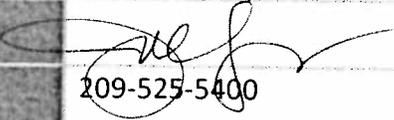
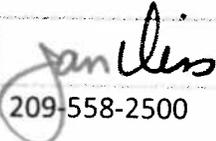


California – Child and Family Services Review Signature Sheet

For submittal of: CSA SIP Progress Report

County	Stanislaus County Community Services Agency
SIP Period Dates	January 2015 – January 2020
Outcome Data Period	January 2014, Q3, 2013
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BOS Approval Date	January 27, 2015
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Signature*	

California - Child and Family Services Review

Stanislaus County **System Improvement Plan** **January 30, 2015 – January 30, 2020**



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Introduction

Background – Child and Family Services Review

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

California Child and Family Services Review (C-CFSR)

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

Quarterly Outcome and Accountability Data Reports

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

County Self-Assessment and Peer Review

The County Self-Assessment (CSA) is a comprehensive review of each county's Child Welfare Services (CWS) and youth in foster care under the supervision of the Probation Department.

The CSA assesses the full array of child welfare and juvenile probation, from prevention and protection through permanency and aftercare. The CSA is the analytic tool used by counties to determine the effectiveness of current practice, programs and services across the continuum of child welfare and probation placement services and to conduct a needs assessment to help identify areas for targeted system improvement.

The CSA is developed every five years by the lead agencies (Children's Services and Probation) in coordination with the local community and prevention partners. The process has multiple components including peer review, intensive caseworker interviews, and focus groups to gather input from child welfare constituents on the full scope of child welfare and juvenile probation services provided within the County. The CSA also includes quantitative analysis of child welfare data. The Peer Review is intended to provide counties with issue-specific, qualitative information gathered by outside peer experts. Both the CSA and the Peer Review serve as the foundation for the County System Improvement Plan.

In addition, the California Department of Social Services Office Of Child Abuse Prevention is now integrated into the C-CFSR and information is reported in the SIP regarding the use of CAPIT/CBCAP and/or PSSF funds to divert children and families from entering the child welfare system. These funds support the County providing a continuum of services for children and families with an emphasis on prevention and early intervention.

System Improvement Plan

Incorporating data collected through the Peer Review and the CSA, the final component of the C-CFSR is the System Improvement Plan (SIP). The SIP serves as the operational agreement between the County and state, outlining how the County will improve its capacity to provide better outcomes for children, youth, and families. The SIP includes a coordinated service provision 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. Quarterly county data reports, quarterly monitoring by CDSS, and annual SIP progress reports are the mechanisms for tracking a county's progress. The SIP is developed every five years by the lead agencies in collaboration with their local community and prevention partners. The SIP includes specific action steps, timeframes, and improvement targets and is approved by the BOS and CDSS. The plan is a commitment to specific measurable improvements in performance outcomes that the county will achieve within a defined timeframe including prevention strategies. Counties, in partnership with the state, utilize quarterly data reports to track progress. The process is a continuous cycle and the county systematically attempts to improve outcomes. The SIP is updated yearly and becomes a mechanism through which counties report on progress toward meeting agreed upon improvement goals.

Stanislaus County had extensive stakeholder input on the development of the SIP throughout the CSA and PR process. There continues to be ongoing data review and program assessment. In addition to a large community stakeholder meeting in April to obtain input for the CSA, during April and May thirteen (13) focus groups were conducted at different locations were including focus groups with Alcohol and Other Drug Service Providers, CWS staff, Probation

staff, Superior Court Judge and Court Officers (Attorneys), CWS Supervisors and Managers (Family Reunification and Court), Probation and CWS parents, CWS and Probation Youth, and Caregivers including Foster Parents/Adoptive Parents and NREFM.

The major conclusions and recommendations from the CSA process have been incorporated into the System Improvement Plan including targeted community contracts.

SIP Narrative

C-CFSR Planning Team

To ensure continuous quality improvement, Stanislaus County has designated a team that acts as the driver of the C-CFSR process. The team below meets regularly to ensure that all aspects of the C-CFSR are carried out. The C-CFSR Team is led by representatives from the County's Children's Services Agency, the Juvenile Probation Department, and the California Department of Social Services (CDSS).

The CWS management met on several occasions reviewed all of the information and chose outcomes to be addressed. These outcomes were chosen to be across the whole division to include all staff and supervisors. The managers met with their supervisors and staff to discuss the outcome improvement goals and brainstorm strategies and priorities for achieving the goals. Action steps were then identified and shared with supervisors and staff.

For Probation a similar process occurred, engagement of management, supervisors, and probation officers to look at the outcomes and strategies that can be found in this report.

C-CFSR PLANNING TEAM

Focus Area	Name	Organization
Child Welfare	Jan Viss	Community Services Agency
Child Welfare	Julian Wren	Community Services Agency
CDSS	DeAnne Thornton	California Department of Social Services Office of Child Abuse and Prevention
CDSS	Julie Cockerton	California Department of Social Services Outcomes and Accountability Bureau
CDSS	Anthony Bennett	California Department of Social Services Office of Child Abuse and Prevention
Probation	Melissa Marley	Juvenile Probation
Probation	Natascha Roof	Juvenile Probation
Consultant	Lisa Molinar	Shared Vision Consultants

CORE REPRESENTATIVES

Required Participant	Name	Organization
Child Abuse Prevention Council Representative (and Children's Trust Fund)	Jeff Davis	Community Services Agency
County Board of Supervisor designated agency to administer CAPIT/CBCAP/PSSF Programs	Jan Viss	Community Services Agency
County Alcohol and Drug Department	Adrian Carroll	Stanislaus County Behavioral Health and Recovery Services
County Health Department	Julie Falkenstein	Stanislaus County health Services Agency- Public Health Services
County Mental Health	Shannyn McDonald	Stanislaus County Behavioral Health and Recovery Services
Juvenile Court Representatives	Judge Ann Ameral	Stanislaus County Juvenile Court
Parents/Consumers	Linda & Mark D.	Community
Resource Families	Roxanne D.	Community
Youth Representative	Silvia C.	Community

Prioritization of Outcome Data Measures/Systemic Factors and Strategy Rationale

Stanislaus County has conducted a comprehensive County Self-Assessment, including Peer Review, multiple focus groups, and a community wide stakeholder meeting to solicit feedback about how child welfare services and probation are meeting the needs of families residing here.

The demographics of a County sets the foundation for services for children and families across the continuum of care from prevention and protection through permanency and aftercare. In 2012, Stanislaus County had a population of 521,726, increasing at a rate slightly above the statewide growth rate. Over 40% of the County population was Hispanic. Youth under the age of 19 comprised 31.8% of the total population. The median income of households in Stanislaus County (\$46,405) was 25% below the statewide average (\$58,328). 16% of all families had incomes below the poverty level; for families with children under 18, the percentage with incomes below the poverty level increases to 22.4%. Overall, Stanislaus County has seen a

significant growth in CalFresh (+9%) participation, and some growth in Medical (+1.5%) enrollment.

Although like many other counties in California that suffered from the economic down turn over the past several years, the impact on Stanislaus County was broader because of the growing population over the past decade and the mortgage crisis. Beginning in Fiscal Year 08/09, Stanislaus County experienced a reduction in social work staff and defunding of community partnerships and referrals systems, which undermined the capacity of parents already financially stretched to access needed services.

Referrals to the child welfare system have been on an overall downward trend since 2010 and general neglect continues to constitute the vast majority (80%) of referrals and substantiated referrals. The highest rate of substantiations was for children under one year of age (38.8%). Hispanic children continue to represent the highest number of referrals and majority of substantiations. The rate of substantiation has remained constant overall and approximates the population distribution among ethnic communities.

Probation's capacity to respond to youth at risk and their families has been effected by a number of factors. An increase of out of home placement orders coupled with taking on the supervision of non-minor dependents resulted in an added placement officer assigned to the unit; previously three placement officers. Although there was an addition of one placement officer to the unit, caseload size did not decrease. The average caseload size per officer is 25 minors from a previous 24 minors. Due to the older age of youth on probation and the complexity of needs of youth who cannot be maintained in their home, the use of out of state placement continues to be a priority, which results in extensive travel time for the probation officer.

Despite the challenges of the past 5 years, both agencies have made improvements by focusing on key outcomes, prioritizing resources, and the dedication of staff. Stanislaus County is performing well on many of the federal and outcomes and state performance measures.

According to the CDSS Static baseline data (Q3, 2013), Stanislaus County Child & Family Services performance met/exceeded eight (8) national performance standards:

(Bolded standards will be our SIP Focus)

S2.1 no maltreatment in foster care

C1.4 REENTRY FOLLOWING REUNIFICATION (EXIT COHORT)

C2.1 Adoption within 24 Months

C2.2 Median Time to Adoption

C2.5 Adoption within 12 months (Legally Free)

C3.2 Exits to Permanency (Legally Free at Exit)

C3.3 In Care 3 years or Longer and either Emancipated or turned 18 prior to exit

C4.2 Placement Stability (12 to 24 months in care)

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

S1.1 No recurrence of maltreatment within a specific 6 month period

C1.1 Reunification with 12 months (exit cohort)

C1.2 Median time to Reunification (exit cohort)

C1.3 REUNIFICATION WITHIN 12 MONTHS (ENTRY COHORT)

*C2.3 Adoption within 12 months (17 Months in Care) .7% below standard

*C2.4 Legally Free within 6 months (17 Months in Care) .2% below standard

C3.1 EXITS TO PERMANENCY (24 MONTHS IN CARE)

*C4.1 Placement Stability (8 days to 12 months in Care) .5% below standard

C4.3 Placement stability (At least 24 months in care)

According to the CDSS Static baseline data (Q3, 2013) regarding Probation, the County met/exceeded three (3) national standards applicable to youth in placement through Probation:

S2.1 No maltreatment in foster care

C1.4 Reentry following reunification

C4.3 Placement stability (At least 24 months in care)

JUVENILE PROBATION

For the same comparison period, the County was below the national standards for youth in juvenile probation placement on the following measures: **(Bolded standards are below the National standards) the measure C1.3 will be included in our SIP**

C1.1 REUNIFICATION WITHIN 12 MONTHS (EXIT COHORT)

(16.7% on a small sample vs. federal standard of 75.2%)

C 1.2 MEDIAN TIME TO REUNIFICATION

(19.2 months on a very small sample vs. federal standard of 5.4 months)

C1.3 REUNIFICATION WITHIN 12 MONTHS (ENTRY COHORT)

(6.7% on a very small sample vs. federal standard 48.4%)

The CDSS in consultation with the county has advised that the entry cohorts are the best outcome to measure improvement. It is for that reason that C1.3 was chosen and not C1.1 and C1.2. Additionally C2.2 and C2.4 were not included to be the focus in the SIP because Stanislaus County has a very robust adoptions program that has seen significant improvement in outcomes over the last few years. Exits to Permanency will improve placement stability for those youth in care at least 24 months.

The Peer Review focused on reunification for both child welfare services (reunification within 12 months (C1.3) and probation (median time to reunification (C1.2)). Overall, the peers agreed that reduction in public services had a direct and significant impact on time to reunification and those factors that impact timely reunification including placement stability, engagement of families, and reunification planning and transition both for child welfare services and probation.

At the community stakeholders meeting, stakeholders agreed that the ending of the Families in Partnership, an intensive family maintenance program, produced an increase in the number of children entering the child welfare system and more children in placement. Resources for parents seeking treatment for alcohol or drug abuse shrunk during the past five years, including a reduction of a clean and sober living treatment program, decrease in number of residential treatment beds, reduced mental health services for youth, lack of integrated services for parents and youth with dual diagnosis, inadequate range of services for Spanish-speaking parents, and limited resources for youth with disabilities.

Specifically regarding, prevention and exit planning, stakeholders stressed that efforts needed to be strengthened by both agencies. In addition, the stakeholders mentioned the following as contributing to delinquency and undermining reunification: inadequate extracurricular activities for youth generally and for Spanish-speaking youth specifically, lack of community counseling youth to help them avoid using drugs or alcohol, and lack of community mental health for youth and families.

The SIP strategies were selected and prioritized based on thorough discussions and analysis of the major conclusions from the CSA. They were compiled by integrating the feedback from stakeholders, data analysis, and a review of internal processes in both child welfare and probation. This was followed by a candid assessment of the progress towards meeting the goals set by the previous CSA, review of best practices, and an overview of the special resources in Stanislaus County and the challenges.

In addition to a large community stakeholder meeting in April to obtain input for the CSA, thirteen focus groups were conducted in April and May at different locations that included focus groups with Alcohol and Other Drug Service Providers, CWS staff, Probation staff, Superior Court Judge and Court Officers (Attorneys), CWS Supervisors and Managers (Family Reunification and Court), Probation and CWS parents, CWS and Probation Youth, and Caregivers including Foster Parents/Adoptive Parents and NREFM.

The major conclusions and recommendations from the CSA process have been incorporated into the System Improvement Plan including targeted community contracts. During the stakeholder process, the stakeholders talked about the value of contracted services in Stanislaus County. In Stanislaus County, we contract with a variety of community partners and fund those contracts with Child Welfare funds. Below is a list of programs that are also using OCAP funds to support them.

Stanislaus County (SIP 2010-2013) currently contracts for services through various funding sources with the following programs and providers to target community needs (for OCAP reporting):

(1) Adult residential treatment: Stanislaus Recovery Services and Nirvana provide social model residential treatment and recovery programs. Programs are voluntary and outpatient, day treatment, and relapse prevention services are offered. Parents working on reunification receive priority. Services are offered in both English and Spanish and are culturally competent. A specialized program for dually diagnosed clients is also available. (Trust Fund)

(2) Counseling services for Family Reunification: Sierra Vista Child and Family Services offers individual and group counseling for adults and children regarding issues of anger management, trauma, mental health, and education. Priority for services is given to children who are at high risk of abuse or neglect. Counseling about domestic violence, parenting skills, trauma is also offered to expedite and support adoptions. (PSSF Funds)

(3) Drug treatment and parenting: Sierra Vista First Step is a drug and alcohol program for pregnant, postpartum, and parenting women and their children. The goal of the program is to assist and support women in developing positive parenting skills while learning to live a healthy, drug-and alcohol free lifestyle. The 12-month program is designed in a multi-phase model offered in English and Spanish. (Trust Fund)

(4) Hutton House is a state licensed temporary shelter for runaway and homeless youth (13-17) in crisis. It provides services in a residential setting for 8 youth at a time for a maximum of 15 days. A crisis line operates 24 hours/day. Assessment and referral, education support, drop-in counseling services and advocacy are also available to these youth. Hutton House is also funded for providing differential response services. (Trust Fund)

(5) Family Resource Centers/Differential Response (3 Center for Human Services, 2 Sierra Vista, and 1 AspiraNet, and Parent Resource Center contracts). The Family Resource Centers (FRC) provide families with case management services, linkages to community resources, parenting classes, support groups, strength-based assessments, counseling, children's social skills groups, clothes closets, and home visits. A Strength Based Assessment is completed as part of the caregivers' intake process; and it is used to gather information about the families' strength and needs. Case management services, intensive and on-going, are provided to families at the Family Resource Center and in the home of the family. The family support services are designed to provide parents an opportunity to strengthen the family unit and to move towards self-sufficiency. Parent education and support includes informational workshops regarding discipline, children's health, prenatal care and other topics relevant to improving the lives of children.

There are three paths for Differential Response referrals to Family Resource Centers based on safety and risk factors to the child(ren). The first is Path 1 (Community Response) for those families that are assessed to be at no or low risk for abuse/neglect where the Child and Family Services Emergency Response Intake unit makes a direct referral to the FRC in the family's neighborhood after making a thorough assessment of records and information provided on the phone. The second is Path 2 for those referrals that low to medium safety/risk factors that are assigned to a Social Worker for an in-person assessment. The referral is assigned to the social worker and a referral is made to the FRC for a joint in-person response to the family's home. Lastly, is Path three response for those referrals with medium-high risk and safety concerns where a social worker is assigned to make an immediate in-person assessment of the referral

information and then the social worker completes a referral for FRC in the family's community for a coordinated joint in-person response if either the children are not removed from the home or Family Maintenance Services are not provided. (PSSF/CAPIT Funds)

(6) Haven Women's Center: The Haven Women's Center is contracted to provide a program called Kids Count! Kid's Count! is a 6-week, school-based violence prevention and youth empowerment program designed for children in grades 1-6 who have been affected by violence in any form, though not all the children referred to the program have necessarily been affected by violence. Kid's Count is a school based group therapy program that focuses on violence prevention. (CBCAP Funds)

(7) Funded AASK-Camp ALWAYS: AASK also has partnered with Stanislaus County to provide the opportunity for our families to attend Camp ALWAYS (A Life With Adoption Yields Success), an annual five-day program for families with a child in an adoptive placement or a finalized adoption. AASK facilitates Camp ALWAYS and camp takes place every June. At the five-day camp, the families are provided with parenting classes covering a range of topics, from attachment issues to parenting teens. Families also participate in bonding activities including arts and crafts, nature walks, dances, and relaxation time. The purpose of this camp is to meet the populations' needs for a positive, psycho-social educational bonding experience for youth who come from difficult circumstances who are fortunate enough to find a forever family. (PSSF Funds)

SYSTEM IMPROVEMENT PLAN OUTCOMES FOR 2015-2020

Stanislaus County has selected five outcomes:

- *Re-entry Following Reunification (exit cohort) (C1.4),
- *No recurrence of maltreatment within a specific 6 month period (S1.1),
- *Reunification within 12 months (entry cohort) C 1.3,
- *Exits to Permanency (24 months in care) C 3.1,
- *Time to Reunification (C1.3) for Probation.

Outcomes not listed in the SIP will continue to be monitored by Children's Services, Probation Placement, and CDSS. This includes 2B: measure of timely 10 day face to face contacts. According to the CDSS static Baseline report (Q3, 2103), Stanislaus County Child & Family Services was able to meet or attempt an in-person on 87.3% of the referrals approaching the CA State goal of 90%. Stanislaus County has established clear and specific protocols for the in-person contacts in child abuse/neglect referrals. Investigating Social Workers are required to meet with all children all members of the family. There are also clear and specific protocols to meet the standard in the event the family's whereabouts are unknown or have not made themselves available for in-person contact including in-person review with Social Work Supervisors. The County feels that we have done a lot of work in this area and will make sure the measure is closely monitored. If a concerning situation arises regarding one of these outcomes, a plan will be put in place quickly to address that outcome. Although Stanislaus County's reentry after reunification (C1.4) rate met or exceeded the national standard, it was

agreed that the importance of sustaining this level of performance required including it as a primary focus of our SIP.

The Reunification and Re-entry outcomes were selected as a means to improve County performance in areas highlighted by data analysis during the most recent County Self-Assessment. Specific strategies for improvement were developed from the data analysis and from themes identified through peer review and focus groups. The SIP Stakeholder Team formulated specific goals, strategies, milestones, and timeframes for incremental improvement during the next five years.

Outcomes selected for improvement during the 2015-2020 cycle, which are currently below the national standard, are:

(1) No recurrence of maltreatment within a specific six month period (S1.1) – Child Welfare Services

The Stanislaus County baseline performance for No Recurrence of Maltreatment is 90.2% (Q3, 2013) for those children with a substantiated referral between 10/01/12 to 03/31/13. This falls below the National standard and Statewide Average. The national Standard is 94.6% having no recurrence of maltreatment while the CA statewide average is 93.4%.

Data Analysis of the baseline outcomes indicates that, although Stanislaus County is improving and approaching the National Goal of 94.6%, of the 117 children who were experienced a subsequent, substantiated maltreatment allegation during a 12 months period, Black children, Male children, children under 1, and youth 16 to 17 years old were more likely to be victims of maltreatment.

No Recurrence of Maltreatment	% of No Recurrence
S1.1	
Female	92.0%
Male	88.5%
Age: Under 1	88.4%
1 to 2	84.7%
3 to 5	91.3%
6 to 10	92.5%
11 to 15	91.6%
16 to 17	88.8%
Black	75.0%
Hispanic	91.2%
White	90.8%
Asian/Pacific Islander	96.8%
Native American	100.0%
SafeMeasures Oct 2012 to Mar 2013	

If we are able to prevent 11 more children from experiencing a recurrence of maltreatment, we will meet and exceed the national standard.

Although neither the stakeholders nor the focus groups or peers refer to recurrence of maltreatment as an area of focus, Stanislaus County's Mission includes "Safety" as a main priority for the community. As a result, No Recurrence of Maltreatment remains included in the County's System Improvement Plan. Children who have experienced child abuse and neglect are at increased risk of further child abuse and neglect. Identification of those at highest risk for further maltreatment is an important part of safe and effective practice.

Levy et al. (1995) examined a sample of abuse cases over time and found that risk of re-abuse in this sample was greatest during the first two years following a diagnosis of maltreatment and subsequently diminished progressively. This suggests that to the degree that social workers and service providers can utilize resources to prevent re-abuse, this should be done early in the life of the case.

Studies have found that age, gender, and the presence of a disability/developmental disorder to increase the likelihood of recurrence of abuse (Drake et al., 2003; Fluke et al., 1999; Hindley et al., 2006). Fluke (2003) found that younger children experienced recurrence more often when residing in larger family sizes. There have been some studies that have found that girls are at higher risk (Drake et al., 2006; Lipien & Forthofer, 2004). However, when sexual abuse was the type of abuse experienced the gender effects increase. Children with special needs have been found to be at higher risk by as much as 1.5 times more likely (Fluke, 2008).

There are also some strong parental factors that correlate with recurrence of abuse. One of the most prevalent factors is Alcohol and Other Drug problems. In one such study more than half of all cases in the study were related to substance abuse (Young et al., 2004). Parental mental health is also an important predictor of continued maltreatment and neglect (Walsh, MacMillan, & Jamieson, 2002). Drake et al. (2003) found that children whose caregivers received Medicaid treatment for mental health were 50% more likely to experience abuse recurrence. Hundley (2006) found that parental history of abuse was correlated to a 50% increase risk of recurrence. Domestic Violence has also been found to correlate with higher levels of recurrence (Hindley et al., 2006; Swanston et al., 2002). Lastly, financial wellbeing has shown to predict recurrence of abuse and indicates that economic stress as a primary predictor of many problems (Conger et al., 1990; 1992). Neglect cases were most likely associated with abuse followed by physical abuse and sexual abuse. Sexual abuse is the least likely to be associated with recurrence except in the case of the victim being female.

The data from Stanislaus County (Q3, 2013) CA Static report indicates on the No Recurrence of Maltreatment measure indicates that the County's disaggregated population mirrors what the evidence based research has found: that age, gender (females), and type of abuse is correlated with higher risk of recurrence of maltreatment. In a qualitative review of referrals experiencing a higher rate of recurrence, the County found that larger sibling sets, children with physical or mental challenges, parents who have had child welfare history as adults and as children, and parents with mental health issues are indicators for a higher risk for recurrence of maltreatment. This research indicates that interventions to prevent recurrence of abuse should be centered on the following: emphasis on early intervention, voluntary services for unsubstantiated cases, substance abuse treatment, and parental mental health intervention.

(2) Reentry following reunification (entry cohort) (C1.4) - Child Welfare Services

The Stanislaus County baseline for the percentage of youth exiting reunification that reentered foster care within the following 12-month period is 7.9% (Q3, 2013). The national standard is 9.9%. Although Stanislaus County had consistently been at or below the national standard for this outcome, in the most recent reporting periods there has been an increased trend of reentry rates at 15% (Q2, 2014). We recognize the central role of this outcome as it reflects practice and influences overall wellbeing. We are committed to reducing the number and frequency of children and youth who reenter foster care (DHHS, 2006).

Current data analysis indicates that, although Stanislaus County exceeded the National Goal of 9.9% during the baseline cohort window of Q3, Jan, 2013, this no longer the case during the most recent cohort windows. Of the 26 children who experienced reentry into foster care during a 12 months period, black children, and children 1 to 2 years old, were more likely to reunify within 12 months.

Reunification Reentry Reentry Within 12 Months

C1.4

Female	15.5%
Male	14.5%
Age: Under 1	10.0%
1 to 2	34.4%
3 to 5	15.2%
6 to 10	2.9%
11 to 15	14.6%
16 to 17	0.0%
Black	52.2%
Hispanic	7.7%
White	11.0%
Asian/P.I.	0.0%
Native American	*

SafeMeasures June 2012 to June 2013

No Native American children in this cohort window

If we are able to prevent two more children per year from reentering foster care, we will be able to meet and exceed the national standard.

STAKEHOLDER’S FEEDBACK

Stakeholders offered a wide range of recommendations to strengthen families and reduce the frequency of reentry after reunification, including establishing county-private partnerships to establish residential treatment programs that link family reunification with transitional housing. Some parent stakeholders expressed the concern that readiness for reunification was not always accurately assessed and parents and support systems not fully integrated. Missing the support system provided by social workers and other professionals as well as the service

network when faced with the pressure of a history of substance abuse increased the challenges of returning to fulltime parenting after lengthy separation between the child (children) and parent, who is often a single parent.

Stanislaus County does not have an integrated system of support/aftercare services and child abuse/neglect prevention services for families that successfully reunify. The absence of such a system relates directly to reentry into foster care. Social worker turnover, high caseloads, and transition among social workers may weaken the capacity of the assigned social worker to accurately assess readiness for reunification. Lacking ready linkage to support/aftercare requires parents to rely on whatever foundation or skills developed during reunification without ready access to personal supports. Internally, case reviews have shown that reentry is directly linked to the following case characteristics: at least one of the parents has been a former foster youth, the average number of prior referrals was 10, 30% of the reentry cases had a child with a diagnosed Mental Health condition, parental substance abuse, and relapse.

Research has indicated that there are several factors related to foster care reentry found in the following domains: Child Factors, Family Characteristics, and Agency/Systemic Factors.

CHILD FACTORS

As with reunification, infants and adolescents are at increased risk for re-entry into the foster care system. While young children are typically found to attain successful reunification with their families (Yampolskaya, Armstrong, & Vargo, 2007), infants experience higher rates of re-entry (Courtney, 1995; Shaw, 2006) as do teenagers (Kimberlin et al., 2009). Courtney (1994) found that children with behavior issues correlated with multiple placements are likely to re-enter the foster care system. Children who have behavioral challenges and who are 11 years of age and older are found to be the most likely to re-enter foster care (Wells, Ford, & Griesgraber, 2007). Children with developmental disabilities reunified with their biological families less often than non-disabled children. Similarly, children with developmental disabilities are more likely to re-enter foster care (Koh, 2007). African-American children are typically found (Koh, 2007; Wells & Guo, 1999; Courtney, 1994) to experience the highest and fastest rate of re-entry into foster care as compared to other ethnic groups.

FAMILY CHARACTERISTICS

Children whose reasons for initial placement in foster include caretakers with both alcohol and drug involvements are much more likely to re-enter care following reunification (Brook & McDonald, 2009). Research suggests that parental issues related to AOD put children at risk for re-entry more than other reasons. For example, Wells and Guo (1999) found that children initially in the foster care system due to substance issues were much faster in re-entering the system than children who entered due to physical abuse. A consistent finding in the literature is that a primary caregiver's (typically the biological parent) poor mental health is related to a greater likelihood for a child to experience re-entry into the foster care system. In an Illinois study, cases that involved caregivers who had a documented mental illness (e.g., depression, anxiety disorders) were nine times more likely to involve children experiencing recurrence of maltreatment (Fuller, 2005). Finally, prior child welfare services involvement and economic

hardships were significant predictors of both child maltreatment investigations and out-of-home care placements (Dworsky, Courtney, & Zinn, 2007).

AGENCY/SYSTEMIC FACTORS

One strong correlation with re-entering foster care are those cases where children had a very short initial stay in foster care prior to reunifying (being in foster care less than 90 days) Koh, 2007, Wilson, 2000). Another study conducted by Yampolskya, Armstrong, & Vargo (2007) found that reunifying children before 6 months in foster care has occurred, was a strong predictor of re-entry into foster care. This indicates that when focusing on timely reunification we must also balance that focus on increasing the permanency of the reunification. Those families that are struggling with substance abuse, poverty, mental health challenges, and lack of parenting skills have been shown to have lower reunification rates and higher reentry rates as well. Simms and Bolden (1991) found that intensive post reunification services were a major predictor of reunification permanency. Finally, minimizing the number of placements while in foster care increases the likelihood of child wellbeing, therefore decreases the likelihood of foster care reentry.

The data from Stanislaus County (Q3, 2013) CA Static report indicates on the Reunification Reentry measure indicates that the County's disaggregated population mirrors some factors that the evidence based research found including age. There were no indicators that gender played a role. The Stanislaus County data holds true to that lack of finding. In a qualitative review of families experiencing reunification reenter, the County found that larger sibling sets, children with physical or mental challenges, parents who have had child welfare history as adults and as children, and parents with substance abuse and mental health issues are indicators for a higher rate of reunification reentry as the literature review indicates.

(3) Reunification within 12 months (entry cohort) (C1.3) – Child Welfare Services

The Stanislaus County baseline for the percentage of youth reunifying within 12 months following initial placement, is 13.7% (Q3, 2013). The national standard is 48.4%. We recognize the importance of returning children to their parent(s) as safely and timely as possible as it reflects practice and impacts overall wellbeing and are committed to reducing the number of days children are in foster care.

When examining race, age, and ethnicity differences, analysis indicated that Black, Hispanic and Native American children, as well as children under 1 or older youth 16 to 17 years of age are least likely to reunify within 12 months.

Reunification within

Within 12 Months More than 12 Months

C1.3

Female		15.8%	84.2%
Male		19.4%	80.6%
	Age: Under 1	9.1%	90.9%
	1 to 2	15.0%	85.0%
	3 to 5	22.7%	77.3%
	6 to 10	27.8%	72.2%
	11 to 15	22.7%	77.3%
	16 to 17	0.0%	100.0%
Black		0.0%	100.0%
Hispanic		2.7%	76.3%
White		10.2%	89.8%
Asian/P.I.		50.0%	50.0%
Native American		0.0%	100.0%

SafeMeasures June 2012 to June 2013

If we are able to reunify safely eight more children per year within 12 months, we will be able to meet the national standard.

It is important to evaluate the resources available across the County to address the different needs/resources for each city in the County. Poverty affects the capacity of parents to access the services necessary to complete their treatment plans and establish a stable home for reunification. At the Countywide Stakeholders meeting on April 22, 2014, stakeholders agreed that decrease of services for families' directly impacted reunification, e.g., the dismantling of the Families in Partnership, an intensive treatment program, produced an increase in the number of children entering the child welfare system and more children in placement. In addition, Wraparound program (WRAP), mental health services (especially for parents with dual diagnosis), and AOD services, including the number of residential treatment beds decreased over recent years.

Youth in foster care stressed the importance of the relationship of the social worker with their parents in encouraging and facilitating their parents accessing services and fully understanding the impact of their actions on their family. Youth wanted more participation in their team meetings, believing that they had important information that could help the social workers identify the services that would make a difference to their parents. WRAP services were cited by some of the youth in helping to improve communication within the family to encourage more investment in reunification by parents and youth.

Research results have indicated the following characteristics in three domains that are strong predictors of successful reunification: Child Factors, Family/Parental Factors, and Agency/Systemic Factors.

CHILD FACTORS

Newborns and children under the age of three were less likely to successfully reunify with their mothers (Grella, Needall, Shi, & Hser, 2009). Connell and colleagues found that children ages 2 to 15 were much more likely to be reunified than younger children (2006). However, Wells and Guo (2003) found that children aged 12 to 16 were 98% delayed in being reunified as compared to children aged 8-11. Contending with children who exhibit severe behavioral issues can be especially challenging and overwhelming to these parents and often times contributes to failed reunification and re-entry into foster care (Kimberlin et al, 2009). Independent of behavioral problems, children with developmental disabilities are at increased risk of remaining in the child welfare system. In fact, it has been suggested that children with developmental disabilities are a greater challenge to the foster care system than the children of substance abusers (Rosenberg & Robinson, 2004).

FAMILY CHARACTERISTICS

Economic hardships were significant predictors of both child maltreatment investigations and out-of-home care placements (Dworsky, Courtney, & Zinn, 2007). Substance abuse by a child's parent or guardian is commonly considered to be responsible for a substantial proportion of child maltreatment reported to the child welfare services (Semidei, Radel, & Nolan, 2001). Studies examining the prevalence of substance abuse among caregivers who have maltreated their children have found rates ranging from 19 percent (Pierce & Pierce, 1985) to 79 percent or higher (Bridgett, et.al., 1999). Mental health of the primary caregiver relates to re-entry into foster care, poor mental health also relates to a decreased probability of achieving successful reunification (Danson, 2008; Courtney, McMurtry, & Zinn, 2004; Culhane, 2003; DHHS, 2003). According to Barrack et al & Kimberlin et al., 2009, parental ambivalence is a contributor to unsuccessful reunification. Parental ambivalence is defined as the significant parental doubts about his/her ability to parent.

AGENCY/SYSTEMIC FACTORS

One influential factor for how families either may successfully or unsuccessfully reunify is the type of out-of-home setting in which children are placed (DHHS, 2006). Courtney (1994) found that kinship care led to slower reunification and speculated that this may be because group home or non-kin foster placements may cause social workers to feel that reunification is more urgent to minimize the negative effects of placement. Similarly, Connell and colleagues (2006) found that children placed in a non-relative foster care home experienced significantly higher rates of reunification than children in relative foster homes. However, Winokur et al. (2009) importantly noted that kinship care supports positive child outcomes, such as healthier behavioral and mental health functioning.

The data from Stanislaus County (Q3, 2013) CA Static report indicates on the Reunification within 12 months measure indicates that the County's disaggregated population mirrors some factors that the evidence based research found newborns are least likely to reunify within 12 months and children between the ages of 6 and 10 are more likely to be reunified within 12 months. However, the Stanislaus County population is somewhat divergent to what the literature indicates for those children who are 3 to 5 and 11 to 15 years old in that, they are more likely to be reunified timely when compared to babies but are less likely when compared

to 6 to 10 year olds. As the research indicates, the placements of children in non-relative care (31.9%) are more likely to reunify within 12 months than those placed in a Kinship home (3.7%) [Apr 2012-Sep 2012 cohort].

(4) Exits to permanency (24 months in care) (C3.1) – Child Welfare Services

The Stanislaus County baseline for the percentage of youth reunifying between 24 and 36 months following initial placement and before 18th birthday, is 23.2% (Q3, 2013). The national standard is 29.1%. We recognize the importance of finding permanency and lifelong connections for those children and youth that are not able to return home and we are committed to working towards reducing the percentage of children exiting foster care to emancipation and into a permanent planned living arrangement.

The C3.1 outcome looks at those children who have been in foster care for 24 months who had not exited prior to their 18th birthday. Data analysis indicates that there are some demographic groups who were divergent from the general child welfare population. The following groups were least likely to achieve permanency beyond 24 months: Black (n=10) and Asian/Pacific Islander (n=4), Children between 6-10 (n=13), and 16-17 (n=24 youth).

Exits to Permanency (24 Months in Care) % Exiting to Permanency
C3.1

Female		23.3%
Male		21.4%
	Age: Under 1	*
	1 to 2	100.0%
	3 to 5	85.7%
	6 to 10	18.8%
	11 to 15	22.2%
	16 to 17	0.0%
Black		0.0%
Hispanic		17.2%
White		30.0%
Asian/P.I.		0.0%
Native American		100.0%
SafeMeasures Oct 2012 to Sept 2013		

If we are able to work towards two more of these youth exiting to a permanent placement per year for the next 5 years, we will be able to meet and exceed the National Standard.

CHARACTERISTICS WITH A RELATIONSHIP TO EXITS TO PERMANENCY

Child’s age has been found to be a strong predictor of exits to permanency. Connell, et al. (2006) found that children between the ages of 2 and 15 were more likely to be reunified than infants and children under age 2. Becker, et al. (2007) found that older children were less likely to have a permanent exit within 12 months of entry into foster care than younger children. Children 6 to 12 were significantly more likely to exit permanently than those children over age

12. Also when looking at adoption outcomes, the same phenomenon was found that adoption was less likely for those children who were 12 and older.

Ethnic minority children have lower exit rates than children of other ethnicities (Testa, 2004). Specifically, Black children have longer reunification times (especially for infants), are more likely to reenter foster care, and are least likely to experience a permanent exit to adoption.

Snowden, et al., (2008) found that children with emotional/behavioral disorders or disabilities had lower rates of reunification. Furthermore, children with emotional disturbances were significantly less likely to be adopted permanently than children with a physical disability.

According to Hegar's literature review (2005), siblings who are placed together have better outcomes in terms of placement stability and child emotional and behavioral outcomes. Placement stability and child emotional wellbeing are all linked to positive reunification and other permanency outcomes.

Types and number of placements have also been associated with exit to permanency outcomes. Children who were placed in non-related foster care placements were more likely to reunify than those children who have experienced two or more removals (Connell, et al., 2006). Children placed in a relative/non-relative foster home placements are more likely to be adopted than children placed in other types of placements (Connell et al., 2006).

The data from Stanislaus County (Q3, 2013) CA Static report indicates on the Reunification within 12 months measure indicates that the County's disaggregated population mirrors some factors that the evidence based research found the child's age is also a strong predictor of exits to permanency for Stanislaus County dependents. Older children in Stanislaus County were found to be less likely to have achieved permanency than younger children. Another Stanislaus County similarity is that Black children experience longer permanency timelines.

(5) Reunification: Reunification within 12 Months (C1.3) – Probation

Reunification is an ongoing challenge for juvenile probation officers due to a number of factors including the success of efforts in recent years to avoid placement except for youth with the highest risk/need profiles. During the peer review and focus groups, Stanislaus County probation officers were described as trying many different strategies to work with youth and their families to improve family stability ("whatever the youth the needs"), e.g., electronic monitoring, house arrest, intensive supervision, group homes, out of state placement. Having frequent contact with the youth and building relationships was noted by some parents as characteristic of the probation officers who had worked with their family.

Parents whose son or daughter had been or were on probation or in placement related successful reunification to strengthening the family and providing direct services to both the parents and youth. These parents agreed that exit planning needed to be strengthened. Some parents expressed that they were unaware of an exit strategy, had not been involved, and did not understand when the youth was expected to return home. Parents recommended exit plans that included a structured aftercare program, with counseling and monthly monitoring.

Strategies

The outcomes, which Stanislaus County has selected to target during the 2015-2020, are integrally connected to timely and successful reunification of children and families. The views and recommendations of stakeholders and focus group participants obtained during the CSA confirm internal conclusions within our agencies and shared research findings about both child abuse and neglect and juvenile probation.

Reunification was the focus of the CSA peer review for both child welfare services (reunification within 12 months (C1.3) and for juvenile probation (median time to reunification (C1.2)). Overall, the peers agreed that reduction in public services had a direct and significant impact on time to reunification and those factors that impact timely reunification including placement stability, engagement of families, and reunification planning and transition both for child welfare services and probation. One specific program which was defunded (Families in Partnership, an intensive family maintenance program,) produced an increase in the number of children entering the child welfare system and more children in placement. Overall stakeholders and focus group participants cited shrinking resources for parents seeking treatment for alcohol or drug abuse over the past five years, including a reduction of a clean and sober living treatment program, a decrease in the number of residential treatment beds, reduced mental health services for youth, lack of integrated services for parents and youth with dual diagnosis, and limited resources for youth with disabilities as important service gaps. Services for Spanish speaking families were also identified as a deficit in the continuum of care for children and parents affecting timely and successful reunification.

Probation has also elected to focus on reunification (C1.3) which measures the percentage of children reunified within 12 months of removal from their home during the specified year. Youth are committed to the custody and control of the Probation Department because of a criminal offense rather than being the victim of abuse and /or neglect. Once the child/youth on probation is in placement, the planning for that child/youth to return to his/her community begins and working with the family and strengthening positive linkages in the community becomes a priority. Specifically regarding, prevention and exit planning, stakeholders stressed that efforts needed to be strengthened by both agencies. Inadequate extracurricular activities for youth generally and for Spanish-speaking youth specifically, lack of community counseling for youth to help them avoid using drugs or alcohol, and lack of community mental health for youth and families were all mentioned as contributing to delinquency and undermining successful reunification.

Based on analysis of these outcomes as they affect the community, the resources in the community, and the theoretical foundation that these outcomes share, i.e., returning children/youth safely home as soon as possible to live full and healthy lives, Stanislaus County has adopted the following specific strategies and rationales:

STRATEGY 1: FULL IMPLEMENTATION OF STRUCTURED DECISION MAKING (SDM)

Stanislaus County provided advanced training to our social workers in March 2011. The agency began implementing SDM in April 2011. Since April 2011, periodic beginner and refresher SDM training has been scheduled to train new staff via the Central California Regional Training

Academy. With the challenge of varying staffing levels and the mandate of Social Work Core Academy, many of the new staff has yet to receive advanced SDM training. Our goal for SDM was to use the tools to guide our safety and risk decision-making 90% of the time by September 2013. Although that goal was not met in all programs, we are committed to full implementation of SDM as a means of further improving our CFSR outcomes at the major decision points: Safety, Risk, Reunification, and Case Closure.

As indicated on *SafeMeasures*TM, the Stanislaus County SDM Tools use performance based on Baseline Extract January 2013 are as follows:

- The Hotline tool used by the Social Workers receiving telephone calls on child abuse and neglect are being completed at a rate of 98.7%.
- The Safety Assessment is used by the assigned Emergency Response worker to help determine the safety of the child(ren) in the home. The data extracted from CWS/CMS, shows a 99.1% Safety Assessment Completion rate. As further data showed, 51.4% of those Safety Assessments were completed on time. An on-time Safety Assessment is an assessment that is completed within 48 hours of the first child contact.
- The Risk Assessment SDM Tool used to help the Social Worker assess the level of risk was completed at the rate of 82.4%. A review of Risk Assessment Tools for referrals closed in January 2013 with a finding of substantiated or inconclusive, shows that 88.7% of risk assessments were completed on time. By policy, all risk assessments must be completed within 30 days of first contact.
- The Initial Family Strengths and Needs Assessment (IFSNA) are used by the Social Worker to help identify the highest needs for intervention in ongoing services. The FSNA's were completed at a rate of 62.8%. Of those not completed 30.1% of the case plans were created without a FSNA.
- The Risk Reassessment Tool is used to help guide the Social Worker in assessing the risk at case plan review and/or reunification. This tool was completed at a rate of 73%. By policy, all risk reassessments or are to be completed within 30 days prior effect case plan (65 days for court-dependent cases). The data indicates that 53.6% were not completed timely.
- The Family Strengths and Needs Assessment (FSMA) assist the Social Worker to identify service objectives that the family can work on to mitigate the risks to the child or children in the home. This tool was completed at a rate of 78%. By policy, all FSNA assessments are to be completed within 30 days prior effect case plan (65 days for court-dependent cases). The data indicates that 49.2% were completed timely.
- The Child Strengths and Needs Assessment (CSNA) is the children's version of the FSNA. This tool was completed at a rate of 85.6%. By policy, all CSNA assessments

are to be completed within 30 days prior effect case plan (65 days for court-dependent cases). The data indicates that 56.1% were completed timely.

- The Safety Assessment Prior to Case Closing tool is expected to be completed within 30 – 60 days before Case Closure. A review of tool completion timeliness showed that 75.5% were completed at the appropriate time.
- The Risk Assessment Prior to Case Closing is expected to be completed within 30 – 60 days before Case Closure. A review of tool completion timeliness indicated that 87.7% of these Risk Assessments were completed at the appropriate time.

STAFF TRAINING SYSTEMIC FACTOR

In an effort to address the systemic factor of Staff Training, one of the action steps planned for the next CFSR period is to coordinate with the Central CA Regional Academy to provide a systematic ongoing SDM philosophical and computer lab-training schedule.

Ongoing training will ensure that the SDM assessments are utilized in a reliable fashion. This will address the skills and knowledge needed to carry out their duties with regard to making the key decisions made by social workers towards promoting the health, safety, and welfare of children and families. The consistent and correct use of SDM assessment assists social workers in identifying level of risk. It also has two-fold benefit of helping protect children that are at increased risk of abuse or neglect, and allows the agency to allocate resources efficiently by focusing those resources on families that are at highest risk. These families are our community with whom we all interact and the ancillary benefit of assisting parents and families become positive and productive in our community is that we increase the level of safety within our community.

QUALITY ASSURANCE SYSTEMIC FACTOR

The Stanislaus County Community Services Agency will be monitoring the use of SDM across all child welfare programs through Safe Measures on a monthly and quarterly basis. Part of the Social Worker Supervisor's quality reviews of cases, is monitoring the correct completion of the SDM assessments.

MANAGEMENT INFORMATION SYSTEMS SYSTEMIC FACTOR

The Stanislaus County Community Services Agency utilizes SDM for assisting social workers in making critical decisions, SafeMeasures for case reviews and quality assurance, C-IV ad hoc reports and Business Objects to gather the necessary information to disaggregate data to improve practice, manage resources, and identifies deficiencies or areas needing improvement.

JUSTIFICATION RATIONALE

Although progress has been made on the goals set in the current System Improvement Plan, many of the challenges previously associated with effective child abuse prevention, timely reunification and stable and safe homes for child and youth persist.

Focus groups and stakeholders during the recent CSA agreed that family instability caused by poverty, fractured family systems, limited education, and multigenerational substance abuse continued to undermine family stability in our County.

SDM is a recognized strategy for improving assessment and intervention that are foundational elements of child welfare practice. This strategy takes certain components from a literature review published by the UC Davis Extension: Center for Human Services. The literature review titled, "Factors, Characteristics, and Promising Practices Related to Reunification and Re-Entry" was prepared by Ryan Honomichl, PH.D and Holly Hatton, M.S. and can be read in its entirety by viewing the following link:

<http://www.childsworld.ca.gov/res/pdf/FactorsCharacteristics.pdf>

SYSTEMIC CHANGES IDENTIFIED:

In consultation with the Division Managers, Supervisors and Staff, it was decided that a small workgroup of supervisors and social workers should be established to monitor and assess the gradual expansion and implementation of SDM.

TRAINING IDENTIFIED:

The strategy for the next five years will be to build on the foundation that has already been built through by training the entire staff including supervisors on SDM. Refresher courses, regular case reviews by supervisors and coaching will be used to reinforce SDM and fidelity to the model.

TECHNICAL ASSISTANCE NEEDED:

Coaching on SDM especially for supervisors and managers will be explored with the Training Academies.

STRATEGY 2: RESTORATION OF TEAM DECISION MAKING (TDMs) TO FACILITATE PLACEMENT STABILITY, RELATIVE PLACEMENTS, AND REUNIFICATION

TDMs offer an opportunity to help create parental resilience by helping to find ways to solve problems, building and sustaining trusting relationships, and learning how to seek help when necessary. They can also facilitate support through Social Connections with friends, family members, neighbors, and community members to provide them with emotional support, help solve problems, offer parenting advice, and give concrete assistance to parents. Networks of support are essential to parents and offer opportunities for people to "give back", an important part of self-esteem as well as benefit for the community. Many of the families involved in child welfare are isolated and needs extra help in reaching out to build positive relationships. Research evidence from a national study found that there are five Protective Factors significantly correlated with increased child well being, decreased child abuse/neglect, and a reduction of child welfare involvement, by building on these protective factors (<http://www.cssp.org/reform/strengthening-families/resources/the-research>).

Budget constraints in recent years caused CWS to make difficult decisions regarding the allocation of staff and resources. Although the value of TDMs was recognized by management, staff turnover and the necessity to work directly with families, monitor case plans, services, and report to the court required that assignments be prioritized. Consequently, TDMs were suspended and the two allocated TDM positions were removed from Child and Family Services Division.

With the recent restoration of some funding to the agency, management has decided to reinstitute TDMs. One position has already been approved by the Stanislaus County Board of

Supervisors; however, for full implementation of TDMs, Stanislaus County is predicting that there will be a workload need of one additional Social Worker TDM position in order to facilitate TDM's across the child welfare program continuum (i.e. removal, placement change, TILP, relative placement, and family engagement).

TDMs are an effective way to engage families in the decision making process, TDM's can decrease the number of children placed into foster care because alternate safety plans can be created to mitigate risk and safety. They also serve as a way for families to own the plan that was created and as a result, they are more likely to follow through with the plan. (CSA pp.6)

STAFF TRAINING SYSTEMIC FACTOR

In an effort to address the systemic factor of Staff Training, one of the action steps planned for the next CFSR period is to coordinate with the Central CA Regional Academy to provide a systematic TDM training schedule for the TDM facilitators and child welfare staff.

Training will ensure that the Community Services Agency implements and utilizes the TDM process to maintain the fidelity of the TDM philosophy. TDM facilitator(s) will be trained on how to facilitate the process of the TDM meeting while the supervisors and social workers will learn what their role is in the TDM process.

AGENCY COLLABORATION FACTOR

The utilization of TDM addresses the agency collaboration factor in that the core values of TDMs are that:

- 1) A group can often be more effective in making food decisions than an individual, families are the experts on themselves,
- 2) When families are included in decision making they are capable of identifying their own needs and strengths,
- 3) Members of the family's own community add value to the process by serving as natural allies to the family and as experts on the community's resources

The TDM provides a forum for shared involvement and takes into account the family and stakeholder's concerns when planning for placement or services provided to the family. This process synergizes with our Stanislaus County priorities of: effective partnerships, efficient delivery of public services, and the opportunity to provide safety through a plan that all stakeholders have agreed to take responsibility for the decision made.

JUSTIFICATION RATIONALE

TDMs are recognized in child welfare as a central tool for engagement, gathering of information, and improving permanency outcomes. Feedback from the peers during the CSA was unanimous in that TDMS had been broadly used by County agencies and partners as a tool for trial home visits leading to reunification, for transition planning, and as a means of identifying and assessing placements.

TEAM DECISION MAKING: INVOLVING THE FAMILY AND COMMUNITY IN CHILD WELFARE DECISIONS

ANNIE E. Casey Foundation, www.acef.org/familytofamily

SYSTEMIC CHANGES IDENTIFIED:

Some internal reorganization, including supervision methodology may be necessary. Allocation approval of an additional TDM position will be needed.

TRAINING IDENTIFIED:

Training for staff who has not previously participated in TDMs will be identified and local resources (possibly for co-facilitation) as well as the Training Academies will be contacted.

TECHNICAL ASSISTANCE NEEDED:

Possible consideration of asking for peer-to-peer support from adjacent counties.

STRATEGY 3: IMPLEMENT PARENT PARTNERS PROGRAM

As Stanislaus County has embraced the Strengthening Families framework, a strategy to enhancing the parent’s protective capacity is by building a foundation of social connections and concrete support in times of need after exiting child welfare services.

One step towards this goal is to create a Parent Partners Program. Stanislaus County has predicted that four Parent Partners would be needed to start this program successfully. The Parent Partners will be utilized to assist families in all phases of reunification as well as provide aftercare once children are returned home and court dependency is dismissed.

Partnering parents who have successfully reunified with families working on reunifying was selected as a strategy to supplement efforts to actively engage families. Using nonprofessionals as partners to work with families recognizes certain basic principles of the child protection system: e.g., the reactions when parents are separated from their children, significant evidence of change in parents is required by law and the court before recommendations to reunify can be considered. Parental change is assumed to occur as result of the parent’s engagement in services including parenting education, drug and alcohol treatment, mental health counseling, or other supports. In addition, parental compliance with services is directly related to determinations of readiness to reunify. Parent Partner programs draw upon the strengths of families and engages family and community members in program planning. This program will use nonprofessionals as staff – mothers, fathers who have experienced child removal, services, and reunification. These individuals will be trained and supported to provide direct services to parents working on reunification including as mentors, guides, and advocates. The principal goal is to help parents gain awareness of their rights and responsibilities, to improve communication with the agency and providers, and to assist parents toward reunification with their children. Because of their unique experience as former clients of the child welfare system, these individuals offer a perspective that differs from that of social workers and service providers.

Research on parent partners (e.g., Contra Costa County Parent Partner Study (2009) suggests that this model’s operational principles, e.g., partnership, family engagement, joint decision making, and empowerment to change will help agency social workers to engage families to improve reunification, placement stability and reduce the rate of reentry.

Engagement of families is an essential feature of this evolving practice model. The growing recognition of the importance of family-centered practice and specifically, family engagement

rests at the foundation of SDM. Studying other counties' approaches to family engagement including employing parents who have reunified as a means of gathering information, improving communication between social workers and family members, and providing essential peer support to parents working through their case plans and preparing for reunification.

The recent CSA peer review recognized that social workers were actively working to engage families and provide support including ensuring wherever possible that there is a seamless transition of families from one social worker to another. Monthly meetings to discuss the case plan are used to identify barriers faced by the parent review, program participation, and remind the parents of the impact on likelihood of reunification if they do not show progress on their case plan goals. With some parents, full engagement is limited by substance abuse, the parent's negative feelings toward their child, and the unwillingness of a parent(s) to take responsibility for their actions.

STAFF TRAINING SYSTEMIC FACTOR

This Parent Partnership Program will be a major enhancement to child welfare in Stanislaus County and will require the training of the Parent Partner as well as child welfare staff regarding the benefits, the philosophy, and the utilization of the Parent Partner as a resource for our families. The Stanislaus County Community Services Agency will work with the Central Academy to identify facilitators for this training.

SERVICE ARRAY FACTOR

The implementation of a Parent Partner Program will enhance the level and efficient delivery of services to our families that Stanislaus County with the goal of providing parents with transitional support. This Parent Partner, with their experience, will be able to provide services to both children and parents to help them address issues of child maltreatment and issues that cause child welfare involvement as well as assist families in accessing individualized community services.

JUSTIFICATION RATIONALE:

Using parent partners enhances the capacity of social workers in their one-on-one-interactions with families. Including parent partners in TDMs can generate more in-depth understanding of family dynamics, including a shared understanding of how the family became involved with CPS, what needs to change, family strengths, what services the family might want and, what social connections and concrete supports exist within the extended family and the community.

SYSTEMIC CHANGES IDENTIFIED:

Agency policies and procedures will be reviewed and modified by the work group to clarify the role of para-professionals, the referral process, sharing information and maintaining confidentiality, and working with providers. As with all of the strategies, a means to generate ongoing feedback and an evaluation component will be developed. These is likely to consist of parent and youth surveys, focus groups, and feedback from the families who have received parent partners on how that relationship impacted their use of services, working on reunification, and strengthening their protective capacity to maintain a safe and stable home for their children.

TRAINING IDENTIFIED:

Training will be designed and conducted for the providers and social workers on the roles of the parent partners, referral procedures and sharing information, etc. It is especially important to ensure that the appropriate training is provided to communicate effectively and how to support one another. The training will be ongoing as needs are identified.

TECHNICAL ASSISTANCE NEEDED:

None identified at this time.

STRATEGY 4: IMPLEMENT STRUCTURED FAMILY FINDING SYSTEM

The agency uses Family Finding tools to locate relatives but as of yet has not had the capacity to use these tools in all child welfare programs. Currently family finding occurs primarily at ER or when a placement change occurs. (CSA 115). This is one reason that the family finding database created in Stanislaus has fields for entering relative information. (CSA 57) Although progress has been made, the rate of relative placements remains low at 27% (SafeMeasures, Oct 1, 2014). Peers strongly recommended a more systematic approach to family finding both for CWS and probation. Court stakeholders recommended for example, that the court worker complete the family finding forms with the family while waiting in court. By doing so, the work of the placement specialist could be streamlined and they could focus on connecting with the relatives regarding the youth and possible placement, collecting additional information if necessary, and identifying any supports which could be provided. (CSA 113).

There is a Board of Supervisors approved allocation of one position for the Social Worker Relative Search Specialist position that would work primarily with Family Reunification Units. In order to maximize the relative placement rate, Stanislaus County predicts that one additional Social Worker Relative Search Specialist would be needed in order to keep up with the demand for relative placement searches utilizing the Youth Connections Database, and completing the home evaluation process.

References related to this experience with this strategy are found in:

Family-Centered Approach to Working with Families

<https://www.childwelfare.gov/famcentered/caseworkpractice/working.cfm>

Child Welfare Information Gateway. Family Engagement.

http://www.childwelfare.gov/pubs/f_famengagement/f_fam_engagement.pdf

A Guide to Finding and Involving Relatives at Every Stage of the Child Welfare Process

<http://childfocuspartners.com/wp-content/uploads/RelativeSearchGuid>

STAFF TRAINING SYSTEMIC FACTOR

Community Services Agency social workers, Relative Search Specialists, and social worker supervisors will need refresher training on the utilization of the Microsoft Access Youth Connections Program. The Relative Search Specialist(s) will need specialized training on the home evolution, criminal evaluation, and criminal exemption processes, as it is similar to the foster home licensing process.

RESOURCE FAMILY RECRUITMENT AND RETENTION

An enhanced Structured Family Finding System will improve our efforts of meeting the statutory requirement set forth by the Adoptions and Safe Act of 1997 that makes placement of a child removed from the home into a relative or extended relative a priority over a non-relative licensed foster home. As the research indicates, children who are placed into the home of a relative or a familiar person are healthier physically and mentally (Iglehart, A. (1994). Kinship foster care: Placement, service, and outcome issues. *Children and Youth Services Review*, 107-122). Therefore, the increase in relative or extended relative placements will assist the agency in increasing a safe and healthy community.

JUSTIFICATION RATIONALE:

Engaging families and reaching out to relatives and Relative/Non Relative Extended Family Members (NREFM) for placement and permanent connections is recognized as an essential component of permanency and reducing the likelihood of re-abuse and reentry into foster care. Although permanent connections are very important, stakeholders noted many challenges to fully engaging relatives in creating and maintaining supportive relationships including economic constraints, mobility, lacking consistent housing and changing phone numbers. Some birth parents are hesitant to share relatives' contact information with the agency in general. All these factors make it more difficult and time consuming to engage relatives. Instituting Family Finding throughout the course of each case is necessary to ensure that all family and family related resources are available to the social worker in working with the family and the child (children) to construct the most effective permanent plan. Our social workers are eager to have these resources available to supplement their own work with families.

SYSTEMIC CHANGES IDENTIFIED:

The goal for both Child Welfare and Probation is to institutionalize Family Finding. Closely reviewing our policies and procedures will be part of the initial work of our work group. All levels of staff are supportive of making necessary changes to support strengthening this practice tool.

TRAINING IDENTIFIED:

We will identify training through the Central California Regional Training Academy and resources used by adjacent counties and look for multidisciplinary training on working with family members to reach more family members.

TECHNICAL ASSISTANCE NEEDED:

Technical assistance will be requested as identified.

STRATEGY 5: DEVELOP AN ONGOING SOCIAL CONNECTIONS SUPPORT AND AFTERCARE SERVICES SYSTEM

Maintaining a comprehensive and stable service array for families including linkages that will support families after reunification and case closure, continues to be a challenge for Stanislaus County. Like many other counties in California, Stanislaus County suffered from the economic downturn during the past decade. The impact on Stanislaus County because of the growing population over the past decade (20% since 2000) and the mortgage crisis was especially felt by low and moderate-income families. County median annual income is 25% lower than the

statewide average and 14% of the households lived under the poverty rate. The Hispanic population constitutes approximately 40% of overall County population including 31.8% of those under 19, and 56% of all children enrolled in our public schools. Inadequate extracurricular activities for youth generally and for Spanish-speaking youth specifically, lack of community counseling for youth to help them avoid using drugs or alcohol, and community mental health for youth and families were all mentioned by parents and youth during focus groups as contributing to abuse, delinquency and undermining successful reunification. Parents agreed that the absence of “Youth Center” providing activities and services specifically for children and youth that were safe especially affects families with fewer resources.

Beginning in Fiscal Year 08/09, Stanislaus County experienced a reduction in social work staff and in services, e.g., A multidisciplinary unit of Public Health Nurses, Substance Abuse Counselors, Social Workers, Mental Health Counselors, and Parent Partners called Families in Partnership ended; a Drug Court program that provided intensive services to mothers with a significant drug history and motivated to prevent their children from entering foster care was also ended; an innovative perinatal inpatient drug treatment program and a sober living home constituted significant losses to families because it reduced housing to keep children with their parent while in treatment or lengthened the time to reunification because there were fewer options for supported housing for parents recovering from drug abuse; and, the Emergency Response Unit cut back on community outreach and education on child abuse, neglect, and mandated reporting. (CSA pp.6)

Stanislaus County selected the development of an n Ongoing Social Connections Support and Aftercare Services System as one of the primary strategies to improve timeliness to reunification and reduce the rate of children reentering foster care. The focuses of our Support/Aftercare System are children who have returned home from an out of home placement or are transitioning home and support to them and their families is needed to help prevent re-entry into foster care.

Our experience in Stanislaus County with linking families with community resources has demonstrated to us that this linkage is a primary prevention strategy. Our social workers report that families are more cooperative and willing to accept services when a community based organization or other Social Connection is offering support as opposed to a child welfare agency. Family satisfaction and engagement increased as the families’ participation in decision making increased. Strong and continuing linkages between families and Social Connections have been connected to reducing the recurrence of abuse and achieving permanency for children.

These lasting Social Connections will help the parents and families create and maintain their Protective Factors resulting in a strengthened family unit, optimal child development, and reduced child abuse and neglect.

This strategy takes certain components from the literature review published by the UC Davis Extension: Center for Human Services. The literature review titled, “Factors, Characteristics, and Promising Practices Related to Reunification and Re- Entry” was prepared by Ryan

Honomichl, PH.D and Holly Hatton, M.S. and can be read in its entirety by viewing the following link: <http://www.childsworld.ca.gov/res/pdf/FactorsCharacteristics.pdf>

SERVICE ARRAY FACTOR

The implementation of a development of an ongoing social connects/support and Aftercare services will enhance the level and efficient delivery of services to our families that Stanislaus County with the goal of providing parents with transitional and aftercare support. This system will enhance the ability of our families' ability to help them in time of need and mitigate the likelihood of them coming into contact with child welfare. Starting the process of connecting families during the transition to termination phase of their reunification services will help them create that protective relationship after termination and can be used for future needs. If we are able to decrease the need for families to utilize public social support programs, we are able to focus our delivery of public services more efficiently to a decreasing child welfare service population.

AGENCY RESPONSIVENESS TO THE COMMUNITY

Our peer review focus groups indicated a need for after care services to assist and support our families. In addition to the focus group conducted during our peer review, an action step for this strategy is to conduct periodic focus groups with parents in order to learn from them as consumers of services in the community to learn what the needs of our community. By identifying any gaps or successful services, we will be able to direct the needed services or enhance those services that are identified as successful in assisting us with our CFSR goals.

JUSTIFICATION RATIONALE:

Neither Child Welfare Services nor Probation can meet all the needs of the families we work with. Although progress has been made on the goals set in our most recent SIP, many of the challenges previously associated with effective child abuse prevention, timely reunification and stable and safe homes for child and youth persist.

Focus groups and stakeholders agreed during the recent CSA that family instability in Stanislaus County caused by poverty, fractured family systems, limited education, and multigenerational substance abuse continued to undermine family stability. The implementation of a Family Community Safety Net is a natural transition from Differential Response, integrated service plans, and safety planning. This strategy will allow social workers to link needs assessments with engaging families and community services not only to alleviate immediate problems but also to help families learn how to better access community resources independently. This strategy will also help our agency and the County identify those community services and programs that are most needed and effective as well as identify gaps that we can be used in setting priorities in funding. We believe that a network of community providers, communicating with each other, working in a consistent fashion with families, utilizing assessment tools is essential to meeting the short term and ongoing needs of families. This type of resource had previously been available in Stanislaus County and was very beneficial to our families.

SYSTEMIC CHANGES IDENTIFIED:

Working with our partners will help us identify systemic changes which may be needed to fill in the gaps identified in the CSA as well as restoring linkages and creating new linkages among agencies that will support families' capacity to access and use services.

TRAINING IDENTIFIED:

We will look into all opportunities to identify training that will improve and strengthen our ability to communicate and work with community partners. We will look to the working group to make recommendations regarding needed training and training opportunities offered from our county partners, in neighboring counties, and through the Central California Regional Training Academy.

TECHNICAL ASSISTANCE NEEDED:

We will look to the work group and our partners to identify technical assistance needed as we implement this strategy.

STRATEGY 6: DEVELOP AN INTENSIVE FAMILY MAINTENANCE/ENHANCED FAMILY REUNIFICATION MODELS UTILIZING A MULTI-DISCIPLINARY TEAM.

Stanislaus County has been very successful in utilizing Family Resource Centers in the community for those families that are at lower risk for abuse and neglect so that Child Welfare can focus resources on providing services to those families with higher needs. The data shows that between September 2013 and September 2014, 76% of the children that were opened in Family Maintenance were assessed to be High or Very High Risk for recurrence of abuse and entry into foster care (Safe Measures, retrieved October 23, 2014). Since the ending of Stanislaus County's intensive Family Maintenance Program (FIP), of all families opened to child welfare services, 70% were opened to Family Maintenance services (CCWIP, retrieved October 23, 2014). As the data indicates, Stanislaus County is projecting the need for a more intensive level of services for the High Risk families we are serving.

Stanislaus County has experienced a foster care entry rate that has increased from 1.9 per 1,000 in 2008 to 3.3 per 1,000 in 2013 (CCWIP, retrieved October 27, 2014). Providing more intensive Family Maintenance Services would give parents the personal resources to prevent children from entering foster care.

INTENSIVE FAMILY MAINTENANCE

The goal of the intensive Family Maintenance services team is to provide intensive services to child welfare families who, due to their challenges, are at risk of the removal of their children. The Family Maintenance program would utilize an integrated agency model to provide mental health services, medical support services, peer support, and other services to ameliorate the safety and risk factors that brought the family to the attention of child welfare.

To build this program, Stanislaus County projects that there would be a need for one additional Social Worker, one Adult Mental Health Clinician, two Parent Partners, and one Public Health Nurse to provide the intensive services needed. The additional Social Worker would allow for a lower caseload and provide more client contact that will enhance our service to the families at the highest risk of having their children removed. The Adult Mental Health Clinician will assist

in intensive Family Maintenance services for adults in need of mental health services by locating the appropriate levels of service and expediting service delivery. We currently have one Public Health Nurse in Family Maintenance. An additional Public Health Nurse would be assigned to Family Maintenance to insure that the medical needs of children are met and that parents are receiving the proper education and training to meet the medical needs. Lastly, two Parent Partners will be available to engage and offer supportive services to parents as they work towards mitigating the risk and safety issues for their children and assist with the transition to self-sufficiency so that termination of family maintenance services can be achieved.

Families appropriate for referral to the Intensive Family Maintenance program may have multiple risk factors (individual and familial), and are at high risk for out of home placement of the children. These risk factors may include: Children who are in voluntary placement and could return home if their parents received intensive services; children exposed to Domestic Violence; substance exposed infants and children; families where chronic substance abuse/dependence is an issue; children who are not yet dependents of the court, and are high risk of placement without intensive services; families with limited life skills and resources such as a combination of severe medical risks, mental health issues, or other pervasive challenges; and Families who have a history of multiple agency involvement, or currently have multiple resource/service needs.

ENHANCED FAMILY REUNIFICATION

The goal of the enhanced Family Reunification services program is to provide amplify services to child welfare families who, due to their high-risk challenges, have experienced removal of their children. The enhanced Family Reunification program would utilize an integrated program model to provide adult mental health services, medical support services, peer support, and other services to ameliorate the safety and risk factors that brought the family to the attention of child welfare. To build this program, Stanislaus County projects that there would be a need for one additional Social Worker, one Adult Mental Health Clinician, two Parent Partners, and one Public Health Nurse to provide the intensive services needed.

The additional Social Worker would allow for a lower caseload and provide more client contact that will enhance our service to the families at the highest risk of having their children removed.

The Adult Mental Health Clinician will assist in intensive Family Reunification services for adults in need of mental health services by locating the appropriate levels of service and expediting service delivery.

We currently do not have a Public Health Nurse in Family Reunification. The integration of a Public Health Nurse in the Family Reunification Program would provide intensive support for foster children who have significant medical challenges. In addition, the Public Health Nurse would ensure that parents are receiving the proper education and training to meet the medical needs of their children.

Lastly, two Parent Partners will be available to engage and offer supportive services to parents as they work towards mitigating the risk and safety issues for their children and assist with the transition to self-sufficiency so that permanency through family reunification can be achieved successfully and safely. This will enhance child well being while children are in foster care and when they are transitioned into reunification with their parent(s). The goal is to mitigate the medical challenge as a barrier to reunification and other types of permanency by providing parents and caretakers the appropriate medical education and support for the care and maintenance of their children's medical care.

The enhanced development of multidisciplinary teams in the Family Maintenance and Family Reunification programs would enhance the collaborative effort between Community Services Agency, Health Services Agency, and Behavior Health and Recovery Services. The vision is to provide a more integrated service and strength based approach to a high-risk population of families in Stanislaus County.

SOCIAL WORKER RESEARCH

Social work and human services research over the past two decades studying emerging trends in child welfare have highlighted the importance of working with families and increasing the protective capacity of families without removing children. Working with parents and extended family members while the children remain at home has become the cornerstone of Family Preservation practice. The evolution of this practice model has relied upon reaching out to resources outside the child protection agency and into the community. Especially where families are working with multiple agencies already or are receiving services from different sources, the incorporation of individuals from these resources into an integrated support network for the family has proven effective to help families. Using multidisciplinary teams to work with families multiplies available resources and improves the sharing of information, which can avoid the escalation of stressful circumstances, which may lead to putting the safety of children at jeopardy. (See, Families in Crisis-the Impact of Family Preservation Services, Mark W. Fraser, Peter J. Pecora (1991); Reaching High Risk Families-Intensive Family Preservation in Human Services Edited by James K. Whitaker, Jilly Kinney, Elizabeth M. Tracy (1990); Blythe, B.J., Salley, M.P., A review of intensive family preservation research. *Social Work Research* (1994) 18: 4: 213-24; and, McCroskey, J., Family Preservation and child protection: Finding a better balance. *Family preservation and support services and California's families: Background briefing report* (1996), pp.104-36)

SERVICE ARRAY FACTOR

The enhancement of multidisciplinary services will increase the level and efficiency of service delivery to our families in Stanislaus County by providing parents with intensive pre-placement prevention and transitional support. This system will help mitigate the likelihood of children being removed from their family home or returning to the child welfare system after reunification. Ongoing intensive case management as well as connection to interagency services and other community services will support the parent(s) understanding and knowledge of the Protective Factors Framework including knowledge of parenting and child development, concrete support in times of need, and the Social and Emotional Competence of Children.

JUSTIFICATION RATIONALE:

Neither Child Welfare Services nor Probation can meet all the needs of the families we work with. Although progress has been made on the goals set in our most recent SIP, many of the challenges previously associated with effective child abuse prevention, timely reunification, and stable and safe homes for child and youth persist.

Focus groups and stakeholders agreed during the recent CSA that family instability in Stanislaus County caused by poverty fractured family systems, limited education, and multigenerational substance abuse continued to undermine family safety and stability. The implementation of an Intensive Family Maintenance Model and an enhanced Family Reunification Model is a natural transition to increasing case management and service delivery capabilities in order to prevent children from entering foster care, prevent recurrence of child abuse and neglect, returning children home timely, and ensuring the greatest chance for children to remain home once reunified. This strategy will allow social workers to link needs assessments with engaging families and community services not only to alleviate immediate problems but also to help families learn how to better access community resources independently. This strategy will also help our agency and the County identify those community services and programs that are most needed and effective as well as identify gaps that we can be used in setting priorities in funding. We believe that a network of community providers, communicating with each other, working in a consistent fashion with families, utilizing assessment tools is essential to meeting the short term and ongoing needs of families. This type of model had previously been available in Stanislaus County and was very beneficial to our families.

SYSTEMIC CHANGES IDENTIFIED:

Working with our partners will help us identify systemic changes which may be needed to fill in the gaps identified in the CSA as well as restoring linkages and creating new linkages among agencies that will support families' capacity to access and use services.

TRAINING IDENTIFIED:

Stanislaus County has a rich history of partnering and collaborating with our public and private partners. We will look into opportunities to identify training that will improve and strengthen a multi-disciplinary approach to serving children and families. We will look to the working group to make recommendations regarding needed training and training opportunities offered from our county partners, in neighboring counties, and through the Central California Regional Training Academy.

TECHNICAL ASSISTANCE NEEDED:

We will look to the work group and our partners to identify technical assistance needed as we implement this strategy.

STRATEGY 7: PROBATION WILL IMPROVE TIMELY REUNIFICATION BY STRENGTHENING ITS WORK WITH FAMILIES THROUGH STRENGTHENING PARENTAL ENGAGEMENT IN CASE PLANNING AND PREPARING FOR SUCCESSFUL REUNIFICATION.

The Stanislaus County Probation Department has long adopted the principle of reaching out to families of youth under probation services and working with their families as a key to returning the youth home and public safety. "Families have the potential to be the greatest source of

positive change and support for youth in the Juvenile Justice System” (The National Center on Education, Disability and Juvenile Justice & the PACER Center, Inc., 2002). “The evidence is consistent, positive, and convincing: families have a major influence on their children’s achievement in school and throughout life.” More programming aimed at involving families and special efforts to engage them in activities do make a difference (Henderson & Mapp, 2002).

In Stanislaus County with a significant Hispanic community (40%) and 31.8% of all children and youth under 19, family engagement is especially important for professionals such as probation officers working with youth who have become involved with the juvenile justice system. The action steps in our strategy stress regular and culturally appropriate communication, formal (monthly) orientations to the Juvenile Justice System for parents in culturally appropriate manner, frequent 1:1 interaction between the probation officer and the parents and extended family, sharing of information about the youth’s progress, facilitating regular contact between the youth and family members through funding and other means (e.g., SKYPE) and active and early engagement in the release planning. Collaboration with the Juvenile Justice Behavioral Health agency, which facilitates a support group for parents, will be studied as a means to both improve communication and help parents support each other develop skills and problem solving. The use of a support group model for Spanish Speaking parents will also be studied including reviewing the experience with such groups in other counties.

All staff and supervisors will also be trained on improving engagement with families to reinforce timely reunification and permanency.

In the second year of the SIP, the workgroup will undertake a comprehensive review of all placement policies, AB 12 policies and procedures, group home policies, policies on transportation of youth into placement, policies about maintaining contacts between youth and their families, and case planning, as appropriate. Tools used will include surveys and focus groups to make sure that the opinions of youth, families, staff, and providers are included in the policy review.

Group home placements will be continued to be monitored closely to ensure that group home programs are meeting the needs of the youth in placement and assisting in their planning for emancipation and living as an independent adult.

It is also important to remember in looking at reunification outcomes, that Probation is limited by state law and the disposition ordered by the Juvenile Court in making decisions about reunification. Although the number of youth under probation supervision who are in placement is a small percentage of the total under supervision, those youth have demonstrated serious behavioral health problems, extensive histories of substance abuse, and/or violent criminal behavior, e.g., sex offenders.

JUSTIFICATION RATIONALE:

Stanislaus County Juvenile Probation has always emphasized that the family is an essential element of the development of youth and key to reinforcing pro-social behavior. During the next five years, these specific strategies will expand on best practices for working with youthful offenders and their families.

SYSTEMIC CHANGES IDENTIFIED:

Review of policies and procedures to reinforce the importance of engaging families from post adjudication through reunification and planning for ongoing access to community services.

TRAINING IDENTIFIED:

Collaboration will continue with Children’s Services on training on family engagement to arrange for the Probation Officers to participate as appropriate.

TECHNICAL ASSISTANCE NEEDED:

None identified as of yet; however the work group may identify specific areas/topics where technical assistance could be provided as focus shifts to working with families to help prepare for the youth’s successful return to the home.

PRIORITIZATION OF DIRECT SERVICE NEEDS

Stanislaus County like many rural counties in California has significant limitations in the type and breadth of professional and community services, that it can access to support child abuse prevention and for improving outcomes for children who enter the child welfare system and probation.

Child Welfare/Probation Placement Initiatives

Stanislaus County Child & Family Services is participating in a number of initiatives including After 18 Program, Quality Parenting Initiative, and Katie A./Core Practice Model.

Fostering Connections / After 18 Program (Child Welfare and Probation)

Stanislaus County began providing *After 18* program services in April of 2011. The California Fostering Connections to Success Act was signed into law September 30, 2010 through Assembly Bill (AB) 12. This bill was designed to align with the Federal Connections to Success Act. The goal of this bill is to fully prepare youth for the transition to adulthood and self-sufficiency rather than serve as an extension of traditional foster care. It contains two major changes to foster care in California: 1. Created a new Kin-Gap program and 2. Extended Foster Care (EFC) benefits for eligible youth.

Effective January 1, 2012, the bill allowed eligible 18 year olds in foster care to remain in foster care up to age 19 year. A cleanup bill AB 212 has allowed eligible 18 year olds to stay in foster care up to age 21. These foster youth are referred as “non-minor dependents”.

Foster youth are now able to maintain a safety net for support while experiencing independence in a safe, and supervised independent living environment. They are also afforded the extended time as provided in the “non-minor dependent” status to take the opportunity to become better prepared for a successful transition into adulthood and self-sufficiency through education and employment training opportunities.

At this time, After 18 is still a program in its infancy and it has grown over the last two years to 61 participants as of July 2014. We have had one adult exit the program due to age so far. It is too early to know the effectiveness. We are currently collecting data on After 18 outcomes to establish a baseline to measure ourselves by in the future. What we have anecdotally found is that youth are choosing to opt into the dependency system at 18 and we foresee that participation will grow at a steady rate.

KATIE A. (Child Welfare)

Katie A was a 2002 Federal class action lawsuit filed against the California Department of Social Services (CDSS), the California Department of Health Care Services (DHCS) and Los Angeles (LA) County. The lawsuit sought to improve the provision of mental health services and supportive services for children and youth open in child welfare system, or at imminent risk of placement in foster care in California State to prevent placement disruptions, over-reliance on congregate care, and institutionalization. LA settled its portion of the lawsuit in 2003, and CDSS and CDHCS settled in 2011. The settlement agreement requires the CDSS and DHCS to provide comprehensive, community-based services and other integrated services to class and sub-class members. It also ensured providing a framework for Child Welfare and County Mental Health to work as a collaborative team to assess and provide prompt, appropriate, and individualized mental health services in the home or most homelike setting. This framework is represented in the Core Practice Model that is a guide for counties to implement this policy.

The settlement mandates the County's Child Welfare and Behavioral Health Services to implement the following:

Coordinate effort to ensure that children and youth are receiving timely and appropriate mental health services to address their behavioral and mental health needs and ensuring that transitioning youth are accessing services.

Implement the Core Practice Model (CPM) for intensive coordination, intensive family engagement, and case planning and transition services. This includes the implementation of Trauma-Informed Care and Practice.

Establish a Child and Family team (CFT) and CFT meeting for sub-class members on cases open in Child Welfare (Family Reunification (FR), Permanent Placement (PP) and Family Maintenance (FM)) and Mental Health (dual cases).

Completion of screening tools by FR, PP, and FM social workers to do an initial determination for the need for mental health services.

Tracking data and outcomes

The target population (or "class") is all children in open in Child Welfare, or at risk of foster care placement (Voluntary Family Maintenance), have a mental health illness or condition, and needs individualized mental health services to treat or ameliorate their condition. A sub-class of this population is also defined as a class member that has full scope Medi-Cal eligibility, have an open child welfare cases and meets medical necessity criteria for Specialty Mental Health Services (SMHS) as set forth in CCR Title 9 Section 1830.205 or Section 1830.210. (Medical

manual, Glossary Appendix A). In addition, the child is being considered for other services such as:

Child is being considered for Wraparound services

Child is being considered for Therapeutic Behavioral Services

Group Home (RCL 10 or higher)

Has been admitted to a psychiatric hospital or 24-hour mental health treatment facility

Has experienced three or more placements within 24 months due to behavioral health needs.

This subclass population will be served through established Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Intensive Treatment Foster Care (ITFC). Stanislaus County is currently in the development and implementation phase. A joint task force composed of leadership staff from both Child Welfare and County Mental Health is working as a team to effective ways to identify class and subclass members. The priority is engaging children and families through teaming (Child Welfare and County Mental Health working together with the family), using strengths, and focusing on underlying needs to provide individualized services while using formal and informal supports.

STRENGTHENING FAMILIES (Child Welfare)

Strengthening Families is a research-informed approach to increase family strengths, enhance child development, and reduce the likelihood of child abuse and neglect. Strengthening Families is based on engaging families, programs, and communities in building five protective factors that include parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social-emotional competence of children. This prevention framework is currently being implemented in some form within 50 different counties throughout the state of California.

The Center for the Study of Social Policy (CSSP) and the Erikson Institute searched the evidence to find out what factors really reduce child abuse and neglect by conducting a literature review and dialogues sessions with practitioners around the country. Then CSSP explored the connection between factors that prevent child abuse and neglect and what quality early childhood programs do to build them by conducting a one-year field study of exemplary programs. CSSP learned about policy and practice changes needed to infuse the model statewide through a partnership with seven pilot states over two years. This created a structure for continuous learning with a network of implementing states (30). Finally, CSSP provided funding for continuing research and knowledge building. (*Center for the Study of Social Policy / Resources - The Research Behind the Work*. Retrieved July 25, 2014, from <http://www.cssp.org/reform/strengthening-families/resources/the-research>)

The Strengthening Families approach has been adopted as a new framework for the Stanislaus County Child Abuse Prevention Council as a countywide approach to educate the community, increase county collaboration, and improve efforts to prevent child abuse and heal its effects. Community Services Agency has participates in a steering committee of the Child Abuse

Prevention Council to introduce this framework to Stanislaus County and will be participating in the next steps in participating on how Strengthening Families will be implemented in this county. . We are optimistic Strengthening Families will have a positive impact on our foster care reentry rate, timely reunification, and recurrence of maltreatment outcomes.

Quality Parenting Initiative (QPI)

In 2007, the Youth Law Center (YLC), a public interest law firm that works to protect children in the nation’s foster care and justice systems from abuse and neglect, created the Quality Parent Initiative (QPI) in response to a widespread lack of foster homes and unacceptable outcomes for foster youth in Florida. The primary goal of QPI is to ensure that every child in foster care is placed with a skilled, nurturing foster family while maintaining the child’s connections with his or her own family. QPI is based on the tenets that as the people who spend the most time with the children while they’re in care, the foster parents are the most critical element of success for the child and family receiving services, and that a high level of skill is necessary to be a quality foster parent. QPI recognizes that the traditional foster care “brand” has negative connotations, and this deters potential foster parents from participating. QPI is an effort to rebrand foster care, not by simply changing a logo, but by changing the core elements underlying the brand. Therefore, there are two major facets of QPI: the marketing and rebranding of foster care to *recruit* skilled, quality foster parents, and the reframing of the infrastructure of a participating county’s foster care system to *retain* quality foster parents. The major successes of QPI in Florida (the first QPI Child Welfare System) have been in system change and improved relationships, in addition to measureable improvement outcomes such as reduction in the amount of placement changes, reduction in the use of group homes for placement, and more reunifications that are successful.

5 – Year SIP Chart

During the period 2015-2020, Stanislaus County will work on each of the five outcomes below using the strategies and related efforts according to the action steps below for each outcome. Based on review of internal data, including CSAs and annual SIP reports, the following improvement benchmarks have been set for each outcome: It should be noted that the outcomes, improvement goal, and national standards are currently under review and will be changing. Through the County's Continuous Quality Improvement Process, the county will continue to monitor and make changes to improvement goals based on this information.

Outcome S 1.1: No recurrence of maltreatment within a specific six month period

NATIONAL STANDARD: 94.6%

STANISLAUS COUNTY BASELINE PERFORMANCE: JANUARY, 2013 (90.2%)

TARGET IMPROVEMENT GOAL: 94.6%

Stanislaus County has seen a 3.3% percent increase in the percentage of children avoiding a recurrence of maltreatment 93.3% (SafeMeasures, 7/1/12-12/31/13) since the Stanislaus County baseline performance period. Stanislaus County continues to improve and moving towards the national standard (94.6%) and matching the current CA state performance (93.3%). It is highly anticipated that with continued use of Differential Response, warm handoff of families to Family Resource Centers prior to referral closure, use of SDM, implementing a policy of assigning referrals to the previous Emergency Response Social Worker if a referral on the same family is opened within 6 months of the last referral, and reinstatement of TDM will help continue the improvement.

Outcome C 1.4: Reentry following reunification (exit cohort)

NATIONAL STANDARD: 9.9%

STANISLAUS COUNTY BASELINE PERFORMANCE: JANUARY, 2013 (7.9%)

TARGET IMPROVEMENT GOAL: 9.9%

Although Stanislaus County was exceeding the national standard on this measure, the current 12-month reporting period (July 2012-June 2013) a marked increase in children reentering foster care within 12 months of reunification (15%).

It is believed that with the simultaneous use of After Care services utilizing Family Resource Centers and Parent Partners, Strengthening Families, full implementation of SDM and TDMs, and CQI over the next SIP period, Stanislaus County should be able to reduce the rate of foster care reentry to meet the National Standard of 9.9%.

Outcome C 1.3: Reunification within 12 months (entry cohort)

NATIONAL STANDARD: 48.4%

STANISLAUS COUNTY BASELINE PERFORMANCE: JANUARY, 2013 (13.7%)

TARGET IMPROVEMENT GOAL: 48.4%

Since the April – Sep 2007 reporting period for this outcome, Stanislaus County has experienced a 69.8% percent decrease in the percentage of children reunifying within 12 months. With implementation of TDMs and the strengthening of family support networks through connection with Family Resource Centers and Parent Partners, it is anticipated that Stanislaus County can make significant improvement on the percentage of children reunifying timely.

Outcome C 3.1 Exits to Permanency (24 months in care)

NATIONAL STANDARD: 29.1%

STANISLAUS COUNTY BASELINE PERFORMANCE: JANUARY, 2013 (23.2%)

TARGET IMPROVEMENT GOAL: 29.1%

Youth who have been in care 24 months or have not been permanently planned to guardianship or adopted prior to their 18th birthday present a complex set of needs and challenges including their own maturity, sometimes mental health issues, physical disabilities, and often behavioral problems. Regular and frequent visits at the home and school between the social worker and youth are helpful in identifying problems and avoiding disruption and regular efforts to engage relatives is helpful but not sufficient in many cases resulting in placement instability. Limited placement options for older youth in the county also has a negative impact on placement stability and meeting the national standard (29.1%). With implantation of a structural family finding program, TDMs, and family strengthening support during reunification, it is Stanislaus County's anticipation that the National can be met within the SIP reporting period.

Outcome C1.3: Reunification within 12 months – Probation

NATIONAL STANDARD: 48.4%

STANISLAUS COUNTY BASELINE PERFORMANCE: JANUARY, 2013 (6.7%) [15 CASES]

TARGET IMPROVEMENT GOAL: 48.4%

Reunification within 12 months continues to be a challenge for all Probation Departments. Despite the numerous strengths that the peer review recognized in the Juvenile Probation Division, the circumstances and needs of youth who can remain under local supervision are much more complex and challenging than five years ago. Youth are often committed for serious offenses that involve sex abuse, gang associations, long histories of substance abuse and, serious behavioral health issues. Matching the needs of the youth with a treatment program generally requires placement in a specialized program out of county and frequently, out of state. The level of placement also impacts reunification time, specifically in the case of sex offenders where 18 -24 months is often required to complete the therapeutic program. In

some cases, time in placement is extended due to unavailability of family to reunify with the youth. The commitment to engage parents and family members through a variety of means including SKYPE, structured orientation, support groups throughout the placement of the youth and in preparation for the youth's return home, is intended to reduce or eliminate some of the obstacles to successful reunification while reinforcing linkages between the youth and his/her family while in placement.

5 – Year SIP Chart

<p>Priority Outcome Measure or Systemic Factor: No recurrence of maltreatment (S1.1)</p> <p>National Standard: 94.6%</p> <p>CSA Baseline Performance: January 2013 (CSA 90.2%)</p> <p>Target Improvement Goal: 94.6% (11 more children avoiding recurrence of maltreatment per year)</p>
<p>Priority Outcome Measure or Systemic Factor: Reunification within 12 months (entry cohort) (C1.3)</p> <p>National Standard: 48.4%</p> <p>CSA Baseline Performance: January 2013 (CSA 13.7%)</p> <p>Target Improvement Goal: 48.4% (8 more children reunifying within 12 months per year)</p>
<p>Priority Outcome Measure or Systemic Factor: Re-entry following reunification (C1.4)</p> <p>National Standard: 9.9%</p> <p>CSA Baseline Performance: January 2013 (CSA 7.9%) [Current performance 15%, 6/30/13]</p> <p>Target Improvement Goal: Reduce the re-entry rate from the most recent 15% to the national Standard 9.9%.</p> <p>(2 less children reentering following reunification per year)</p>
<p>Priority Outcome Measure or Systemic Factor: Exits to Permanency (24 months in Care) (C3.1)</p> <p>National Standard: 29.1%</p> <p>CSA Baseline Performance: January 2013 (CSA 23.2%)</p> <p>Target Improvement Goal: 29.1% (1 more youth exiting to permanency prior to 18th birthday per year)</p>
<p>Priority Outcome Measure or Systemic Factor: Reunification within 12 months (C1.3) PROBATION</p> <p>National Standard: 48.4%</p> <p>CSA Baseline Performance: 6.7%</p> <p>Target Improvement Goal: 48.4% (1 more youth reunified within 12 months per year)</p>

Strategy 1: Full Implementation of SDM	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s):	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF	<ul style="list-style-type: none"> • Reunification within 12 Months (entry cohort) (C1.3) 5.4 months (CSA 13.7%) • No Recurrence of Maltreatment within a specific 6 month period (S1.1) 94.6% (CSA 90.2%) • Management Information Systems • Staff Training • Quality Assurance System 	
	<input checked="" type="checkbox"/> N/A		
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Workgroup will review data on current use of SDM.	February 2015	March 2015	CFS Management Team CFS Supervisors
B. Meetings with supervisors and social workers in different units to assess their use of SDM.	March 2015	June 2015	CFS Management Team
C. Training needs will be identified for staff and supervisors including 1:1 and small group coaching	June 2015	August 2015	System Improvement Manager
D. Training will be scheduled and completed for all staff.	August 2015	February 2016	System Improvement Manager Central California Regional Training Academy
E. Measures will be monitored to evaluate effectiveness, implementation, and training needs	January 2016	Ongoing	System Improvement Manager
F. Outcome data will be reviewed for C1.3 and S1.1 on an ongoing basis to determine if families are reunifying faster or there has been a reduction in the reoccurrence of maltreatment.	January 2016	January 2020	System Improvement Manager

Strategy 2: Resume and expand use of TDMs throughout the agency	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <ul style="list-style-type: none"> • Re-entry following reunification(C1.4): 9.9% (CSA 7.9%) [Current performance 15%, 6/30/13] • Recurrence of Maltreatment (S1.1): 94.6% (CSA 90.2%) • Staff Training • Agency Collaboration 	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A		
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Convene workgroup to plan implementation of TDM throughout the agency.	February 2015	March 2015	CFS Management Team
B. Review current policy and procedure to insure consistency with TDM principles and that related policies are complimentary.	May 2015	November 2016	CFS Management Team CFS Supervisors
C. Workgroup begins implementation, collaborating with Central CA Regional Training Academy on Advanced training and coaching schedule.	May 2015	November 2016	System Improvement Manager Staff Development Supervisor Central CA Regional Training Academy
D. Train supervisors in coaching to improve impact of TDMs with Central CA Regional Training Academy trainers, as necessary.	February 2016	June 2016	System Improvement Manager Staff Development Supervisor Central CA Regional Training Academy
E. Monitor total training of staff and supervisors.	July 2016	Ongoing	System Improvement Manager Staff Development Supervisor
F. Outcome data will be reviewed for C1.4 and S1.1 on an ongoing basis to determine if re-entries have been reduced or there has been a reduction in the recurrence of maltreatment.	January 2016	January 2020	System Improvement Manager

Strategy 3: Implement Parent Partners Program	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <ul style="list-style-type: none"> • Reunification within 12 Months(C1.3): 48.4% (CSA 13.7%) • Reentry following reunification (exit cohort) C1.4: 9.9% (CSA 7.9%) • No Recurrence of Maltreatment (S1.1): 94.6% (CSA 90.2%) • Staff and Provider Training • Service Array 	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A		
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Form a workgroup with the specific goal of collecting information about Parent Partners as a best practice and as implemented in other counties including gathering data on what effect Parent Partners have had on CFSR outcomes.	January 2015	March 2015	CFS Management Team CFS Supervisors
B. Develop an implementation plan for the program.	April 2015	June 2015	CFS Management Team CFS Supervisors
C. Develop policies and procedures to implement the program including recruitment, screening, training, referral process development, target population, case support, and agency support with emphasis on parental self sufficiency.	April 2015	October 2015	CFS Management Team CFS Supervisors
D. Train staff, parent partners, and providers on their role in supporting the child welfare system, communication, and supportive strategies.	October 2015	October 2016	System Improvement Manager Staff Development Supervisor Central CA Regional Training Academy
E. Review implementation of program including obtaining feedback from parents, partners, staff, and providers on timely reunification.	January 2017	March 2017	CFS Management Team CFS Supervisors Data Analyst
F. Survey families on impact of program including improving access to services, understanding of court procedure, and family stability.	January 2018	January 2020	CFS Management Team
G. Outcome data will be reviewed for C1.3, C1.4, and S1.1 on an ongoing basis to determine if placement changes have been reduced, reunifying timeframes have been reduced, or there has been a reduction in the reoccurrence of maltreatment.	January 2018	January 2020	System Improvement Manager Data Analyst

Strategy 4: Implement a structured Family Find System	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s):	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A		
	<ul style="list-style-type: none"> • Reunification within 12 months (C1.3): 48.4% (CSA 13.7%) • Reentry Following Reunification (C1.4): 9.9 % (CSA 7.9%) • Recurrence of Maltreatment (S1.1): 94.6% (CSA 90.2%) • Staff and Provider Training • Resource family recruitment and retention 		
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Convene a workgroup of managers and social workers to discuss and review our current Family Finding System.	January 2015	March 2015	CFS Management Team CFS Supervisors
B. Workgroup will review and revise job description of the Relative Search Specialist and devise implementation plan for the family finding system.	January 2015	July 2015	CFS Management Team CFS Supervisors
C. Develop policies and procedures for implementation of the Relative Search Specialist position and structured Family Finding System.	January 2015	July 2015	CFS Management Team CFS Supervisors
D. Develop a plan for training, coaching, and data collection, including training for the full use of the CWS Youth Connections Database.	August 2015	October 2015	System Improvement Manager Staff Development Supervisor
E. Implement policy, procedure, and practice changes.	November 2015	November 2015	CFS Managers CFS Supervisors
F. Reconvene workgroup and review impact of policy, procedure, and practice changes and make further revisions as necessary. Outcome data will be reviewed for C1.3, C1.4 and S1.1 on an ongoing basis to determine if reunifying timeframes have been reduced, a reduction in foster care re-entry, or there has been a reduction in the reoccurrence of maltreatment.	January 2016	January 2020	System Improvement Manager Data Analyst

Strategy 5: Develop Ongoing Social Connections Support and Aftercare Services System (Family Resource Centers, Faith Based Community, and other Informal Social Connections Support)	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <ul style="list-style-type: none"> • Reunification within 12 months (C1.3): 48.4% (CSA 13.7%) • Reentry Following Reunification (C1.4): 9.9 % (CSA 7.9%) • Recurrence of Maltreatment (S1.1): 94.6% (CSA 90.2%) • Service Array • Agency Responsiveness to the Community 	
	<input type="checkbox"/> CBCAP		
	<input checked="" type="checkbox"/> PSSF		
	<input type="checkbox"/> N/A		
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Workgroup will meet to identify priority areas for development of a Support/Aftercare Services System.	January 2016	March 2016	CFS Management Team CFS Supervisors
B. The workgroup will review data on expected use of the Support/Aftercare System. Special attention will be paid to identifying the target population for these services, including impact on child welfare practices	April 2016	June 2016	CFS Management Team CFS Supervisors
C. Coordinate and facilitate focus group of parent consumers.	June 2016	September 2016	CFS Management Team CFS Supervisors
D. The workgroup will develop policies and procedures to implement the program.	September 2016	November 2016	CFS Management Team CFS Supervisors
E. The workgroup will develop a formal and informal referral system for the use of this program and create a clear delineation of roles and responsibilities.	May 2017	June 2017	CFS Management Team CFS Supervisors
F. Reconvene workgroup and review progress on plan and make revisions as necessary.	January 2015	January 2020	CFS Management Team
G. Outcome data will be reviewed for C1.3, C1.4, and S1.1 on an ongoing basis to determine if placement changes have been reduced, families are reunifying faster, or there has been a reduction in the reoccurrence of maltreatment.	January 2016	January 2020	System Improvement Manager

Strategy 6: Develop an Intensive Family Maintenance and Enhanced Family Reunification Models utilizing a Multi-Disciplinary Team.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <ul style="list-style-type: none"> • Reunification within 12 Months (entry cohort) (C1.3) 5.4 months (CSA 13.7%) • No Recurrence of Maltreatment within a specific 6 month period (S1.1) 94.6% (CSA 90.2%) • Reentry following reunification (exit cohort) C1.4: 9.9% (CSA 7.9%) • Agency Collaboration Systemic Factor • Service Array Systemic Factor 	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A		
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Form a workgroup with the specific goal of collecting information about multi-disciplinary programs as a best practice including gathering data on their affect on CFSR outcomes.	January 2015	April 2015	CFS Management Team CFS Supervisors
B. Develop an implementation plan for the funding, recruitment, and formalization of the programs.	January 2015	July 2015	CFS Management Team
C. Develop policies and procedures to implement the program including screening, referral process development, and target populations.	August 2015	November 2015	CFS Management Team CFS Supervisors System Improvement Manager
D. Training will be scheduled and completed for all staff.	December 2015	May 2016	System Improvement Manager Staff Development Supervisor Central California Regional Training Academy
E. Programs will be monitored to evaluate effectiveness, implementation, and training needs	October 2016	January 2020	System Improvement Manager
F. Outcome data will be reviewed for C1.3, C1.4, and S1.1 on an ongoing basis to determine if families are reunifying faster, reduction in re-entry, and/or there has been a reduction in the reoccurrence of maltreatment.	May 2017	January 2020	System Improvement Manager

Strategy 7: JUVENILE PROBATION DEPARTMENT Strengthen Probation Department working with families to improve timely reunification by strengthening parental engagement in case planning and preparing for a successful reunification.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Reunification within 12 months (C1.3): 48.4% (6.7 % CSA)	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A		
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Convene a workgroup to identify and assess obstacles to timely reunification focusing on the role of parents. Review the CSA including the Peer Review, with special attention to case planning, parent orientation meetings, and discharge planning	January 2015	January 2015	Placement Supervisor
B. Probation Officers on the workgroup to meet monthly to identify challenges, strengths, and work on solutions	January 2015	June 2015	DPO 3
C. Collaboration with Juvenile Justice Behavioral Health (JJBH) to include parents with youth in probation in ongoing parent support groups, with special attention to Spanish Speaking parents.	January 2015	June 2015	DPO 3
D. An implementation plan is developed based on the challenges identified. Plan is presented to management.	August 2015	December 2015	DPO 3
E. Implementation Plan including action steps, training required, and evaluation strategies are finalized.	August 2015	December 2015	DPO 3
F. Train staff and supervisors on improving engagement with families based on the implementation plan that was developed	January 2016	March 2016	Placement Supervisor
G. Modify training, team meeting procedures, placement policy and case planning as necessary	March 2016	March 2017	DPO3
H. Reconvene the work group to review and update all placement policies, including assessment of placements, policies, and procedures for the transporting of youth placement and maintaining family connections, incl. use of SKYPE as part of the case plan where appropriate.	April 2017	April 2018	DPO3
I. Continue group home compliance check to ensure compliance with policies and procedures and to ensure that programs are working on reunification	January 2015	January 2020	Placement Officer or Probation Officers who have participated in Placement Core Training
J. Complete ongoing evaluation as identified in the implementation plan, by using surveys, focus groups, and other methods identified. Make additional changes suggested.	January 2016	March 2020	DPO3
K. Convene workgroup quarterly to review progress on each project and make necessary modifications, implement, and review.	January 2016	January 2020	DPO3

CAPIT/CBCAP/PSSF Program and Evaluation Description

PROGRAM NAME

Turlock Family Resource Center

SERVICE PROVIDER

Aspiranet

PROGRAM DESCRIPTION

Turlock FRC is a Family Resource Center, serving as a hub of services for the Turlock community. CAPIT/PSSF Family Preservation and PSSF Family Support funds are only used to fund the Differential Response Program. Turlock FRC provides a comprehensive array of culturally appropriate family support services, advocacy, and service linkages at a comfortable community integrated center. Other services include resources and referrals, case management, differential response (DR), parent education and support, prenatal education, distribution of school readiness information, CalFresh enrollment assistance, child developmental screenings, mental health screenings, and counseling services for parents of children ages 0-5 years. In addition, the Turlock FRC offers Job Readiness assistance programs and Vocational English as a Second Language (ESL) classes. A computer lab on site is available to clients to do job searches, learn typing and office skills, budgeting, resume building and other employment development activities. A lending library has recently been established and offers books for children and parents. Due to the substantial economic hardships that many of the families face, the Turlock FRC also operates a "Give and Take" program through which furniture, clothing and other community donations are collected and distributed to those in need. The Turlock FRC also partners with local agencies to distribute food boxes when available. The Center offers temporary childcare during all classes and support groups with the dual purpose of helping the services be more accessible and facilitating important child development activities. Aspiranet is the fiscal and lead agency for Turlock FRC.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Differential Response
CBCAP	
PSSF Family Preservation	Differential Response
PSSF Family Support	Differential Response
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s):	Prop 10, OIP

IDENTIFY PRIORITY NEED OUTLINED IN CSA

- The highest rate of substantiations is in the 0 – 5 age range. (CSA, page 24)

- High rate of poverty and substantial economic hardship. Families need advocacy, strategies and concrete support service. (CSA page 6, 10, 107)
- Results from the Stakeholders and Peer Review meetings, identified that an increase of prevention services can assist the reduction of the number of children entering or reoccurring in foster care, which includes the high rate of 0-2 year olds. (CSA, page 7, 93, 96).
- A comprehensive array of culturally appropriate family support services to meet the needs of all families and the growing population of Spanish speaking individuals that is projected to be at 50% (CSA page 13).

TARGET POPULATION

CWS and/or non-CWS families; families with children 0-18; low-income families; families identified at risk for child abuse or other forms of family violence through county CPS Differential Response process; pregnant women who are lacking prenatal care and education.

TARGET GEOGRAPHIC AREA

Turlock in Stanislaus County

TIMELINE

RFP Timeline July 1, 2013 through June 30, 2016

EVALUATION

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

Desired Outcome	Indicator	Source of Measure	Frequency
Re-occurrence of maltreatment reduction	94% of parents or caretakers will not have re-occurrence of maltreatment substantiation.	CWS/CMS	Quarterly

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Satisfaction Survey	Every 6 months	Surveys reviewed by leadership twice a year, after collected.	Agency to address issues identified in survey, used and shared with staff members for programming, and also used for Strategic Planning. Surveys are also shared with funders.

Program and Evaluation Description

PROGRAM NAME

Ceres Partnership for Health Children

SERVICE PROVIDER

Center for Human Services

PROGRAM DESCRIPTION

Ceres Partnership for Healthy Children (CPHC) is a Family Resource Center of Center for Human Services, serving as a hub of services for Ceres and surrounding communities. CAPIT/PSSF Family Preservation and PSSF Family Support funds are only used to fund the Differential Response Program. CPHC provides a variety of culturally appropriate services for Ceres families, including resource and referral services, case management, differential response (DR), parent education and support, health education, literacy activities, basic needs support (food, clothing, utility assistance), child developmental screenings, mental health screenings, and insurance and Cal Fresh enrollment services. The FRC also engages families with the Family Development Matrix tool, to identify a family’s strengths, concerns and develop an empowerment plan. Interpretation, translation, and cultural liaison services to schools, health care and social service providers are also offered, as well as the Healthy Birth Outcomes program. In addition, CPHC provides community development activities, parent leadership activities, and the Safe Routes to School program. Childhood obesity prevention is also addressed through community development through increased access to healthy fruits and vegetables at school farm stands and increasing physical activity by improving conditions and safety in neighborhoods and parks. All services are community driven and designed to be strength based, focused on empowering families to be self sufficient and resilient. CPHC continues to utilize a Family Strengthening approach of case management known as the Service Integration Model. This is a three tiered case management strategy to engage and stabilize individuals and families and subsequently get them connected both to the FRC and to their community at large.

CPHC’s goal is to build strong families, safe neighborhoods, and a caring community.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Differential Response
CBCAP	
PSSF Family Preservation	Differential Response
PSSF Family Support	Differential Response
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s):	Prop 10

IDENTIFY PRIORITY NEED OUTLINED IN CSA

- The highest rate of substantiations is in the 0 – 5 age range. (CSA, page 24)
- High rate of poverty and substantial economic hardship. Families need advocacy, strategies and concrete support service. (CSA page 6, 10, 107)
- Results from the Stakeholders and Peer Review meetings, identified that an increase of prevention services can assist the reduction of the number of children entering or reoccurring in foster care, which includes the high rate of 0-2 year olds. (CSA, page 7, 93, 96).
- A comprehensive array of culturally appropriate family support services to meet the needs of all families and the growing population of Spanish speaking individuals that is projected to be at 50% (CSA page 13).

TARGET POPULATION

CWS and/or non-CWS families; families with children 0-18; low-income families; families identified at risk for child abuse or other forms of family violence through county CPS Differential Response process.

TARGET GEOGRAPHIC AREA

Ceres in Stanislaus County

TIMELINE

RFP Timeline July 1, 2013 through June 30, 2016

EVALUATION

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

Desired Outcome	Indicator	Source of Measure	Frequency
Re-occurrence of maltreatment reduction	94% of parents or caretakers will not have re-occurrence of maltreatment substantiation.	CWS/CMS	Quarterly

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Satisfaction Survey	Completed by all families at entry and exiting the program. The entry provides a base line for the families to compare their situation over the period of time engaging with the FRC.	Surveys are reviewed by the leadership team and shared to the staff twice annually.	Agency to address issues identified in survey, reinforce what is working, and can facilitate changes to the program.

Program and Evaluation Description

PROGRAM NAME

Eastside Family Resource Center

SERVICE PROVIDER

Center for Human Services

PROGRAM DESCRIPTION

The Eastside FRC is a community based Family Resource Center operated by the Center for Human Services, and serves as a hub of services for the Oakdale community and the surrounding areas of Knights Ferry, Valley Home, and Riverbank. CAPIT/PSSF Family Preservation and PSSF Family Support funds are only used to fund the Differential Response program. EFRC provides a variety of culturally appropriate services for families in those communities, including resource and referral services, case management, differential response (DR), parent education and support, a Healthy Birth Outcomes program for pregnant and parenting moms, literacy and education activities, health insurance and Cal Fresh enrollment, basic needs support (food, clothing, utility assistance), counseling (mental health and intensive outpatient for alcohol and drug use), child developmental screenings, and mental health screenings. The FRC also engages families with the Family Development Matrix tool, to identify a family’s strengths, concerns and develop an empowerment plan. In addition, Eastside FRC also conducts community outreach through information booths, community events, and presentations at schools, neighborhood events, and business visits. The Eastside FRC continued to utilize a new Family Strengthening approach of case management known as the Service Integration Model. This is a three tiered case management strategy to engage and stabilize individuals and families and subsequently get them connected both to the FRC and to their community at large.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Differential Response
CBCAP	
PSSF Family Preservation	Differential Response
PSSF Family Support	Differential Response
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s):	Prop 10

IDENTIFY PRIORITY NEED OUTLINED IN CSA

- The highest rate of substantiations is in the 0 – 5 age range. (CSA, page 24)
- High rate of poverty and substantial economic hardship. Families need advocacy, strategies and concrete support service. (CSA page 6, 10, 107)

- Results from the Stakeholders and Peer Review meetings, identified that an increase of prevention services can assist the reduction of the number of children entering or reoccurring in foster care, which includes the high rate of 0-2 year olds. (CSA, page 7, 93, 96).
- A comprehensive array of culturally appropriate family support services to meet the needs of all families and the growing population of Spanish speaking individuals that is projected to be at 50% (CSA page 13).

TARGET POPULATION

CWS and/or non-CWS families; families with children 0-18; low-income families; families identified at risk for child abuse or other forms of family violence through county CPS Differential Response process.

TARGET GEOGRAPHIC AREA

Oakdale community and the surrounding areas of Knights Ferry, Valley Home, and Riverbank in Stanislaus County

TIMELINE

RFP Timeline July 1, 2013 through June 30, 2016

EVALUATION

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

Desired Outcome	Indicator	Source of Measure	Frequency
Re-occurrence of maltreatment reduction	94% of parents or caretakers will not have re-occurrence of maltreatment substantiation.	CWS/CMS	Quarterly

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Satisfaction Survey	Completed by all families at entry and exiting the program. The entry provides a base line for the families to compare their situation over the period of time engaging with the FRC.	Surveys are reviewed by the leadership team and shared to the staff twice annually.	Agency to address issues identified in survey, reinforce what is working, and can facilitate changes to the program.

Program and Evaluation Description

PROGRAM NAME

Westside Family Resource Center

SERVICE PROVIDER

Center for Human Services

PROGRAM DESCRIPTION

Westside Family Resource Centers is comprised of two sites in Newman (at Von Renner Elementary school) and Patterson (Patterson Family Resource Center). Each site is a Family Resource Center operated by Center for Human Services, serving as a hub of services for its respective community and the smaller communities of Grayson, Westley, and Crows Landing. CAPIT/PSSF Family Preservation and PSSF Family Support funds are only used to fund the Differential Response program. Families can access culturally competent services in order to build strong, caring communities. Each site provides a variety of services for Westside families, including resource and referral services, case management, differential response (DR), basic needs support (food, clothing, utility assistance), parent education and support, Healthy Birth Outcomes programs (both Newman and Patterson) literacy activities, health insurance and Cal Fresh enrollment assistance, child developmental screenings, and mental health screenings. Both Newman and Patterson FRCs have staff that work with community Promoters, providing outreach and activities to promote positive social connections and improved mental health in the community. The FRC also engages families with the Family Development Matrix tool, to identify a family’s strengths, concerns and develop an empowerment plan. Other services include translation assistance, transportation assistance, and participation in community events. The Westside FRC continues to utilize a Family Strengthening approach of case management known as the Service Integration Model. This is a three tiered case management strategy to engage and stabilize individuals and families and subsequently get them connected both to the FRC and to their community at large.

All sites also collaborate with the school districts to receive referrals and to provide information to families. FRC Staff travel between both FRC sites to provide regional services, including case management, parent education, Kinderbound groups, and resource and referral services.

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Differential Response
CBCAP	
PSSF Family Preservation	Differential Response
PSSF Family Support	Differential Response
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s):	Prop 10

IDENTIFY PRIORITY NEED OUTLINED IN CSA

- The highest rate of substantiations is in the 0 – 5 age range. (CSA, page 24)

- High rate of poverty and substantial economic hardship. Families need advocacy, strategies and concrete support service. (CSA page 6, 10, 107)
- Results from the Stakeholders and Peer Review meetings, identified that an increase of prevention services can assist the reduction of the number of children entering or reoccurring in foster care, which includes the high rate of 0-2 year olds. (CSA, page 7, 93, 96).
- A comprehensive array of culturally appropriate family support services to meet the needs of all families and the growing population of Spanish speaking individuals that is projected to be at 50% (CSA page 13).

TARGET POPULATION

CWS and/or non-CWS families; families with children 0-18; low-income families; families identified at risk for child abuse or other forms of family violence through county CPS Differential Response process.

TARGET GEOGRAPHIC AREA

Newman, Patterson, Grayson and Westley in Stanislaus County

TIMELINE

RFP Timeline July 1, 2013 through June 30, 2016

EVALUATION

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

Desired Outcome	Indicator	Source of Measure	Frequency
Re-occurrence of maltreatment reduction	94% of parents or caretakers will not have re-occurrence of maltreatment substantiation.	CWS/CMS	Quarterly

CLIENT SATISFACTION:

Method or Tool	Frequency	Utilization	Action
Satisfaction Survey	Completed by all families at entry and exiting the program. The entry provides a base line for the families to compare their situation over the period of time engaging with the FRC.	Surveys are reviewed by the leadership team and shared to the staff twice annually.	Agency to address issues identified in survey, reinforce what is working, and can facilitate changes to the program.

Program and Evaluation Description

PROGRAM NAME

Parent Resource Center

SERVICE PROVIDER

The Parent Resource Center

PROGRAM DESCRIPTION

The Parent Resource Center operates one of the seven Family Resource Centers located in Stanislaus County. The Parent Resource Center has more than 20 years of experience providing family support services. CAPIT funds are only used to fund the Differential Response program. The Parent Resource Center offers a variety of services which include in-home volunteer mentoring, parenting education classes and parenting support (including labor and delivery support), resource and referral services, case management, differential response(DR), distribution of school readiness information, health services enrollment assistance, family literacy and GED preparation classes, child developmental screenings, and mental health screenings. Some classes are co-ed while others targeted especially for fathers or mothers. The Parent Resource Center provides services to families in the highly impoverished West-Southwest, Central, and Airport neighborhoods of Modesto. This is unique and offers additional services based on the needs of neighborhood families, but all programs are designed to focus on the reduction of risk for child abuse, neglect, and family violence. Improving children’s health and development is also a priority. Support groups, counseling, literacy and school readiness programs, and labor and delivery classes are examples of some of the additional programs offered based on need. Outreach is also conducted year-round throughout the community. All services are provided at no cost, including childcare during classes.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Differential Response
CBCAP	
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s):	OIP, Prop 10

IDENTIFY PRIORITY NEED OUTLINED IN CSA

- The highest rate of substantiations is in the 0 – 5 age range. (CSA, page 24)
- High rate of poverty and substantial economic hardship. Families need advocacy, strategies and concrete support service. (CSA page 6, 10, 107)

- Results from the Stakeholders and Peer Review meetings, identified that an increase of prevention services can assist the reduction of the number of children entering or reoccurring in foster care, which includes the high rate of 0-2 year olds. (CSA, page 7, 93, 96).
- A comprehensive array of culturally appropriate family support services to meet the needs of all families and the growing population of Spanish speaking individuals that is projected to be at 50% (CSA page 13).

TARGET POPULATION

CWS and/or non-CWS families; families with children 0-18; low-income families; families identified at risk for child abuse or other forms of family violence through county CPS Differential Response process.

TARGET GEOGRAPHIC AREA

West-Southwest, Central, and Airport neighborhoods of Modesto in Stanislaus County

TIMELINE

RFP Timeline July 1, 2013 through June 30, 2016

EVALUATION

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

Desired Outcome	Indicator	Source of Measure	Frequency
Re-occurrence of maltreatment reduction	94% of parents or caretakers will not have re-occurrence of maltreatment substantiation.	CWS/CMS	Quarterly

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Client Satisfaction Survey	Quarterly	Reviewed by leadership quarterly, summary results to staff.	Identify concerns or possible improvements, and report out on required reports.

Program and Evaluation Description

PROGRAM NAME

North Modesto Family Resource Center

SERVICE PROVIDER

Sierra Vista Child & Family Services

PROGRAM DESCRIPTION

The North Modesto FRC is a community based Family Resource Center operated by Sierra Vista Child & Family Services, and serves as a hub of services for the North Modesto and Salida communities. The North Modesto FRC was opened in 2006 in order to respond to the needs of families with children 0-5 and families referred from the Community Services Agency via Differential Response (DR) in the Modesto zip codes 95350, 95355, 95356, and Salida (95368). CAPIT/PSSF Family Preservation and Family Support funds are only used to fund the Differential Response program. The North Modesto FRC serves a diverse population including a wide range of socio-economic classes. Pockets of poverty, difficulties with parenting, language barriers, and transportation needs are common in this community. In response to those needs, North Modesto FRC provides a variety of culturally appropriate services for families and children ages 0 to 18 in those communities, including resource and referral services, case management, differential response (DR), parent education and support, distribution of school readiness information, child developmental screenings, and mental health screenings. North Modesto FRC also offers counseling, health education, perinatal support, and conducts a variety of outreach activities. Community capacity development is a key component of the work that North Modesto FRC is doing with a variety of partners.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Differential Response
CBCAP	
PSSF Family Preservation	Differential Response
PSSF Family Support	Differential Response
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s):	Prop 10

IDENTIFY PRIORITY NEED OUTLINED IN CSA

- The highest rate of substantiations is in the 0 – 5 age range. (CSA, page 24)
- High rate of poverty and substantial economic hardship. Families need advocacy, strategies and concrete support service. (CSA page 6, 10, 107)

- Results from the Stakeholders and Peer Review meetings, identified that an increase of prevention services can assist the reduction of the number of children entering or reoccurring in foster care, which includes the high rate of 0-2 year olds. (CSA, page 7, 93, 96).
- A comprehensive array of culturally appropriate family support services to meet the needs of all families and the growing population of Spanish speaking individuals that is projected to be at 50% (CSA page 13).

TARGET POPULATION

CWS and/or non-CWS families; families with children 0-18; low-income families; families identified at risk for child abuse or other forms of family violence through county CPS Differential Response process.

TARGET GEOGRAPHIC AREA

North Modesto and Salida communities in Stanislaus County.

TIMELINE

RFP Timeline July 1, 2013 through June 30, 2016

EVALUATION

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

Desired Outcome	Indicator	Source of Measure	Frequency
Re-occurrence of maltreatment reduction	94% of parents or caretakers will not have re-occurrence of maltreatment substantiation.	CWS/CMS	Quarterly

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Satisfaction Survey	Completed at the end of series of classes (ie: 6 week parenting) or every 6 months on open ended programs.	Surveys are reviewed by the Quality Council comprised of Senior Leaders twice annually.	Agency uses for quality improvement purposes, to adjust or make changes to ensure services ultimately help recipients be better off. This information is also reported out to funders.

Program and Evaluation Description

PROGRAM NAME

Hughson Family Resource Center

SERVICE PROVIDER

Sierra Vista Child & Family Services

PROGRAM DESCRIPTION

Hughson FRC is a Family Resource Center, serving as a hub of services for the Hughson, Waterford, Denair, Empire, Hickman, LaGrange, Roberts Ferry, and Graton communities. CAPIT/PSSF Family Preservation and Family Support funds are only used to fund the Differential Response program. Hughson FRC provides a variety of culturally appropriate services for families in the specified communities, including resource and referral services, case management, and differential response (DR), parent education and support, distribution of school readiness information, health insurance enrollment assistance, child developmental screenings, and mental health screenings. Sierra Vista Child & Family Services has over 40 years of experience providing family support services,

Hughson FRC also offers mental health assessments and linkage to mental health services, family counseling and support groups, prenatal education and support, health screenings and referrals, health related outreach, and nutrition. Hughson FRC also hosts a variety of other programs, including youth leadership and resiliency activities, computer center access, backpack distribution, Christmas baskets, Doctor Seuss Night, Hughson’s Children’s Health Festival, Family Summer Literacy Camp, and other community forums and workshops. Collaborations and strong partnerships with school districts, law enforcement, city government, Head Start programs, and medical clinics are essential to the success of the Hughson FRC.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Differential Response
CBCAP	
PSSF Family Preservation	Differential Response
PSSF Family Support	Differential Response
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s):	Prop 10

IDENTIFY PRIORITY NEED OUTLINED IN CSA

- The highest rate of substantiations is in the 0 – 5 age range. (CSA, page 24)
- High rate of poverty and substantial economic hardship. Families need advocacy, strategies, counseling and concrete support service. (CSA page 6, 10, 107)

- Results from the Stakeholders and Peer Review meetings, identified that an increase of prevention services can assist the reduction of the number of children entering or reoccurring in foster care, which includes the high rate of 0-2 year olds. (CSA, page 7, 93, 96).
- A comprehensive array of culturally appropriate family support services to meet the needs of all families and the growing population of Spanish speaking individuals that is projected to be at 50% (CSA page 13).

TARGET POPULATION

CWS and/or non-CWS families; families with children 0-18; low-income families; families identified at risk for child abuse or other forms of family violence through county CPS Differential Response process.

TARGET GEOGRAPHIC AREA

Hughson, Waterford, Denair, Empire, Hickman, LaGrange, Roberts Ferry, and Graton communities in Stanislaus County.

TIMELINE

RFP Timeline July 1, 2013 through June 30, 2016

EVALUATION

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

Desired Outcome	Indicator	Source of Measure	Frequency
Re-occurrence of maltreatment reduction	94% of parents or caretakers will not have re-occurrence of maltreatment substantiation.	CWS/CMS	Quarterly

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Satisfaction Survey	Completed at the end of series of classes (ie: 6 week parenting) or every 6 months on open-ended programs.	Surveys are reviewed by the Quality Council comprised of Senior Leaders twice annually.	Agency uses for quality improvement purposes, to adjust or make changes to ensure services ultimately help recipients be better off. This information is also reported out to funders.

Program and Evaluation Description

PROGRAM NAME

Kids Count

SERVICE PROVIDER

Haven Women’s Center

PROGRAM DESCRIPTION

Haven Women’s Center provides counseling, education and advocacy for all survivors of domestic violence and sexual assault regardless of gender or sexual orientation. Haven also provides temporary residential shelter for women and their children (ages 0-18) fleeing from domestic violence. CBCAP funds are also used to provide Public Education.

Kid’s Count! is a 6-week, school-based violence prevention and youth empowerment program designed for children in grades 1-6 who have been affected by violence in any form, though not all the children referred to the program have necessarily been affected by violence. Children are often overlooked as having felt adverse effects of the violence they have witnessed, whether the incident(s) took place in their home, at school or in the broader community. Kids Count! program coordinators believe children deserve an opportunity for healing, growth and an increased sense of safety in their lives. They support this aim by providing a safe venue for children to explore and share their personal experiences with violence and build trust in a small community of peers.

Kids Count! focuses on a different topic for one hour each week. Topics include: safety planning, anger, bullying, feelings, self-esteem and envisioning a more peaceful world. The program utilizes direct instruction by trained facilitators, interactive exercises to engage group participation and creative expression through various art projects. Kids Count! facilitators work with children to identify different forms violence (physical, emotional, verbal, etc.), to recognize and express their feelings appropriately, to manage their anger in healthier ways and to create a personal safety plan.

Children are referred from classrooms and after school programs. While parents/guardians are not included in the actual group sessions, children are encouraged to share with their families what they learned in each Kids Count! group. Children leave the program each week with supplemental materials and handouts to reinforce the discussion topic and to spark conversation with the safe adults and other children at home. Once engaged, some parents self-refer to one of Haven Women’s Center’s administrative sites for additional services as needed and desired.

Outcomes are measured by children’s active participation and increased knowledge, school administrator support and after school program staff’s continued requests for services as well as parental interest and overall support of the Kids Count! program.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	Family Stability Services, Public Education

PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s):	IOP

IDENTIFY PRIORITY NEED OUTLINED IN CSA

- High rate of poverty and substantial economic hardship. Families need advocacy, strategies, mental health services and concrete support service that includes safe emergency housing. (CSA page 6, 10, 107)
- Results from the Stakeholders and Peer Review meetings, identified that an increase of prevention services can assist the reduction of the number of children entering or reoccurring in foster care. (CSA, page 7, 93).
- Domestic violence counseling and education to children.

TARGET POPULATION

School based program providing children, grades 1-6, who have experienced any form of violence.

TARGET GEOGRAPHIC AREA

Stanislaus County

TIMELINE

SIP Cycle, October 1, 2014 – October 1, 2019

EVALUATION

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

Desired Outcome	Indicator	Source of Measure	Frequency
Child increase social and emotional competence of children.	90% of the children will show an increase score on the Post Test.	Likert Scale Questionnaire	Pre- Post test (in-house developed tool), eight week program

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
None	N/A	N/A	Haven is currently working on a customer satisfaction survey to have up and running this fiscal year.

Program and Evaluation Description

PROGRAM NAME

Sierra Vista Counseling

SERVICE PROVIDER

Sierra Vista Child & Family Services

PROGRAM DESCRIPTION

Sierra Vista is an organization that offers many community services including individual, group counseling, family counseling, and psychiatric evaluations regarding issues of anger management, trauma, mental health, and school age issues. PSSF Time-Limited Family Reunification and Adoption Support funds are only used to provide mental health services, parent education and individual group family and domestic violence counseling services. Services also include a school for children with special needs who are not successful in a regular day school and an ADHD clinic. Their clients may include children and their families that are being served by County child welfare departments, and other children who are referred for services by legal, medical, or social services agencies. Individual and group counseling services for adults and children are available to help break the cycle of abuse and neglect. Individual and group counseling for children are available to help heal the damage of past abuse and neglect and increase their personal safety. Domestic violence and anger management treatment as well as co-dependency classes are available. Parent education and support is offered individually, in groups, and parent labs and activities that strengthen and support timely reunification. Sierra Vista offers services in Spanish as well. Priority is given to children who are being served by the county welfare departments for being abused and neglected and to their families who are participating in time limited reunification services.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	Individual/Group/Family Counseling, Domestic Violence individual and Group Counseling
PSSF Adoption Promotion and Support	Mental Health, Parent Education
OTHER Source(s):	CWS, OIP

IDENTIFY PRIORITY NEED OUTLINED IN CSA

- High rate of poverty and substantial economic hardship. Families need advocacy, strategies and mental health service. (CSA page 6, 10, 107)
- Low rates of reunification within 12 months. (CSA, page 104)

- The highest rate of substantiations is in the 0 – 5 age range. (CSA, page 24)
- A comprehensive array of culturally appropriate family support services to meet the needs of all families and the growing population of Spanish speaking individuals that is projected to be at 50% (CSA page 13).
- Results from the Stakeholders and Peer Review meetings, identified that an increase of prevention services can assist the reduction of the number of children entering or reoccurring in foster care, which includes the high rate of 0-2 year olds, as well as a need for more parenting support to improve reunification. (CSA, page 7, 90, 96).

TARGET POPULATION

CWS and/or non-CWS families in or around Stanislaus County

TARGET GEOGRAPHIC AREA

Stanislaus County

TIMELINE

SIP Cycle, October 1, 2014 – October 1, 2019

EVALUATION

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

Desired Outcome	Indicator	Source of Measure	Frequency
Timely Reunification	Increase the percentage of children exiting to adoption within 24 months to 80%.	CWS/CMS	Quarterly

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Satisfaction Survey	Completed at the end of series of classes (ie: 6 week parenting) or every 6 months on open ended programs.	Surveys are reviewed by the Quality Council comprised of Senior Leaders twice annually.	Agency uses for quality improvement purposes, to adjust or make changes to ensure services ultimately help recipients be better off. This information is also reported out to funders.

Program and Evaluation Description

PROGRAM NAME

Adoption Support Staff (.5 F.T.E.)

SERVICE PROVIDER

Community Services Agency

PROGRAM DESCRIPTION

In order to help support adoptive families and expedite the adoption process, designated social workers are assigned to work conjointly with the adoptions worker. PSSF Adoption Promotion and Support Funds are only used to provide Case Management and the recruitment of Adoptive Parents. The assigned social worker is required to complete quarterly time studies in order to track what services they provide to families to help promote and support adoption. The social worker works closely with the family on assessing the children’s behavioral/emotional/medical needs and helps make referrals to community resources. The social worker provides adult education in the areas of stress management, and educational advocacy. Social workers can assist with transportation, utility assistance, education on budgeting, and assistance with clothing for the children. All duties that are being funded by PSSF Adoption, Promotion and Support, are direct services that are performed above and beyond what the social worker would normally be able to do.

FUNDING SOURCES

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

IDENTIFY PRIORITY NEED OUTLINED IN CSA

- Low relative placement rate. (CSA, page 113)
- High re-entry rates (CSA, page 107)

TARGET POPULATION

CWS families in Family Reunification

TARGET GEOGRAPHIC AREA

Stanislaus County

TIMELINE

SIP Cycle, October 1, 2014 – October 1, 2019

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

Desired Outcome	Indicator	Source of Measure	Frequency
Permanency	Increase the percentage of children exiting to adoption within 24 months to 80%.	CWS/CMS	Quarterly

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Satisfaction Survey	Random sample of customers from all programs completed annually in the summer.	Results submitted to Exec team for review.	Agency to address issues identified in survey and used for process improvement.

Program and Evaluation Description

PROGRAM NAME

Camp ALWAYS (A Life With Adoption Yields Success)

SERVICE PROVIDER

Adopt A Special Kid

PROGRAM DESCRIPTION

AASK has over 40 years of adoption, foster care, and family support experience with over 30 counties in California. AASK provides Stanislaus County with adoption home studies as well as attendance to Camp ALWAYS (A Life With Adoption Yields Success), an annual five-day program for families with a child in an adoptive placement or a finalized adoption. PSSF Adoption Promotion and Support Funds are only used to provide adult education to prospective adoptive parents and post adoptive services to adoptive families. AASK facilitates Camp ALWAYS that takes place every June. At the five-day camp, the families are provided with parenting classes covering a range of topics from attachment issues to parenting teens and bonding activities including arts and crafts, nature walks, dances and relaxation time. This program serves Stanislaus County children and families that are currently in an adoptive placement or have had an adoption finalized.

FUNDING SOURCES

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

IDENTIFY PRIORITY NEED OUTLINED IN CSA

- High rate of poverty and substantial economic hardship. Families need advocacy, strategies and mental health service. (CSA page 6, 10, 107)
- Results from the Stakeholders and Peer Review meetings, identified that an increase of prevention services can assist the reduction of the number of children entering or reoccurring in foster care, which includes the high rate of 0-2 year olds. (CSA, page 7, 93, 96).

TARGET POPULATION

Families that are in the adoption process or have finalized their adoption.

TARGET GEOGRAPHIC AREA

California

TIMELINE

SIP Cycle, October 1, 2014 – October 1, 2019

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

Desired Outcome	Indicator	Source of Measure	Frequency
Permanency	Increase the percentage of children avoiding re-entry into foster care to 90.1%.	CWS/CMS	Quarterly

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Satisfaction Survey	All families complete at end of program.	Surveys are reviewed at end of program.	Agency to address issues identified in survey. Stanislaus County reviews their families and address concerns with agency.

Program and Evaluation Description

PROGRAM NAME

Adoption Library

SERVICE PROVIDER

Family Connections Christian Adoptions

PROGRAM DESCRIPTION

Family Connections Christian Adoptions (FCCA) is a private, state-licensed, Hague-accredited, full-service adoption agency with six locations throughout California. FCCA focuses on placing the waiting children of the world into loving, forever families. This includes children in foster care in California, including Stanislaus County; children in overseas orphanages; and children whose birth parents wish to make a voluntary adoption plan. FCCA provides assistance in out of county home studies and out of state adoptions for Stanislaus County Child Welfare. PSSF Adoption Promotion and Support funds are only used to recruit and provide education material to adults interested in adoption. The agency also assists many legal guardians and foster parents who wish to adopt. FCCA provides a confidential and thorough explanation of the types of adoption available, including the cost, timeline, and risk involved. FCCA also provides a free Adoption Lending Library. The Modesto office in Stanislaus County maintains an adoption education library with books, videos and other resources for adults and children. This library is free and open to the public.

FUNDING SOURCES

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

IDENTIFY PRIORITY NEED OUTLINED IN CSA

- Increase the amount of suitable permanent adoptive homes.
- Child development materials to educate prospective adoptive adults.
- Results from the Stakeholders and Peer Review meetings, identified that an increase of prevention services can assist the reduction of the number of children entering or reoccurring in foster care. (CSA, page 7, 93).

TARGET POPULATION

CWS and/or non-CWS families in or around Stanislaus County who are interested in adoption.

TARGET GEOGRAPHIC AREA

Stanislaus County and surrounding areas

TIMELINE

One time funding for resources that are used ongoing.

EVALUATION

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

Desired Outcome	Indicator	Source of Measure	Frequency
Permanency	Increase the percentage of children avoiding re-entry into foster care to 90.1%.	CCWIP	Quarterly

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
None – this is a free library for the public and is often referred to by Stanislaus County Child Welfare to prospective or current adoptive homes.	N/A	Ongoing	N/A

Proposed Expenditures

**CAPIT CBCAP PSSF Expenditure Workbook
Proposed Expenditures
Worksheet 1**

Program Name		No.	A	B	C	D2	E1	E2	CBCAP		PSSF				OTHER SOURCES	NAME OF OTHER	TOTAL
									F1	F2	G1	G2	G3	G4			
(1) DATE SUBMITTED: _____ thru _____ (2) DATES FOR THIS WORKBOOK: 1/30/15 thru 1/30/20 (4) COUNTY: Stanislaus (5) PERIOD OF REP: 1/30/15 thru 1/30/20 (6) YEARS: 1 (7) ALLOCATION: (Use the latest Fiscal or All County information. Notes for Allocation):																	
CAPIT: \$ 829,900 CBCAP: \$180,906 PSSF: \$1,127,476																	
1	FRC - Turlock						\$108,540	\$0	\$0	\$0	\$0	\$0	\$0	\$219,165		\$327,705	
2	FRC - Cores						\$82,379	\$0	\$106,830	\$116,835	\$0	\$0	\$213,668	\$0	OIP	\$396,038	
3	FRC - Estrada						\$67,973	\$0	\$92,255	\$92,255	\$0	\$0	\$184,410	\$0		\$252,480	
4	FRC - Winde						\$90,065	\$0	\$94,080	\$94,080	\$0	\$0	\$188,160	\$0		\$276,225	
5	FRC - Modesto						\$21,855	\$0	\$0	\$0	\$0	\$0	\$0	\$465,120	OIP	\$486,975	
6	FRC - North Modesto						\$184,775	\$0	\$167,085	\$167,090	\$0	\$0	\$334,175	\$0		\$518,950	
7	FRC - Highson						\$64,325	\$0	\$62,655	\$62,650	\$0	\$0	\$125,300	\$0		\$189,630	
8	Kids Count						\$0	\$110,905	\$0	\$0	\$0	\$0	\$0	\$13,565	OIP	\$124,470	
9	Pvt Adoption Camp						\$0	\$0	\$0	\$0	\$0	\$119,000	\$119,000	\$0		\$119,000	
10	Adoption Library						\$0	\$0	\$0	\$0	\$0	\$5,000	\$5,000	\$0		\$5,000	
11	Consulting						\$0	\$0	\$0	\$0	\$691,395	\$0	\$691,395	\$5,148,805	CNLS & OIP	\$5,799,000	
12	Adoptions Social Worker						\$0	\$0	\$0	\$0	\$0	\$426,065	\$426,065	\$0		\$426,065	
13							\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	
14							\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	
15							\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	
Totals							\$829,900	\$180,906	\$822,918	\$691,395	\$691,395	\$426,065	\$426,065	\$5,148,805	CNLS & OIP	\$8,064,538	

