked toward an Entry rate less than or equal to 6.9 by the completion of our System Improvement Plan. We tracked progress on a quarterly basis and display below our annual progress. As discussed in focus area number one, above, Shasta's Referral rates increased the first 4 years of our System Improvement Plan during a time of unfavorable economic conditions in the county. Substantiation rates also tracked high until the beginning of year 5 of our System Improvement Plan implementation. Similarly we tracked high Entry rates through year 4. Between year 4 and year 5 we experience a 9.5% decrease in Referral rates, a 14.5% decrease in Substantiation rates, and a 23.3% decrease in Entry rates. This proportionately higher decrease in Entry rates relative to Substantiation rates indicates additional factors producing an additive effect in the data. Other factors during the time period included our work to implement practice changes such as utilizing Safety Organized Practice in early Family Team Meeting to engage the family and their support network of friends and family in the development of a community plan to safely maintain the children in their homes. Although we are making progress, Shasta Entry rates are still more than 2 times higher than the California average. Despite the recent decreasing trends of our Referral rates, Substantiation rates, and Entry rates, Shasta's In Care rate has risen in the last few years and is now more than 2.6 times the California average. The increase during this time period of our In Care rates is attributable to a backlog in our Permanent Plan cases that were not moving through our system in a timely manner to permanency. Shasta's C1.4 Reentry Following Reunification (Exit Cohort) has seen consistent exemplary performance throughout the implementation of our System Improvement Plan being better than the California average and better than the National Standard/Goal for year 2 through current performance.

- Outcome/Systemic Factor - Participation Rates: *Entry Rates*
  - County's performance at beginning of SIP year 1; Q4-2009: (7.3)
  - County's performance at beginning of SIP year 2; Q4-2010: (▼ 7.6)

- County's performance at beginning of SIP year 3; Q4-2011: (▼ 7.8)
- County's performance at beginning of SIP year 4; Q4-2012: (▼ 9.0)
- County's performance at beginning of SIP year 5; Q4-2013: (▲ 7.3)
- County's most recent performance as of Q1-2014: (▲ 7.3) (CA average 3.5)
- County's goal: 5% improvement of original data by June 2015 (<=6.9)

- Outcome/Systemic Factor - Participation Rates: *In Care Rates*
  - County's performance at beginning of SIP year 1; Q4-2009: (13.6)
  - County's performance at beginning of SIP year 2; Q4-2010: (▲ 12.3)
  - County's performance at beginning of SIP year 3; Q4-2011: (▲ 12.6)
  - County's performance at beginning of SIP year 4; Q4-2012: (▲ 13.5)
  - County's performance at beginning of SIP year 5; Q4-2013: (▼ 15.6)
  - County's most recent performance as of Q1-2014: (▼ 15.6) (CA average 5.8)
  - County's goal: 5% improvement of original data by June 2015 (<=12.9)

- Outcome/Systemic Factor - C1.4 Reentry Following Reunification (Exit Cohort) (National Standard/Goal <= 9.9)
  - County's performance at beginning of SIP year 1; Q4-2009: (11.8)
  - County's performance at beginning of SIP year 2; Q4-2010: (▲ 7.0)
  - County's performance at beginning of SIP year 3; Q4-2011: (▲ 4.5)
  - County's performance at beginning of SIP year 4; Q4-2012: (▲ 4.3)
  - County's performance at beginning of SIP year 5; Q4-2013: (▲ 3.4)
  - County's most recent performance as of Q1-2014: (▲ 3.6) (CA average 12.1)
  - County's Goal: 5% improvement of original data by June 2015 (<=11.2)

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The strategies of our third focus area, reducing the time to reunification, were implemented to address the federal Child Welfare Services permanency outcome; children have permanency and stability in their living situations. Strategies targeting permanency included: implementation of the Supporting Father Involvement program; application and integration of the Positive Parenting Program (Triple-P)® during the first six months of Family Reunification services; implementation of the Linkages collaborative project between Children's Services and CalWORKs to integrate services for clients involved in both systems; expansion of the provision of SafeCare® home visitation model to reunifying families at time of reunification or imminent reunification; decreasing the number of Continued Hearings; and increasing family engagement through Participatory Case Planning.

The Supporting Father Involvement program parenting intervention was implemented to enhance father involvement, increase parental competency, improve parent-child and co-parent relationships, and promote healthy child development. The Supporting Father Involvement program is a family focused, evidenced-based, clinical intervention aimed at effectively engaging fathers as key participants in family support and strengthening. The application and integration of Positive Parenting Program (Triple-P)® was focused during the first six months of Family Reunification services. This practice is evidenced based for decreasing behavior disorders in children and has been shown to decrease child abuse when implemented on a broad scale in communities as it tailors a multi-level program specifically for the functioning level of the participants. We worked to streamline parent participation through implementation of the Linkages collaborative project to integrate services for clients involved in both Children's Services and CalWORKs. Linkages worked to increase the socio-economic functioning of parents by providing CalWORKs support services to parents while children are in care. To increase parents' capacity for a timely reunification we worked towards expansion of the provision of SafeCare® home visitation model, in-home parent-training focused on health, safety, parent-child interactions, and structured problem solving to reunifying families at time of reunification or imminent reunification (when children begin visits in the family home and/or trial home visit). Parents advocated for in-home visitation and parenting training on a regular basis when children return home to support family success. Continued hearings can extend the length of time children spend in foster care and can delay

permanency. To increase reunification timeliness we worked to decrease the number of continued hearings. Participatory case planning brings teams of people together and works to build a plan that is strength-based and individualized. The practice is family centered, family strength-based, culturally sensitive and involves the community. Our specific strategy was to consistently employ Safety Organized Practice (including Signs of Safety and Structured Decision Making) through the life of the case and in the context of Family Team Meetings to increase Participatory Case Planning.

Progress

To measure the progress of our reducing the time to reunification strategies we tracked outcome measure C1 Permanency Composite 1. Our baseline was 98.9, our 5% improvement goal was to be greater than or equal to 103.8 by the completion of our System Improvement Plan, and the National Standard/Goal was to be greater than or equal to 122.6. The C1 Permanency Composite was a mathematical combination of the performance of the following four reunification measures: C1.1 Reunification within 12 Months (Exit Cohort), C1.2 Median Time to Reunification (Exit Cohort), C1.3 Reunification within 12 Months (Entry Cohort), and C1.4 Reentry Following Reunification (Exit Cohort). Shasta's performance for the C1 Permanency Composite began below the National Standard/Goal; rose to nearly the National Standard/Goal by the beginning of year 2; and has tracking consistently better than the National Standard/Goal, better than the California average, and better than our proposed improvement goal from year 3 through the last published performance of the composite measurements at the end of 2013. This notable performance level was due mainly to, as mentioned above, our exemplary performance in C1.4 Reentry Following Reunification (Exit Cohort). The C1.4 component was a mathematically heavily weighted component of the composite and overshadowed our performance in the remaining components. Although not attaining the National Standard/Goal in the other three components we did track improvement in C1.1 Reunification within 12 Months (Exit Cohort) and C1.2 Median Time to Reunification (Exit Cohort). We recorded progress in C1.3 Reunification within 12 Months (Entry Cohort) in years 3 and 4 but then lost the timeliness gains we were attaining by the beginning of year 5. Factors contributing to timeliness loss include staff turnover and an increase in relative and FFA placements. Although considerable progress has been achieved in the training of staff and the institutionalization of Safety Organized Practice as the basis for all our work, we continue to struggle with the consistent implementation and utilization of Safety Organized Practice and increasing family engagement through Participatory Case Planning.

- Outcome/Systemic Factor - C1 Permanency Composite 1
  Timeliness and Permanency of Reunification
  (National Standard/Goal >= 122.6)
  - County's performance at beginning of SIP year 1; Q4-2009: (98.9)
  - County's performance at beginning of SIP year 2; Q4-2010: (▲ 120.4)
  - County's performance at beginning of SIP year 3; Q4-2011: (▲ 127.5)
  - County's performance at beginning of SIP year 4; Q4-2012: (▲ 144.9)
  - County's most recent performance as of Q4-2013: (▲ 129.4) (CA average 111.7)
  - County's Goal: 5% improvement of original data by June 2015 (>=103.8)

    - C1.1 Reunification within 12 Months (Exit Cohort) - (National Standard/Goal >= 75.2)
      - County's performance at beginning of SIP year 1; Q4-2009: (52.4)
      - County's performance at beginning of SIP year 2; Q4-2010: (▲ 62.6)
      - County's performance at beginning of SIP year 3; Q4-2011: (▲ 61.9)
      - County's performance at beginning of SIP year 4; Q4-2012: (▲ 78.3)
      - County's performance at beginning of SIP year 5; Q4-2013: (▲ 64.2)
      - County's most recent performance as of Q1-2014: (▲ 69.7) (CA average 63.8)

    - C1.2 Median Time to Reunification (Exit Cohort) - (National Standard/Goal <= 5.4)
      - County's performance at beginning of SIP year 1; Q4-2009: (11.9)

- County's performance at beginning of SIP year 2; Q4-2010: (▲ 9.5)
- County's performance at beginning of SIP year 3; Q4-2011: (▲ 9.4)
- County's performance at beginning of SIP year 4; Q4-2012: (▲ 6.5)
- County's performance at beginning of SIP year 5; Q4-2013: (▲ 8.8)
- County's most recent performance as of Q1-2014: (▲ 8.1) (CA average 8.7)

- C1.3 Reunification within 12 Months (Entry Cohort) - (National Standard/Goal >= 48.4)
  - County's performance at beginning of SIP year 1; Q4-2009: (39.9)
  - County's performance at beginning of SIP year 2; Q4-2010: (▼ 36.0)
  - County's performance at beginning of SIP year 3; Q4-2011: (▲ 43.3)
  - County's performance at beginning of SIP year 4; Q4-2012: (▲ 40.4)
  - County's performance at beginning of SIP year 5; Q4-2013: (▼ 31.3)
  - County's most recent performance as of Q1-2014: (▼ 26.1) (CA average 38.6)

- C1.4 Reentry Following Reunification (Exit Cohort) - (National Standard/Goal <= 9.9)
  - County's performance at beginning of SIP year 1; Q4-2009: (11.8)
  - County's performance at beginning of SIP year 2; Q4-2010: (▲ 7.0)
  - County's performance at beginning of SIP year 3; Q4-2011: (▲ 4.5)
  - County's performance at beginning of SIP year 4; Q4-2012: (▲ 4.3)
  - County's performance at beginning of SIP year 5; Q4-2013: (▲ 3.4)
  - County's most recent performance as of Q1-2014: (▲ 3.6) (CA average 12.1)

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The strategies of our forth focus area, increasing placement stability, were implemented to address the federal Child Welfare Services permanency outcome; children have permanency and stability in their living situations. Strategies targeting stability included: Family Finding/Engagement and Support Services to Secondary Care Providers.

Increased family finding and engagement efforts were implemented to facilitate the location of relatives as a placement option for children. Relative placements are more stable than non-relative placements and therefore increase placement stability, reduce foster care re-entry rates, and reduce the isolation and negative consequences on youth who exit the foster care system without long term supportive relationships. Efforts to increase the focus on family finding and engagement processes were utilized to strengthen and stabilize the youth and family connection to relative/nonrelated extended family member care providers. Support services (including Triple-P®, Participatory Case Planning, and High Risk Team) were increased for secondary care providers (Foster Parent, Relative/nonrelated extended family member care providers, etc.). These tools, strategies, and support services were provided to the secondary care providers to minimize placement disruptions leading to multiple foster care placements.

Progress

To measure the progress of our increasing placement stability strategies we tracked outcome measure C4 Permanency Composite 4. Our baseline was 86.3, our 5% improvement goal was to be greater than or equal to 90.6 by the completion of our System Improvement Plan, and the National Standard/Goal was to be greater than or equal to 101.5. The C4 Permanency Composite was a combination of the performance of: C4.1 Placement Stability (8 Days – 12 Months in Care), C4.2 Placement Stability (12 to 24 Months in Care), and C4.3 Placement Stability (>= 24 Months in Care). Shasta's performance in the C4 Permanency Composite although still below the National Standard/Goal has tracked better than our baseline for every year and had exceeded our proposed improvement goal as of the last published performance of the composite measurements at the end of 2013. We have shown steady improvement over the duration of our System Improvement Plan in C4.2 Placement Stability (12 to 24 Months in Care) and C4.3 Placement Stability (>= 24 Months in Care). We have struggled with C4.1 Placement Stability (8 Days – 12 Months in Care) hence C4.1 became the focus of the Peer Review component of our recent County Self-Assessment.

- Outcome/Systemic Factor - C4 Permanency Composite 4 – *Placement Stability* (National Standard/Goal >= 101.5)
  - County's performance at beginning of SIP year 1; Q4-2009: (86.3)
  - County's performance at beginning of SIP year 2; Q4-2010: (▲ 89.4)
  - County's performance at beginning of SIP year 3; Q4-2011: (▲ 93.0)
  - County's performance at beginning of SIP year 4; Q4-2012: (▲ 90.2)
  - County's most recent performance as of Q4-2013: (▲ 96.7) (CA average 101.9)
  - County's Goal: 5% improvement of original data by June 2015 (>=90.6)

    - C.4.1 Placement Stability (8 Days - 12 Months in care) - (National Standard/Goal >= 86.0)
      - County's performance at beginning of SIP year 1; Q4-2009: (84.8)
      - County's performance at beginning of SIP year 2; Q4-2010: (▼ 82.2)
      - County's performance at beginning of SIP year 3; Q4-2011: (▲ 84.9)
      - County's performance at beginning of SIP year 4; Q4-2012: (▼ 83.2)
      - County's performance at beginning of SIP year 5; Q4-2013: (▲ 85.6)
      - County's most recent performance as of Q1-2014: (▼ 81.1) (CA average 86.8)

    - C.4.2 Placement Stability (12 to 24 Months in care) - (National Standard/Goal >= 65.4)
      - County's performance at beginning of SIP year 1; Q4-2009: (52.9)
      - County's performance at beginning of SIP year 2; Q4-2010: (▲ 62.0)
      - County's performance at beginning of SIP year 3; Q4-2011: (▲ 60.5)
      - County's performance at beginning of SIP year 4; Q4-2012: (▲ 58.5)
      - County's performance at beginning of SIP year 5; Q4-2013: (▲ 63.0)
      - County's most recent performance as of Q1-2014: (▲ 63.6) (CA average 69.5)

    - C.4.3 Placement Stability (>= 24 Months in Care) - (National Standard/Goal >= 41.8)
      - County's performance at beginning of SIP year 1; Q4-2009: (20.4)
      - County's performance at beginning of SIP year 2; Q4-2010: (▲ 22.6)
      - County's performance at beginning of SIP year 3; Q4-2011: (▲ 28.3)
      - County's performance at beginning of SIP year 4; Q4-2012: (▲ 26.7)
      - County's performance at beginning of SIP year 5; Q4-2013: (▲ 33.5)
      - County's most recent performance as of Q1-2014: (▲ 37.0) (CA average 38.4)

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The strategies of our fifth focus area, building more connections for youth in foster care, were implemented to address the federal Child Welfare Services outcome; the continuity of family relationships and connections is preserved for children. Strategies included: Family Finding/Engagement and Participatory Case Planning.

One strategy was to expand the family finding and relative engagement processes to include more eligible youth in connection building. Through family finding and engagement relatives are located and people are identified who are willing to be involved in youth connection building. Connections with relatives and family friends are important for all children, especially for children whose families are in crisis. Relatives and nonrelated extended family members give the family support and encouragement as the parents try to resolve the problems that led to the child being removed from them. Relatives and nonrelated extended family members also help by calling and visiting the child, inviting them to their home for holidays and other occasions, remembering birthdays, etc. Family Team Meetings can be expanded to include a component of family community connections to develop ongoing support in a mentoring or service oriented role. The Probation Department also engaged in family finding procedures to benefit Probation youth who may not be able to return to their homes upon release. A large percentage of probation placement youth age out of care while in placement. Many of these youth are unable to reunify with family members for various reasons and the need for independent living skills is imperative. Efforts were also expended to increase youth participation in case planning including active participation in their Transitional Independent Living Plan and the National Youth in Transition Database. The National Youth in Transition Database collects information on youth in foster care, including sex,

race, ethnicity, date of birth, and foster care status. It also collects information about the outcomes of those youth who have aged out of foster care.

Progress
To measure the progress of building more connections for youth in foster care by increasing the proportion of relative placement strategies we tracked measure 4B Least Restrictive Placement (Entries First Placement: Relative) and 4B Least Restrictive Placement (Point in Time: Relative). Our baseline for 4B Least Restrictive Placement (Entries First Placement: Relative) was 4.6 and 4B Least Restrictive Placement (Point in Time: Relative) was 22.5. With concerted efforts to increase relative placements we readily achieved our 5% improvement goals for both first placement and point in time placement measures. Although improvement was achieved we are below the California average for each measure. First placements with relatives has been the more difficult to attain even with the addition of strategies to streamline the relative approval process.

- 4B Least Restrictive Placement (*Entries First Placement: Relative*)
  - County's performance at beginning of SIP year 1; Q4-2009: (4.6)
  - County's performance at beginning of SIP year 2; Q4-2010: (▼ 1.9)
  - County's performance at beginning of SIP year 3; Q4-2011: (▲ 12.3)
  - County's performance at beginning of SIP year 4; Q4-2012: (▲ 8.3)
  - County's performance at beginning of SIP year 5; Q4-2013: (▲ 9.5)
  - County's most recent performance as of Q1-2014: (▲ 10.9) (CA average 27.7)
  - County's Goal: 5% improvement of original data by June 2015 (>=4.8)

- 4B Least Restrictive Placement (*Point in Time: Relative*)
  - County's performance at beginning of SIP year 1; Q4-2009: (22.5)
  - County's performance at beginning of SIP year 2; Q4-2010: (▲ 26.3)
  - County's performance at beginning of SIP year 3; Q4-2011: (▲ 29.2)
  - County's performance at beginning of SIP year 4; Q4-2012: (▲ 34.9)
  - County's performance at beginning of SIP year 5; Q4-2013: (▲ 31.0)
  - County's most recent performance as of Q1-2014: (▲ 29.5) (CA average 35.4)
  - County's Goal: 5% improvement of original data by June 2015 (>=23.6)

C.D.S.S. / UC Berkeley California Child Welfare Indicators Project (CCWIP) Sep 2014

SIP Narrative

C-CFSR Team and Core Representatives

To ensure continuous quality improvement, a C-CFSR Team was identified. This team met regularly to ensure that all aspects of the C-CFSR County Self-Assessment, Peer Review and System Improvement Plan were carried out and to maintain the integrity of the County Self-Assessment, Peer Review and System Improvement Plan processes. The C-CFSR Team was led by representatives from the County's Child Welfare Department, Probation Placement Agency and the California Department of Social Services.

The C-CFSR Team completed the County Self-Assessment using a variety of methods: gathered and analyzed information and data; actively participated in the Peer Review; and conducted focus groups and administered surveys as a means to engage stakeholders and obtain feedback about the quality of

the Child Welfare and Probation systems and provision of services to children and families in the community. Results obtained utilized a combination of quantitative analysis; qualitative information gathered from child welfare source experts, County leadership, survey/focus group input, and literature reviews; and periodic review and input by the Continuous Quality Improvement Committee and formed the basis for the development of the System Improvement Plan. The C-CFSR core team received input from core representative stakeholders including individuals who participate and contribute to quarterly outcome reviews, County Self-Assessment and System Improvement Plan development, System Improvement Plan Progress reports, Child Abuse Prevention, Intervention and Treatment/Community-Based Child Abuse Prevention/Promoting Safe and Stable Families (CAPIT/CBCAP/PSSF) Annual Reports and county prevention partners, including Shasta County Child Abuse Prevention Coordinating Council.

C-CFSR PARTICIPANTS

A B	Foster Parent
Amber Condrey	Shasta County HHSA Children's Services Community Development Coordinator
Amber Middleton	Shasta County HHSA Children's Services Program Manager
Ann Stow	Shasta County Probation Program Director
Annika Anderson	Shasta County Child Abuse Prevention Coordinating Council Parent Partner
April Carlton	Shasta County Child Abuse Prevention Coordinating Council
Audrey Cutler	Northern CA Youth and Family Programs, Family Center Program Manager
Barbie Sartain	Shasta County Child Abuse Prevention Coordinating Council Parent Partner
Carol Ulloa	Shasta County Probation Program Director
Charlie White	Indian Child Welfare Act Workgroup Focus Group Participant
Cheryl Rink	Shasta County HHSA Children's Services Senior Social Worker
Cheyanne Alcaraz	Indian Child Welfare Act Workgroup Focus Group Participant
Christine O'Neill	Shasta County HHSA Children's Services Senior Analyst
Cindi Code	Shasta County HHSA Children's Services Family Worker
Crystal Johnson	Shasta County Child Abuse Prevention Coordinating Council
D F	Foster Care Youth
Dean True	Shasta County HHSA Adult Services Branch Director
Dianna Wagner	Shasta County HHSA Children's Services Branch Deputy Director
Dolores Raglin	Indian Child Welfare Act Workgroup Focus Group Participant
Donnell Ewert	Shasta County HHSA Children's Services Director
Doug Woodworth	Shasta County HHSA Children's Services Analyst
Ed Miller	Shasta County Assistant Chief Probation Officer
Eric Clark	Shasta County HHSA Children's Services Analyst
Eric Friend	Shasta County Child Abuse Prevention Coordinating Council Parent Partner
Erin Ceccarelli	Shasta County Probation Chief Fiscal Officer
G C	Extended Foster Care Youth
Hattie Montgomery	Indian Child Welfare Act Workgroup Focus Group Participant
Ida Riggins	Indian Child Welfare Act Workgroup Focus Group Participant
Jacqueline McElvain	Shasta County HHSA Children's Services, Executive Assistant
Jacqui Bailey	Shasta County HHSA Children's Services Public Health Nurse
J C	Extended Foster Care Youth
Jane Wilson	Shasta County HHSA Children's Branch Deputy Director
Janet Stortz	Shasta County HHSA Children's Services, Supervisor
J C	Parent
Jessica Barcus	Shasta County HHSA Children's Services Family Worker
Jessica Jim	Indian Child Welfare Act Workgroup Focus Group Participant
J B	Extended Foster Care Youth
Joy Garcia	First 5 Shasta Executive Director
Kathey Kakiuchi	Shasta County HHSA Public Health Program Manager
Katie Cassidy	Shasta County HHSA Children's Services Community Development Coordinator
Kim Myers	Shasta County HHSA Children's Services Senior Social Worker

Korena Hazen	California Department of Social Services, Outcomes & Accountability Bureau
Krystal Loveless	Shasta County HHSA Children's Services, Social Worker
Lauren Rogers	Shasta County HHSA Children's Services Senior Social Worker
LeAnna Mitchell	Shasta County HHSA Children's Services Senior Social Worker
Lori Steele	Shasta County HHSA Children's Services Mental Health Clinical Division Chief
Lori Westlake	Shasta County Child Abuse Prevention Coordinating Council Parent Partner
Marcie Quiros	Indian Child Welfare Act Workgroup Focus Group Participant
Marion Rocksvold	Indian Child Welfare Act Workgroup Focus Group Participant
Marj Hillman	Shasta County HHSA Children's Services
Mary DeSouza	California Department of Social Services, Office of Child Abuse Prevention
Matt Grigsby	Shasta County HHSA Children's Services Analyst
Maxine Wayda	Shasta County HHSA Children's Services Branch Director
M A	Parent
M N	Parent
M S	Parent
Michael Burke	One Safe Place Director Client Services
M B	Parent
Michelle Gazzigli	Shasta County HHSA Children's Services Mental Health Clinician
M F	Parent
Minnie Sagar	Shasta County HHSA Children's Services Community Development Coordinator
Misty Krtek	Shasta County HHSA Children's Services Mental Health Clinical Coordinator
Myranda Montgomery	Shasta County Child Abuse Prevention Coordinating Council Parent Partner
Nancy Bolen	Shasta County HHSA Children's Services Program Manager
Nancy Shifflet	Shasta County HHSA Children's Services Public Health Nurse Supervisor
Pamela Hewlett	Shasta County HHSA Children's Services Social Worker Supervisor
Patricia Harper	California Department of Social Services, Office of Child Abuse Prevention
Patti Shaw	Community Based Service Provider
Rachelle Modena	Shasta County Child Abuse Prevention Coordinating Council Executive Director
Radley Davis	Indian Child Welfare Act Workgroup Focus Group Participant
Raelene MacDowell	Foster Parent Liaison
Rebecca Vaisau	Shasta County HHSA Children's Services Drug & Alcohol Social Worker
Rebekah Oakes	Shasta County HHSA Outcomes, Planning & Evaluation
Rile Webster	Indian Child Welfare Act Workgroup Focus Group Participant
Rod Delfer	Shasta County HHSA Children's Services Eligibility Worker Supervisor
S B	Parent
Sara Zapata	Shasta County Child Abuse Prevention Coordinating Council Parent Partner
S S	Extended Foster Care Youth
Stephanie Taylor	Shasta County HHSA Outcomes, Planning & Evaluation
S W	Foster Care Youth
Tim Mapes	Shasta County HHSA Community Education Specialist
Tracie Neal	Shasta County Chief Probation Officer
T P	Former Foster Care Youth
Wendy Dickens	Shasta County HHSA Children's Services Program Manager
Various Parents	Biological Parents Focus Group Participants
Various Care Providers	Relative Caregivers and Foster Parents Focus Group Participants
Various	Shasta County HHSA Children's Services Staff
Various	Shasta County Probation Staff
3 Anonymous Survey Respondents	Education Survey Group · Shasta County Office of Education · Shasta College Foster and Kinship Care Education
10 Anonymous Survey Respondents	Court Appointed Special Advocates Survey Group
14 Anonymous Survey Respondents	Shasta County Child Abuse Prevention Coordinating Council Survey Group

4 Anonymous Survey Respondents	Foster Family Agency Survey Group · Remi Vista Foster Family Agency · Children First Foster Family Agency · Hillcrest Springs Foster Family Agency · Ready for Life Foster Family Agency · Krista Foster Homes Foster Family Agency · Grace Homes Foster Family Agency · Environmental Alternatives Foster Family Agency · Youth & Family Foster Family Agency
93 Anonymous Survey Respondents	County Agency Survey Group · Regional Services – CalWORKs · Regional Services - CalFresh (EES Everybody - All Locations) · Regional Services – Perinatal · Regional Services - WIC (includes Breastfeeding Support) · Shasta County HHSA Public Health · Shasta County HHSA Mental Health
5 Anonymous Survey Respondents	Community Based Organizations Survey Group · Visions of the Cross · Family Dynamics · Wright Education Services · Youth Violence Prevention Council · One Safe Place · Northern Valley Catholic Social Services · Remi Vista · Victor Community Support Services · Group Homes: · Edgewood Group Home · Fred Finch Group Home · Millhouse Group Home · Youth 4 Change Catholic Charities · Victor Treatment Center · Northern California Youth & Family Services · Youth Violence Prevention Council
4 Anonymous Survey Respondents	Juvenile Justice Survey Group · Juvenile Justice Coordinating Council (16 members) · Juvenile Justice Committee (10 members)
9 Anonymous Survey Respondents	Law Enforcement Survey Group · Shasta County Sheriff · Redding Police · Anderson Police

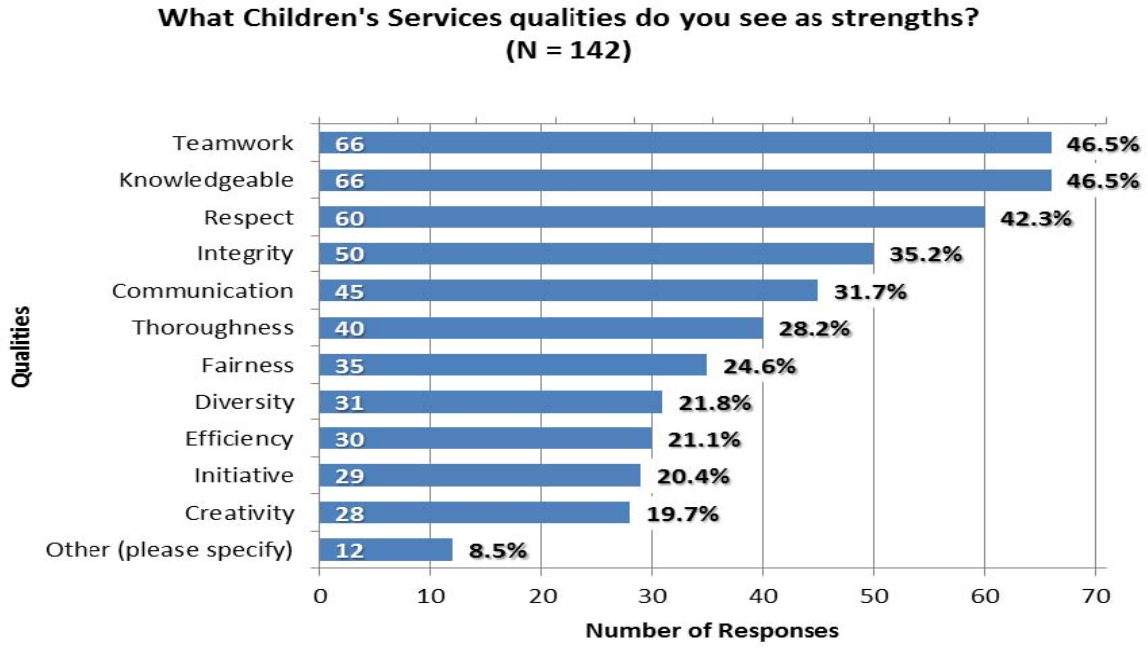
COUNTY CHARACTERISTICS/STRENGTHS

County strengths continue to center around the Shasta County Health and Human Service Agency that combined the former Departments of Social Service, Mental Health, and Public Health into one super agency in 2006. The Agency' infrastructure includes four service delivery branches, Adult Services, Children's Services, Regional Services and Public Health, and a business operations branch called Business and Support Services. Children's Services provides child welfare services for Shasta County children, including child protective services, on-going services under the supervision of the Juvenile Court, foster care licensing and adoption services, as well as children's mental health and drug and alcohol services.

Shasta County HHSA was conceived to simplify and streamline the provision of a variety of services for residents of our county. The HHSA Mission is to partner with communities to protect and improve health and well-being. One of our values is collaboration. In keeping with our mission, vision and values, Children's Services promotes collaboration through development of collocated, integrated services for children and their families. Children's mental health clinicians and public health nurses have been assigned to provide support services for many years and are now integrated into the Children's Management structure. Additionally Probation Officers providing pre-placement services are integrated and collocated with children's mental health staff for the provision of wraparound services for high risk Juvenile Court wards in a program called WINGS. Probation Officers who supervise Wards of the Court in out of home placement, and County Office of Education staff who support educational services for Dependents and Wards in out of home care are collocated with Children's Social Workers who supervise children in foster care placements. Collocation allows for better communication and problem solving at the staff level.

Stakeholder Survey

Child Abuse Prevention Coordinating Council – Court Appointed Special Advocates – Foster Family Agencies
Law Enforcement – Foster/Kinship Care Education – Shasta County HHSA – Juvenile Justice – Service Providers



Through memorandums of understanding and contracts, Children's Services has relationships with many community based agencies and individuals to provide services for children and their families. Children's staff includes Alcohol and Drug Counselors and a Mental Health Clinician that provide assessment and some limited direct services to parents of children in child welfare services. A contracted domestic violence specialist is collocated part-time in a children's building. Differential Response services are closely coordinated with a non-profit contracted provider. All Differential Response referrals are initiated through a warm handoff between a Children's Social Worker and a contracted Parent Partner. Shasta County's implementation of SafeCare®, an evidence-informed home visiting program is jointly managed and supervised by Children's Services and the Shasta County Child Abuse Prevention Coordinating Council. Recently, Children's initiated a contract with a drug and alcohol provider for the provision of sober housing. All participants in this program voluntarily agree to participate in this service

and a multidisciplinary treatment team meeting process that coordinates the service. The treatment team includes the contracted provider, Shasta County Children's Services staff and Peri-Natal Drug and Alcohol Services staff, and other treatment providers on a case by case basis.

Stakeholder Focus Groups

Biological Parents – Relative caregivers and foster parents– Independent Living Program participants
Indian Child Welfare Act Workgroup – Parent Leadership Advisory Group – HHSA Children's Branch staff

County Strengths

- Numerous service providers exist throughout the community that collaborate with HHSA Children's Services to provide resources to clients of the child welfare system.
- Independent Living Program youth felt that their interactions with their probation officers and CASA staff were helpful to them in coping with their situation.
- Parents felt that many resources including parenting classes, substance abuse treatment, the Parent Partner program, and benefits from the Regional Services Branch were helpful to them in addressing some of the challenges they needed to overcome to be reunified with their child.
- Family Team Meetings were identified across multiple focus groups as an effective tool in providing a support system and providing solutions for families in the child welfare system.
- Participants felt that the collaboration between the ICWA workgroup and Children's Branch was effective in facilitating case planning.
- Participants felt that the ICWA workgroup members demonstrated cultural sensitivity and awareness.

Transition to evidence-based, evidence-informed, and/or best practice is a County strength. Children's Services and Probation strive to utilize evidenced-based and, evidence-informed or child welfare/probation best practice in-house and in our contracting process with community providers. The following are practices we have implemented in the context of existing service systems:

- SafeCare® is a parent-training curriculum for parents who are at-risk or have been reported for child maltreatment due to neglect. SafeCare® trained staff work with at-risk families in their home environments to improve parents' skills in several domains. Parents are taught, for example, how to plan and implement activities with their children, respond appropriately to child behaviors, improve home safety, and address health and safety issues.

- Positive Parenting Program (Triple-P®) is a multi-level system of parenting and family support. It's goals are to promote the independence and health of families through enhancement of parents' knowledge, skills, and confidence; to promote the development of safe, protective, and nurturing environments for children; to promote the development, growth, and social competence of young children; to reduce childhood behavioral and emotional problems and adolescent delinquency, substance abuse, and academic failure; to enhance the competence, resourcefulness, and self-sufficiency of parents in raising their children; and to reduce the incidence of child maltreatment.

- Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) is a therapeutic intervention designed to help children, adolescents, and their parents overcome the impact of traumatic events. It is designed to help with traumas related to sexual abuse, physical abuse, domestic abuse, community violence, unexpected death of a loved one, natural disaster, and war.

- Child and Adolescent Needs and Strengths (CANS) is a multi-purpose tool developed for use with children and families to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of service outcomes.

- Supporting Father Involvement (SFI) is a family focused intervention aimed at effectively engaging fathers as a key participant in family support and strengthening. It is also a method of fostering organizational development and growth for agencies and professionals serving at-risk families.

Three quotes from SFI participants in our County:

· *"My experience with the Supporting Father Involvement program has been uplifting to my spirit. The program helps me [with] how to deal with my daughter in a positive manner. [SFI] also helps me to deal with Children and Family Services."*

· *"It has opened my eyes to see how to become a better father to my daughter. We laugh and have discussions on topics [of how to be] a better father when my child comes home."*

· *"I like it because I get listened to and I get things off my chest. [SFI] lets me know that I'm not alone and helps me know there is hope for me and mine. I learn good stuff about how to be a better father and husband."*

- Structured Decision Making (SDM) is an approach to child protective services that uses clearly defined and consistently applied decision-making criteria for screening for investigation, determining response priority, identifying immediate threatened harm, and estimating the risk of future abuse and neglect. Child and family needs and strengths are identified and considered in developing and monitoring progress toward a case plan.

- Motivational Interviewing (MI) focuses on exploring and resolving ambivalence and centers on motivational processes within the individual that facilitate change. The method differs from more "coercive" or externally--driven methods for motivating change as it does not impose change (that may be inconsistent with the person's own values, beliefs or wishes); but rather supports change in a manner congruent with the person's own values and concerns.

- Forward Thinking Journaling is a Cognitive Behavioral Therapy (CBT) journaling and discussion course designed to develop the minor's ability to plan for better decision-making. This course is part discussion, part journaling, some homework and group role play. The course is designed to improve decision-making skills, therefore lowering the minor's risk to re-offend.

- Thinking For a Change (T4C) is an integrated, cognitive behavioral change program for offenders that includes cognitive restructuring, social skills development, and development of problem solving skills. Cognitive self-change teaches individuals a concrete process for self-awareness aimed at uncovering risky thoughts, feelings, attitudes, and beliefs. It is taught by using the simple principle that our thinking controls our behavior and to change our behavior, we must change our thinking. Social skills instruction prepares participants to engage in pro-social interactions based on self-awareness and consideration of the impact their actions will have on others. Participants learn how to actively listen, ask questions, appropriately respond to others' anger, give feedback to others, effectively communicate apologies, negotiate, effectively communicate a complaint, understand the feelings of others, and recognize one's own feelings.

- Moral Reconation Therapy (MRT) is a Cognitive Behavioral Treatment strategy that seeks to decrease recidivism among juvenile and adult criminal offenders by increasing moral reasoning. Its cognitive-behavioral approach combines elements from a variety of psychological traditions to progressively address ego, social, moral, and positive behavioral growth.

- The Positive Achievement Change Tool (PACT) assessment is completed with probation youth. Every probation youth that is going through court has the PACT assessment prior to disposition. The PACT assessment reviews 12 domains: criminal history, demographics, education, use of free time, employment, relationships, family, alcohol and drugs, mental health, attitudes and behaviors, aggression, and skills. Based on the results of the youth's PACT assessment, the probation officer works with the youth and parent(s) to create goals related to his/her criminogenic needs (factors that contribute to reoffending). The results of the youth's PACT assessment also inform case planning and assist with determining program and service needs.

A small sample from our July 1, 2013 to June 30, 2014 PACT 2.0 Full Assessment:

DOMAIN 9A – 2. History of violence/physical abuse: Include incidents of violence/physical abuse disclosed by minor, whether or not reported or substantiated, but exclude reports investigated and proven to be false.		
Total participants: 91	Total Participants Responded: 91	Percentage Responded: 100%
Answer	Responses	Percentage
Not a victim of violence/physical abuse	54	59.3%
Victimized by a family member	27	29.7%
Victimized by someone outside the family	10	11%
Victimized at home	26	28.6%
Victimized in a foster/group home	1	1.1%
Attacked with a weapon	5	5.5%
DOMAIN 9A – 3. History of witnessing violence: Include perpetrators and victims of violence as having witnessed violence. Include witnessing of violence disclosed by minor, whether or not reported or substantiated, but exclude reports investigated and proven to be false.		
Total participants: 91	Total Participants Responded: 91	Percentage Responded: 100%
Answer	Responses	Percentage
Has not witnessed violence	22	24.2%
Has witnessed violence at home	51	56%
Has witnessed violence in a foster/group home	3	3.3%
Has witnessed violence in the community	54	59.3%
Family member killed as a result of violence	1	1.1%
DOMAIN 9A – 4. History of sexual abuse/rape: Include incidents of sexual abuse/rape disclosed by minor, whether or not reported or substantiated, but exclude reports investigated and proven to be false.		
Total participants: 91	Total Participants Responded: 91	Percentage Responded: 100%
Answer	Responses	Percentage
Not a victim of sexual abuse/rape	75	82.2%
Victimized by family member	4	4.4%
Victimized by someone outside the family	12	13.2%
DOMAIN 9A – 5. History of being a victim of neglect: Include neglect disclosed by minor, whether or not reported or substantiated, but exclude reports investigated and proven to be false.		
Total participants: 91	Total Participants Responded: 91	Percentage Responded: 100%
Answer	Responses	Percentage
Not a victim of neglect	62	68.1%
Victim of neglect	29	31.9%
DOMAIN 9A – 7. History of mental health problems: Such as schizophrenia, bi-polar, mood, thought, personality, and adjustment disorders. Exclude conduct disorder, oppositional defiant disorder, substance abuse, and ADHD. Confirmed by a professional in the social service/healthcare field.		
Total participants: 91	Total Participants Responded: 91	Percentage Responded: 100%
Answer	Responses	Percentage
No history of mental health problem(s)	56	61.5%
Diagnosed with mental health problem(s)	20	22%
Only mental health medication(s) prescribed	2	2.2%
Mental health treatment and medications(s) prescribed	13	14.3%

Child Welfare and Probation practice strengths include maintaining, expanding and/or enhancing current practices and the introduction of some new strategies as identified below:

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

- Family Team Meetings (FTM), a part of Safety Organized Practice, involves families currently within, or at risk of becoming involved with, the child welfare or juvenile probation systems. A shared decision-making approach is used with families and their support systems as partners to define family strengths, needs and goals. This service also assists families to identify helpful local services and resources. The goal is for the team to share decision making.

- Katie A. implementation in Children's Services utilizes a team-based case management system providing intensive support to abused and neglected children and their families. Through the Child and Family Team (CFT) meeting process perspectives of people and organizations involved with children including: families, the children when age appropriate, caregivers, social workers, clinicians, public health nurses, Shasta County Office of Education, Alcohol and Drug Programs, inform service plans and treatment plans that meet the children's mental health needs. The tools offered through Safety Organized Practice (SOP) are utilized to bring protective factors and safety concerns to the forefront in a family driven approach to case management.

- High Risk Team (HRT) was developed in response to requests from foster and adoptive parents. A specialized case manager and high-risk team focus on early identification of high-risk children. They work closely with care providers and social workers to access needed services. One purpose of the High Risk Team meeting is to quickly identify additional services and supports needed to stabilize children in placement. An HRT may refer children for Katie A. services.

Excellent Shasta County Foster Parents are **valued**, **trusted**, team members who make
A commitment to children in our community by:

- **Normalizing** childhood experiences
- **Identifying** and **advocating** for children's needs and services
- **Practicing** and **modeling** positive and strength based parenting
- **Compassionately partnering** with parents
- **Participating** in training and support services with flexibility, integrity and humor

- The Quality Parenting Initiative (QPI) began as a collaborative effort with CDSS, the County Welfare Directors Association (CWDA) and the Youth Law Center with support from the Stuart, Walter S Johnson and David B. Gold Foundations. The goal of the initiative, formerly known as the Caregiver Recruitment and Retention Pilot, is to develop a statewide approach to recruiting and

retaining high-quality caregivers to provide excellent care to children in California's Child Welfare System.

- Family Finding & Engagement includes methods and strategies to locate and engage relatives and non-related extended family members of families and children involved in the Child Welfare System. The goal of Family Finding & Engagement is identifying, finding, and engaging family members and other adults who care about a child placed in out-of-home care. Other adults may include friends, neighbors, mentors, school teachers, coaches, teammates, religious leaders, youth group leaders, and community supports.

- Improvement achieved in collaboration with the Shasta County Blue Ribbon Committee has included meaningful participation in court by parents and youth. Parent Leaders participate in the Court Orientation that is mandatory for parents of children entering Child Welfare Services. At this orientation, Patent Leaders sit on the panel and discuss their personal experiences of child welfare, as well offering encouragement to those entering services.

One of the many activities that the Parent Leaders are involved in is supporting the Court Orientations that families are mandated to attend by the Dependency Court Judge when they are offered formal services through Children's Services. At this court orientation, Parent Leaders provide support to those in the audience by discussing pieces of their own past stories of their involvement with Children's Services as well as offering local supports and guidance. In October2013, surveys were provided to parents in the audience regarding the Parent Leader participation in the panel which includes Child Welfare staff. All parents participated in completing the survey which rated the client satisfaction as 100% for the information being helpful and important. One parent felt that the most valuable thing they received from that orientation was the parents story and that this parent felt that "You can be at rock bottom, but still reunify with your children with cooperation and growth". This parent also stated that she felt that the information she received was very helpful. She stated, "Very powerful speaker. I felt very connected with her coming from where I have been also". The specific success the participant achieved as a result of this activity was hope.

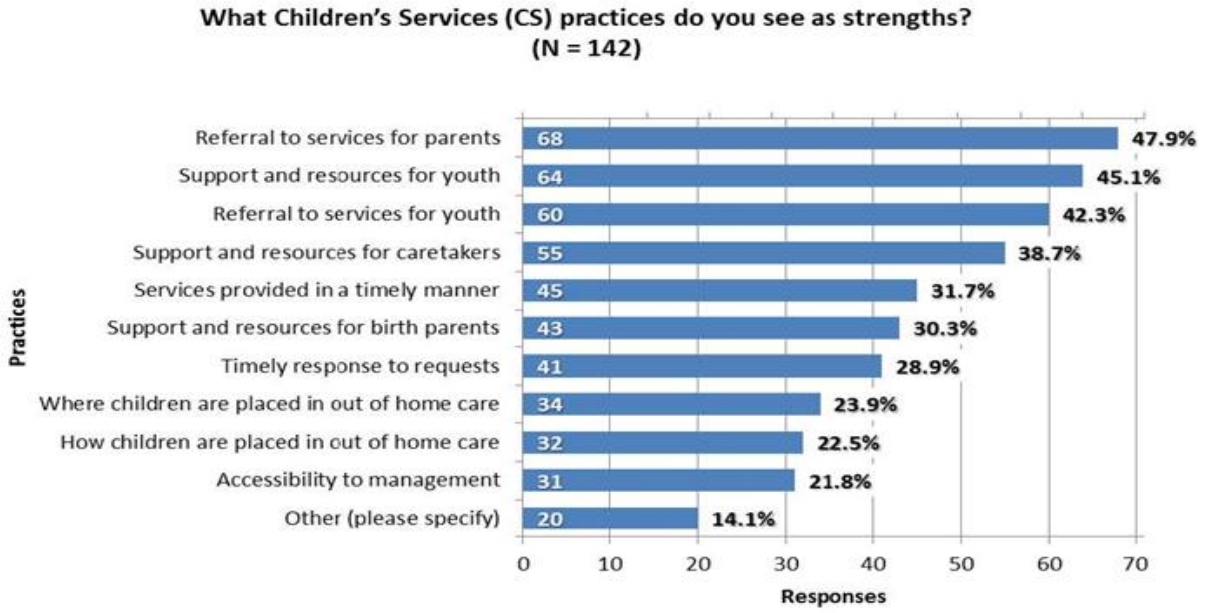
Child Abuse Prevention, Intervention, and Treatment/Community Based Child Abuse Prevention/ Promoting Safe and Stable Families (CAPIT/CBCAP/PSSF) Shasta County Annual Report FY2013-2014

- Linkages is a collaborative project between Children's Services and CalWORKs, that seeks to coordinate and integrate the activities of the two programs for individual families served in both programs into one integrated case plan. The benefit for families is reducing barriers to accomplishing case plan goals by the two service systems working more closely together and being able to leverage services from both systems into a plan to support the family's economic self-sufficiency and capacity to safely parent their children. Linkages system barriers have been reduced and capacity development has occurred.

- Wraparound services are offered by a multidisciplinary team of staff including social workers, a mental health clinician, parent partners, and a skill builder. These collocated workers provide intensive, in-home, strength-based, solution-focused services to families at risk of having their children placed in group home care or transitioning from the group home back to their families. Services are voluntary and staff work actively with all family members with their natural supports and community providers to assist them in building on their strengths to maintain the child successfully in their home, school, and community.

Stakeholder Survey

Child Abuse Prevention Coordinating Council – Court Appointed Special Advocates – Foster Family Agencies
Law Enforcement – Foster/Kinship Care Education – Shasta County HHSA – Juvenile Justice – Service Providers



"Referral to services for parents" was seen as a strength of Children's Services by 47.9% of stakeholders. The next most common was "Support and resources for youth" (45.1%) and "Referral to services for youth" (42.3%). The least rated practice was "Accessibility to management" with 21.8% of stakeholders viewing it as a strength.

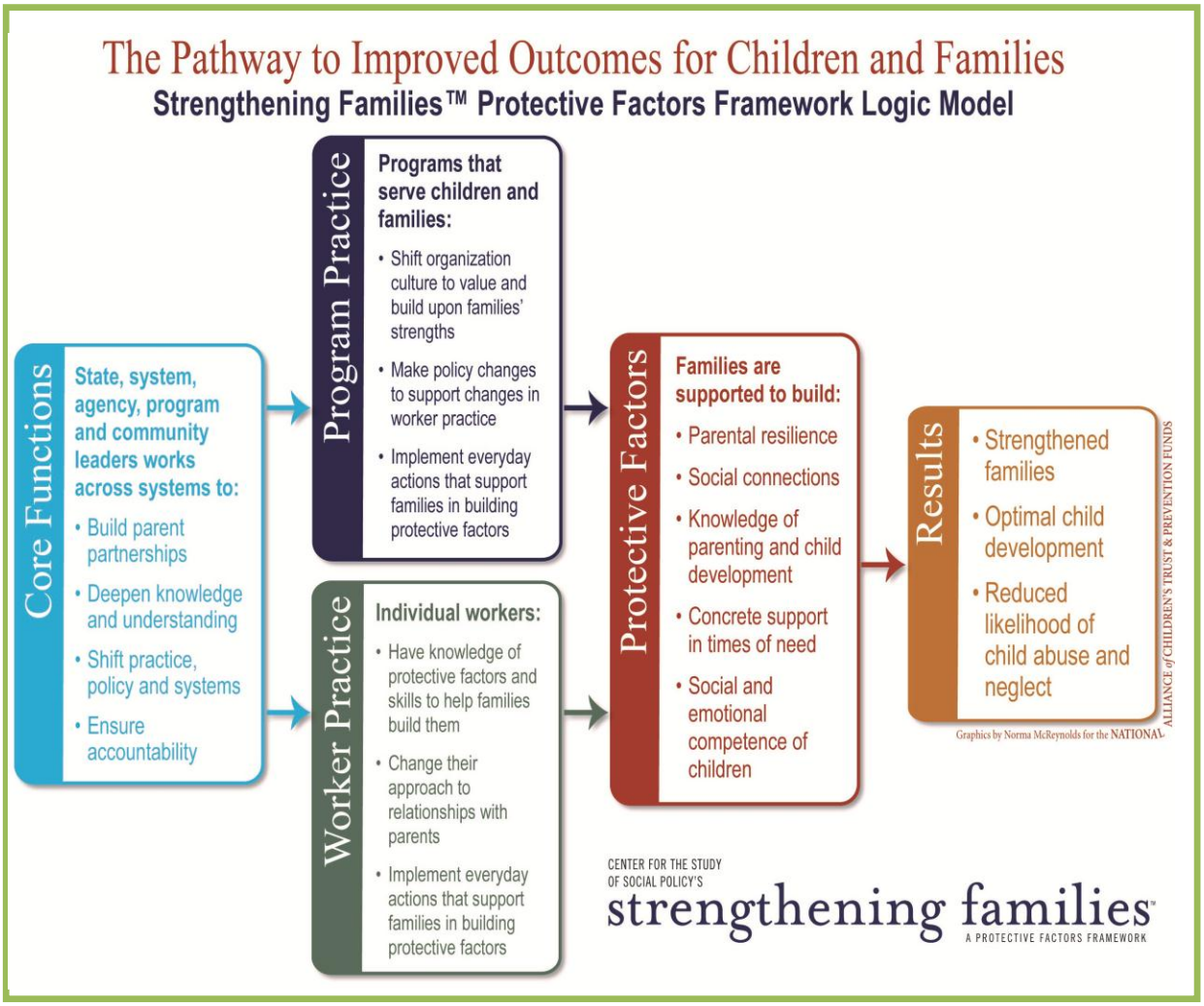
- Probation Wraparound Interagency Network for Growth and Stability (WINGS) is an intensive strength based family focused program for high-risk juveniles. This court-based program uses an interagency family treatment team to meet the needs of the minor and family. The team consists of a probation officer and a mental health therapist. Minors with diagnosed mental illness, as well as those whose level of functioning is impaired by learning disabilities and severe substance abuse, require extremely high levels of supervision and support in order to be successful in their school, home and community. Family members help in developing plans and strategies to deal with issues presented when the minor remains in the home.

- The Parent Project program is to further support the efforts of the probation department in strengthening families' ability to monitor and supervise their own children. The Parent Project program assists parents with setting boundaries for their strong willed teenagers. The goals of the Parent Project program are to: reduce family conflict, reduce juvenile crime, reduce recidivism, and improve school attendance and performance. Parents learn and practice specific prevention and intervention strategies for destructive behaviors such as truancy, alcohol and other drug use, gangs and other criminal behavior, running away, violence and suicide. These efforts have had a significant impact and the number of Probation group home placements has been reduced. A teen component of the Parent Project program began in 2014.

- Juvenile Drug Court is designed to reduce substance abuse and related criminal activity among non-violent juvenile offenders by offering a structure of strength-based intensive treatment services, intervention, court supervision and community support. Drug court is a minimum twelve-month program. Minors are required to appear before the Juvenile Court Judge every week, at

which time the judge reviews the progress or lack of progress for the minor. Frequent drug testing and participation in recovery services is required.

County/Community strengths include partnering in the development of a community collaborative focused on the prevention of child abuse. The Strengthening Families Community Collaborative for the Prevention of Adverse Childhood Experiences is supported by HHSA Children's and Public Health leadership and staff, and also has participation from First 5 Shasta, Shasta County Office of Education, Shasta County Probation, Shasta County Youth Violence Prevention Council, Northern Valley Catholic Social Services, Head Start, One Safe Place and Shasta County Child Abuse Prevention Coordinating Council. The collaborative has adopted a goal of promoting the Strengthening Families protective factors through community "pilot programs" and community level education through pilot projects. The collaborative is employing collective impact strategies to achieve a common goal of building protective factors among families in the community including a common data collection plan and program development activities. Multiple agencies working in collaboration has resulted in better communication, better cross training of staff, and improved capacity to address the issues of children and families in the community.



Additional community based prevention activities that we see as county strengths include parent leadership development activities. Parent leadership education/development and parent mutual support direct services include the Shasta County Parent Leadership Advisory Group (PLAG) and opportunities for increasing leadership skills, motivation to succeed, positive socialization, and development of supportive relationships to continue positive parenting. The PLAG increases opportunities for Parents/Consumers of Services to be involved in the Child Welfare Services system as parent leaders and advisors. The strengthening of processes that ensures meaningful involvement by parents in the prevention/family support planning and decision-making of child welfare, including Child Abuse Prevention, Intervention and Treatment/Community Based Child Abuse Prevention/Promoting Safe and Stable Families (CAPIT/CBCAP/PSSF) funded programs allows us to develop parent leaders to assure consumers of services have a forum to gain knowledge and provide feedback on current and future child welfare issues. The Parent Leadership Advisory Group is a collaboration of Parent Volunteers/Leaders, Parent Partners, HHSA Children's Services staff, and Community Based Organizations meeting monthly, working together to improve outcomes for families.

Parent Leader, M, attended the National Certification of Parent Leaders in Ontario, California. This certification was provided through the National Center on Shared Leadership and Parents Anonymous. During this conference, Parent Leaders gained knowledge, skills, and abilities on:

- The 5 Exemplary Leadership Practices
- Communication
- Cultural Responsiveness
- Ethics and Professionalism
- Life's Balancing Act
- Individualized Action Plan

This conference not only supported M's growth in the Parent Leadership Advisory Group, but through her participation, she gained the knowledge of how to ensure best practices in Parent Leadership, improve outcomes for families, facilitate mutually beneficial networks, enhance program effectiveness, and strengthen social capital.

After her participation in this certification, M has utilized learned leadership skills in the PLAG meetings. M has gained increased confidence in her role in Parent Leadership.

In her own words, M shared her experiences from this conference. "The Leadership part was learned. They make you feel like you are the leader and there isn't anything you CAN'T do. I came back and I wanted to be a part of so much. All the inspiration they taught us there, and why not us. It all started with someone wanting to help somebody. I have increased confidence, and it gave me the confidence to stand up and say, let's do this! The experience from the other girls that were there also was great! They showed me what can be done and what isn't being done. They made me want to strive to do more!"

Child Abuse Prevention, Intervention, and Treatment/Community Based Child Abuse Prevention/ Promoting Safe and Stable Families (CAPIT/CBCAP/PSSF) Shasta County Annual Report FY2013-2014

Stakeholder Input that Influenced Areas Needing Improvement / Service Needs and Gaps

Stakeholder Survey – Summary Results

The Stakeholder Survey was conducted to assess stakeholder sentiment regarding the efficacy of the Children's Services Branch in providing services to the children of Shasta County and evaluate specific methods of best addressing and supporting the needs of foster children in Shasta County and the families surrounding them. Children's Services sent surveys to the following sector representatives:

Survey Group Name	Representatives
Education	Superintendent of SCOE Shasta College Foster and Kinship Care Education (FKCE)
Foster Family Agencies	Remi Vista Children First Hillcrest Springs Ready for Life Krista Foster Homes Grace Homes Environmental Alternatives Youth & Family
Child Abuse Prevention Coordinating Council	Board Staff
County Agency staff	Regional Services - CalWORKs; Regional Services - CalFresh (EES Everybody - All Locations); Regional Services - Perinatal; Regional Services - WIC (includes Breastfeeding Support); HHSA Public Health; HHSA Mental Health
Contract Providers	Visions of the Cross Family Dynamics Wright Education Services Youth Violence Prevention Council One Safe Place Northern Valley Catholic Social Services Remi Vista Victor Community Support Services Group Homes: Edgewood Fred Finch Millhouse Youth for Change Catholic Charities Victor Treatment Northern California Youth and Family Services Good New Rescue Mission
Juvenile Justice	Juvenile Justice Coordinating Council (16 members) Juvenile Justice Committee (10 members)
Law Enforcement	Shasta County Sheriff Redding Police Anderson Police California Highway Patrol
Court Appointed Special Advocates	Board

A total of 142 surveys were completed. Of the 142 respondents, the majority (93; 65.5%) of responses originated from the Health & Human Services Agency (HHSA) while 14 (9.9%) came from the Child Abuse Prevention Coordinating Council (CAPCC), 10 (7.7%) from Court Appointed Special Advocates (CASA), 9 (6.3%) from Law Enforcement, 5 (3.5%) from Organizational Providers, 4 (2.8%) from Foster Family Agencies (FFAs), 4 (2.8%) from Juvenile Justice and 3 (2.1%) from Shasta College - Foster and Kinship Care Education (FKCE). The 93 (65.5%) of responses that originated from the Health & Human Services Agency (HHSA) were from HHSA Regional Services – CalWORKs, HHSA Regional Services – CalFresh,

HHSA Regional Services – Perinatal, HHSA Regional Services - WIC (includes Breastfeeding Support), HHSA Public Health, and HHSA Mental Health. This survey was not administered to HHSA Children's Services staff.

- The most commonly chosen practices of Children's Services that were seen as strengths by these stakeholders were:
    - Referral to services for parents
    - Support and resources for youth
    - Referral to services for youth
- The Children's Services qualities most often chosen as strengths were:
    - Teamwork
    - Knowledgeable
    - Respect
- The most commonly chosen prevention activities that Children's Services could partake in to prevent child abuse and neglect were to:
    - Provide early intervention services to children and families at risk of child abuse/neglect
    - Provide classes to help improve parenting skills
    - Provide help for parents experiencing stress
- The components most commonly viewed as important for ensuring a child's placement stability were:
    - Assessments of child's needs
    - Provide services appropriate to needs of child
    - Adequate pre and post placement support
- The most commonly rated ways to meet the educational needs of children in the foster care system were to:
    - Increase consistent caregiver involvement in child's education,
    - Improve/increase communication between caregivers and schools
    - Increase caregiver understanding/preparation to teach academic skills to foster children
- The most commonly recognized challenge areas for Shasta County parents were:
    - Drugs and/or alcohol problems
    - Limited employment opportunities
    - Limited affordable housing
- The most commonly viewed ways to help parents get help when they are experiencing stress and anger were:
    - Treatment programs for alcohol abuse, drug addiction and behavioral health problems
    - Treatment programs for anger and conflict management
    - Home visits from trained professionals to help parents learn parenting and other skills
- The most commonly chosen ways to help parents reunite with their children more quickly were:
    - Support to help parents follow their case plan/manage their daily lives
    - All families have regular Family Team Meetings to assist in placement decisions, successful reunification and aftercare services
    - Fair treatment by child welfare staff regardless of race or culture
- After a family has been reunited, the most commonly viewed types of support parents need so their children are not removed again were:
    - Regular follow-up by a case manager for support, mentoring, and connection to service programs
    - Support for maintained sobriety from drug and/or alcohol problems
    - Individual or family counseling.

STAKEHOLDER FOCUS GROUPS – SUMMARY RESULTS

Six focus groups were conducted with the following groups deemed to have important input or relevant information regarding the provision of services for children and families:

- Biological parents
- HHSA Children's Branch staff
- Independent Living Program participants
- Indian Child Welfare Act Workgroup
- Parent Leadership Advisory Group
- Relative caregivers and foster parents

Discussion Areas:

- Quality of Services Provided - Focus group participants who were clients of the child welfare system were asked what services they received that were helpful to them. All focus group participants, including those who are county staff or service providers were asked what they see as strengths of some of the services that are provided to child welfare clients.
- Barriers to Receiving Services - Focus group participants were asked about what barriers to receiving services exist for Shasta County children and families in the Child Welfare system.
- Gaps in Services Provided - Parents, foster parents, relative caregivers, and youth clients were asked what services they wish they had received that might have been helpful to them.
- Child Placement Issues - Participants were asked several questions about how to increase placement stability, improve timely reunification rates, and prevent reentry into the system.
- Staff Issues - Participants were asked what training might be needed in order to improve the experience of families as they navigate the child welfare system. Also, other issues came up in discussion related to difficulty working with Children's Services staff.

Feedback from Focus Groups:

- Difference in perceptions of communication between staff and clients
    - Biological parents, relative caregivers, and foster parents felt there is a lack of communication between social worker and family. This lack of communication includes failing to return phone calls in a timely way, failing to connect families with the right resources, and not informing foster parents of issues that they should be aware of regarding the child's history.
    - Children's Services staff felt that there is good communication, that social workers care about their clients, and that families are connected with the right resources.
- Many of the services that are needed are available to clients but they are difficult to access
    - Barriers included transportation issues (lack of transportation, lack of money for gas, public transportation limits, fewer services available where clients live such as Anderson, Burney, Shasta Lake), waiting lists at service providers that are understaffed and overwhelmed by the demand for their services (counseling), not being informed about resources by social workers, lack of flexible hours, need for childcare for other children while taking one child for a visit, and providers refusing to accept Medi-Cal.
- Collaboration between Probation and Children's Services
    - Independent Living Program youth and parents both felt the probation officers were helpful to the youth and cared about them, although some youth said they would like to have more frequent, regular meetings with their probation officers and that it would be helpful to have some life skills training through the Independent Living Program.

    - Participants in the ICWA workgroup and Children's Services staff both felt that the collaboration and communication between Children's Branch and Probation was in need of improvement. In the ICWA workgroup, frustration was noted about the lack of consistent notification from Probation to alert them when a child is being sent to Juvenile Hall.
- Child placement stability and timely reunification:
    - Hurried placement of children in homes that may not be a good match for them based on the family's training to handle behavioral problems, trauma, or preference for permanent placements
    - More honest communication between social worker and foster family about the child's history and needs would avoid many placement changes
    - More patience and understanding for the child on the part of the foster family would help to decrease placement changes
    - More open and honest communication between social workers and families would help to overcome many issues including mistrust of the system.
    - Fewer changes in social workers would be helpful to both parents and children
    - Barriers existed that prevented clients in accessing services needed to help them follow their case plan and this resulted in delays in reunification

Areas of Strengths:

- Numerous service providers exist throughout the community that collaborate with HHSA Children's Services to provide resources to clients of the child welfare system.
- Independent Living Program youth felt that their interactions with their probation officers and CASA staff were helpful to them in coping with their situation.
- Parents felt that many resources including parenting classes, substance abuse treatment, the Parent Partner program, and benefits from the Regional Services Branch were helpful to them in addressing some of the challenges they needed to overcome to be reunified with their child.
- Family Team Meetings were identified across multiple focus groups as an effective tool in providing a support system and providing solutions for families in the child welfare system.
- Participants felt that the collaboration between the ICWA workgroup and Children's Branch was effective in facilitating case planning.
- Participants felt that the ICWA workgroup members demonstrated cultural sensitivity and awareness.

Areas for Improvement:

- Numerous barriers exist that prevent clients from accessing services that are available to them.
- Clients feel that social workers do not communicate effectively.
- Clients feel that social workers could use more training on policies and procedures and more time to learn about their case.
- Participants felt that the collaboration between the ICWA workgroup and Probation was not effective.
- ICWA workgroup participants felt that more cultural awareness and sensitivity was needed among social workers, foster families, and service providers.
- Clients feel overwhelmed by multiple changes in placement and multiple social workers.

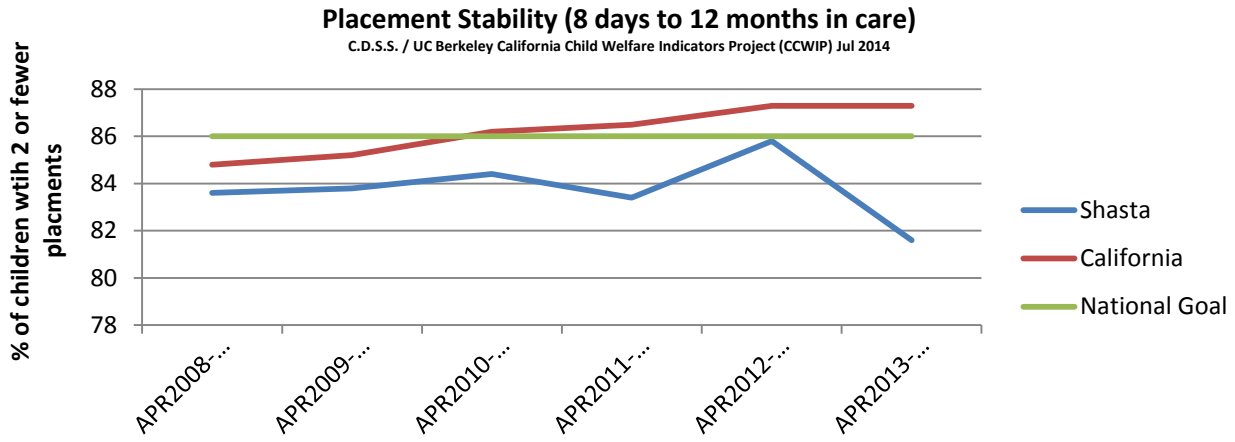
SELF-ASSESSMENT IDENTIFIED AREAS NEEDING IMPROVEMENT / SERVICE NEEDS AND GAPS

PEER REVIEW – SUMMARY RESULTS

Shasta County conducted the Child Welfare and Probation Peer Review in coordination with the CDSS to learn, through qualitative examination of county practice, how to improve services for children and families. The Peer Review focused on this specific outcome, C4.1 Placement Stability (8 days to 12 months) in order to analyze county practice, and identify strengths and areas needing improvement.

C4.1 – Placement Stability (8 days to 12 months in care) – Child Welfare and Probation

The percentage of children in a specified year with two or fewer placements who have been in care for 8 days or more but less than 12 months. Time in care is based on the latest date of removal from the home.



Shasta County has been underperforming both the National Standard/Goal and the California average. The National Standard/Goal for C4.1 Placement Stability (8 days to 12 months in care) is 86.0% of children in a specified year with two or fewer placements who have been in care for 8 days or more but less than 12 months. Shasta's most recent performance at 81.1% is below the National Standard/Goal and trending in a negative direction.

In coordination with the California Department of Social Services consultant who provided technical assistance/oversight to ensure the integrity of the process and facilitation of the Peer Review, cases were selected for review that provided the most comprehensive information to highlight practice strengths and challenges. The Peer Review process utilized the expertise of peers from our participating peer counties (Contra Costa, Humboldt, Lassen, Monterey, Siskiyou, San Francisco, and Trinity) as well as Shasta County social workers and probation officers. During the review, staff from peer counties interviewed Shasta County case-carrying social workers and probation officers regarding county practice.

Some of the strengths identified included: social workers used Family Team Meetings and High Risk Team meetings as a multi-disciplinary team approach to obtain input from family members in order to prevent multiple placement changes and to discuss barriers; social workers involved parents and children in formal and informal decision making around placement; social workers discussed and created a safety plan with the family; social workers utilized the Quality Parenting Initiative meet and greets and other transitional tools between the youth and new placement; social workers kept youth involved regarding potential placement changes; and care providers showed willingness to engage with the parents and extended family members.

Some of the challenges identified included: a need for ongoing permanence trainings to better prepare social workers to address placement stability; use of receiving homes for greater than 8 days added to total number of child's placements; limited Family Finding efforts to locate family members/relatives throughout the life of the case; limited development of concurrent plans at beginning of the case; limited placement-matching occurs at removal; care providers unwilling to accept services in their home; care providers too quick to give notice to have youth removed from their homes and unwilling to utilize Wraparound, Therapeutic Behavioral Services (TBS), or other supportive services; care providers need training to support youth with emotional and/or behavioral challenges; bio-families distrustful of system/agency with parents afraid to be truthful due to fear of not getting their children back; and a need for more recruitment of local/county foster homes.

The critical pieces that we took away from the peer review as potential follow-up areas for our System Improvement Plan (SIP) included:

- Expanded use of Facilitated Team Meetings
- Increased Family Finding throughout the life of the case
- Concurrent planning training for all (SWs, Caregivers, etc)
- Exploration of development of a Placement Resource Management Team
- Limit Usage of Receiving Home placements to increase placement stability
- Development of methods to improve access and acceptance of in-home service

SYSTEMIC FACTORS/SERVICE ARRAY NEEDS/GAPS – SUMMARY RESULTS

Shasta County Health and Human Services Agency together with Shasta County Probation explored Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project (CAP) participation to: improve the array of services for children and families and engage families through a more individualized approach that emphasizes family involvement; increase child safety without an over reliance on out-of-home care; improve permanency outcomes and timelines; and improve child and family well-being. Staff resources committed to the review, analysis, and evaluation of participation identified specific programmatic focus areas to consider for improvement/development: Sober Living Services; Placement Prevention; Family Treatment Team - Engagement and Empowerment; Permanent Plan backlog decrease; Group Home Placements decrease; and Safety Organized Practice full utilization. After thorough analysis and review of the terms and conditions of the Title IV-E Waiver it was determined that participation in the Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project (CAP) would have put Shasta County at a financial disadvantage. However, the programmatic/systemic review, assessment, and evaluation efforts completed contributed to the County Self-Assessment process. The systemic factor/service array review findings from the County Self-Assessment corroborated the IV-E Waiver areas needing improvement.

- Identified need to fully utilize Safety Organized Practice. When Safety Organized Practice is utilized for families in the child welfare system, families are more engaged and active in their case plan. Children's Services has developed several different multi-disciplinary facilitated meetings for families and caregivers that utilize the Safety Organized Practice structure. Safety Organized Practice includes utilization of Signs of Safety and the Structured Decision Making tools: CA Hotline Tools, CA Safety Assessment, CA Family Risk Assessment, and CA Family Strengths and Needs Assessment. Through case mapping, Signs of Safety provides a structure that promotes critical thinking and consistency in regard to risk assessment and safety planning. Case mapping is a process of dialogue and inquiry designed to help social workers, families and extended networks organize and surface the different aspects of danger and safety present in the family and move toward group agreements about "what needs to happen next" in their work with Children's

Services to ensure the safety of the child. Mapping is the basis for surfacing and creating harm and danger statements, goals and safety plans. Mappings need to be routinely completed for every open child welfare case.

Although there has been an increase in family inclusion in decision making, the practice of involving parents and children in the case planning process on a regular basis still varies. The core of collaborative teamwork is communication. Safety Organized Practice seeks to build and strengthen communication and partnerships within a family, their informal support network of friends and family, and the agency. Safety Organized Practice utilization of Signs of Safety and Structured Decision Making is integral to families being engaged and active. The Structured Decision Making Family Strengths and Needs Assessment is utilized to help develop the case plan, but frequency of reassessment is inconsistent. Since consistent usage of Safety Organized Practice has not yet been achieved, Children's Services and Probation have identified the need to utilize Implementation Science and Quality Improvement strategies to improve the consistent utilization of Safety Organized Practice. We have made a commitment to apply Implementation Science when implementing Evidence Based Practices and embarking on certain systems change strategies. Implementation Science is an approach to ensure that innovative, promising or evidence-based practices/interventions utilize a reliable, supportive, and sustainable delivery system that maintains fidelity.

- Identified need to increase Family Finding/Engagement. Family Finding/Engagement practices engage families through a more individualized approach that emphasizes family involvement. Family finding is utilized to find relative placement as soon as possible and reduce placement changes. Through our Peer Review, Focus Groups and self-assessment of our Systemic Factors we identified the need for improvement centered on documentation and increased Family Finding/Engagement throughout the life of the case. Ideally, dedicated staff could be committed to complete family finding and document due diligence efforts. The benefits of concerted family finding throughout the life of the case could include reduced isolation, increased family support and encouragement as the parents try to resolve the problems that led to child welfare involvement. Additionally, through Family Finding/Engagement relatives are located and people are identified who are willing to be involved in youth connection building. Connections with relatives and family friends are important for all children, especially for children whose families are in crisis or Probation youth who may not be able to return to their homes. Findings of our Peer Review, Focus Groups, and County Self-Assessment have identified the need to utilize the Implementation Science framework to ensure consistency in program implementation and practice throughout Child Welfare and Probation.

- The identified need for youth capacity development interventions/activities originated with the analysis of our Child Welfare/Probation Group Home population. Studying the intervention reason, placement history, medical/mental health history, services provided, family structure and supportive relative/nonrelated extended family member resources available for each youth we identified a population of youth who had no family to return to or connect with once leaving the Child Welfare/Probation system. Capacity development (increased self-sufficiency, self-esteem, self-reliance, and skills to develop connections to community support structures) is critical to the success of this population. The level and intensity of capacity development needed for this population exceeds the service level of the Independent Living Program.

- Identified need for Placement Prevention resource development through an expanded multidisciplinary (e.g., Child Welfare social worker, Mental Health clinician, Alcohol & Drug social

worker) assessment of child abuse and/or neglect referrals utilizing Safety Organized Practice to address Harm & Danger. This would be a practice shift from individual supervisor/social worker decision making to a group decision-making process. This team is charged with reviewing, evaluating and directing all cases that have been accepted through intake screening. The multidisciplinary group decision-making structure and process determines how the child welfare agency responds to allegations of maltreatment. This response could be an investigative response, a family assessment response, or a family support response.

- Identified need for out of home placement and supportive care resources development including increasing both the capacity and capability of our resources. Through our Peer Review, Focus Groups, and self-assessment of Systemic Factors we have identified the need for more/improved recruitment of local/county foster homes, relative/nonrelated extended family member homes, and adoptive homes. We have made progress with implementation of the Quality Parenting Initiative to help care providers feel like valued, trusted, team members, however additional improvements are needed. Care Providers need trauma informed training to support youth with emotional and/or behavioral challenges. We need development of methods to improve access and acceptance of services (including in-home services). The Peer Review identified that some caregiver homes were too quick to give notice to have youth removed from their homes and unwilling to utilize Wraparound, Therapeutic Behavioral Services (TBS), or other supportive services. Researching how to improve current Foster Family Agency placement resources it may be beneficial over time to enter into a contractual Memorandum of Understanding with Foster Family Agency providers to help with standardizing training, expectations, reporting and outcomes.

  In addition to finding better ways to recruit and retain eligible/qualified placements for our children we have identified the need to develop new resources for youth that need high level placement or therapeutic Group Home placement such as, Intensive Treatment Foster Care and a step-down facility to provide a transition for youth leaving group home placements. To fill a service gap we have identified the need to explore development of a Placement Resource Management Team. We envision a multi-year development of a whole placement resource system around Family Finding/Engagement, recruitment of care providers, and Permanency Planning Resource Family Approval process. This team would be available to provide services at the front end to find the best possible placements for children and limit usage of Receiving Home placements for up to 8 days only. This resource would provide dedicated staff committed to completing family finding and documenting due diligence efforts; continuing concerted family finding throughout the life of the case to reduce isolation and increase family supports, and locating relative and nonrelated extended family members willing to be involved in youth connection building and care of the child if needed.

- The skill development and performance of staff is monitored and reviewed by Unit Supervisors and experienced Social Workers who serve as mentors to newer workers. The Training Coordinator who has multiple other assignments and roles conducts transfer of learning groups to assess the knowledge and skill levels of staff members. Unit Supervisors have developed core practices based on regulations and best practices. Social Workers are evaluated annually based on their performance as measured by these practice standards. Staff performance, skill levels and training needs are also monitored through feedback from County Counsel, other supervisors and co-workers. This input helps to identify training needs for both new and experienced workers.

Children's Services has identified the need for a full time social work supervisor whose role will be to coordinate training and also coordinate activities to improve and assure the quality of service provision. With implementation of Core 3.0 (mandatory Statewide new social worker training) it is anticipated that more coordination and county support will be need for training of new staff. Core 3.0 is skill development focused consisting of three training modalities: classroom, e-learning, and field based. Increased staff development and training is also needed for implementation of our "grow-your-own" strategy to compensate for recruiting difficulties through hiring at the Assistant Social Worker level. The Assistant Social Worker positions function in a non case carrying secondary assignment capacity and require an increased level of training and oversight from the Staff Development Coordinator. We have been creating structure through development of policy and procedure and evidence based practices. We need to continue to develop/update policy and procedures for Safety Organized Practice, Family Team Meetings/High Risk Team meetings and other programs to standardize the way we work.

Regarding practice standards and documentation we need to develop a standardized quality control/improvement process that will encompass the new federal case review requirements and provide compliance assurances. It has been identified that social workers need to develop routines for consistently updating case plans and entering contacts in a timely manner. Court report timeliness continues to be a struggle. Late reports can create extra work and delays in permanency. Data indicates a historical problem with timeliness of court reports. Staff turnover and availability of qualified applicants has impacted workload.

- Service array gaps and needs include increased access to alcohol and drug treatment for clients and resources to provide substance abuse counseling and treatment. County demographic data and information from our Stakeholders Survey emphasizes the need for substance abuse treatment including sober living options for our clients. A Sober Living Program Pilot was initiated in early 2014.

- Additional identified service array gaps and needs include helping parents to overcome barriers to services, low income housing, transportation resources and increased availability for services outside of the 8-5 Monday through Friday schedule for families, children and caregivers.

- Technology gaps and needs include the use of mobile devices, Probation use of CWS/CMS (Statewide Child Welfare electronic record system), and the need for a data collection/analysis system for use of the trauma informed Child and Adolescent Needs and Strengths tool.

  Shasta County would like to employ the use of mobile devices to assist workers in the field (ipads, smart phones, tablets, etc.), remote access to the CWS/CMS application, and remote access to Structured Decision Making data tools that help with risk assessment. Use of these devices could improve staff time management as well as help deliver services more quickly outside the office. Barriers exist under the current CWS/CMS Dedicated County model for utilization of some of these devices that will need to be overcome.

  Probation officers have relayed that our CWS/CMS current case plan software is cumbersome and confusing. It would be helpful to simplify the case plan process so that updating regularly with families and creating behaviorally based goals is more consistent. (CWS/CMS is scheduled to be replaced in approximately 2019).

For children's mental health services a Comprehensive Mental Health Assessment is done as well as the trauma informed Child and Adolescent Needs and Strengths Tool (CANS). The CANS is completed during the Assessment. Children's Services has identified a need to analyze/utilize the CANS data and is in the process of identifying/procuring a database system to measure the progress or improvement for clients by tracking the CANS measurements.

LESSONS LEARNED FROM PREVIOUS SYSTEM IMPROVEMENT PLAN – SUMMARY RESULTS

There were five focus areas addressed in the 2010-2015 Shasta County System Improvement Plan. Each focus area was individually addressed with strategies. Having five focus areas proved to be an ambitious undertaking. Having strategies that were applicable to more than one focus area was an efficient and effective use of resources. Containing the overall scope and reach of our next System Improvement Plan could facilitate the fidelity of strategy implementation across focus areas. For example:

- Family Finding/Engagement strategies were implemented to reduce the rate of foster care placement, increase placement stability, and build more connections for youth in foster care. We have data to support the increase in first and ongoing placements with relatives and have shown improvement in finding relative/nonrelated extended family member supports for participation in family/community safety planning to maintain children in their homes. We have been challenged to continue the Family Finding/Engagement efforts throughout the life of the case and have not achieved the desired progress associated with building more connections for youth in foster care. Our Peer Review and self-assessment of Systemic Factors highlighted this deficit in our Family Finding/Engagement efforts. A concentrated emphasis on finding and engaging family supports throughout the life of the case will be an area for improvement in our upcoming System Improvement Plan.

- Family Team Meeting and/or High Risk Team meetings were implemented to reduce the rate of foster care placement, reduce the time to reunification, increase placement stability, and build more connections for youth in foster care. Family Team Meetings and/or High Risk Team meetings have been utilized, effective, and praised during the Peer Review, Stakeholder Focus Groups, and Stakeholder Survey. Staff recruitment challenges have resulted in shortages in staff resources needed to expand the availability and utilization of these tools and increasing youth participation.

- The SafeCare® home visitation model strategy was implemented to prevent child maltreatment, reduce the rate of foster care placement, reduce the time to reunification, and increase placement stability. We have successfully implemented SafeCare® in our Differential Response program for the prevention of maltreatment and in our voluntary and court family maintenance programs to reduce the rate of foster care placement. Additional program implementation development and expansion is needed to ensure continued availability and consistent use of SafeCare® to reunifying families at time of reunification or imminent reunification.

- Although considerable progress has been achieved in the training of staff and the institutionalization of Safety Organized Practice as the basis for all our work, we have noted throughout the entirety of the County Self-Assessment that we continue to struggle with the consistent implementation and utilization of Safety Organized Practice including Structured Decision Making, Signs of Safety, plus trauma-informed practice. More strategies are needed for increasing family engagement through Participatory Case Planning.

- Low staff utilization of the strategies to reduce the time to reunification has been challenging. Two particularly underutilized strategies: the Supporting Father Involvement program and the Linkages collaborative project between Children's Services and CalWORKs to integrate services for clients involved in both systems have received repeated efforts to engage and encourage staff participation.

- Decreasing the number of Continued Hearings continues to be a struggle. Staff vacancies are a significant contributing factor in this area.

- Challenges associated with strategies to provide Support Services to Secondary Care Providers includes the care provider reluctance to accept and utilize services especially the available home based services as highlighted in our Peer Review results.

PRIORITIZATION OF OUTCOME DATA MEASURES/SYSTEMIC FACTORS AND STRATEGY RATIONALE

Prioritization and selection of strategies to be included in our System Improvement Plan began with analysis of information gathered from the County Self-Assessment including county demographic factors, stakeholder survey results, stakeholder focus group input, Peer Review recommendations, systemic factors assessment, previous improvement efforts lessons learned, and outcome measure performance and data trends to determine unmet or continued needs/gaps in service delivery, and to identify disproportionality (key differences between identified race, ethnicity, age, and gender groups that are overrepresented in the outcome data measures) and/or disparity between the population served and the services provided. The logic model tool was initiated for Shasta by our Office of Child Abuse Prevention consultant. As a result of stakeholder input/interaction, Shasta iteratively expanded the focus of the logic model tool to include both priority direct services needs and priority System Improvement Plan strategic areas. It became a concise discussion tool that mapped back to County Self-Assessment (including Peer Review, stakeholder survey, and stakeholder focus group) representative findings. The Core C-CFSR Team utilized this tool to facilitate communication and discussion with stakeholders. Findings were summarized in the logic model tool for discussion with HHSA Children's Services staff at our quarterly Branch Meeting that includes child protective services, on-going services under the supervision of the Juvenile Court, foster care licensing and adoption services, as well as children's public health, mental health and drug and alcohol services. Review of stakeholder survey and focus group input, Peer Review findings, improvement efforts, and outcome measure data continued with our Continuous Quality Improvement Committee collaborative group including decision makers within County and community organizations as well as individual community stakeholders.

System Improvement Plan strategies were selected and prioritized based on the degree to which the proposed strategy mitigates a wide range of identified unmet or continued needs/gaps. Strategies target Safety outcome data measures performing below national/statewide standards and/or Prevention and contain the potential to have far reaching positive impact toward reducing the causal factors connected to child welfare concerns. Strategies also target Permanency outcome data measures performing below national/statewide standards and effect a system wide scope of programmatic areas (e.g., Emergency Response/Intake, Family Maintenance, Family Reunification, Other Permanency – guardian, adoption, etc.); and Well-Being outcome data measures. Additionally the selected strategies incorporate utilization of evidenced-based and, evidence-informed or child welfare best practice; include an expansive service delivery model such as being offered to a broad eligible population and/or a broad geographic extent; and would benefit efficaciously if worked on as a strategy under the auspices of a structured System Improvement Plan.

Logic Model for: Shasta County

Findings:

- Shasta County's population is older than that of California. (CSA page 65)
- Shasta County is mostly White, with 80% of the population identifying themselves with this race category. The Hispanic population makes up the next largest racial/ethnic group with 10% of the population. (CSA page 66)
- The unemployment rate in Shasta County peaked in 2010 at 17.7%, a 20 year high. The 2013 unemployment rate was 10.2% compared to 8.8% in California. (CSA page 67, 68)
- Median income of households in Shasta County (2008-2012) was 27.7% less than that of California. (CSA page 67)
- 2012 survey - 2,366 homeless individuals representing 1,648 homeless households and 1,161 individuals imminently at-risk of becoming homeless representing 590 at-risk households. (CSA page 68)
- The drug-induced death rate has been rising in both Shasta County and in California. By 2010-2012 Shasta County's 3-year average rate grew to almost triple California's rate. (CSA page 78)
- Perinatal substance abuse had been steady, even decreasing 2001-2009, but has increased 2010-2011. (CSA page 78)
- For the last 10 data years the rate of domestic violence calls for assistance in Shasta County has remained above the state. In 2012 the Shasta County domestic violence calls rate was 50% higher than the California rate. (CSA page 84)
- The participation rate of students enrolled in a subsidized school lunch program increased 24.9% from 2001/2002 to 2011/2012 compared to a California average increase of 17.9%. (CSA page 88)
- The percent of births with late or no prenatal care in Shasta County has more than doubled from 2.2% in 2001 to 5.2% in 2010. California has remained relatively steady around 3% from 2001 to 2010. (CSA page 90)
- 12.9% of children born 2006-2007 in Shasta County were substantiated as victims of maltreatment before the age of five. (CSA page 261)
- Of children born 2006-2007 in Shasta County, among children for whom paternity was not established, 19.6% entered foster care at some point before age 5, compared to 5.1% among those with established paternity. (CSA page 261)
- Shasta County has a high number of adverse childhood experience for many reasons including, poverty, drug use, lack of employment opportunities and access to health care. (CSA page 97)
- Shasta's Allegation rate at 92.1 for 2012 (1.5+ times the California average) decreased to 85.0 for 2013. (CSA page 96)
- Allegations of child abuse and neglect are predominantly for General Neglect followed by Emotional Abuse and Physical Abuse. In 2013 more than 60% of the allegations were for General Neglect, approximately 14% Emotional Abuse, and approximately 12% Physical Abuse. (CSA page 103)
- County wide demographic characteristics (such as substance abuse, poverty rates, income, unemployment) are likely to be drivers of high allegation rates. (CSA page 95)
- Shasta's Substantiation rate at 19 for 2012 (2+ times the California average) decreased to 16.3 for 2013. (CSA page 96)
- 2008-2013 the <1-5 age group represented the highest number of substantiations per year while the <1 experienced the highest rate per 1000 population of substantiations. (CSA page 252)
- Shasta's Entry rate at 9 for 2012 (2.5+ times the California average) decreased to 7.3 for 2013. (CSA page 96)
- Shasta's In Care rate at 13.6 for 2012 (2+ times the California average) increased to 15.6 for 2013. (CSA page 98)
- The Positive Change Achievement Tool assessment reported 75.8% of probation youth with a history of witnessing violence (CSA page 256)
- Services to prevent child abuse/neglect identified by stakeholder surveys included: early intervention services to children and families at risk of child abuse/neglect (87%); education to improve parenting skills (59%); and help (hotlines, counselors) for parents experiencing stress (59%). (CSA page 58)
- Challenges for parents identified by stakeholder surveys included: drugs/alcohol problems (89%), limited employment opportunities (64%), and limited affordable housing (57%) tied with crime and violence (57%). (CSA page 60)
- Services needed by parents experiencing stress/anger identified by stakeholder surveys included: treatment programs for alcohol abuse, drug addiction, and behavioral health problems (77%); Treatment programs for anger and conflict management (71%); and parent education/skill building including home visitation (70%). (CSA page 60)
- Barriers to receiving services identified by stakeholder focus groups included transportation issues (lack of transportation, lack of money for gas, public transportation shortcomings, limited services available where clients live – Anderson, Burney, Shasta Lake), waiting lists at service providers understaffed and overwhelmed by the demand for their services (counseling), and providers refusing to accept Medi-Cal. (CSA page 63)
- Staff issues identified by stakeholder focus groups included: need for improved communication between Children's Services staff and clients, care/service providers, partners (CSA page 63, 64)
- Staff turnover/vacancies created barriers to providing optimum levels of service to families and results in higher caseloads per social worker which results in less time to dedicate to each case. Turnover/vacancies and high caseloads has a negative impact on social worker relationships with care givers, placement stability and time to permanency. (CSA page 123)

Inputs	Activities	Measurable Outcomes		Impact
		Short Term	Long Term	
Generally: people, information/evidence, materials, facilities	• **System Improvements** • **Continuation of successful program improvements from previous System Improvement Plan**	• **Changes in conditions or behaviors (of individuals, organizations or communities) resulting from activities** • **May relate to skills, knowledge, attitudes, values, status or other attributes**		**Community level change**
What we have to accomplish our goals • CWS and Probation staff • Collocated HHSA MH, AOD, and PHN staff • Community partners • Contractors • OCAP funding (CBCAP, CAPIT, PSSF) ***What we need to accomplish our goals*** • Prevention/early intervention servicers for at risk families/children (CSA 58, 181-184) • Parent education including home visiting (CSA 58) • Help for parents experiencing stress (CSA 58, 157, 191) • Alcohol, drug, behavioral health treatment programs; support for maintained sobriety, etc. (CSA 60) • Counseling, anger/conflict management treatment programs (CSA 60) • Case management, support for parents to follow their case plans (CSA 61, 149-155, 184-189) • Family involvement in case planning, placement decisions, aftercare, etc. (CSA 61, 156-159) • Effective communication between social workers and families, care/service providers, community partners, collocated staff (CSA 63) • Quality, supported caregivers (CSA 133) • Removal of barriers that prevent clients from accessing services (CSA 63-64) • Reduce Adverse Childhood Experiences through Strengthening Families Protective Factors and community outreach (CSA 175) • Stable workforce (minimal vacancy rate, low turnover rate) (CSA 123, 266) Assured consistency and quality of service provision (CSA 131-138, 272)	***Proposed SIP Highlights*** **Strategy 1: Community Based Prevention** • Strengthening Families Community Collaboration toward Prevention of Adverse Childhood Experiences. • Support Services for High Risk Pregnant Women **Strategy 2: Differential Response** • Increase participation, engagement, and connection rates. • Provide parenting education SafeCare® Home Visitation and Positive Parenting Program (Triple-P)®. **Strategy 3: Family (Natural Supports) Finding/Engagement** • Develop Local Best Practice Family (Natural Supports) Finding/Engagement Practice Standards • Family (Natural Supports) Engagement through the life of the case • Identify/Develop/Implement Family (Natural Supports) Support Resources **Strategy 4: Safety Organized Practice (Structured Decision Making and Signs of Safety)** • Develop Local Best Practice SOP Practice Standards including Facilitated Team Meetings • Participatory Decision Making through the life of the case • Solution Focused Language **Prevention Plan** • Parenting education SafeCare® • Parent Leadership – PLAG • Differential Response • Domestic Violence Prevention and Intervention • Family Preservation/Family Reunification Assistance Fund • Adoption – Mental Health Services	**Changes in knowledge/skills** (what we "expect" to accomplish; measurable short-term outcomes) • Increase in protective factors for families - parental resilience - social connection - knowledge of parenting - concrete support in times of need - social and emotional competence of children • Families who accept DR services are linked to resources • Parents participating in parent education increase knowledge/ skills in parenting and child development • Increase in family involvement in case decision making – case planning, placement decisions • Parents participating in Domestic Violence Discovery Class gains knowledge related to the cycle of abuse, healthy boundaries/ relationships, and how children are affected emotionally, physically, behaviorally and cognitively when witnessing DV • Increase in effective communication between social workers and families, care/service providers, community partners, collocated staff • Increase in consistency and quality of service provision	**Changes in behaviors** (what we "want" to accomplish; measurable intermediate outcomes) • Families utilize protective factors and parenting education training • Increase % Families who do not have a re-substantiated case of abuse (no recurrence) **Changes in values, conditions and status** (what we "hope" to accomplish; long-term outcomes) • Children remain safe in their homes • Length of time in foster care shortened (Timely Reunification or other permanency) • If in foster care, children remain in stable placements • Recruited/ supported more natural supports for families and youth • Connected more youth aging out of care to community supports especially when they have no family to return to • Recruited/ supported more resource families • Increased permanency and stability for children in adoptive homes	***The ultimate effect on the target group*** • Children live in a safe healthy, nurturing permanent home

Prioritized SIP Needs	Proposed SIP Activities	Desired SIP Outcomes
Family participation in case decision making. Effective communication between social workers and families, care/service providers, community partners, and collocated staff. *-Stakeholder Focus Groups, Stakeholder Surveys, CSA*	*Safety Organized Practice (Structured Decision Making and Signs of Safety)* • *Develop Local Best Practice SOP Practice Standards including Facilitated Team Meetings* • *Participatory Decision Making through the life of the case* • *Train on Solution Focused Language*	• *Increase Effective Communication* • *Increase Family Involvement in Case Decision Making* • *Increase Consistency/Quality of Service Provision* • *Improve Permanency Timeliness* • *Increase Placement Stability*
Family (Natural Supports) Finding/Engagement throughout entire child welfare involvement including youth capacity development, and supportive resources. *-Peer Review, Stakeholder Surveys, CSA*	• *Develop Local Best Practice Family (Natural Supports) Finding/ Engagement Practice Standards* • *Family (Natural Supports) Engagement through the life of the case* • *Identify/Develop/Implement Family (Natural Supports) Support Resources* • *Monitor Family Engagement, youth supports development*	• *Recruit/Support more Natural Supports for Families and Youth* • *Connect more Youth Aging Out of Care to Community Supports* • *Increase Consistency/Quality of service Provision* • *Improve Permanency Timeliness* • *Increase Placement Stability*
Services to prevent child abuse/neglect: early intervention services for children and families at risk of child abuse/neglect; education to improve parenting skills; and help for parents experiencing stress. *- Stakeholder Surveys, Focus Groups, CSA*	*Community Based Prevention* • *Strengthening Families Community Collaboration for the Prevention of Adverse Childhood Experiences* *Differential Response* • *SafeCare®/Triple-P®, concrete supports*	• *Increase in Protective Factors for Families* • *Families Utilizing Protective Factors and Parenting Education Training* • *Reduce Entry Rates* • *Decrease Recurrence of Maltreatment*

Prioritization of Outcome Data Measures

Outcome Data Measures – Child Welfare Summary and Data Trends

CWS Outcomes System Summary for Shasta County--06.26.14

Report publication: Jul2014. Data extract: Q1 2014. Agency: Child Welfare.

Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	National Standard or Goal	Most recent perf. rel. to nat'l std/goal	Goal	One-year percent change		Goal	Five-year percent change	
PR	Participation Rates: Referral Rates	01/01/13	12/31/13	3,291	38,745	84.9	N.A.	N.A.	v	v	-7.7%	v	^	11.6%
PR	Participation Rates: Substantiation Rates	01/01/13	12/31/13	628	38,745	16.2	N.A.	N.A.	v	v	-14.7%	v	v	-19.8%
PR	Participation Rates: Entry Rates	01/01/13	12/31/13	282	38,745	7.3	N.A.	N.A.	v	v	-19.3%	v	v	-25.6%
PR	Participation Rates: In Care Rates	07/01/13	07/01/13	603	38,745	15.6	N.A.	N.A.	v	^	14.7%	v	^	6.6%
S1.1	No Recurrence Of Maltreatment	04/01/13	09/30/13	270	288	93.8	94.6	99.1	^	^	2.4%	^	^	0.3%
S2.1	No Maltreatment In Foster Care	04/01/13	03/31/14	820	820	100.00	99.68	100.3	^	—	0.00%	^	—	0.00%
	Reunification													
C1.1	Reunification Within 12 Months (Exit Cohort)	04/01/13	03/31/14	63	90	70.0	75.2	93.1	^	v	-1.4%	^	^	32.5%
C1.2	Median Time To Reunification (Exit Cohort)	04/01/13	03/31/14	N.A.	90	8.0	5.4	67.5	v	^	9.6%	v	v	-26.6%
C1.3	Reunification Within 12 Months (Entry Cohort)	10/01/12	03/31/13	32	111	28.8	48.4	59.6	^	v	-15.5%	^	v	-18.2%
C1.4	Reentry Following Reunification (Exit Cohort)	04/01/12	03/31/13	6	167	3.6	9.9	275.6	v	v	-21.4%	v	v	-56.0%
	Adoption													
C2.1	Adoption Within 24 Months (Exit Cohort)	04/01/13	03/31/14	18	77	23.4	36.6	63.9	^	^	6.0%	^	v	-8.4%
C2.2	Median Time To Adoption (Exit Cohort)	04/01/13	03/31/14	N.A.	77	33.3	27.3	82.0	v	^	13.7%	v	^	14.8%
C2.3	Adoption Within 12 Months (17 Months In Care)	04/01/13	03/31/14	55	227	24.2	22.7	106.7	^	v	-6.3%	^	v	-32.1%
C2.4	Legally Free Within 6 Months (17 Months In Care)	04/01/13	09/30/13	23	124	18.5	10.9	170.2	^	v	-0.2%	^	^	24.0%
C2.5	Adoption Within 12 Months (Legally Free)	04/01/12	03/31/13	35	91	38.5	53.7	71.6	^	v	-22.3%	^	v	-36.4%
	Long Term Care													
C3.1	Exits To Permanency (24 Months In Care)	04/01/13	03/31/14	54	168	32.1	29.1	110.5	^	^	2.7%	^	v	-9.1%
C3.2	Exits To Permanency (Legally Free At Exit)	04/01/13	03/31/14	78	79	98.7	98.0	100.7	^	^	0.1%	^	^	5.5%
C3.3	In Care 3 Years Or Longer (Emancipated/Age 18)	04/01/13	03/31/14	12	20	60.0	37.5	62.5	v	^	3.6%	v	v	-5.3%
	Placement Stability													
C4.1	Placement Stability (8 Days To 12 Months In Care)	04/01/13	03/31/14	199	245	81.2	86.0	94.4	^	v	-4.7%	^	v	-2.3%
C4.2	Placement Stability (12 To 24 Months In Care)	04/01/13	03/31/14	132	208	63.5	65.4	97.0	^	^	5.6%	^	^	3.0%
C4.3	Placement Stability (At Least 24 Months In Care)	04/01/13	03/31/14	108	292	37.0	41.8	88.5	^	^	25.1%	^	^	36.6%

C.D.S.S. / UC Berkeley California Child Welfare Indicators Project (CCWIP) Jun 2014

Outcome Data Measures – Probation Summary and Data Trends

CWS Outcomes System Summary for Shasta County--06.26.14

Report publication: Jul2014. Data extract: Q1 2014. Agency: Probation.

Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	National Standard or Goal	Most recent perf. rel. to nat'l std/goal	Goal	One-year percent change		Goal	Five-year percent change	
PR	Participation Rates: Referral Rates	01/01/13	12/31/13	N.A.	N.A.	N.A.	N.A.	N.A.	v		N.A.	v		N.A.
PR	Participation Rates: Substantiation Rates	01/01/13	12/31/13	N.A.	N.A.	N.A.	N.A.	N.A.	v		N.A.	v		N.A.
PR	Participation Rates: Entry Rates	01/01/13	12/31/13	12	38,745	0.3	N.A.	N.A.	v	v	-32.8%	v	^	84.0%
PR	Participation Rates: In Care Rates	07/01/13	07/01/13	30	38,745	0.8	N.A.	N.A.	v	v	-24.4%	v	^	28.8%
S1.1	No Recurrence Of Maltreatment	04/01/13	09/30/13	N.A.	N.A.	N.A.	94.6	N.A.	^		N.A.	^		N.A.
S2.1	No Maltreatment In Foster Care	04/01/13	03/31/14	56	56	100.00	99.68	100.3	^	—	0.00%	^	—	0.00%
	Reunification													
C1.1	Reunification Within 12 Months (Exit Cohort)	04/01/13	03/31/14	0	2	0.0	75.2	N.A.	^	v	-100.0%	^	v	-100.0%
C1.2	Median Time To Reunification (Exit Cohort)	04/01/13	03/31/14	N.A.	2	28.4	5.4	19.0	v	^	47.2%	v	^	70.1%
C1.3	Reunification Within 12 Months (Entry Cohort)	10/01/12	03/31/13	0	3	0.0	48.4	N.A.	^	v	-100.0%	^		N.A.
C1.4	Reentry Following Reunification (Exit Cohort)	04/01/12	03/31/13	2	12	16.7	9.9	59.4	v		N.A.	v		N.A.
	Adoption													
C2.1	Adoption Within 24 Months (Exit Cohort)	04/01/13	03/31/14	0	0	0.0	36.6	N.A.	^		N.A.	^		N.A.
C2.2	Median Time To Adoption (Exit Cohort)	04/01/13	03/31/14	N.A.	0	0.0	27.3	N.A.	v		N.A.	v		N.A.
C2.3	Adoption Within 12 Months (17 Months In Care)	04/01/13	03/31/14	0	11	0.0	22.7	N.A.	^		N.A.	^		N.A.
C2.4	Legally Free Within 6 Months (17 Months In Care)	04/01/13	09/30/13	0	12	0.0	10.9	N.A.	^		N.A.	^		N.A.
C2.5	Adoption Within 12 Months (Legally Free)	04/01/12	03/31/13	0	0	0.0	53.7	N.A.	^		N.A.	^		N.A.
	Long Term Care													
C3.1	Exits To Permanency (24 Months In Care)	04/01/13	03/31/14	1	6	16.7	29.1	57.3	^	v	-16.7%	^		N.A.
C3.2	Exits To Permanency (Legally Free At Exit)	04/01/13	03/31/14	0	0	0.0	98.0	N.A.	^		N.A.	^		N.A.
C3.3	In Care 3 Years Or Longer (Emancipated/Age 18)	04/01/13	03/31/14	2	13	15.4	37.5	243.8	v	v	-38.5%	v	^	23.1%
	Placement Stability													
C4.1	Placement Stability (8 Days To 12 Months In Care)	04/01/13	03/31/14	9	10	90.0	86.0	104.7	^	v	-4.7%	^	v	-10.0%
C4.2	Placement Stability (12 To 24 Months In Care)	04/01/13	03/31/14	6	13	46.2	65.4	70.6	^	v	-23.1%	^	v	-19.2%
C4.3	Placement Stability (At Least 24 Months In Care)	04/01/13	03/31/14	5	14	35.7	41.8	85.4	^	^	33.9%	^	^	578.6%

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Child Welfare baseline data shows performance below the national standard/goal for the following outcome measures:

- S1.1 No Recurrence of Maltreatment
- C1.1 Reunification Within 12 Months (Exit Cohort)
- C1.2 Median Time To Reunification (Exit Cohort)
- C1.3 Reunification within 12 months (Entry cohort)
- C2.1 Adoption Within 24 Months (Exit Cohort)
- C2.2 Median Time To Adoption (Exit Cohort)
- C2.5 Adoption Within 12 Months (Legally Free)
- C3.3 In Care 3 Years Or Longer (Emancipated/Age 18)
- C4.1 Placement Stability (8 Days To 12 Months In Care)
- C4.2 Placement Stability (12 To 24 Months In Care)
- C4.3 Placement Stability (at Least 24 Months In Care)

Probation baseline data shows performance below the national standard/goal for the following outcome measures:

- C1.1 Reunification Within 12 Months (Exit Cohort)
- C1.2 Median Time To Reunification (Exit Cohort)
- C1.3 Reunification within 12 months (Entry cohort)
- C1.4 Reentry Following Reunification (Exit cohort)
- C3.1 Exits To Permanency (24 Months In Care)
- C3.3 In Care 3 Years Or Longer (Emancipated/Age 18)
- C4.2 Placement Stability (12 To 24 Months In Care)
- C4.3 Placement Stability (At Least 24 Months In Care)

Based upon five year trends, for those Child Welfare outcome measures performing below the national standard/goal we see performance improvement gaps in five measures: C1.3 Reunification within 12 months (Entry cohort); C2.1 Adoption Within 24 Months (Exit Cohort), C2.2 Median Time To Adoption (Exit Cohort), and C2.5 Adoption Within 12 Months (Legally Free); and C4.1 Placement Stability (8 Days To 12 Months In Care). Based upon one year trends, we see performance improvement gaps in seven measures: C1.1 Reunification Within 12 Months (Exit Cohort), C1.2 Median Time To Reunification (Exit Cohort), and C1.3 Reunification within 12 months (entry cohort); C2.2 Median Time To Adoption (Exit Cohort) and C2.5 Adoption Within 12 Months (Legally Free); C3.3 In Care 3 Years Or Longer (Emancipated/Age 18); and C4.1 Placement Stability (8 Days To 12 Months In Care).

Based upon five year trends, for those Probation outcome measures performing below the national standard/goal we see performance improvement gaps in five measures: C1.1 Reunification Within 12 Months (Exit Cohort) and C1.2 Median Time To Reunification (Exit Cohort); C3.3 In Care 3 Years Or Longer (Emancipated/Age 18); and C4.1 Placement Stability (8 Days To 12 Months In Care) and C4.2 Placement Stability (12 To 24 Months In Care). Based upon one year trends, we see performance improvement gaps in six measures: C1.1 Reunification Within 12 Months (Exit Cohort), C1.2 Median Time To Reunification (Exit Cohort); and C1.3 Reunification within 12 months (Entry cohort); C3.1 Exits To Permanency (24 Months In Care); and C4.1 Placement Stability (8 Days To 12 Months In Care) and C4.2 Placement Stability (12 To 24 Months In Care.

System Improvement Plan Outcome Measures			
Prevention			
Measure Number	Measure Name	Description	Directional Goal
PR	Entry Rate	The number and rate per 1,000 of children entering foster care in a given 12 month time frame	Decrease
*S1.1	No Recurrence of Maltreatment	The percentage of children who were victims of substantiated maltreatment within a specific 6 month period for whom there was not an additional substantiated maltreatment allegation during the subsequent 6 month period	Increase
Permanency			
Measure Number	Measure Name	Description	Directional Goal
C1.2	Median Time to Reunification (Exit Cohort)	The median length of stay (in months) for children in care more than 8 days who were discharged to reunification during that specified year.	Decrease
C1.3	Reunification within 12 months (entry cohort)	The percentage of children reunified within 12 months of removal for a cohort of children first entering foster care. The entry cohort is comprised of children entering foster care for the first time during a six-month period.	Increase
C1.4	Reentry Following Reunification (exit cohort)	The percentage of children reentering foster care within 12 months out of those discharged to reunification during a specified year.	Decrease
C2.5	Adoption within 12 Months (Legally Free)	The percentage of children discharged from foster care to a finalized adoption within 12 months out of those who became legally free during a specified year.	Decrease
C3.1	Exits to Permanency (24 Months In Care)	The percentage of children, in care for 24 months or longer on the first day of the year, who were discharged to a permanent home by the last day of the year, and prior to turning 18.	Increase
Placement Stability			
Measure Number	Measure Name	Description	Directional Goal
C4.3	Placement Stability (At Least 24 Months In Care)	The percentage of children in a specified year with two or fewer placements who have been in care 24 months or longer. Time in care is based on the latest date of removal from the home.	Increase

*These measures do not apply to probation supervised youth.

Based on the above and taking into account, where applicable, outcome data measures where California is not performing at or above the national standard/goal Shasta Child Welfare has prioritized the following prevention, permanency, and stability outcome data measures:

- S1.1 No Recurrence of Maltreatment
- C1.2 Median Time To Reunification (Exit Cohort)
- C1.3 Reunification within 12 months (Entry cohort)

- C2.5 Adoption Within 12 Months (Legally Free)
- C4.3 Placement Stability (at Least 24 Months In Care)

Shasta Probation has prioritized the following permanency, and stability outcome data measures:

- C1.2 Median Time To Reunification (Exit Cohort)
- C1.4 Reentry Following Reunification (Exit cohort)
- C3.1 Exits To Permanency (24 Months In Care)
- C4.3 Placement Stability (At Least 24 Months In Care)

SYSTEM IMPROVEMENT PLAN STRATEGIES

Federal safety, permanency, and child and family well-being outcomes:

- Safety
  - Outcome 1: Children are, first and foremost, protected from abuse and neglect.
  - Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.
- Permanency
  - Outcome 1: Children have permanency and stability in their living situations.
  - Outcome 2: The continuity of family relationships and connections is preserved for children.
- Well-Being
  - Outcome 1: Families have enhanced capacity to provide for their children's needs.
  - Outcome 2: Children receive appropriate services to meet their educational needs.
  - Outcome 3: Children receive adequate services to meet their physical and mental health needs.

There are three focus areas to be addressed in our 2015-2020 Shasta County System Improvement Plan:

- Prevention
- Permanency
- Placement Stability

Strategies were selected that were applicable to more than one focus area and that addressed the Federal safety, permanency, and/or child and family well-being outcomes.

The strategies of our first focus area, Prevention, address the Federal safety outcome; children are first and foremost protected from abuse and neglect. Strategies include:

- Community Based Prevention (Community Collaboration toward Prevention of Adverse Childhood Experiences; support services for high risk pregnant mothers)
- Differential Response

Progress will be tracked with outcome measures:

- Participation Rates: Entry Rates
- S1.1 No Recurrence of Maltreatment - Child Welfare

Strategies of our second focus area, Permanency, address the Federal permanency outcome: children have permanency and stability in their living situations. Strategies include:

- Family (Natural Supports) Finding/Engagement and
- Safety Organized Practice (Structured Decision Making, Signs of Safety, plus trauma-informed practice) including Facilitated Team Meetings

Progress will be tracked with outcome measures:

- C1.2 Median Time to Reunification (Exit Cohort) - Child Welfare and Probation
- C1.3 Reunification within 12 Month (Entry Cohort) - Child Welfare and Probation
- C2.5 Adoption within 12 Months (Legally Free) - Child Welfare
- C3.1 Exits to Permanency (24 Months in Care) - Probation

Strategies of our third focus area, Placement Stability, address the Federal permanency outcomes: children have permanency and stability in their living situations and the continuity of family relationships and connections is preserved for children. Strategies include:

- Family (Natural Supports) Finding/Engagement
- Safety Organized Practice (Structured Decision Making, Signs of Safety, plus trauma-informed practice) including Facilitated Team Meetings

Progress will be tracked with outcome measure:

- C4.3 Placement Stability (At Least 24 Months in Care) - Child Welfare and Probation.

STRATEGY 1: COMMUNITY BASED PREVENTION

Our County Self-Assessment revealed the most recent data shows that Shasta's Allegation rate at 84.9 children with allegations of child abuse and/or neglect for every 1000 children in our county was 1.6 times greater than the California average of 52.7 children with allegations for every 1000 children statewide. Shasta's Substantiation rate for child abuse and/or neglect at 16.2 was 1.8 times higher than the California average of 9.2 and Shasta's Entry rate of children into out-of-home care at 7.3 was 2.1 times greater than the California average of 3.4. Shasta's Allegation, Substantiation, and Entry rates have consistently tracked significantly higher than the California average. Analysis in our County Self-Assessment of our county demographic profile identified external factors affecting these rates including the economic downturn, drug and alcohol abuse and domestic violence to name a few examples.

Discussion of Agency Collaborations in our County Self-Assessment revealed that Shasta County residents have experienced more adverse childhood experiences when compared to other parts of the county. Adverse childhood experiences increase the likelihood of adopting risky behaviors or developing disease. Adverse childhood experiences of abuse (emotional, physical, sexual), neglect (emotional, physical) and household dysfunction (mother treated violently, household substance abuse, household mental illness, parental separation/divorce, incarcerated household member) without the buffering effect of protective factors or resilience increase the likelihood of alcohol/drug use/abuse, teen pregnancy/paternity, domestic violence, and/or impaired work performance (e.g., absenteeism, financial problems).

To break this cycle our County Self-Assessment identified the community need to address the high prevalence of Adverse Childhood Experiences among adults in Shasta County through the Strengthening Families Protective Factors framework and community outreach. There are five protective factors that research by the Center for the Study of Social Policy has shown to be connected to a reduction in the risk of child abuse and neglect. Engaging the community in the prevention work is particularly important given Shasta's high rate of allegations and substantiations. Strengthening Families, as a framework for building community based activities, focuses on building the protective factors that help parents to have the resources they need to parent effectively even when under stress. Stakeholders surveyed for our County Self-Assessment identified drugs and/or alcohol problems as the most commonly recognized challenge area for Shasta County parents. County wide demographic characteristics (such as substance abuse, domestic violence, and poverty rates) are likely to be drivers of

high referral rates. Breaking the cycle of adverse childhood experiences leading to increased likelihood of alcohol/substance use/abuse, domestic violence and economic problems would have significant positive impact towards reducing the causal factors connected to child welfare concerns.

To implement/achieve the Community Based Prevention strategy Shasta County will participate in Strengthening Families Community Collaboration Quarterly Meetings working toward Prevention of Adverse Childhood Experiences. Shasta County will continue participation in community implementation of the Strengthening Families approach that leads to the following outcomes: strengthened families, optimal child development and reduced likelihood of child abuse and neglect. Additionally, Shasta County will participate in and/or support the Strengthening Families Collaborative Pilot Programs (direct service programs implementing Strengthening Families) and Pilot Projects (community education activities). These pilots will provide the Strengthening Families Collaborative with "real world" experience in using the Strengthening Families Framework. The collaborative is employing collective impact strategies to achieve a common goal of building protective factors among families in the community including a common data collection plan and program development activities. An additional community based prevention service identified is the provision of support services for high risk pregnant women referred by the Mercy Maternity Center Social Worker. Services will include an assessment of pregnant women with identified high risk factors during pregnancy (including the use of illegal substances during pregnancy, domestic violence, prior removal of other children and current or past CWS involvement). The goal of these services is to promote participation in services to prevent the need for Child Welfare intervention.

The desired outcomes of our Community Based Prevention strategy include increasing Protective Factors for families and reducing the need for children to enter out-of-home care. Increasing Protective Factors includes: parental resilience, social connections, knowledge of parenting and child development, concrete supports in times of need and children having social and emotional competence.

Applicable research or literature that supports the strategy

- The Adverse Childhood Experiences (ACE) Study is one of the largest investigations ever conducted to assess associations between childhood maltreatment and later-life health and well-being. The study is a collaboration between the Centers for Disease Control and Prevention and Kaiser Permanente's Health Appraisal Clinic in San Diego. http://www.cdc.gov/violenceprevention/acestudy/

Strategy 2: Differential Response

Our County Self-Assessment data shows that Shasta's Entry rate of 7.3 children entering into out-of-home care for every 1000 children in our county was 2.1 times greater than the California average Entry rate of 3.4 children entering into out-of-home care for every 1000 children statewide. Shasta's Entry rate has consistently tracked significantly higher than the California average. To decrease the Entry rate our County Self-Assessment identified the need for placement prevention resource development through an expanded multidisciplinary (e.g., Child Welfare social worker, Mental Health clinician, Alcohol & Drug social worker) assessment of child abuse and/or neglect referrals utilizing Safety Organized Practice to address Harm & Danger. This would be a practice shift from individual supervisor/social worker decision making to a group decision-making process. This multidisciplinary group decision-making team is charged with reviewing, evaluating and directing the child welfare agency response of all cases that have been accepted through intake screening. This response could be an investigative response, a family assessment response, or a family support response. To maximize referrals to our Differential Response Services (SafeCare® Home Visiting, Triple P – Positive Parenting

Program®, and Concrete Supports) program, our Shasta County Differential Response strategy will develop and implement the Safety Organized Practice **RED** TEAM Facilitated Team Meeting Group Supervision Strategy to **Review** reports of child maltreatment, **Evaluate** all available information, and **Direct** the agency response.

Our stakeholder surveys revealed that the most commonly chosen prevention activities that Children's Services could partake in to prevent child abuse and neglect were to: provide early intervention services to children and families at risk of child abuse/neglect, provide classes to help improve parenting skills, and provide help for parents experiencing stress. Differential Response Services (SafeCare® Home Visiting, Triple P – Positive Parenting Program®, and Concrete Supports) is a parent partner response for referrals that are evaluated out or are closed because, after investigating Children's Services believes that the child is safe and there is no current risk of harm to the child. Families in these referrals may still benefit from a community response if the family is experiencing stress. The core element of Differential Response is to engage parents with the goal of preventing future risk of abuse. The strengthening of Differential Response through the incorporation of the evidence-based and evidence-informed practices (Triple P – Positive Parenting Program®, SafeCare® Home Visiting parent education program, and Strengthening Families) enables the parent partners to connect with families who are considered at risk of child abuse/neglect to offer them direct skill training in child behavior management, planned activities, home safety, and child health management skills to prevent child maltreatment. Our Child Abuse Prevention Coordinating Council and our Foster and Kinship Care Education program stakeholder surveys both identified "Home visits from trained professional to help parents learn parenting and other skills" as the top way to help parents get help when they are experiencing stress and anger. Differential Response Services parent partners help to assess the needs of the participating family and connect them to community resources. These services are built on a Strengthening Families approach that seeks to help families increase protective factors, including: parental resilience, social connections, knowledge of parenting and child development, concrete supports in times of need and children having social and emotional competence.

We will monitor and measure the Differential Response engagement rate of referred families in evidence-based parenting education programs including SafeCare® Home Visiting and Positive Parenting Program (Triple-P)® and connection rate of referred families to community resources/concrete supports. We will implement a continuous quality improvement element through ongoing program effectiveness review and initiation of PDSA (Plan, Do, Study, Act) process improvements to maximize engagement and connection rates. We will utilize the Strengthening Families Retrospective Protective Factors Survey to evaluate the following outcomes for Differential Response participants: Parents increase knowledge of parenting and child development and Families have concrete supports in times of need. The overarching goals of implementation of the Differential Response strategy are to decrease entries into out-of-home care and decrease the recurrence of maltreatment.

The desired outcomes of Differential Response strategy include increasing Protective Factors for families (parental resilience, social connections, knowledge of parenting and child development, concrete supports in times of need and children having social and emotional competence*);* families utilizing their Protective Factors and implementing their parenting education training; reducing the need for children to enter out-of-home care; and reducing the recurrence of maltreatment

Applicable research or literature that supports the strategy

- 2015 Prevention Resource Guide: Making Meaningful Connections. This resource guide has strategies, and resources to help communities support and strengthen families, protect children,

and promote well-being for children and youth. It is the product of a collaboration among the U.S. Department of Health and Human Services' Children's Bureau, Office on Child Abuse and Neglect, its Child Welfare Information Gateway, the FRIENDS National Center for Community-Based Child Abuse Prevention, and the Center for the Study of Social Policy—Strengthening Families. https://www.childwelfare.gov

- Literature review published by the UC Davis Extension: Center for Human Services. The literature review titled, "Predicting and Minimizing the Recurrence of Maltreatment" was prepared by Ryan Honomichl, PH.D and Susan Brooks, M.S.W. http://www.childsworld.ca.gov
- Sawyer, R., and Lohrbach, S. (2005). Differential Response in Child Protection: Selecting a Pathway.

Systemic changes needed to support improvement goals

- Significant change in emergency response and intake decision-making process to a group decision-making process. The RED Team group response decision is an agency decision.

Educational and training needs, including technical assistance needed to achieve goals

- Staff training on the foundational elements of the RED Team process
  - Frequency of RED team meetings
  - Target population
  - Decisions to be made at the RED team meeting
  - Membership of RED team members

Strategy 3: Family (Natural Supports) Finding/Engagement

Family (Natural Supports) Finding/Engagement strategies were initiated in our last System Improvement Plan. We have data to support the increase in first and ongoing placements with relatives and have shown improvement in finding relatives and Natural Supports for participation in family/community safety planning to maintain children in their homes. Our County Self-Assessment of Systemic Factors and our Peer Review highlighted that we have been challenged to continue the Family (Natural Supports) Finding/Engagement efforts throughout the life of the case and have not achieved the desired progress associated with building more connections for youth in foster care. The need was identified for a concentrated emphasis on Family (Natural Supports) Finding/Engagement practices engaging families through a more individualized approach that emphasizes family involvement. Family finding is utilized to identify possible relative placements as soon as possible and reduce placement changes. The benefits of concerted family finding throughout the life of the case would include reduced isolation and increased family support and encouragement as the parents try to resolve the problems that led to child welfare involvement.

Additionally, through Family (Natural Supports) Finding/Engagement supports are identified who are willing to be involved in youth connection building. Connections are important for all children, especially for children whose families are in crisis or Probation youth who may not be able to return to their homes. The identified need for youth capacity development interventions/activities originated with the analysis of our Child Welfare/Probation Group Home population. Studying the intervention reason, placement history, medical/mental health history, services provided, family structure and supportive relative/nonrelated extended family member resources available for each youth we identified a population of youth who had no family to return to or connect with once leaving the Child Welfare/Probation system. Family (Natural Supports) Finding/Engagement broadened to include youth capacity and skills to locate/develop connections to community support structures is critical to the success of this population.

Findings of our Peer Review, Focus Groups, and County Self-Assessment have identified the need to ensure full and consistent family finding and engagement practice strategies throughout Child Welfare and Probation. Additionally our Focus Groups identified a need for more Child Welfare and Probation teaming similar to the effective collaboration between Mental Health and Probation.

Our Family (Natural Supports) Finding/Engagement strategy implementation will begin with Child Welfare/Probation teaming to engage stakeholders, including the courts and tribes, to develop local best practice Family (Natural Supports) Finding/Engagement practice standards including methods and strategies to locate and engage relatives and Natural Supports for families and children involved in the Child Welfare System. The goal of Family (Natural Supports) Finding/Engagement is identifying, finding, and engaging family members and other Natural Supports who care about a child placed in out-of-home care. Other Natural Supports may include friends, neighbors, mentors, school teachers, coaches, teammates, religious leaders, youth group leaders, and community supports. To facilitate full and consistent practice we will utilize the Implementation Science framework to identify program and structural capacity to support implementation. As part of our System Improvement Plan we will monitor fidelity of adherence to practice standards of Family (Natural Supports) Finding/Engagement in Child Welfare Units and the Probation Placement Unit. We will implement a continuous quality improvement element through ongoing implementation effectiveness review and initiation of PDSA (Plan, Do, Study, Act) process improvements to facilitate process change. We will identify, develop and implement Support Resources (for example training such as Kinship Pride, Parenting Education such as Triple P – Positive Parenting Program®, etc.) needed by Family (Natural Supports) to facilitate engagement and participation. We will measure and evaluate Child Welfare and Probation Family (Natural Supports) Finding/Engagement and participation throughout the life of the case (for example, initial removal, during reunification and at permanency plan); measure and evaluate Family Finding/Engagement for placement, respite, family support, life connections; and measure and evaluate support services/resources available to Families (Natural Supports) to facilitate support resources system development. On an ongoing basis we will brainstorm and implement process improvements to maximize Family (Natural Supports) finding, engagement, and ongoing participation rates.

The desired outcomes of our Family (Natural Supports) Finding/Engagement strategy include recruiting and providing support resources for more Natural Supports for families and youth, connecting youth aging out of care to community supports; increasing the consistency and quality of service provision; improving Permanency timeliness, and improving Placement Stability.

Applicable research or literature that supports the strategy

- Literature review published by the UC Davis Extension: Center for Human Services. The literature review titled, "Placement Stability in Child Welfare Services." http://www.childsworld.ca.gov
- The Family Finding and Engagement (FFE) implementation toolkit provides important information, documents, and materials about searching for and locating family members and other adults who will and can serve as long-term and permanent connections to children. http://calswec.berkeley.edu/toolkits/family-finding-and-engagement-ffe-toolkit

Systemic changes needed to support improvement goals

- Significant increase in staff resources devoted to Family (Natural Supports) Finding/Engagement efforts and accountability throughout the life of the case.

Educational and training needs, including technical assistance needed to achieve goals

- Staff training on local best practice Family (Natural Supports) Finding/Engagement practice standards.
- Supervisory staff training on staff accountability expectations.
- Contract with new search resource.

Strategy 4: Safety Organized Practice (Structured Decision Making and Signs of Safety)

Based on Shasta County Child Welfare and Probation outcome data that show performance below the national standard/goal and taking into account, where applicable, outcome data measures where California is not performing at or above the national standard/goal Shasta Child Welfare has prioritized the need for improvement in permanency timeliness and placement stability. Specifically, Child Welfare has prioritized the following permanency and stability outcome data measures: C1.2 Median Time to Reunification (Exit Cohort), C1.3 Reunification within 12 months (Entry cohort), C2.5 Adoption within 12 Months (Legally Free), and C4.3 Placement Stability (at Least 24 Months in Care). Shasta Probation has prioritized the following permanency and stability outcome data measures: C1.2 Median Time to Reunification (Exit Cohort), C1.4 Reentry Following Reunification (Exit cohort), C3.1 Exits to Permanency (24 Months in Care), and C4.3 Placement Stability (At Least 24 Months in Care).

To improve Permanency timeliness (specifically to help parents reunite with their children more quickly) *all* of our individual Stakeholder survey groups (i.e., Child Abuse Prevention Coordinating Council, Court Appointed Special Advocates, Law Enforcement, Service Providers, Foster Family Agencies, Juvenile Justice, Foster and Kinship Care Education, and Shasta County Health & Human Services Agency staff) identified "Support to help parents follow their case plan/manage their daily lives" as the top identified need. All of our individual Stakeholder survey groups (except Law Enforcement and Juvenile Justice) identified "All families have regular Family Team Meetings to assist in placement decisions, successful reunification and aftercare services" as the next identified need (Law Enforcement and Juvenile Justice identified this as the third need, the second need for both being "Regular parent-child visitations"). The majority of Stakeholders surveyed identified "Assessment of child's needs, provide services appropriate to the needs of child, and adequate pre and post placement support" as the three most important components to improve Placement Stability.

Feedback from our Stakeholder Focus Groups revealed a difference in perceptions of communication between stakeholders and staff. Biological parents, relative caregivers, and foster parents felt there is a lack of communication between social worker and family. This lack of communication includes failing to return phone calls in a timely way, failing to connect families with the right resources, and not informing foster parents of issues that they should be aware of regarding the child's history. Stakeholders indicated that more open and honest communication would help to overcome many issues. Children's Services staff felt that there is good communication, that social workers care about their clients, and that families are connected with the right resources. Clearly our Stakeholder focus groups identified the need to improve communication effectiveness. Our self-assessment identified the need and critical importance of effective communication between social workers and families, social workers and care/service providers, social workers and community partners, and social workers and collocated staff. The impact of staff turnover and vacancies was discussed in our County Self-Assessment. Turnover/vacancies disrupt case assignments, which is very disruptive to children and families, court proceedings and the County Child Welfare process. Staff turnover/vacancies has created barriers to providing optimum levels of service to families and results in higher caseloads per social worker which results in less time to dedicate to each case. Turnover/vacancies and high caseloads has a negative impact on social worker relationships with care givers, placement stability and time to permanency.

Some of our strengths identified in the subset of cases of our Peer Review included: social workers using Family Team Meetings and High Risk Team meetings as a multi-disciplinary team approach to obtain input from family members in order to prevent multiple placement changes and to discuss barriers; social workers involving parents and children in formal and informal decision making around placement; and social workers discussing and creating a safety plan with the family. One critical piece that we took away from the Peer Review as potential follow-up areas for our System Improvement Plan was the expanded use of Facilitated Team Meetings to facilitate and improve communication opportunities.

Lessons learned from the improvement efforts of our last System Improvement Plan showed that although considerable progress had been achieved in the training of staff and the communication to staff of the expectation that Safety Organized Practice is utilized as the basis for all our work, we continue to struggle with the consistent implementation and utilization of Safety Organized Practice including Structured Decision Making, Signs of Safety, plus trauma-informed practice. Although there has been an increase in family inclusion in decision making, the practice of involving parents and children in case plan decisions still varies. The Structured Decision Making Family Strengths and Needs Assessment is utilized to help develop the case plan, but self-assessment has shown frequency of reassessment has been inconsistent. Through our County Self-Assessment, Children's Services and Probation have identified the need to develop and implement strategies to ensure full and consistent utilization.

Our Safety Organized Practice (Structured Decision Making and Signs of Safety) strategy addresses the needs identified above. Safety Organized Practice utilizes strategies and techniques in line with the belief that a child and his or her family are the central focus and that the partnership exists in an effort to find solutions that ensure safety, permanency and well-being for children. The Safety Organized Practice approach to collaborative teamwork is fundamentally about communication. Safety Organized Practice seeks to build communication and strengthen partnerships within a family, their informal support network of friends and family, and the agency. Implemented with fidelity, Safety Organized Practice will inherently promote open communication channels between social workers and families, social workers and care/service providers, social workers and community partners, and social workers and collocated staff. Effective implementation of Safety Organized Practice will have far reaching positive impact on many of our programs and practice improvements by providing a structured service delivery process. The structured service delivery process will contribute to the provision of effective services even when working with limited staff resources in times of high vacancy rates due to increased efficiency. When Safety Organized Practice is utilized, families are much more engaged and active in their case plan. Safety Organized Practice promotes collaboration and multi-disciplinary approaches.

Safety Organized Practice utilization of Signs of Safety and Structured Decision Making is integral to multiple programmatic areas including our placement prevention efforts. Signs of Safety provides a structure that promotes critical thinking and consistency in regard to risk assessment and safety planning. Case mapping is a process of dialogue and inquiry designed to help social workers, families and extended networks organize and surface the different aspects of danger and safety present in the family and move toward group agreements about "what needs to happen next" in their work with Children's Services to ensure the safety of the child. Mapping is the basis for surfacing and creating harm and danger statements, goals and safety plans. Mappings need to be routinely completed for every open child welfare case. Structured Decision Making is an approach to child protective services that uses clearly defined and consistently applied decision-making criteria for screening for investigation, determining response priority, identifying immediate threatened harm, and estimating the risk of future

abuse and neglect. Child and family needs and strengths are identified and considered in developing and monitoring progress toward a case plan.

Our Safety Organized Practice (Structured Decision Making and Signs of Safety) strategy implementation will begin with Child Welfare/Probation teaming to engage stakeholders, including the courts and tribes, to develop local best practice Safety Organized Practice (Structured Decision Making and Signs of Safety) including Facilitated Team Meetings practice standards. Facilitated Team Meetings utilize a team-based case management system providing intensive support to abused and neglected children and their families. Through the Facilitated Team Meeting process perspectives of people and organizations involved with children including: families, the children when age appropriate, caregivers, social workers, clinicians, public health nurses, Shasta County Office of Education, and Alcohol and Drug Programs, inform case service plans and treatment plans that meet the families' needs. We will be developing our internal capacity to utilize multidisciplinary and community based teams for case planning and decision making. The tools offered through Safety Organized Practice (SOP) are utilized to bring protective factors and safety concerns to the forefront in a family driven approach to case management. A shared decision-making approach is used with families and their support systems as partners to define family strengths, needs and goals. This service also assists families to identify helpful local services and resources. The goal is for the team to share decision making.

In the context of case management and family engagement, staff will be trained on the use of Solution Focused Language, the development of Safety Networks, Social Worker/Probation Officer communication responsibilities with families, and Crucial Conversations (i.e., how to have difficult conversations). Full and consistent Safety Organized Practice utilization will be achieved through the application of the Implementation Science (one of our Quality Improvement Initiatives) framework to identify program and structural capacity to support and sustain program implementation efforts. Implementation Science is an approach to ensure systems change strategies utilize a reliable, supportive, and sustainable delivery system that maintains fidelity. As part of our System Improvement Plan we will monitor fidelity of adherence to practice standards of Safety Organized Practice (Structured Decision Making and Signs of Safety) including Facilitated Team Meetings in Child Welfare Units and the Probation Placement Unit. We will implement a continuous quality improvement element through ongoing implementation effectiveness review and initiation of PDSA (Plan, Do, Study, Act) process improvements to facilitate process change. We will monitor the Facilitated Team Meetings for common language usage, meeting structure consistency, and compliance with specified frequency. We will assess Child Welfare and Probation practice fidelity utilizing the UC Davis Safety Organized Practice Review Tool. We will assess Child Welfare and Probation shared/participatory decision making with families through the life of the case through tracking of Facilitated Team Meetings and measuring compliance with frequency at specified times/actions throughout the life of the case, team composition of each meeting, participation of each member, and member feedback/satisfaction of each meeting. We will evaluate Child Welfare and Probation Outcomes utilizing Safety Organized Practice Outcomes Tools Developed for IV-E Waiver.

The desired outcomes of our Safety Organized Practice (Structured Decision Making and Signs of Safety) including Facilitated Team Meetings strategy include increasing effective communication; increasing family involvement in case decision making; increasing the consistency and quality of service provision; improving Permanency timeliness, and improving Placement Stability.

Applicable research or literature that supports the strategy

- Center for the Study of Social Policy, "How Safety Organized Practice links to the Strengthening Families Protective Factors Framework." http://www.cssp.org/reform/strengthening-families/making-the-link/Making-the-Link_SOP.pdf
- Comprehensive review of skill and strategies that comprise Safety Organized Practice. Northern California Training Academy, Reaching Out, Winter 2015. UC Davis Extension: Center for Human Services
- Literature review published by the UC Davis Extension: Center for Human Services. The literature review titled, "Placement Stability in Child Welfare Services." http://www.childsworld.ca.gov

Systemic changes needed to support improvement goals

- Significant increase in staff efforts and accountability to ensure shared/participatory decision making with families through the life of the case.
- Decreased vacancy rate in Social Work positions. Staff recruitment challenges have resulted in vacancies in facilitator positions.

Educational and training needs, including technical assistance needed to achieve goals

- Staff training on local best practice Safety Organized Practice including Facilitated Team Meetings practice standards.
- Staff training on the use of Solution Focused Language, the development of Safety Networks, Social Worker/Probation Officer communication responsibilities with families, and Crucial Conversations (i.e., how to have difficult conversations).
- Supervisory staff training on staff accountability expectations.
- Technical assistance utilizing Safety Organized Practice Outcomes Tools Developed for IV-E Waiver counties.

CAPIT/CBCAP/PSSF Direct Service Provision - Prioritization of Direct Service Needs

Prioritization and selection of direct service needs to be funded with CAPIT/CBCAP/PSSF and included in our CAPIT/CBCAP/PSSF Provision Plan began with analysis of information gathered from the County Self-Assessment including county demographic factors, stakeholder survey results, stakeholder focus group input, Peer Review recommendations, systemic factors assessment, previous improvement efforts lessons learned, and outcome measure performance and data trends to determine unmet or continued needs/gaps in service delivery, and to identify disproportionality (key differences between identified race, ethnicity, age, and gender groups that are overrepresented in the outcome data measures) and/or disparity between the population served and the services provided. Findings were summarized in the logic model tool for discussion with HHSA Children's Services staff at our quarterly Branch Meeting that includes child protective services, on-going services under the supervision of the Juvenile Court, foster care licensing and adoption services, as well as children's public health, mental health and drug and alcohol services. Review of stakeholder survey and focus group input, Peer Review findings, improvement efforts, and outcome measure data continued with our Continuous Quality Improvement Committee collaborative group including decision makers within County and community organizations as well as individual community stakeholders. CAPIT/CBCAP/PSSF direct service needs to be funded were prioritized and selected based on whether the proposed direct service would mitigate identified unmet or continued needs/gaps: critically depended on the CAPIT/CBCAP/PSSF funding; incorporated utilization of evidenced-based and, evidence-informed or child welfare best practice; included an expansive service delivery model such as being offered to a broad eligible population and/or a broad geographic extent; satisfied the requirements of the CAPIT/CBCAP/PSSF funding sources; and contained

the potential to have far reaching positive impact towards reducing the causal factors connected to child welfare concerns.

Our County Self-Assessment revealed that Shasta's Allegation, Substantiation, Entry, and In Care participation rates have continued to track significantly higher than the California average. Analysis of our county demographic profile identified external factors affecting these rates such as the economic downturn, drug and alcohol abuse and domestic violence. Research has shown correlation between the increased likelihood of alcohol/drug use/abuse, teen pregnancy/paternity, domestic violence, and/or impaired work performance (e.g., absenteeism, financial problems) with adverse childhood experiences of abuse (emotional, physical, sexual), neglect (emotional, physical) and household dysfunction (mother treated violently, household substance abuse, household mental illness, parental separation/divorce, incarcerated household member). Our County Self-Assessment revealed that Shasta County residents have experienced more adverse childhood experiences when compared to other parts of the county.

Research by the Center for the Study of Social Policy has shown there are five protective factors, the Strengthening Families Protective Factor framework, connected to both a reduction in the risk of child abuse and neglect, and to optimal child development. The five protective factors are:

- Parental Resilience – the ability to handle everyday stress and bounce back from all types of challenges including the occasional crisis
- Social Connections – trusted and caring friends, family members, neighbors, and other members of a community who provide emotional support and concrete assistance to parents in facing the daily challenges of raising a family
- Knowledge of Parenting and Child Development – accurate information about raising children, appropriate expectations for their behavior based on their age and level of development
- Concrete support in times of need – basic needs such as housing, food, clothing, and transportation, and access to essential services that address family specific needs
- Social and emotional competence of children – a child's ability to interact positively with others and communicate his or her emotions effectively, ideally as a result of a child's early experience of being nurtured and developing a bond with a caring adult.

Breaking the cycle of adverse childhood experiences leading to increased likelihood of alcohol/substance use/abuse, domestic violence and economic problems could have far reaching positive impact towards reducing the causal factors connected to child welfare concerns. Strengthening families and reducing adverse childhood experiences by increasing protective factors that help parents to have the resources they need to parent effectively even when under stress was identified by our C-CFSR team as an overarching priority for direct service needs to be funded with CAPIT/CBCAP/PSSF and included in our CAPIT/CBCAP/PSSF Provision Plan.

Shasta County has high child welfare participation rates (Allegation, Substantiation, Entry, and In Care) compared to the California average. County Self-Assessment analysis identified children ages 0-5 at greatest risk of child maltreatment (according to substantiation rates) in Shasta County. By age group infants under 1 year old being the most susceptible to a substantiation of maltreatment (County Self-Assessment baseline data shows that approximately 65 out of every 1000 infants under the age of 1 year in Shasta County experienced a substantiated maltreatment referral); ages 1-2 with approximately 17 out of every 1000 experiencing a substantiated maltreatment referral; and ages 3 to 5 with approximately 22 out of every 1000 experiencing a substantiated maltreatment referral. Approximately 70% of all substantiated referrals for 2013 were due to general neglect.

Child Abuse Prevention Intervention and Treatment (CAPIT)

The CAPIT funded program is SafeCare® Home Visiting for families who have been reported for child maltreatment and have open court ordered or voluntary Family Maintenance cases or open Family Reunification cases in immediate progression toward reunification.

Stakeholders surveyed and County Self-Assessment analysis identified the following activities needed to prevent or prevent the recurrence of child abuse and neglect: early intervention services for children and families at risk of child abuse/neglect, classes to help improve parenting skills, and help for parents experiencing stress. Home visits from trained professionals to help parents learn parenting and other skills was identified by Stakeholder surveyed as a way to help parents get help when they are experiencing stress and anger. Stakeholder focus group participants identified lack of transportation and fewer services available where clients live as barriers to receiving services.

The SafeCare® Home Visiting direct service was prioritized and selected for the CAPIT funding because it would serve children being served by county child welfare for abuse and neglect, children at high risk for recurrence of maltreatment, and minority populations. SafeCare® program trained home visitors would provide services to families who have been reported for child maltreatment and have open court ordered or voluntary Family Maintenance cases or open Family Reunification cases in immediate progression toward reunification. SafeCare® trained staff would work with families, including isolated families, particularly those with children five years of age or younger, in their home environments to improve parents' skills in several domains. SafeCare® Home Visiting is a high quality home visiting program based on research-based models of best practice. The SafeCare® Home Visiting parent education and support service model has been determined to be effective with families involved in child welfare that provides direct skill training to parents in child behavior management, planned activities, home safety, and child health management skills to prevent and intervene with child maltreatment. Parents are taught through a health module that targets risk factors for medical neglect, through a home safety module that targets risk factors for environmental neglect and unintentional injury, and through a parent-child/parent-infant interactions module that targets risk factors associated with neglect and impaired parent/child interaction.

The SafeCare® Home Visiting direct service was prioritized and selected for the CAPIT funding because it would strengthen families and reduce adverse childhood experiences by increasing the parental resilience, knowledge of parenting and child development, and social and emotional competence of children protective factors that would help parents to have the resources they need to parent effectively even when under stress.

SafeCare is generally provided in weekly home visits lasting from 1-2 hours. The program typically lasts 16-24 weeks for each family. The content for the home visiting sessions is presented in three separate modules:

- Health Module – Targets risk factors for medical neglect. The goals of this module are to train parents to use health reference materials, prevent common child illnesses and injury, identify symptoms of childhood illnesses or injuries, and provide or seek appropriate treatment by following a structured decision making approach for health issues focusing on when to provide care at home, call the doctor to ask for an appointment, or visit the emergency room.
- Home Safety Module – Targets risk factors for environmental neglect and unintentional injury. The home visitor trains parents to childproof the home by identifying and eliminating safety and health hazards. The Home Accident Prevention Inventory-Revised assessment tool is used to help measure the number of environmental and health hazards accessible to children in their homes. Rooms are evaluated and training takes place to assist parents in identifying and reducing the

number of hazards and making them inaccessible to their children. The parents are taught about supervision guidelines.

- Parent-Child/Parent-Infant Interactions Module – Targets risk factors associated with neglect and physical abuse. This module consists of training on parent-infant interactions (birth to walking) and parent-child interactions (8-10 months to 5 years). The purpose of this module is to teach parents to provide engaging and stimulating activities, increase positive interactions, and prevent troublesome child behavior.

Community Based Child Abuse Prevention (CBCAP)

The CBCAP funded program Community Based Child Abuse Prevention including Parent Leadership Development/Training and Parent Mutual Support provides services based on the Strengthening Families approach. Strengthening Families Five Protective Factors are the foundation of the Strengthening Families approach and when they are present and robust in a family, diminish the likelihood of child abuse and neglect. Strengthening families and reducing adverse childhood experiences by increasing protective factors that help parents to have the resources they need to parent effectively even when under stress was identified by our County Self-Assessment analysis as a priority for direct service programs and activities designed to strengthen and support families to prevent child abuse and neglect.

Top services to prevent child abuse and neglect identified by Stakeholder surveys included: early intervention services to children and families at risk of child abuse and neglect; education to improve parenting skills; and help for parents experiencing stress. Key areas/issues identified by Stakeholder focus groups included: issues for families traced back to generational poverty and need to identify areas for prevention that would decrease entry rates. As we have seen in our data analysis our high entry rates track with high referral, substantiation, and in care rates. Prevention-focused programs targeted to decreasing entry rates will positively affect referral, substantiation, and in care rates as well.

Community Based Child Abuse Prevention including Parent Leadership Development/Training and Parent Mutual Support was selected for the CBCAP funding because it would address the unmet and continued need to increase protective factors to strengthen and support families. Community Based Child Abuse Prevention including Parent Leadership Development/Training and Parent Mutual Support services includes support of the Shasta County Child Abuse Prevention Coordinating Councils community-based efforts and activities to provide awareness and education about preventing child abuse and neglect targeting the general public and vulnerable families at risk or abuse or neglect (including but not limited to parents, parents with disabilities, racial and ethnic minorities, fathers, and adult former victims of child abuse and neglect or domestic violence). Community Based Child Abuse Prevention including Parent Leadership Development/Training and Parent Mutual Support activities are designed to strengthen and support families to prevent child abuse and neglect; provide support for parents; promote the development of parenting skills; and improve access to other formal and informal resources available within the community.

Parent Leadership is an effort to prevent child abuse and neglect through parent to parent interactions, activities, and education. Parent leadership development/training and parent mutual support direct services include the Shasta County Parent Leadership Advisory Group and opportunities for increasing leadership skills, motivation to succeed, positive socialization, and development of supportive relationships to continue positive parenting. The Parent Leadership Advisory Group is a collaboration of Parent Volunteers/Leaders, Parent Partners, Shasta County Health and Human Services Agency Children's Services staff, and Community Based Organizations meeting monthly, working together to

improve outcomes for families. The Parent Leadership Advisory Group's Parent Leaders increase their leadership skills by facilitating and maintaining the organization of the Parent Leadership Advisory Group. Through facilitating/leading monthly meetings they practice leadership skills. Each meeting is facilitated by Parent Leaders who also are responsible for developing and communicating meeting ground rules. At monthly meetings Parent Leadership Advisory Group members talk about ideas, strategize problems and solutions, and find ways to help others in the community. Their ultimate goal is to give back to the community by sharing experiences that will help other parents prevent child maltreatment.

Parent Leaders participate in community outreach events through the Shasta County Child Abuse Prevention Coordinating Council for child abuse prevention education/outreach to strengthen Shasta County families through building protective factors. Together with the Child Abuse Prevention Coordinating Council, Parent Leaders prepare, plan, and present the annual local Parent Leadership Advisory Group mini-conference. Parent Leaders also participate in the Leaders for Change: Protective Factors in Action training. Parents and staff are trained to help parents identify their leadership strengths and build on them to take on new leadership roles in community systems that serve children and families. As one of their leadership roles Parent Leaders participate in a panel presentation at the Parent Court Orientation that is mandatory for families entering Child Welfare Services. At this orientation, Parent leaders inform and support parents to engage in activities and encourage parent participants to also be safe parents who eventually will take on a role in child abuse and neglect prevention in the future. Parent Leaders provided a confidential phone line for all community families to call and ask questions, get support, and find resources.

Through participation in the Parent Leadership Advisory Group and parent mutual support activities parents build protective factors. They build social connections with other Parent Volunteers/Leaders, Shasta County Child Abuse Prevention Coordinating Council Parent Partners, Shasta County Health and Human Services Agency Children's Services staff, and Community Based Organizations as they meet at the monthly Parent Leadership Advisory Group meeting and work together to improve outcomes for families. As they take on leadership roles the Parent Leaders increase in self-confidence and self-esteem and build parental resilience. At many of the monthly meetings Triple P – Positive Parenting Program® training components are provided to build the knowledge of parenting and child development protective factor. The concrete support in times of need protective factor is addressed each meeting as knowledge of available community resources are shared by Parents, Shasta County Child Abuse Prevention Coordinating Council, Shasta County Health and Human Services Agency Children's staff and Community Based Organizations.

Promoting Safe and Stable Families Family Support (PSSF FS)

The PSSF FS funded program is SafeCare® Home Visiting, Triple P – Positive Parenting Program®, and Concrete Supports direct services for Shasta County Health and Human Services Agency Children's Services Differential Response program referrals. SafeCare® Home Visiting, Triple P – Positive Parenting Program®, and Concrete Supports is a parent partner response for Children's Services referrals that Children's Services has evaluated out or are closed because, after investigating, Children's Services believes that the child is safe and there is no current risk of harm to the child. These families may still benefit from a community response if the family is experiencing stress and are referred by Children's Services to SafeCare® Home Visiting, Triple P – Positive Parenting Program®, and Concrete Supports direct services. The core element of these direct services is to engage parents with the goal of preventing future risk of abuse. The SafeCare® Home Visiting, Triple P – Positive Parenting Program®, and Concrete Supports services were selected because they promote the safety and well-being of

children and families; increase the strength and stability of families; increase parents' confidence and competence in their parenting abilities; afford children a safe, stable, and supportive family environment; and enhance child development. The SafeCare® Home Visiting, Triple P – Positive Parenting Program®, and Concrete Supports direct services were prioritized and selected for the PSSF FS funding because they would strengthen families and reduce adverse childhood experiences by increasing the protective factors that would help parents to have the resources they need to parent effectively even when under stress.

Our stakeholder surveys revealed that the most commonly chosen prevention activities that Children's Services could partake in to prevent and prevent the recurrence of child abuse and neglect were to: provide early intervention services to children and families at risk of child abuse/neglect, provide classes to help improve parenting skills, and provide help for parents experiencing stress. Utilization of the evidence-based and evidence-informed practices (Triple P – Positive Parenting Program®, SafeCare® Home Visiting parent education program, and Strengthening Families) enables the parent partners to connect with families who are considered at risk of child abuse/neglect to offer them direct skill training in child behavior management, planned activities, home safety, and child health management skills to prevent child maltreatment. Our Child Abuse Prevention Coordinating Council and our Foster and Kinship Care Education program both identified "Home visits from trained professional to help parents learn parenting and other skills" as the top way to help parents get help when they are experiencing stress and anger. Parent partners help to assess the needs of the participating family and connect them to community resources. These services are built on a Strengthening Families approach that seeks to help families increase protective factors, including: parental resilience, social connections, knowledge of parenting and child development, concrete supports in times of need and children having social and emotional competence.

Parent partners:

- Educate families about available community resources and help family members connect to activities, services, and resources.
- Provide SafeCare® home visiting and Level 3 Triple P – Positive Parenting Program®.
    - SafeCare® is a parent-training curriculum for parents who are at-risk or have been reported for child maltreatment due to neglect. SafeCare® trained staff work with at-risk families in their home environments to improve parents' skills in several domains. Parents are taught, for example, how to plan and implement activities with their children, respond appropriately to child behaviors, improve home safety, and address health and safety issues.
    - Positive Parenting Program (Triple-P®) is a multi-level system of parenting and family support. It's goals are to promote the independence and health of families through enhancement of parents' knowledge, skills, and confidence; to promote the development of safe, protective, and nurturing environments for children; to promote the development, growth, and social competence of young children; to reduce childhood behavioral and emotional problems and adolescent delinquency, substance abuse, and academic failure; to enhance the competence, resourcefulness, and self-sufficiency of parents in raising their children; and to reduce the incidence of child maltreatment.
- Provide direct support to families in maintaining safe and stable homes, facilitating access to sufficient food and clothing, medical care, substance abuse and/or mental health services, and providing parenting and child development education.

Promoting Safe and Stable Families Family Preservation and Time-Limited Family Reunification (PSSF FP & TLFR)

The PSSF FP & TLFR funded direct service is Domestic Violence Services for families who have come to the attention of or are involved in Child Welfare Services. Analysis of our county demographic profile showed that the rate of domestic violence calls for assistance in Shasta County has remained well above the state rate in every year for the most recent 10 years of data. In 2012 the Shasta County domestic violence calls rate was 50% higher than the California rate. Challenges for parents identified by Stakeholder surveys included crime and violence. To prevent and prevent recurrence of child abuse and neglect Stakeholder surveys identified the need for help for parents experiencing stress. Services needed by parents experiencing stress/anger identified by stakeholder surveys included treatment programs for anger/conflict management. Our County Self-Assessment identified high Shasta County Allegation, Substantiation, Entry, and In Care participation rates relative to the California average. Analysis of our county demographic profile identified domestic violence as one of the external factors affecting these rates. More than 80% of all substantiated referrals for 2013 were due to general neglect and emotional abuse. Research has shown correlation between the increased likelihood of domestic violence with adverse childhood experiences of abuse, neglect and household dysfunction. The Domestic Violence Services program was selected to provide services to meet the identified unmet and continued need and to work towards breaking the cycle of adverse childhood experiences leading to increased likelihood of domestic violence by strengthening families through increasing protective factors that help parents to have the resources they need to parent effectively even when under stress.

Domestic violence prevention and intervention services are provided by a collocated Domestic Violence Specialist. The on-site Domestic Violence Specialist at Children's Services helps to identify, evaluate and address domestic violence issues with clients. The Domestic Violence Specialist provides domestic violence crises counseling, consultation and support to parents and caretakers regarding the effects of domestic violence and information on domestic violence resources. The Domestic Violence Specialist works to reduce the recurrence of child abuse and neglect by helping to identify, evaluate and address domestic violence issues with clients and their social workers for immediate support and case planning. The Domestic Violence Specialist provides a Discovery support group on an ongoing basis. Through the Discovery group victims learn about the cycle of abuse; enforcing boundaries to have healthy relationships; and how children are affected emotionally, physically, behaviorally and cognitively when witnessing domestic violence.

Services are provided by the Domestic Violence Specialist based on a working knowledge of the Strengthening Families approach – a comprehensive understanding of the issues related to reducing child abuse and neglect through increasing the Five Protective Factors. Services are provided to help families increase protective factors, including: parental resilience, social connections, knowledge of parenting and child development, and concrete supports in times of need.

Promoting Safe and Stable Families Family Preservation (PSSF FP)

An additional PSSF FP funded service is the Family Preservation Discretionary Fund for families who have come to the attention of or are involved in Child Welfare Services. Services to prevent or prevent recurrence of child abuse and neglect identified by Stakeholder surveys included help for parents experiencing stress. Key areas/issues identified by Stakeholder focus groups included issues for families that traced back to generational poverty. Our County Self-Assessment identified high Shasta County Allegation, Substantiation, Entry, and In Care participation rates relative to the California average. Analysis of our county demographic profile identified economic conditions as one of the external factors affecting these rates. The unemployment rate in Shasta County peaked in 2010 at a 20 year high. Median income of households in Shasta County (2008-2012) was 28% less than that of California. Stakeholder focus groups identified need for removal of barriers that prevent clients from accessing

services. The Family Preservation Discretionary Fund was selected to provide services to meet the identified unmet and continued need of families specific to reducing their barriers to working towards strengthening their families. Through increasing the concrete support in times of need protective factor the Family Preservation Discretionary Fund will help parents have the resources they need to parent effectively.

The Family Preservation Assistance Fund is utilized to purchase goods/services to assist a family to stabilize so that children will not be placed in foster care, or to assist in a family reunification case so that the child will be able to return home. Expenditures are on a one-time only basis unless otherwise approved by a Program Manager due to special circumstances. Items and services include, but are not limited to: Housing Assistance, Utility Installation, Furniture, Emergency Food Assistance, Household Goods, Health Care, Recreation and Respite Care, and Employment Training.

Promoting Safe and Stable Families Adoption Promotion and Support Services (PSSF AP&S)

Shasta County's In Care rate at 13.6 for 2012 (greater than 2 times the California average) increased to 15.6 for 2013. Of the children who exited to adoption April 2013-March 2014, 23.4% were adopted within 24 months. After strides of improvement in 2009 and 2010, Shasta County has subsequently performed below the National Standard/Goal of 36.6% for the past 3 years (2011-2013). Of the children who exited to adoption, only the Under 1 and 1-2 age groups experienced adoption timeliness at a rate above the National Standard/Goal of 36.6% adopted within 24 months. The under 1 group had a median time to adoption of 11.3 months and the 1-2 age group 23.5 months. The timely rate of adoption of the 3-5, 6-10, and 11-15 age groups were all consistently low (10.0%, 8.7%, and 8.3%, respectively) with no standouts. The median time to adoption for the 3-5 age group was 34.8 months, 6-10 age 38.5 months, and 11-15 age 40.4 months. The percentage of children discharged from foster care to a finalized adoption within 12 months of becoming legally free out of those who became legally free April 2013-March 2014 was 38.5%. The National Standard/Goal is to be greater than 53.7%. Shasta County has experienced a decrease in performance for this measure since 2009. Only the Under 1 age group of children performed above the National Standard/Goal with 55.6% discharged from foster care to a finalized adoption within 12 months of becoming legally free. Age groups 1-2 and 6-10 were comparable at 44.8% and 40.7%. Only 26.1% of the 3-5 age group and 0% of the 11-15 age group discharged from foster care to a finalized adoption within 12 months of becoming legally free. Decreasing performance in our Adoption outcomes is attributable to multiple factors including a reduction in staffing levels imposed by economic conditions to reduce chronic financial overmatching and a practice shift of increasing relative placements overall.

Shasta County Health and Human Services Agency Children's Services Adoption Services have been designed to encourage more adoptions out of the foster care system and support adoptive families (before and after finalization). Children in the process of adoption, or who have been adopted, have a unique set of needs. Adoption Promotion and Support services include pre- and post-adoptive clinical assessment/counseling services, and support services designed to expedite the adoption process and support adoptive families. Pre- and post-adoptive mental health services designed to support adoptive families so that they can make a lifetime commitment to their children were prioritized and selected for PSSF AP&S funding to address the need to improve adoption timeliness and outcomes especially in the older children and difficult to place older youth age groups.

Services are specialized, targeting the impact of adoption on the lives of the adoptive family. Services may be directed to a child who is grieving the loss of his biological family, or to a married couple in which spouses have different levels of commitment to the child they are adopting. Additionally services

focus on the more challenging situations, reevaluating difficult to place older youth and/or children with special needs, providing more intensive clinical services for children struggling in their current placements, and connecting adoptive families to more community support resources. The target population is families that would benefit from clinical services and activities designed to encourage more adoptions out of the foster care system. These services promote the best interests of children by including such activities as pre- and post-adoptive services and activities designed to expedite the adoption process and support adoptive families. Families served include children and foster/adoptive families who are in some stage of the process of adoption: the children are in foster care, awaiting an adoptive placement; are in a potential adoptive placement; or, are living with the family that has adopted them. The mental health clinician and the adoption social workers are collocated.

Child Welfare/Probation Placement Initiatives

Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project (CAP)

Over the past two years Shasta County Health and Human Services Agency together with Shasta County Probation have committed staff resources to the review, analysis, and evaluation of Title IV-E Waiver participation exploration. We created a Title IV-E Workgroup that included as key participants the Child Welfare Director, Probation Chief, Health and Human Services Business and Support Director, Probation Chief Fiscal Officer, Child Welfare and Probation program management staff, and Child Welfare analyst staff. We participated in all State conference calls, webinars, trainings, and conferences; Casey Family Programs workgroups and technical assistance; as well as National webinars and trainings.

- The goals of Title IV-E Waiver participation are to:
  - Improve the array of services for children and families and engage families through a more individualized approach that emphasizes family involvement;
  - Increase child safety without an over reliance on out-of-home care;
  - Improve permanency outcomes and timelines; and
  - Improve child and family well-being
- The desired outcomes of Title IV-E Waiver participation are:
  - Decreased entries;
  - Increased placement in most appropriate and least restrictive setting;
  - Decreased reentries;
  - Decreased recidivism; and
  - Increased child and family functioning.
- We conducted focus groups with our Parent Leadership Advisory Group (PLAG), child welfare staff, and the Shasta Continuous Quality Improvement System Improvement Plan oversight committee to gather input on Child Welfare services and supports.
- Through the UC Berkeley California Child Welfare Indicators Project and the Chapin Hall Multistate Foster Care Data Archive we studied population, child welfare participation, and caseload trends; evaluated our outcomes data and areas needing improvement and analyzed length of stay and average days in care.
- We convened additional workgroups to target specific programmatic areas:
  - Sober Living Program Workgroup
  - Placement Prevention Team Workgroup
  - Family Treatment Team – Engagement and Empowerment Workgroup
  - Permanent Plan Workgroup – Primary focus on Adoption

- Group Home Workgroup
- Safety Organized Practice Workgroup

Utilizing U.S. Department of Health & Human Services/Administration for Children and Families technical assistance materials/tools and in-house developed Implementation Science tools each workgroup, in varying levels, defined:

- Target population – specific child, placement, and family characteristics
- Intervention identification and logic model development
- Preliminary intervention implementation planning. evaluation planning, and cost benefit analysis

Since we found the intervention strategies identified were similar across a majority of the workgroups we adjusted the focus of our practice development going forward to be intervention strategy driven instead of programmatic area driven. For example, implementation and evaluation of Safety Organized Practice and Family Finding/Engagement were identified as critical intervention strategies for the Sober Living Program, Placement Prevention, Family Treatment Team, Permanent Plan, and Group Home workgroups. The Safety Organized Practice Implementation Science Team will work towards implementation and evaluation of Safety Organized Practice to meet the needs identified by all of the workgroups. Although Family Finding/Engagement is a part of Safety Organized Practice we have identified enough practice issues needing improvement to indicate a need for a dedicated Implementation Science Team regarding family finding and engagement. A third identified area of need is System Resource Development/Management. This includes:

- Youth capacity development interventions/activities
- Out of home placement and supportive care resources development
- Continued Evidence-based Program identification/implementation
- Staff training and development to improve and assure the quality of service provision

- After thorough analysis and review of the terms and conditions of the Title IV-E Waiver, Shasta County was not able to move forward with participation as of June 2014. Although the final decision has been made regarding Title IV-E Waiver participation, the programmatic/systemic review, assessment, and evaluation efforts are contributing to county improvement efforts.

California Child Welfare Core Practice Model

Shasta County has been participating through workshops, meetings, and webinars with the CWDA Children's Committee in the development of a statewide practice model that would serve as a guide for individual County programs by integrating various successful initiatives/practices into a comprehensive framework that supports safety, permanency, and well-being for children and their families. The goal is to develop a practice model that builds on integrating the key and common elements of existing initiatives and proven practices including California Partners for Permanency's (CAPP), Continuum of Care Reform (CCR), Quality Parenting Initiative (QPI), Safety Organized Practice (SOP), Wraparound and Katie A. By guiding practice, service delivery and decision-making the Core Practice Model will help to identify programs and initiatives that fit within the framework, identify the tools needed to support our social workers and other child welfare and interagency child-serving staff, and improve consistent child welfare practice through specific casework skills and practices that child welfare workers will use within the framework to perform through all stages and aspects of child welfare casework in order to optimize outcomes of children who enter, move through and exit the child welfare system.

Continuum of Care Reform (CCR)

Shasta County has been participating in the meetings of the Continuum of Care Reform (CCR) initiative to fully address the needs of children and families who are being served by the child welfare, probation and disabled student systems, and whose needs include mental health services, alcohol and drug treatment, and/or special education services. The objective of the CCR is the transformation of group

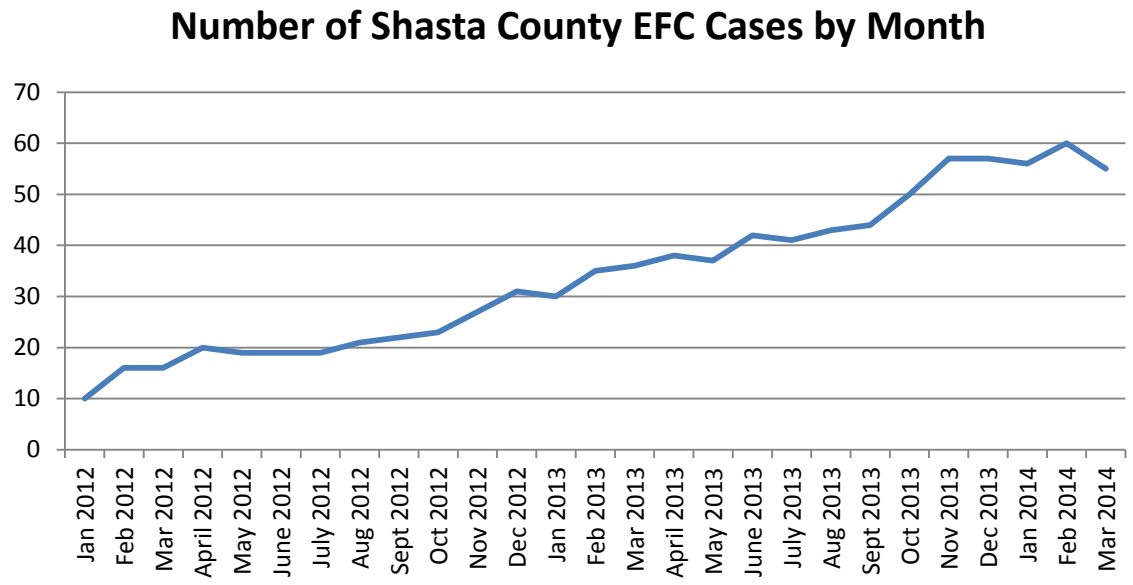
homes and foster family agencies from placement agencies into programs supporting the safety, permanency and well-being of children and which are aligned with most current research and practices to support positive outcomes for children and their families. The CCR framework describes a model for transforming group home and foster family agencies into Residentially-Based Services and Child, Youth and Family Service Agencies and describes the process for assessing a child and family's strengths and needs and how that informs where the child is placed. The proposed framework also would restructure the provision and payment of services and explains how performance and accountability can be achieved. In addition to group work on the detailed action plan, Shasta County focused on the following CCR values/principles during Group Home and Permanent Plan workgroups of the Title IV-E Waiver initiative described above:

- CCR Values and/or Principles
  - Youth and family voice
  - Trauma-informed services
  - Caregiver training
  - Constant focus on permanency

Fostering Connections After 18 Program

Shasta County has actively participated in the Fostering Connections After 18 Program since January 2012. The Federal Fostering Connections to Success and Increasing Adoptions Act of 2008 created an extension of federal funding for foster care services for non-minors ages 18-21. Effective January 1, 2012, California implemented AB-12 to provide foster care benefits up to age 21. Amendments to legislation provided Kinship Guardianship Assistance Payment (KinGAP) and Adoption Assistance Program (AAP) benefits up to age 21 as well. Federal Legislation created a new term for youth in Extended Foster Care - Non-Minor Dependent (NMD).

- NMD Placement options for participation in extended foster care include:
  - Relative or Non-Relative Extended Family Member (NREFM);
  - Foster Family Home;
  - Foster Family Agency (FFA) certified home;
  - Non-related legal guardian (approved by the juvenile court);
  - Group Home (on a limited basis);
  - THP-Plus Foster Care;
  - Supervised Independent Living Setting (SILP).



Quality Parenting Initiative (QPI)
The Quality Parenting Initiative (QPI) began as a collaborative effort with CDSS, the County Welfare Directors Association (CWDA) and the Youth Law Center with support from the Stuart, Walter S Johnson and David B. Gold Foundations. The goal of the initiative, formerly known as the Caregiver Recruitment and Retention Pilot, is to develop a statewide approach to recruiting and retaining high-quality caregivers to provide excellent care to children in California's Child Welfare System by rebranding foster care, not simply by changing a logo or an advertisement, but by changing the core elements underlying the brand.

The focus of Shasta's QPI participation is recruiting and retaining caregivers to provide the loving, committed, and skilled care that the child needs, while working effectively with the child welfare system to reach the child's long term goals. Shasta has embraced QPI and has developed the following brand statement:

- Excellent Shasta County Foster Parents are valued, trusted, team members who make a commitment to children in our community by:
  - Normalizing childhood experiences
  - Identifying and advocating for children's needs and services
  - Practicing and modeling positive and strength based parenting
  - Compassionately partnering with parents
  - Participating in training and support services with flexibility, integrity and humor

QPI Ice Breaker Meetings policy and procedure has been completed. The purpose of the Ice Breaker meeting is to help create an environment of team work and compassion, and to demonstrate to the child/youth that caregivers are united for their best interest. The Ice Breaker meeting also provides an opportunity for foster parents and birth parents to discuss the children's strengths/needs and minimizes the potential for a contentious relationship. The policy and procedure established directions to schedule and conduct Ice Breaker meetings for children and families involved with the Child Welfare System. Participation in any meetings between biological parent and out of home care providers are voluntary for parents and the care providers involved. The goals of an Ice Breaker meeting include:

- Reduce the trauma of foster care placement for children;
- Introduce parents and caregivers in order to share information;
- Build alliances among adults when children are in congregate care;
- Begin relationship building and a sense of teamwork; and
- Improve everyone's ability to help a child, including the caseworker.

Katie A.
Shasta County, HHSA/Children's Services began implementing the Katie A. Core Practice Model as required by the Katie A. v. Bonta et al. Settlement Agreement in April 2013. The California Departments of Social Services and Health Care Services goal in creating the model was to improve access to mental health services for children/youth in child welfare through timely screenings, assessment and service delivery using the Core Practice Model guidelines. Shasta County social workers, Public Health nurses, and Mental Health clinicians work together to ensure that every child with an open child welfare case receives a mental health screening upon entry. For children over age 5 that are not open to mental health services an additional mental health screening at 90 days from entry and again annually is given to assess for any new mental health needs. Children age 5 and under are screened every 6 months or annually depending on the child's age using the Ages and Stages Questionnaire administered by a Public Health Nurse.

Children's Services has completed community outreach events with Organizational Providers, Community Service Groups, and the local Court System to educate on Katie A, practice expectations, and gather feedback for practice improvements. We have done several trainings for staff on the Katie A. Core Practice Model. A Katie A. policy and procedure was completed and staff has been trained on the referral process, Katie A. billing, child and family teams, and mental health screenings. We utilized the Implementation Science framework to help ensure the model maintains efficacy and consistency in practice throughout Children's Services.

Children's Services has been delivering and billing for Intensive Home Based Services and Intensive Care Coordination since October 2013. Our HHSA mental health clinicians have been facilitating child and family teams for Katie A. subclass members through utilization of the Safety Organized Practice framework. For children that don't meet the subclass criteria we encourage staff to utilize our High Risk Team meetings to help address behaviors and/or the needs of the caregiver. Children's Services has a Wraparound team that helps to serve Katie A. Subclass children and youth.

Children's Services is a member of the State Katie A. Leadership Collaborative and Northern Regional Learning Collaborative and is partnering with the Chadwick Center to improve trauma informed practices in mental health and child welfare. As a member of the Regional Learning Collaborative, Children's Services has worked collaboratively with other counties to share successes and challenges in implementing Katie A. in Shasta County.

Probation Initiatives

Shasta County has continued active participation in the Juvenile Justice Coordinating Council. The Juvenile Justice Coordinating Council:

- Assists the Chief Probation Officer in developing a comprehensive, multi-agency juvenile justice plan (Juvenile Justice Plan) to provide a continuum of responses for the prevention, intervention, supervision, treatment, and incarceration of juvenile offenders.
- Assists the Chief Probation Officer in developing a Juvenile Justice Development.
- At least annually, reviews, and modifies if necessary, the Juvenile Justice Plan and the Juvenile Justice Development Plan.

In addition to the Chief Probation Officer serving as Chairman, voting members include a representative from the following agencies:

- Sheriff's Office
- District Attorney's Office
- Public Defender's Office
- Board of Supervisors
- a Branch of the Shasta County Health & Human Services Agency concerning Social Services
- a Branch of the Shasta County Health & Human Services Agency concerning Mental Health Services
- County Office of Education or a school district
- a City Police Department
- a community based drug and alcohol program
- an at-large community representative
- nonprofit community based organizations providing services to minors

Shasta County Probation has implemented the "Parent Project" and Courage to Change programs. These programs were put in place to develop a team approach with parents and probation officers, while minors also learn to explore their own thinking errors. Probation officers' prior practice has been to refer minors and families out to other agencies for services rather than participating in the process. These programs ensure that all efforts are undertaken before a minor is referred for out of home

placement orders. The Probation Department encourages parents whose minor is already in placement to participate in the Parent Project to help prepare them for reunification.

- Parent Project
  A twelve-week, three-hour per week parent-training curriculum that teaches concrete identification, prevention, and intervention strategies for the most destructive of adolescent behaviors. Two probation officers work with the parents as a team, not as just facilitators of the program. Dinner is provided as a positive reinforcement for the parents' participation. Probation also purchased the workbooks for the parents who are unable to do so. The outcome will be that parents feel supported by the juvenile justice system and are part of a team approach to better address the needs of the family.
- Forward Thinking Journaling
  An evidenced-based Cognitive Behavioral Therapy (CBT) journaling and discussion course designed to develop the minor's ability to plan for better decision-making. This course is part discussion, part journaling, some homework and group role play. The course is designed to improve decision-making skills, therefore lowering the minor's risk to re-offend.
- Thinking For a Change (T4C)
  An evidence-based, integrated, cognitive behavioral change program for offenders that includes cognitive restructuring, social skills development, and development of problem solving skills. Cognitive self-change teaches individuals a concrete process for self-awareness aimed at uncovering risky thoughts, feelings, attitudes, and beliefs. It is taught by using the simple principle that our thinking controls our behavior and to change our behavior, we must change our thinking. Social skills instruction prepares participants to engage in pro-social interactions based on self-awareness and consideration of the impact their actions will have on others. Participants learn how to actively listen, ask questions, appropriately respond to others' anger, give feedback to others, effectively communicate apologies, negotiate, effectively communicate a complaint, understand the feelings of others, and recognize one's own feelings.

Other Quality Improvement (QI) Initiatives

Although not Placement Initiatives the following two QI initiatives have the potential to improve the quality of the implementation and delivery of placement initiatives/services.

Implementation Science

Shasta County Health and Human Services Agency has made a commitment to apply Implementation Science to aid in program development, implementation, and evaluation. To promote effective implementation in the field, Implementation Science is an approach to innovative, promising or evidence-based practices/implementation to develop a reliable, supportive, and sustainable delivery system that maintains fidelity. We created the Implementation Science team to guide our application of Implementation Science to the development of practice changes. This team defined for Children's Services the four frameworks/components necessary to implement and sustain evidence based programs with fidelity:

- Stages of implementation - The four stages that every evidence based program should be evaluated at from start to finish.
  - Exploration - Major decisions are being made by leadership in respect to adoption of a new program/practice.
  - Installation - Key in this stage is to begin creating space and shifting the system.
  - Initial implementation - New components are being put into place, status quo gets challenged.
  - Full implementation - When full implementation is attained, the program or practice has become "business as usual" with high fidelity. It is during this stage that the program/practice is ready to be evaluated for implementation, processes and outcomes.

- Implementation Drivers - These are the critical organizational/infrastructure components necessary for successful implementation.
  - Competency drivers - Focus is on the development of competency and confidence in staff.
  - Organization drivers - Focus on factors and strategies that impact the organization and system's ability to support high quality performance from the all members of the organization.
  - Leadership drivers - Focus on the factors related to the leadership needed at many levels.
- Implementation Teams - Consist of three to five individuals who are accountable for ensuring implementation processes are created, supported, and adhered to. The team may bring on special expertise of key stakeholders depending on the current contextual needs.
- Improvement Process/Cycles **-** Once infrastructure is identified and built around the other three frameworks, the improvement process can be evaluated. Often times the Plan-Do-Study-Act assessment style is used to evaluate efforts.

We have created the Implementation Science teams for Katie A., Triple P, Safety Organized Practice, and Sober Housing. We have identified the need for creating a team for Family Finding & Engagement. These teams are charged with assessing each of these areas for their various stage of implementation and developing a plan to address gaps and/or challenges in current practice. To help these teams with their assessment we have developed checklists for each stage of implementation.

Lean Six Sigma

Shasta County Health and Human Services Agency has made a commitment to utilize Lean Six Sigma efforts to improve the quality of services throughout the agency. As part of this effort every Branch, including Children's Services dedicated two staff to implement the application of the principles of Lean Six Sigma to create value-based solutions. Lean Six Sigma is being utilized to encourage a county-wide culture of service excellence, continuous improvement and empirically based decision making as a means of improving quality, consistency, timeliness and cost of County Services.

- The Lean approach utilizes a set of standard tools and techniques to design, organize, and manage operations, support functions, providers, and clients. Lean techniques cut costs by eliminating waste of materials, time, activity, and errors. These reductions increase the quality of services provided.
- Six Sigma is both a project management framework as well as a set of statistical tools to aid in the solving of business problems.

Lean Six Sigma provides tools for organizations to monitor and validate project progress, while also increasing value and efficiency. This approach works toward a knowledge-based, empowered work force through the redefinition of middle management as enablers instead of enforcers. To establish a culture of continuous improvement, middle managers become facilitators of flexibility with the responsibility to:

- Set achievable goals for their staff
- Provide staff with tools and skills (e.g., equipment and training) to perform their jobs successfully
- Remove barriers that prevent staff from succeeding, growing, and contributing.

Senior management establishes clear goals, middle management acts as an enabler, providing tools and removing barriers, front-line workers identify problems and provide ideas for improvement. Children's Services has been increasing staff awareness about quality improvement efforts by doing presentations at unit and leadership team meetings. We have applied lean six sigma concepts to several of our business practices. These include policy development and training and contract development systems.

5 – YEAR SIP CHART

Priority Outcome Measure or Systemic Factor: Prevention

Measure number	Measure description	Most recent numerator	Most recent denominator	Most recent performance	National Standard or Goal	Most recent perf. rel. to nat'l std/goal	Goal
Baseline Data - Data extract: Q1 2014. Agency: Child Welfare.							
PR	Participation Rates: Entry Rates	282	38,745	7.3	N.A.	N.A.	v
S1.1	No Recurrence Of Maltreatment	270	288	93.8	94.6	99.1	^

Target Improvement Goal:

	Measure description	Year 1	Year 2	Year 3	Year 4	Year 5
PR	Participation Rates: Entry Rates	7.3	7.0	6.6	6.3	6.0
S1.1	No Recurrence Of Maltreatment	93.8	94.1	94.4	94.8	95.1

Priority Outcome Measure or Systemic Factor: Permanency

Measure number	Measure description	Most recent numerator	Most recent denominator	Most recent performance	National Standard or Goal	Most recent perf. rel. to nat'l std/goal	Goal
Baseline Data - Data extract: Q1 2014. Agency: Child Welfare.							
C1.2	Median Time To Reunification (Exit Cohort)	N.A.	90	8.0	5.4	67.5	v
C1.3	Reunification Within 12 Months (Entry Cohort)	32	111	28.8	48.4	59.6	^
C2.5	Adoption Within 12 Months (Legally Free)	35	91	38.5	53.7	71.6	^
Baseline Data - Data extract: Q1 2014. Agency: Probation.							
C1.2	Median Time To Reunification (Exit Cohort)	N.A.	2	28.4	5.4	19.0	v
C1.4	Reentry Following Reunification (Exit Cohort)	2	12	16.7	9.9	59.4	v
C3.1	Exits To Permanency (24 Months In Care)	1	6	16.7	29.1	57.3	^

Target Improvement Goal:

	Measure description	Year 1	Year 2	Year 3	Year 4	Year 5
Baseline Data - Data extract: Q1 2014. Agency: Child Welfare.						
C1.2	Median Time To Reunification (Exit Cohort)	8.0	7.7	7.4	7.1	6.8
C1.3	Reunification Within 12 Months (Entry Cohort)	28.8	30.6	33.3	36.0	40.5
C2.5	Adoption Within 12 Months (Legally Free)	38.5	40.7	44.0	48.4	53.8
Baseline Data - Data extract: Q1 2014. Agency: Probation.						
C1.2	Median Time To Reunification (Exit Cohort)	28.4	27.7	27.0	26.2	25.4
C1.4	Reentry Following Reunification (Exit Cohort)	16.7	15.8	15.0	14.2	13.3

C3.1	Exits To Permanency (24 Months In Care)	16.7	17.5	18.3	19.2	20.0

Priority Outcome Measure or Systemic Factor: Placement Stability

Measure number	Measure description	Most recent numerator	Most recent denominator	Most recent performance	National Standard or Goal	Most recent perf. rel. to nat'l std/goal	Goal
Baseline Data - Data extract: Q1 2014. Agency: Child Welfare.							
C4.3	Placement Stability (At Least 24 Months In Care)	108	292	37.0	41.8	88.5	^
Baseline Data - Data extract: Q1 2014. Agency: Probation.							
C4.3	Placement Stability (At Least 24 Months In Care)	5	14	35.7	41.8	85.4	^

Target Improvement Goal:

	Measure description	Year 1	Year 2	Year 3	Year 4	Year 5
Baseline Data - Data extract: Q1 2014. Agency: Child Welfare.						
C4.3	Placement Stability (At Least 24 Months In Care)	37.0	38.0	39.4	40.8	42.1
Baseline Data - Data extract: Q1 2014. Agency: Probation.						
C4.3	Placement Stability (At Least 24 Months In Care)	35.7	36.6	37.5	38.4	39.3

Strategy 1: Community Based Prevention	☐ CAPIT ☐ CBCAP ☐ PSSF ☐ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): Prevention ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Participate in Strengthening Families Community Collaboration Quarterly Meetings working toward Prevention of Adverse Childhood Experiences. Participate in community implementation of the Strengthening Families approach that leads to the following outcomes: strengthened families, optimal child development and reduced likelihood of child abuse and neglect.	June 2015	June 2020	Children's Services Branch Director, Children's Services Program Manager, Children's Services Community Development Coordinator, Community Based Organizations
B. Participate in and/or support the Strengthening Families Collaborative Pilot Programs (direct service programs implementing Strengthening Families) and Pilot Projects (community education activities). These pilots will provide the Strengthening Families Collaborative with "real world" experience in using the Strengthening Families Framework. The knowledge gained will be used to determine next steps for the collaborative.	January 2015	June 2016	Children's Services Branch Director, Children's Services Program Manager, Children's Services Community Development Coordinator, Community Based Organizations

C. Provide support services for high risk pregnant women referred by the Mercy Maternity Center Social Worker to do an assessment of pregnant women with identified high risk factors during pregnancy (including the use of illegal substances during pregnancy, domestic violence, prior removal of other children and current or past CWS involvement).	June 2015	June 2020	Children's Services Program Manager, Children's Services Social Worker Supervisor, Children's Services Social Workers
Strategy 2: Differential Response	☐ CAPIT ☐ CBCAP ☒ PSSF	Applicable Outcome Measure(s) and/or Systemic Factor(s): Prevention	
	☐ N/A	☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. To maximize Differential Response referral rate, develop and **Implement** the Safety Organized Practice RED TEAM Facilitated Team Meeting Group Supervision Strategy to **R**eview reports of child maltreatment, **E**valuate all available information, and **D**irect the agency response.	July 2015	June 2016	Children's Services Program Manager, Children's Services Social Worker Supervisor, Children's Services Social Workers, Shasta County Child Abuse Prevention Coordinating Council
B. **Monitor** and **Measure** the Differential Response engagement rate of referred families in evidence-based parenting education programs including SafeCare® Home Visitation and Positive Parenting Program (Triple-P)® and connection rate of referred families to community resources.	July 2016	June 2017	Children's Services Program Manager, Shasta County Child Abuse Prevention Coordinating Council, Children's Services Analyst

C. On an ongoing basis brainstorm and implement PDSA (Plan, Do, Study, Act) process improvements to maximize engagement and connection rates.	July 2017	June 2018	Children's Services Program Manager, Shasta County Child Abuse Prevention Coordinating Council, Children's Services Analyst
D. Utilize the Strengthening Families Retrospective Protective Factors Survey to **Evaluate** the following outcomes for Differential Response participants: Parents increase knowledge of parenting and child development and Families have concrete supports in times of need.	July 2018	June 2020	Children's Services Program Manager, Shasta County Child Abuse Prevention Coordinating Council, Children's Services Analyst
Strategy 3: Family (Natural Supports) Finding/Engagement	☐ CAPIT ☐ CBCAP ☐ PSSF	Applicable Outcome Measure(s) and/or Systemic Factor(s): Permanency, Placement Stability	
	☐ N/A	☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Engaging with stakeholders, including the courts and tribes, **Develop** local best practice Family (Natural Supports) Finding/Engagement practice standards. Use Implementation Science to identify program and structural capacity to support implementation. Write Policy & Procedure.	June 2015	June 2016	Children's Services Branch Director, Probation Division Director, Children's Services Program Managers, Children's Services Social Worker Training/CQI Supervisor, Children's Services Community Development Coordinator, Judicial Officers, ICWA Workgroup
B. Implement Family (Natural Supports) Finding/Engagement Policy & Procedure in all Child Welfare Units. **Monitor** fidelity of adherence to Practice Standards. On an ongoing basis brainstorm and implement PDSA (Plan, Do, Study, Act) process	July 2016	June 2017	Children's Services Program Managers, Children's Services Social Worker Supervisors, Children's Services Social Worker Training/CQI Supervisor, Children's Services Community

improvements to facilitate process change.			Development Coordinator, Children's Services Analyst
C. Implement Family (Natural Supports) Finding/Engagement Policy & Procedure in Probation Placement Unit. **Monitor** fidelity of adherence to Practice Standards. On an ongoing basis brainstorm and implement PDSA (Plan, Do, Study, Act) process improvements to facilitate process change.	July 2016	June 2017	Probation Division Director, Children's Supervising Probation Officers, Children's Services Social Worker Training/CQI Supervisor, Children's Services Community Development Coordinator, Probation Analyst, Children's Services Analyst
D. Identify/Develop/Implement Support Resources (for example training such as Kinship Pride, Parenting Education such as Positive Parenting Program (Triple-P)®, etc.) needed by Family (Natural Supports) to facilitate engagement and participation.	January 2017	December 2017	Children's Services Program Managers, Probation Division Director, Children's Services Social Worker Training/CQI Supervisor, Children's Services Community Development Coordinator, Children's Services Analyst
E. Measure and **Evaluate** Child Welfare Family (Natural Supports) Finding/Engagement and participation throughout the life of the case (for example, initial removal, during reunification and at permanency plan). Measure and Evaluate Family Finding/Engagement for placement, respite, family support, life connections, etc. Measure and Evaluate support services/resources available to Families (Natural Supports) to facilitate Family (Natural Support) system development.	July 2017	June 2018	Children's Services Program Managers, Children's Services Social Worker Supervisors, Children's Services Social Worker Training/CQI Supervisor, Children's Services Community Development Coordinator, Children's Services Analyst

F. Measure and **Evaluate** Probation Family (Natural Supports) Finding/Engagement and participation throughout the life of the case. Measure and Evaluate Family Finding/Engagement for placement, respite, family support, life connections, etc. Measure and Evaluate support services/resources available to Families (Natural Supports) to facilitate Family (Natural Support) system development.	July 2017	June 2018	Probation Division Director, Supervising Probation Officers, Children's Services Social Worker Training/CQI Supervisor, Children's Services Community Development Coordinator, Probation Analyst, Children's Services Analyst
G. On an ongoing basis brainstorm and implement PDSA (Plan, Do, Study, Act) process improvements to maximize Family (Natural Supports) finding, engagement, and ongoing participation rates.	July 2018	June 2020	Children's Services Program Managers, Probation Division Director, Children's Services Social Worker Training/CQI Supervisor, Children's Services Community Development Coordinator, Children's Services Analyst

Strategy 4: Safety Organized Practice (Structured Decision Making and Signs of Safety)	☐ CAPIT ☐ CBCAP ☐ PSSF ☐ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): Permanency, Placement Stability ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Engaging with stakeholders including the courts and tribes, **Develop** local best practice Safety Organized Practice including Facilitated Team Meetings practice standards. Use Implementation Science to identify program and structural capacity to support implementation. Write Policy & Procedure.	June 2015	June 2016	Children's Services Branch Director, Probation Division Director, Children's Services Program Managers, Children's Services Social Worker Training/CQI Supervisor, Children's Services Community Development Coordinator
B. In the context of case management and family engagement, **Train** Child Welfare and Probation staff on the use of Solution Focused Language, the development of Safety Networks, and Social Worker/Probation Officer communication responsibilities with families.	July 2016	June 2017	Children's Services Program Managers, Probation Division Director, Children's Services Social Worker Supervisors, Supervising Probation Officers, Children's Services Social Worker Training/CQI Supervisor
C. Implement Policy & Procedure for Safety Organized Practice including Facilitated Team Meetings in all Child Welfare Units. **Monitor** the Facilitated Team Meetings for common language usage, meeting structure consistency, and compliance with specified frequency.	July 2016	June 2017	Children's Services Program Managers, Children's Services Social Worker Supervisors, Children's Services Social Worker Training/CQI Supervisor, Children's Services Community Development Coordinator, Children's Services Analyst

D. Evaluate Child Welfare Practice Fidelity utilizing UC Davis Safety Organized Practice Review Tool.	January 2017	December 2017	Children's Services Program Managers, Children's Services Social Worker Training/CQI Supervisor, Children's Services Community Development Coordinator, Children's Services Analyst
E. Implement Policy & Procedure for Safety Organized Practice including Facilitated Team Meetings in Probation Placement Unit. **Monitor** the Facilitated Team Meetings for common language usage, meeting structure consistency, and compliance with specified frequency.	July 2016	June 2017	Probation Division Director, Supervising Probation Officers, Children's Services Social Worker Training/CQI Supervisor, Children's Services Community Development Coordinator, Probation Analyst, Children's Services Analyst
F. Evaluate Probation Practice Fidelity utilizing UC Davis Safety Organized Practice Review Tool.	January 2017	December 2017	Probation Division Director, Supervising Probation Officers, Probation Analyst
G. Measure Child Welfare shared/participatory decision making with families through the life of the case through tracking of Facilitated Team Meetings. Measure compliance with frequency at specified times/actions throughout the life of the case, team composition of each meeting, participation of each member, and member feedback/satisfaction of each meeting.	July 2017	June 2018	Children's Services Program Managers, Children's Services Social Worker Supervisors, Children's Services Social Worker Training/CQI Supervisor, Children's Services Community Development Coordinator, Children's Services Analyst
H. Measure Probation shared/participatory decision making with families through the life of the case through tracking of Facilitated Team	July 2017	June 2018	Probation Division Director, Supervising Probation Officers, Probation Analyst

Meetings. Measure compliance with frequency at specified times/actions throughout the life of the case, team composition of each meeting, participation of each member, and member feedback/satisfaction of each meeting.			
I. Evaluate Child Welfare Outcomes utilizing Safety Organized Practice Outcomes Tools Developed for IV-E Waiver.	January 2018	June 2019	Children's Services Program Managers, Children's Services Social Worker Training/CQI Supervisor, Children's Services Community Development Coordinator, Children's Services Analyst
J. Evaluate Probation Practice Outcomes utilizing Safety Organized Practice Outcomes Tools Developed for IV-E Waiver.	January 2018	June 2019	Probation Division Director, Supervising Probation Officers, Probation Analyst

CAPIT/CBCAP/PSSF Expenditure Workbook
Proposed Expenditures
Worksheet 1

(1) DATE SUBMITTED: 6/12/15 (2) DATES FOR THIS WORKBOOK 6/12/15 thru 6/11/20

(3) DATE APPROVED BY OCAP 16-Apr-15
Internal Use Only

(4) COUNTY: SHASTA (5) PERIOD OF SIP: 6/12/15 thru 6/11/20 (6) YEARS: 5

(7) ALLOCATION (Use the latest Fiscal or All County Information Notice for Allocation): **CAPIT: $ 81,308** **CBCAP: $14,864** **PSSF: $128,550**

No.	Program Name	Applies to CBCAP Programs Only	Name of Service Provider	Service Provider is Unknown, Date Revised Workbook to be Submitted to OCAP	CAPIT: Dollar amount to be spent on CAPIT Programs	CAPIT: CAPIT is used for Administration	CBCAP: Dollar amount to be spent on CBCAP Programs	CBCAP: CBCAP is used for Administration	PSSF: Dollar amount to be spent on Family Preservation	PSSF: Dollar amount to be spent on Family Support	PSSF: Dollar amount to be spent on Time Limited Reunification	PSSF: Dollar amount to be spent on Adoption Promotion & Support	PSSF: Dollar amount of PSSF allocation to be spent on PSSF activities (Sum of columns G1-G4)	PSSF: PSSF is used for Administration	OTHER SOURCES: Dollar amount from other sources	NAME OF OTHER: List the name(s) of the other funding source(s)	TOTAL: Total dollar amount to be spent on this Program (Sum of Columns E, F, G5)
A	**B**	**C**	**D1**	**D2**	**E1**	**E2**	**F1**	**F2**	**G1**	**G2**	**G3**	**G4**	**G5**	**G6**	**H1**	**H2**	**I**
1	SafeCare Home Visiting		Shasta County Health and Human Services Agency Children's Services		$81,308		$0		$0	$0	$0	$0	**$0**		$0		**$81,308**
2	Community Based Child Abuse Prevention (Public Awareness/Education) including Parent Leadership Development/Training and Parent Mutual Support	Parent Leadership	Shasta County Child Abuse Prevention Coordinating Council		$0		$14,864		$0	$0	$0	$0	**$0**		$0		**$14,864**
3	SafeCare Home Visiting, Tripple P-Positive Parenting Program and Concrete Supports		Shasta County Child Abuse Prevention Coordinating Council		$0		$0		$0	$32,550	$0	$0	**$32,550**		$143,959	CWS Outcome Improvement Project	**$176,509**
4	Domestic Violence Services		One Safe Place		$0		$0		$22,000	$0	$27,000	$0	**$49,000**		$0		**$49,000**
5	Family Preservation Assistance Fund (Concrete Supports)		Shasta County Health and Human Services Agency Children's Services		$0		$0		$20,000	$0	$0	$0	**$20,000**		$0		**$20,000**
6	Adoption Promotion and Support Services		Shasta County Health and Human Services Agency Children's Services		$0		$0		$0	$0	$0	$27,000	**$27,000**		$35,000	MediCAL, CWS	**$62,000**
	Totals				**$81,308**		**$14,864**		**$42,000**	**$32,550**	**$27,000**	**$27,000**	**$128,550**		**$178,959**		**$403,681**
									33%	**25%**	**21%**	**21%**	**100%**				

CAPIT/CBCAP/PSSF Expenditure Workbook
CBCAP Programs
Worksheet 2

(1) COUNTY: **SHASTA** **(2) YEARS:** **1-5**

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**
2	Community Based Child Abuse Prevention Parent Leadership Development/Training and Parent Mutual Support		X			X					X	X	X

CAPIT/CBCAP/PSSF
PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION

PROGRAM NAME

SafeCare® Home Visiting

SERVICE PROVIDER

Shasta County Health and Human Services Agency Children's Services

PROGRAM DESCRIPTION

SafeCare® Home Visiting is an evidence-based service model determined to be effective with families involved in child welfare that provides direct skill training to parents in child behavior management, planned activities, home safety, and child health management skills to prevent and intervene with child maltreatment. The SafeCare® parent-training curriculum is provided for parents who have been reported for child maltreatment. SafeCare® program trained home visitors provide services to families who have been reported for child maltreatment and have open court ordered or voluntary Family Maintenance cases or open Family Reunification cases in immediate progression toward reunification. SafeCare® trained staff would work with families, including isolated families, particularly those with children five years of age or younger, in their home environments to improve parents' skills in several domains. Parents are taught through a health module that targets risk factors for medical neglect, through a home safety module that targets risk factors for environmental neglect and unintentional injury, and through a parent-child/parent-infant interactions module that targets risk factors associated with neglect and impaired parent/child interaction.

SafeCare® is generally provided in weekly home visits lasting from 1-2 hours. The program typically lasts 16-24 weeks for each family. The content for the home visiting sessions is presented in three separate modules:

- Health Module – Targets risk factors for medical neglect. The goals of this module are to train parents to use health reference materials, prevent common child illnesses and injury, identify symptoms of childhood illnesses or injuries, and provide or seek appropriate treatment by following a structured decision making approach for health issues focusing on when to provide care at home, call the doctor to ask for an appointment, or visit the emergency room.
- Home Safety Module – Targets risk factors for environmental neglect and unintentional injury. The home visitor trains parents to childproof the home by identifying and eliminating safety and health hazards. The Home Accident Prevention Inventory-Revised assessment tool is used to help measure the number of environmental and health hazards accessible to children in their homes. Rooms are evaluated and training takes place to assist parents in identifying and reducing the number of hazards and making them inaccessible to their children. The parents are taught about supervision guidelines.
- Parent-Child/Parent-Infant Interactions Module – Targets risk factors associated with neglect and physical abuse. This module consists of training on parent-infant interactions (birth to walking) and parent-child interactions (8-10 months to 5 years). The purpose of this module is to teach parents to provide engaging and stimulating activities, increase positive interactions, and prevent troublesome child behavior.

SafeCare® Home Visiting strengthens families to have the resources they need to parent effectively by increasing the parental resilience, knowledge of parenting and child development, and social and emotional competence of children protective factors.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	SafeCare® Home Visiting
CBCAP	
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

- Address a high prevalence of Adverse Childhood Experiences among adults in Shasta County through Strengthening Families Protective Factors (CSA 175)
- Compared to the California average Shasta has a high Allegation rate at 85/1000 population for 2013 (1.5+ times the California average), Substantiation rate (16.3 for 2013, 1.5+ CA average), Entry rate (7.3 for 2013, 2+ CA average), and In Care rate (15.6 for 2013, 2.5+ CA average). (CSA page 96, 98)
- Allegations and substantiations of child abuse and neglect are predominantly for General Neglect. (CSA page 103)
- 2008-2013 the <1-5 age group represented the highest number of substantiations per year while the <1 experienced the highest rate per 1000 population of substantiations. (CSA page 252)
- Services to prevent or prevent future recurrence of child abuse/neglect identified by stakeholder surveys included: education to improve parenting skills and help for parents experiencing stress. (CSA page 58)
- Services needed by parents experiencing stress/anger identified by stakeholder surveys included parent education/skill building including home visitation (70%). (CSA page 60)
- Barriers to receiving services identified by stakeholder focus groups included transportation issues (lack of transportation, lack of money for gas, public transportation shortcomings, limited services available where clients live – Anderson, Burney, Shasta Lake). (CSA page 63)

TARGET POPULATION

CWS- involved individuals or families

TARGET GEOGRAPHIC AREA

Shasta County

TIMELINE

June 2015-June 2020

EVALUATION

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

Desired Outcome	Indicator	Source of Measure	Frequency
Parents increase knowledge of parenting and child development	80% of Parents engaged in Parent Education show improvement in knowledge of parenting and child development	Retrospective Protective Factors Survey	Completed by participant prior to discharge from program

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Satisfaction Survey	Completed by participants after each module	Surveys reviewed monthly at program review/data meetings	Problem areas addressed by staff, as appropriate to resolve issues and ensure continuous quality improvement

The Shasta County Health and Human Services Agency Children's Services SafeCare® Home Visiting program captures participation and evaluation data. The process is to collect unduplicated counts for direct service provision. Programs funded with multiple funding sources identify participation rates by either identifying characteristics of participants linked to the separate funding sources or prorated based on the proportional distribution of the separate funding sources. Outcomes, defined as changes in skills, behaviors, attitudes, conditions, etc., are measured with Protective Factors surveys. Client satisfaction is measured with satisfaction surveys. Data is reviewed at monthly data meetings. The county monitors the provision and quality of services by measuring client satisfaction and evaluating the method of service delivery. Concerns are identified and discussed. Concerns Identified as needing corrective action, are reviewed by the county Program Manager and Social Worker Supervisor to determine/implement the needed corrective action. Subsequent communications, data, and/or program meetings review and assess the effectiveness of the implemented corrective action.

CAPIT/CBCAP/PSSF
PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION

PROGRAM NAME

Community Based Child Abuse Prevention (Public Awareness/Education) including Parent Leadership Development/Training and Parent Mutual Support

SERVICE PROVIDER

Shasta County Child Abuse Prevention Coordinating Council

PROGRAM DESCRIPTION

Community Based Child Abuse Prevention including Parent leadership development/training and parent mutual support direct services include the Shasta County Parent Leadership Advisory Group and opportunities for increasing leadership skills, motivation to succeed, positive socialization, and development of supportive relationships to continue positive parenting. The Parent Leadership Advisory Group is a collaboration of Parent Volunteers/Leaders, Parent Partners, Shasta County Health and Human Services Agency Children's Services staff, and Community Based Organizations meeting monthly, working together to improve outcomes for families. The Parent Leadership Advisory Group's Parent Leaders increase their leadership skills by facilitating and maintaining the organization of the Parent Leadership Advisory Group. Through facilitating/leading monthly meetings they practice leadership skills. Each meeting is facilitated by Parent Leaders who also are responsible for developing and communicating meeting ground rules. At monthly meetings Parent Leadership Advisory Group members talk about ideas, strategize problems and solutions, and find ways to help others in the community. Their ultimate goal is to give back to the community by sharing experiences that will help other parents prevent child maltreatment.

Parent Leaders participate in community outreach events through the Shasta County Child Abuse Prevention Coordinating Council for child abuse prevention education/outreach to strengthen Shasta County families through building protective factors. Together with the Child Abuse Prevention Coordinating Council, Parent Leaders prepare, plan, and present the annual local Parent Leadership Advisory Group mini-conference. Parent Leaders also participate in the Leaders for Change: Protective Factors in Action training. Parents and staff are trained to help parents identify their leadership strengths and build on them to take on new leadership roles in community systems that serve children and families. As one of their leadership roles Parent Leaders participate in a panel presentation at the Parent Court Orientation that is mandatory for families entering Child Welfare Services. At this orientation, Parent leaders inform and support parents to engage in activities and encourage parent participants to also be safe parents who eventually will take on a role in child abuse and neglect prevention in the future. Parent Leaders provided a confidential phone line for all community families to call and ask questions, get support, and find resources.

Through participation in the Parent Leadership Advisory Group and parent mutual support activities parents build protective factors. They build social connections with other Parent Volunteers/Leaders, Shasta County Child Abuse Prevention Coordinating Council Parent Partners, Shasta County Health and Human Services Agency Children's Services staff, and Community Based Organizations as they meet at the monthly Parent Leadership Advisory Group meeting and work together to improve outcomes for

families. As they take on leadership roles the Parent Leaders increase in self-confidence and self-esteem and build parental resilience. At many of the monthly meetings Triple P – Positive Parenting Program® training components are provided to build the knowledge of parenting and child development protective factor. The concrete support in times of need protective factor is addressed each meeting as knowledge of available community resources are shared by Parents, Shasta County Child Abuse Prevention Coordinating Council, Shasta County Health and Human Services Agency Children's staff and Community Based Organizations.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	Parent Leadership Development/Training
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

- Address a high prevalence of Adverse Childhood Experiences among adults in Shasta County through Strengthening Families Protective Factors (CSA 175)
- Compared to the California average Shasta has a high Allegation rate at 85/1000 population for 2013 (1.5+ times the California average), Substantiation rate (16.3 for 2013, 1.5+ CA average), Entry rate (7.3 for 2013, 2+ CA average), and In Care rate (15.6 for 2013, 2.5+ CA average). (CSA page 96, 98)
- Allegations and substantiations of child abuse and neglect are predominantly for General Neglect. (CSA page 103)
- Services to prevent child abuse/neglect identified by stakeholder surveys included: education to improve parenting skills and help for parents experiencing stress. (CSA page 58)
- Services needed by parents experiencing stress/anger identified by stakeholder surveys included parent education/skill building. (CSA page 60)

TARGET POPULATION

Shasta County Parents including Consumers of Services

TARGET GEOGRAPHIC AREA

Shasta County

TIMELINE

June 2015-June 2020

EVALUATION

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

Desired Outcome	Indicator	Source of Measure	Frequency
Parents increase protective factors	80% of Parents engaged in Parent Leadership Advisory Group show improvement	Retrospective Protective Factors Survey	Completed by participants in June and December

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Satisfaction Survey	Completed by participants at the end of each monthly Parent Leadership Advisory Group	Survey reviewed after monthly Parent Leadership Advisory Group and summarized in written quarterly report	Problem areas addressed by staff, as appropriate to resolve issues and ensure continuous quality improvement

The Shasta County Child Abuse Prevention Coordinating Council Community Based Child Abuse Prevention including Parent Leadership Development/Training and Parent Mutual Support program captures participation and evaluation data as part of their deliverable products. The process is to collect unduplicated counts for direct service provision. Participants who access multiple services at multiple times are counted once for each service provided. Outcomes, defined as changes in skills, behaviors, attitudes, conditions, etc., are measured with Protective Factors surveys. Client satisfaction is measured with satisfaction surveys. Data is reported to the county on a quarterly basis as part of the programs' written report. The county monitors the provision and quality of services by measuring client satisfaction and evaluating the method of service delivery. The county and service providers conduct monthly program development and review meetings. Concerns are identified and discussed. Concerns Identified as needing corrective action, are reviewed by the county and service provider to determine/implement the needed corrective action. Subsequent communications, data, and/or program meetings review and assess the effectiveness of the implemented corrective action.

CAPIT/CBCAP/PSSF
PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION

PROGRAM NAME

SafeCare® Home Visiting, Triple P – Positive Parenting Program®, and Concrete Supports

SERVICE PROVIDER

Shasta County Child Abuse Prevention Coordinating Council

PROGRAM DESCRIPTION

SafeCare® Home Visiting, Triple P – Positive Parenting Program®, and Concrete Supports direct services for Shasta County Health and Human Services Agency Children's Services Differential Response program referrals. SafeCare® Home Visiting, Triple P – Positive Parenting Program®, and Concrete Supports is a parent partner response for Children's Services referrals that Children's Services has evaluated out or are closed because, after investigating, Children's Services believes that the child is safe and there is no current risk of harm to the child. These families may still benefit from a community response if the family is experiencing stress and are referred by Children's Services to SafeCare® Home Visiting, Triple P – Positive Parenting Program®, and Concrete Supports direct services. The core element of these direct services is to engage parents with the goal of preventing future risk of abuse. SafeCare® Home Visiting, Triple P – Positive Parenting Program®, and Concrete Supports promote the safety and well-being of children and families; increase the strength and stability of families; increase parents' confidence and competence in their parenting abilities; afford children a safe, stable, and supportive family environment; and enhance child development. SafeCare® Home Visiting, Triple P – Positive Parenting Program®, and Concrete Supports strengthen families and reduce adverse childhood experiences by increasing the protective factors that help parents to have the resources they need to parent effectively even when under stress.

Parent partners help to assess the needs of the participating family and connect them to community resources. These services are built on a Strengthening Families approach that seeks to help families increase protective factors, including: parental resilience, social connections, knowledge of parenting and child development, concrete supports in times of need and children having social and emotional competence. Utilization of the evidence-based and evidence-informed practices (Triple P – Positive Parenting Program®, SafeCare® Home Visiting parent education program, and Strengthening Families) enables the parent partners to connect with families who are considered at risk of child abuse/neglect to offer them concrete training and resources to prevent behavioral and emotional problems in children and to address the neglect precursors to child abuse/neglect.

Parent partners:

- Educate families about available community resources and help family members connect to activities, services, and resources.
- Provide SafeCare® home visiting and Level 3 Triple P – Positive Parenting Program®.
    - SafeCare® is a parent-training curriculum for parents who are at-risk or have been reported for child maltreatment due to neglect. SafeCare® trained staff work with at-risk families in their home environments to improve parents' skills in several domains. Parents are taught, for example, how to plan and implement activities with their children, respond appropriately to child behaviors, improve home safety, and address health and safety issues.

- Positive Parenting Program (Triple-P®) is a multi-level system of parenting and family support. It's goals are to promote the independence and health of families through enhancement of parents' knowledge, skills, and confidence; to promote the development of safe, protective, and nurturing environments for children; to promote the development, growth, and social competence of young children; to reduce childhood behavioral and emotional problems and adolescent delinquency, substance abuse, and academic failure; to enhance the competence, resourcefulness, and self-sufficiency of parents in raising their children; and to reduce the incidence of child maltreatment.

- Provide direct support to families in maintaining safe and stable homes, facilitating access to sufficient food and clothing, medical care, substance abuse and/or mental health services, and providing parenting and child development education.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	
PSSF Family Preservation	
PSSF Family Support	Parent Education and/or Home Visiting and Concrete Supports
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): (Specify) CWSOIP	Parent Education and/or Home Visiting and Concrete Supports

IDENTIFY PRIORITY NEED OUTLINED IN CSA

- Address a high prevalence of Adverse Childhood Experiences among adults in Shasta County through Strengthening Families Protective Factors (CSA 175)
- Compared to the California average Shasta has high Allegation rate at 85/1000 population for 2013 (1.5+ times the California average). (CSA page 96)
- Allegations of child abuse and neglect are predominantly for General Neglect followed by Emotional Abuse and Physical Abuse. In 2013 more than 60% of the allegations were for General Neglect, approximately 14% Emotional Abuse, and approximately 12% Physical Abuse. (CSA page 103)
- Barriers to receiving services identified by stakeholder focus groups included transportation issues (lack of transportation, lack of money for gas, public transportation shortcomings, limited services available where clients live – Anderson, Burney, Shasta Lake). (CSA page 63)
- Services to prevent child abuse/neglect identified by stakeholder surveys included: early intervention services to children and families at risk of child abuse/neglect (87%); education to improve parenting skills (59%); and help for parents experiencing stress (59%). (CSA page 58)
- Services needed by parents experiencing stress/anger identified by stakeholder surveys included: parent education/skill building including home visitation (70%). (CSA page 60)

TARGET POPULATION

Non-CWS individuals or families

TARGET GEOGRAPHIC AREA

Shasta County

TIMELINE

June 2015-June 2020

EVALUATION

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

Desired Outcome	Indicator	Source of Measure	Frequency
Parents increase knowledge of parenting and child development	80% of Parents engaged in Parent Education show improvement	Retrospective Protective Factors Survey	Completed by participant prior to discharge from program
Families have concrete support in times of need	80% of participating Families needing concrete supports achieve the attainment of concrete supports in time of need	Retrospective Protective Factors Survey	Completed by participant prior to discharge from program

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Satisfaction Survey	Completed by participants prior to discharge from services	Survey reviewed at monthly program review meeting	Problem areas addressed by staff, as appropriate to resolve issues and ensure continuous quality improvement

The Shasta County Child Abuse Prevention Coordinating Council Differential Response program captures participation and evaluation data as part of their deliverable products. The process is to collect unduplicated counts for direct service provision. Participants who access multiple services at multiple times are counted once for each service provided. Programs funded with multiple funding sources identify participation rates by either identifying characteristics of participants linked to the separate funding sources or prorated based on the proportional distribution of the separate funding sources. Outcomes, defined as changes in skills, behaviors, attitudes, conditions, etc., are measured with Protective Factors surveys. Client satisfaction is measured with satisfaction surveys. Data is reported to the county on a monthly basis as part of the programs' written report. The county monitors the provision and quality of services by measuring client satisfaction and evaluating the method of service delivery. The county and service providers conduct monthly program development and review meetings. Concerns are identified and discussed. Concerns Identified as needing corrective action, are reviewed by the county and service provider to determine/implement the needed corrective action. Subsequent communications, data, and/or program meetings review and assess the effectiveness of the implemented corrective action.

PROGRAM DESCRIPTION

PROGRAM NAME

Domestic Violence Services

SERVICE PROVIDER

One Safe Place

PROGRAM DESCRIPTION

Domestic violence prevention and intervention services are provided by a collocated Domestic Violence Specialist. The on-site Domestic Violence Specialist at Children's Services helps to identify, evaluate and address domestic violence issues with clients. The Domestic Violence Specialist provides domestic violence crises counseling, consultation and support to parents and caretakers regarding the effects of domestic violence and information on domestic violence resources. The Domestic Violence Specialist works to reduce the recurrence of child abuse and neglect by helping to identify, evaluate and address domestic violence issues with clients and their social workers for immediate support and case planning. The Domestic Violence Specialist provides a Discovery support group on an ongoing basis. Through the Discovery group victims learned about the cycle of abuse; enforcing boundaries to have healthy relationships; and how children are affected emotionally, physically, behaviorally and cognitively when witnessing domestic violence.

Services are provided by the Domestic Violence Specialist based on a working knowledge of the Strengthening Families approach – a comprehensive understanding of the issues related to reducing child abuse and neglect through increasing the Five Protective Factors. Services are provided to help families increase protective factors, including: parental resilience, social connections, knowledge of parenting and child development, and concrete supports in times of need.

- For each referred individual/family an assessment is provided by the Domestic Violence Specialist to assess the problems and needs as they relate to domestic violence.
- Domestic violence crisis counseling is provided to stabilize the crisis and to achieve a safety plan.
- Intervention services (counseling and education) are provided to enable the referred individual/family to provide a home that is supportive of and encourages positive childhood growth and development and works to prevent the risk of child maltreatment.
- Counseling is provided with respect to the effects of domestic violence on children. The purpose is to instill in each referred individual/family an understanding of the dynamics and issues pertaining to domestic violence and provide protection and support for the children. Counseling includes assisting the individual/family in analyzing and better understanding the individual/family's circumstances with respect to domestic violence; select methods of problem-solving; identifying goals; and exploring alternative behavior.
- Education is provided with respect to the effects of domestic violence on children. Education includes assisting the individual/family in obtaining knowledge related to domestic violence; and assisting the individual/family in the development of skills to protect against, and address the consequences of, domestic violence. The Domestic Violence Specialist provides protection and support for the children of the referred individual/family, through counseling and education, by instilling an awareness of the harmful effects of domestic violence on the children of the

individual/family and building positive family skills/relationships for the prevention of the reoccurrence of exposure to domestic violence.

- Domestic violence resources and referrals to community services are provided that includes services provided by community based organizations such as mediation, group counseling, direct assistance (food/clothing/safe housing), referrals to legal services, adult counseling, child counseling, and other services.

FUNDING SOURCES

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

IDENTIFY PRIORITY NEED OUTLINED IN CSA

- Address a high prevalence of Adverse Childhood Experiences among adults in Shasta County through Strengthening Families Protective Factors (CSA 175)
- For the last 10 data years the rate of domestic violence calls for assistance in Shasta County has remained above the state. In 2012 the Shasta County domestic violence calls rate was 50% higher than the California rate. (CSA page 84)
- Challenges for parents identified by stakeholder surveys included: crime and violence (57%). (CSA page 60)
- Compared to the California average Shasta has a high Substantiation rate (16.3/1000 population for 2013), Entry rate (7.3 for 2013), and In Care rate (15.6 for 2013). (CSA page 96, 98)
- Services to prevent or prevent future recurrence of child abuse/neglect identified by stakeholder surveys included: help for parents experiencing stress. (CSA page 58)
- Services needed by parents experiencing stress/anger identified by stakeholder surveys included: Treatment programs for anger and conflict management (71%). (CSA page 60)

TARGET POPULATION

Parents or primary caregivers of CWS- involved children

TARGET GEOGRAPHIC AREA

Shasta County

TIMELINE

June 2015-June 2020

EVALUATION

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

Desired Outcome	Indicator	Source of Measure	Frequency
Parents increase knowledge of parenting and child development	80% of Parents engaged in Domestic Violence Discovery Group show improvement	Retrospective Protective Factors Survey	Completed by participant prior to discharge from program

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Domestic Violence Discovery Class Evaluation and Satisfaction Survey	Completed by participants prior to discharge from program	Surveys reviewed quarterly	Problem areas addressed by staff, as appropriate to resolve issues and ensure continuous quality improvement

The One Safe Place Domestic Violence Prevention and Intervention Services program captures participation and evaluation data as part of their deliverable products. The process is to collect unduplicated counts for direct service provision. Participants who access multiple services at multiple times are counted once for each service provided. Programs funded with multiple funding sources identify participation rates by either identifying characteristics of participants linked to the separate funding sources or prorated based on the proportional distribution of the separate funding sources. Outcomes, defined as changes in skills, behaviors, attitudes, conditions, etc., are measured with Protective Factors surveys. Client satisfaction is measured with satisfaction surveys. Data is reported to the county on a quarterly basis as part of the programs' written report. The county monitors the provision and quality of services by measuring client satisfaction and evaluating the method of service delivery. The county and service providers conduct periodic program development and review meetings. Concerns are identified and discussed. Concerns Identified as needing corrective action, are reviewed by the county and service provider to determine/implement the needed corrective action. Subsequent communications, data, and/or program meetings review and assess the effectiveness of the implemented corrective action.

CAPIT/CBCAP/PSSF
PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION

PROGRAM NAME

Family Preservation Assistance Fund (Concrete Supports)

SERVICE PROVIDER

Shasta County Health and Human Services Agency Children's Services

PROGRAM DESCRIPTION

The Family Preservation Discretionary Fund provides services to meet the identified unmet and continued need of families who have come to the attention of or are involved in Child Welfare Services specific to reducing their barriers to working towards strengthening their families. Through increasing the concrete support in times of need protective factor the Family Preservation Discretionary Fund will help parents have the resources they need to parent effectively. The Family Preservation Assistance Fund is utilized to purchase goods/services to assist a family to stabilize so that children will not be placed in foster care, or to assist in a family reunification case so that the child will be able to return home. Expenditures are on a one-time only basis unless otherwise approved by a Program Manager due to special circumstances. Items and services include, but are not limited to: Housing Assistance, Utility Installation, Furniture, Emergency Food Assistance, Household Goods, Health Care, Recreation and Respite Care, and Employment Training.

FUNDING SOURCES

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

IDENTIFY PRIORITY NEED OUTLINED IN CSA

- Address a high prevalence of Adverse Childhood Experiences among adults in Shasta County through Strengthening Families Protective Factors (CSA 175)
- Compared to the California average Shasta has a high Allegation rate at 85/1000 population for 2013 (1.5+ times the California average), Substantiation rate (16.3 for 2013, 1.5+ CA average), Entry rate (7.3 for 2013, 2+ CA average), and In Care rate (15.6 for 2013, 2.5+ CA average). (CSA page 96, 98)
- The unemployment rate in Shasta County peaked in 2010 at 17.7%, a 20 year high. The 2013 unemployment rate was 10.2% compared to 8.8% in California. (CSA page 67, 68)

- Median income of households in Shasta County (2008-2012) was 27.7% less than that of California. (CSA page 67)
- Services to prevent child abuse/neglect identified by stakeholder surveys included help for parents experiencing stress. (CSA page 58)
- Identified need for removal of barriers that prevent clients from accessing services (CSA 63-64)
- 2012 survey - 2,366 homeless individuals representing 1,648 homeless households and 1,161 individuals imminently at-risk of becoming homeless representing 590 at-risk households. (CSA page 68)

TARGET POPULATION

Parents or primary caregivers of CWS- involved children

TARGET GEOGRAPHIC AREA

Shasta County

TIMELINE

June 2015-June 2020

EVALUATION

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

Desired Outcome	Indicator	Source of Measure	Frequency
Families have concrete support in times of need	80% of Families achieving concrete supports are not placed in foster care, or to are able to return home	Spreadsheet tracking concrete support success by Analyst from data supplied by case Social Worker	Tracking spreadsheet completed by Analyst at attainment of concrete support and updated 1 month later from data obtained from case Social Worker

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Satisfaction Survey	Completed by participants after services provided	Surveys reviewed monthly	Problem areas addressed by staff, as appropriate to resolve issues and ensure continuous quality improvement

The Family Preservation Assistance Fund program captures participation and evaluation data. The process is to collect unduplicated counts for direct service provision. Participants who access multiple services at multiple times are counted once for each service provided. Outcomes, defined as attainment of concrete supports assisting the family to stabilize so that children are not placed in foster care, or to assisting in a family reunification case so that the child will be able to return home are tracked manually by the Analyst on a spreadsheet. Fund utilization is reviewed on a monthly basis. Client satisfaction is measured with satisfaction surveys. Data is reviewed monthly. The county monitors the provision and quality of services by measuring client satisfaction and evaluating the method of service delivery. Concerns are identified and discussed. Concerns are identified and discussed at the Analyst/Program Manager meeting. Concerns Identified as needing corrective action are reviewed to determine/implement the needed corrective action. Subsequent meetings review and assess the effectiveness of the implemented corrective action.

CAPIT/CBCAP/PSSF
PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION

PROGRAM NAME

Adoption Promotion and Support Services

SERVICE PROVIDER

Shasta County Health and Human Services Agency Children's Services

PROGRAM DESCRIPTION

Shasta County Health and Human Services Agency Children's Services Adoption Services have been designed to encourage more adoptions out of the foster care system and support adoptive families (before and after finalization). Children in the process of adoption, or who have been adopted, have a unique set of needs. Adoption Promotion and Support services include pre- and post-adoptive clinical assessment/counseling services, and support services designed to expedite the adoption process and support adoptive families.

Services are specialized, targeting the impact of adoption on the lives of the adoptive family. Services may be directed to a child who is grieving the loss of his biological family, or to a married couple in which spouses have different levels of commitment to the child they are adopting. Additionally services focus on the more challenging situations, reevaluating difficult to place older youth and/or children with special needs, providing more intensive clinical services for children struggling in their current placements, and connecting adoptive families to more community support resources. The target population is families that would benefit from clinical services and activities designed to encourage more adoptions out of the foster care system. These services promote the best interests of children by including such activities as pre- and post-adoptive services and activities designed to expedite the adoption process and support adoptive families. Potential families served include children and foster/adoptive families who are in some stage of the process of adoption: the children are in foster care, awaiting an adoptive placement; are in a potential adoptive placement; or, are living with the family that has adopted them. The mental health clinician and the adoption social workers are collocated.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	Behavior Health, Mental Health Services
OTHER Source(s): (Specify) MediCAL, CWS	Mental Health Services, Case Management

IDENTIFY PRIORITY NEED OUTLINED IN CSA

- Shasta's In Care rate at 13.6 for 2012 (greater than 2 times the California average) increased to 15.6 for 2013. (CSA page 98)
- Of the children who exited to adoption April 2013-March 2014, 23.4% adopted within 24 months. After strides of improvement in 2009 and 2010, Shasta County has subsequently performed below the National Standard/Goal of 36.6% for the past 3 years (2011-2013). (CSA page 280)
- The percentage of children discharged from foster care to a finalized adoption within 12 months of becoming legally free out of those who became legally free April 2013-March 2014 was 38.5%. The National Standard/Goal is to be greater than 53.7%. Shasta County has experienced a decrease in performance for this measure since 2009. (CSA page 281)
- Decreasing performance in our Adoption outcomes is attributable to multiple factors including a reduction in staffing levels imposed by economic conditions to reduce chronic financial overmatching and a successful practice shift of increasing relative placements overall. (CSA page 281)

TARGET POPULATION

Children with a plan of adoption and/or finalized adoption and their adoptive family

TARGET GEOGRAPHIC AREA

Shasta County

TIMELINE

June 2015-June 2020

EVALUATION

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

Desired Outcome	Indicator	Source of Measure	Frequency
Permanency and stability for children in adoptive homes	80% of Families engaged in services retain placement stability	Tracking spreadsheet of placement location	Completed by provider at family entry and exit from services

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Satisfaction Survey	Completed by participants after services provided	Surveys reviewed monthly	Problem areas addressed by staff, as appropriate to resolve issues and ensure continuous quality improvement

The Shasta County Health and Human Services Agency Children's Services Adoption Promotion and Support Services program captures participation and evaluation data. The process is to collect unduplicated counts for direct service provision. Programs funded with multiple funding sources identify participation rates by identifying characteristics of services provided linked to the separate funding sources. Outcomes, defined as changes in skills, behaviors, attitudes, conditions, etc., are measured by adoptive placement stability. Client satisfaction is measured with satisfaction surveys. Data is reviewed monthly. The county monitors the provision and quality of services by measuring client satisfaction and evaluating the method of service delivery. Concerns are identified and discussed. Concerns Identified as needing corrective action, are reviewed by the county Clinical Division Chief and Clinical Program Coordinator to determine/implement the needed corrective action. Subsequent communications, data, and/or program meetings review and assess the effectiveness of the implemented corrective action.

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

CAPIT/CBCAP/PSSF PROGRAM FUNDING ASSURANCES
FOR SHASTA COUNTY

PERIOD OF PLAN (MM/DD/YY): 06/12/15 THROUGH (MM/DD/YY) 06/11/20

DESIGNATION OF ADMINISTRATION OF FUNDS

The County Board of Supervisors designates 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 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;
- 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

Authorized Signature	6/16/15 Date
Leonard Moty Print Name	CHAIRMAN, Board of Supervisors, County of Shasta, State of California

[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/

RESOLUTION NO. 2015-067

A RESOLUTION OF THE BOARD OF SUPERVISORS OF THE COUNTY OF SHASTA AUTHORIZING APPROVAL AND SUBMISSION OF THE CHILD WELFARE SYSTEM IMPROVEMENT PLAN TO THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES AND THE NOTICE OF INTENT TO MEET ASSURANCES FOR THE CHILD ABUSE PREVENTION, INTERVENTION AND TREATMENT COMMUNITY BASED CHILD ABUSE PREVENTION PROMOTING SAFE AND STABLE FAMILIES PROGRAMS

WHEREAS, the California Department of Social Services requires documented Board of Supervisors approval as part of the submission of the Child Welfare System Improvement Plan and Notice of Intent to meet the Assurances for the Child Abuse Prevention, Intervention and Treatment (CAPIT)/Community Based Child Abuse Prevention (CBCAP)/Promoting Safe and Stable Families (PSSF) programs; and

WHEREAS, the Board of Supervisors approves and authorizes the Chairman, the Children's Services Branch Director, and the Chief Probation Officer to sign and submit the County's Child Welfare System Improvement Plan (SIP) to the California Department of Social Services (CDSS); and

WHEREAS, the Board of Supervisors approves and authorizes the Chairman to sign a Notice of Intent designating the Health and Human Services Agency (HHSA) as the public agency to administer the Child Abuse Prevention, Intervention and Treatment Program, Community-Based Child Abuse Prevention Program and Promoting Safe and Stable Families Program funds, and providing notification of the County's intent to meet assurances for the CAPIT/CBCAP/PSSF Programs for the plan period of June 12, 2015 through June 11, 2020; and

WHEREAS, the Board of Supervisors approves and authorizes the HHSA Branch Director, or HHSA Deputy Branch Director as designated by the HHSA Director, to:

(a) Accept the finalized CDSS Office of Child Abuse Prevention Program Specific Terms and Conditions for Funding Recipients (OCAP Terms and Conditions); and

(b) sign prospective and retroactive minor amendments and other documents, related to the OCAP Terms and Conditions, SIP, and/or Notice of Intent that do not result in a substantial or functional change to the original OCAP Terms and Conditions, SIP, and/or Notice of Intent and that otherwise comply with Administrative Policy 6-101, *Shasta County Contracts Manual.*

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

ATTEST JUN 16 2015

CLERK OF THE BOARD
Supervisors of the County of Shasta, State of California
By: _____

NOW, THEREFORE, BE IT RESOLVED that the Board of Supervisors of the County of Shasta authorizes the submission of the Child Welfare System Improvement Plan, and Notice of Intent, to the California Department of Social Services.

DULY PASSED AND ADOPTED this 16th day of June, 2015 by the Board of Supervisors of the County of Shasta by the following vote:

AYES:	Supervisors Kehoe, Moty, Giacomini and Schappell
NOES:	None
ABSENT:	Supervisor Baugh
ABSTAIN:	None
RECUSE:	None

LEONARD MOTY, CHAIRMAN
Board of Supervisors
County of Shasta
State of California

ATTEST:

LAWRENCE G. LEES
Clerk of the Board of Supervisors

By: _____
Deputy

California – Child and Family Services Review Signature Sheet

For submittal of: CSA ☐ SIP ☒ Progress Report ☐

County	Shasta County
SIP Period Dates	June 12, 2015 – June 11, 2020
Outcome Data Period	Quarter ending: March 31, 2014
County Child Welfare Agency Director	
Name	Maxine Wayda, L.C.S.W., Director, Children's Services
Signature*	Max Wayda
Phone Number	530-225-5965
Mailing Address	Shasta County Health and Human Services Agency 1313 Yuba Street, Redding, CA 96001
County Chief Probation Officer	
Name	Tracie Neal, Chief Probation Officer
Signature*	Tracie Neal
Phone Number	530-245-6217
Mailing Address	Shasta County Probation Department 2684 Radio Lane, Redding, CA 96001
Public Agency Designated to Administer CAPIT and CBCAP	
Name	Maxine Wayda, L.C.S.W., Director, Children's Services
Signature*	Max Wayda
Phone Number	530-225-5965
Mailing Address	Shasta County Health and Human Services Agency 1313 Yuba Street, Redding, CA 96001
Board of Supervisors (BOS) Signature	
BOS Approval Date	6/16/15
Name	Leonard Moty, Chairman, Board of Supervisors, County of Shasta, State of California
Signature*	

Mail the original Signature Sheet to:

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

*Signatures must be in blue ink

Contact Information		
Child Welfare Agency	Name	Maxine Wayda, L.C.S.W., Director, Children's Services
	Agency	Shasta County Health and Human Services Agency
	Phone & E-mail	530-225-5965, mwayda@co.shasta.ca.us
	Mailing Address	1313 Yuba Street, Redding, CA 96001
Probation Agency	Name	Tracie Neal, Chief Probation Officer
	Agency	Shasta County Probation Department
	Phone & E-mail	530-245-6217, tneal@co.shasta.ca.us
	Mailing Address	2684 Radio Lane, Redding, CA 96001
Public Agency Administering CAPIT and CBCAP (if other than Child Welfare)	Name	N/A
	Agency	
	Phone & E-mail	
	Mailing Address	
CAPIT Liaison	Name	Amber Middleton, Program Manager
	Agency	Shasta County Health and Human Services Agency
	Phone & E-mail	530-225-8287, amiddleton@co.shasta.ca.us
	Mailing Address	1550 California Street, Redding, CA 96001
CBCAP Liaison	Name	Nancy Bolen, Program Manager
	Agency	Shasta County Health and Human Services Agency
	Phone & E-mail	530-225-5885, nbolen@co.shasta.ca.us
	Mailing Address	1313 Yuba Street, Redding, CA 96001
PSSF Liaison	Name	Nancy Bolen, Program Manager Lori Steele, Clinical Division Chief
	Agency	Shasta County Health and Human Services Agency Shasta County Health and Human Services Agency
	Phone & E-mail	530-225-5885, nbolen@co.shasta.ca.us 530-225-5979, lsteele@co.shasta.ca.us
	Mailing Address	1313 Yuba Street, Redding, CA 96001 1620 Market Street, Redding, CA 96001