

# California - Child and Family Services Review

## System Improvement Plan

APRIL 2016 TO APRIL 2021



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## Introduction

The **Mendocino County 2016 – 2021 System Improvement Plan (SIP)** is the third component of the California-Child and Family Services Review (C-CFSR), which is a systematic analysis of the county's Child Welfare and Juvenile Probation systems. The 2016-2021 SIP is a 5-year strategic plan to improve specific priority areas identified through the **2015 County Self-Assessment** and **Peer Review**.

The California-Child and Family Services Review (C-CFSR) is an outcome based review mandated by the Child Welfare System Improvement and Accountability Act (Assembly Bill 636), which was passed by the state legislature in 2001. The C-CFSR is a 5-year cyclical process which begins with the identification and analysis of the current system through the Child Welfare and Probation County Self-Assessment (CSA) and Peer Review, and leads to the development and implementation of solutions which are tested in the System Improvement Plan (SIP), and an ongoing evaluation and revision of those solutions for continuous improvement. To meet the changing needs of the system over time, activities are monitored and may be updated through the Annual System Improvement Plan Progress Report. The C-CFSR process is guided by a philosophy of continuous quality improvement, interagency partnerships, community involvement and accountability for program outcomes.

The County Self-Assessment (CSA) is a comprehensive review of the child welfare and probation placement programs, from prevention and protection through permanency and aftercare. The CSA is the analytical vehicle by which counties determine the effectiveness of current practices, programs and resources across the continuum of child welfare and probation placement services and identifies areas for targeted system improvement. Mendocino County's CSA was completed over the course of approximately six months in 2015.

The Peer Review provides counties with qualitative information about their programs by examining child welfare practices and policies that impact outcomes for children and families. It also offers the opportunity for sharing successful efforts across counties. Peers from other counties who assist with the review share information on best or promising practices used in their own counties. Mendocino County completed the Peer Review in July 2015. Child Welfare Social Workers from Sonoma, Fresno, Yolo and San Benito counties and Probation Officers from El Dorado, Butte and Placer counties assisted in the Peer Review. The focus of child welfare services was Re-Entry to Foster Care within 12 Months following Reunification and the focus for probation services was Reunification within 12 Months. The results of the Peer Review were incorporated into the CSA.

The County's System Improvement Plan (SIP) is based on data and information collected through the CSA and Peer Review. It is the operational agreement between the County Child Welfare and Probation departments and the California Department of Social Services (CDSS), outlining how the County will improve their system of care for children and families. It is developed every five years by child welfare and probation in collaboration with their local community, prevention and early intervention partners. The SIP includes a plan for how the County will utilize prevention, early intervention and treatment funds (CAPIT/CBCAP/PSSF) to strengthen and preserve families, and to help children find permanent families when they are unable to return to their families of origin. The SIP is a commitment to specific targeted and measurable improvements regarding the specific priority areas of focus, but it is not intended to be the County's comprehensive child welfare plan. It includes specific action steps, timeframes and improvement targets and must be approved by the Mendocino County Board of Supervisors and the CDSS. The Mendocino County Health and Human Services Agency (HHSA) and Mendocino County Probation Department are responsible for the development of the SIP, with technical assistance from CDSS.

Mendocino County had extensive stakeholder input on the development of the SIP through the CSA and Peer Review processes as well as additional meetings to develop and review proposed strategies and actions that comprise the SIP. The Mendocino County 2016-2021 SIP reflects

feedback from more than 150 individuals from child welfare and probation staff, public and private agencies, community based organizations, elected officials, Native American tribal representatives, youth, families and foster parents. The 2016-2021 System Improvement Plan reflects Mendocino County's commitment to specific measurable improvements in processes, outcomes and systems that the county will achieve within a defined time frame.

## Mendocino County Family & Children's Services Overview

The Family and Children's Services (FCS) Division of the Mendocino County Health and Human Services Agency is responsible for investigating allegations of child abuse and neglect. FCS provides a full-spectrum of child welfare services and programs from community education and prevention programs to foster care. As a child welfare agency, it is responsible for achieving the safety, permanency and well-being goals federally mandated in various legislation which include:

- Protect children from abuse and neglect
- Have children safely maintained in their own homes whenever possible and appropriate
- Enhance families' capacity to provide for their children's needs
- Provide children with permanency and stability in their living situations
- Ensure children receive appropriate services to meet their physical and mental health needs
- Preserve the continuity of family relationships and connections for children
- Prepare youth emancipating from foster care to transition into adulthood

FCS believes that the welfare and protection of our children is a community responsibility and will be achieved only through effective collaboration and transparent service delivery.

## Mendocino County Probation Department Overview

Mendocino County's Juvenile Justice System is comprised of the Superior Court, the Probation Department, the Public Defender's office and the District Attorney's office. The supervision of juveniles in the community varies from informal probation to specialized programs designed to handle more seriously delinquent youth.

The Probation Department is operated by the County and staffed with county employees. Probation caseloads are largely dependent upon the sentencing decisions of the court, and it is through its compliance with the mandates of the Welfare and Institutions Code, that the Probation Department works to keep communities safe and youth directed toward a productive future. The Probation Department is responsible for maintaining the safety, permanency and well-being goals federally mandated in various legislation with much of same goals as FCS which include:

- Protect the community as a whole
- Have youth safely maintained in their own homes whenever possible and appropriate
- Enhance families' capacity to provide for their youth's needs by referring them to identified services and providing court ordered supervision of their youth
- Provide youth with structure and stability in their living situations and within the community
- Ensure youth receive appropriate services to meet their physical and mental health needs
- Prepare youth emancipating from foster care to transition into adulthood as law abiding citizens

# SIP Narrative

## A. C-CFSR TEAM AND CORE REPRESENTATIVES

### C-CFSR Team

In March 2015, a planning committee was assembled to oversee the C-CFSR process. The team was led by representatives from the County’s Family and Children’s Services department, Probation department, California Department of Social Services consultants from the Outcomes and Accountability Bureau and the Office of Child Abuse Prevention and staff from the U.C. Davis Northern California Training Academy to support the County Self-Assessment and Peer Review processes.

### Core Representatives

Name	Agency	Department
Henry Franklin	CDSS	Outcomes and Accountability
Anthony Bennett	CDSS	Office of Child Abuse Prevention
Jena Conner	HHSA/Social Services	Family & Children’s Services
Sue Norcross	HHSA/Social Services	Family & Children’s Services
Bobby Brumback	HHSA/Social Services	Family & Children’s Services
Kevin Kelley	Probation	Juvenile Division
Michaela Barlow	Probation	Juvenile Division
Various Support Staff	UC Davis	Northern Region Training Academy

### Development of the County Self-Assessment

As previously noted, in 2015, Family and Children’s Services, in partnership with Juvenile Probation, conducted an extensive analysis of its services, programs and processes, the findings

of which are detailed in the 2015 Mendocino County Self-Assessment Report. The C-CFSR Team completed the CSA using a variety of methods: gathered and analyzed information and data; actively participated in the Peer Review; and conducted focus groups and administered surveys as a means to engage stakeholders and obtain feedback about the quality of Child Welfare and Probation systems as well as the provision of services to children and families in the community. Results obtained utilized a combination of quantitative analysis of data and qualitative analysis of information gathered from stakeholders, child welfare and probation staff, survey/focus group input and literature reviews. Performance data was obtained from the U.C. Berkeley California Child Welfare Indicators Project, Safe Measures, KidsData, CWS/CMS and previous reports.

**Participants in the County Self-Assessment/Focus Groups/Surveys:**

Stakeholder’s Meeting, June 1, 2015:

<b>PARTICIPANT NAME</b>	<b>DEPARTMENT</b>
<b>REBECCA CHENOWETH</b>	Deputy County Counsel
<b>JACK WANN</b>	Mendocino Probation
<b>WARREN GALLETTI</b>	Mendocino County Office of Education, Superintendent
<b>DEBRA RAMIREZ</b>	Redwood Valley Rancheria Tribal Chair
<b>SUSAN ROGERS</b>	Social Worker Supervisor, ER Court
<b>LORRAINE MONTANO</b>	Redwood Community Services
<b>ANITA TOSTE</b>	Hopland Tribe ICWA worker
<b>ANNE MOLGAARD</b>	First 5 Mendocino
<b>RONALD QUILT</b>	Round Valley Tribe
<b>TOM GORTON</b>	Social Worker- HHSA/Family & Children’s Services
<b>KAREN JASON</b>	Mendocino College FKCE Program
<b>KORT PETERSEN</b>	Social Worker- HHSA/Family & Children’s Services
<b>BEKKIE EMERY</b>	HHSA-EFAS & Adults Deputy Director
<b>THELMA GIWOFF</b>	Senior Program Manager- HHSA/Family & Children’s Services
<b>MIMINE AMBROIS</b>	Tapestry Family Services
<b>JENNIFER SOOKNE</b>	Social Worker- HHSA/Family & Children’s Services
<b>TIM SCHRAEDER</b>	Redwood Quality Management Company
<b>KATE BUXBAUM</b>	Redwood Community Services
<b>TOM ALLMAN</b>	Mendocino County Sheriff
<b>HENRY FRANKLIN</b>	CDSS
<b>ANTHONY BENNETT</b>	CDSS
<b>SUSAN FETTE</b>	TLC Child & Family Services
<b>MICHAELA BARLOW</b>	Probation
<b>BOBBY BRUMBACK</b>	Program Administrator- HHSA/Family & Children’s Services
<b>SUE NORCROSS</b>	Sr. Program Manager- HHSA/Family & Children’s Services
<b>BUCK GANTER</b>	Chief Probation Officer



<b>PAULA MARTIN</b>	Mendocino County Office of Education, SELPA Director
<b>BRANDY NORIEGA</b>	Probation Officer
<b>GARY LEVENSON-PALMER</b>	Juvenile Justice Commission
<b>TERESA BAUMEISTER</b>	Social Worker- HHSA/Family & Children's Services
<b>CAROL KELSEY</b>	HHSA/Public Health- Foster Care Nursing Program
<b>DEBORAH LOVETT</b>	Sr. Program Manager- HHSA/Family & Children's Services
<b>JASON IVERSEN</b>	Ukiah Unified School District
<b>JOAN ROSS</b>	Social Worker-HHSA/Family & Children's Services
<b>NADIA PADILLA</b>	North Coast Opportunities, Head Start Child Development Program
<b>SHERYN HILDEBRAND</b>	CASA
<b>JENA CONNER</b>	Deputy Director- HHSA/Family & Children's Services
<b>JOANNE OLSON</b>	Mendocino County Youth Project
<b>FABIAN LIZARRAGA</b>	Fort Bragg Police Department Chief
<b>BRYAN LOWERY</b>	HHSA Assistant Director, Health & Human Services Agency
<b>HOLLY RAULINS</b>	Point Arena Schools
<b>MATT PURCELL</b>	Social Worker Supervisor- HHSA/Family & Children's Services
<b>JAYMA SPENCE</b>	Family Resource Center Network of Mendocino
<b>JEFF KILLEBREW</b>	TLC Child and Family Services
<b>RICK TRAVIS</b>	North Coast Opportunities, Head Start
<b>BLYTHE POST</b>	Mendocino County Office of Education, Foster Youth Liaison
<b>DOLLY RILEY</b>	Social Worker Supervisor- HHSA/Family & Children's Services
<b>GEORGE VALENZUELA</b>	Deputy County Counsel

Focus groups included:

- Foster parents: 13 participants, March 3, 2015
- Biological parents: 11 participants, March 17, 2015 and May 18, 2015
- Social Worker Assistants: 8 participants; May 20, 2015
- Youth: 14 participants, July 8, 2015
- Probation officers: 2 participants, July 14, 2015
- Group home (probation) youth survey: sent to 14 group homes, 6 responses, July 2015
- Probation youth currently in placement: 13 participants, August 2015
- All FCS line staff and management staff were sent a survey on July 23, 2015, 41 responses were received

## **B. PRIORITIZATION OF OUTCOME DATA MEASURES/SYSTEMIC FACTORS AND STRATEGY RATIONALE**

The Mendocino County 2016-2021 System Improvement Plan reflects input and feedback from over 150 individuals from child welfare and probation staff, public and private agencies,

community-based organizations, elected officials, Native American tribal representatives, youth and the community. Based on information gathered during the 2015 County Self-Assessment and Peer Review, in addition to the 2015 Mendocino County Grand Jury report on FCS, FCS and Probation identified key focus areas for improvement with the next SIP. The areas selected by FCS were selected due to performance being furthest off the national/statewide standards.

### Family and Children’s Services

CATEGORY	AREA OF FOCUS	CFSR MEASURE	CFSR MEASURE NUMBER
SYSTEMIC FACTOR	Recruitment and retention of social workers	N/A	N/A
SAFETY	Response time and data entry	Timely Response (10-Day)	2B
	Prevention of repeat child abuse and neglect	Recurrence of Maltreatment	S2
PERMANENCY	Prevention of repeat child abuse and neglect and	Re-entry following reunification	P4
	Permanency and stability in living situations for foster youth	Placement stability	P5

### Mendocino County Probation

CATEGORY	AREA OF FOCUS	CFSR MEASURE	CFSR MEASURE NUMBER
PERMANENCY	Reunification within 12 months	Permanency in 12 months for children entering foster care	P1
	Permanency and stability in living situations for foster youth	Placement stability	P5

On January 25, 2016, FCS convened a meeting with staff and stakeholders to identify possible strategies to help achieve improvement in the FCS focus areas. The following is the list of participants in that meeting:

PARTICIPANT NAME	DEPARTMENT
REBECCA CHENOWETH	Deputy County Counsel
DOUG PARKER	Deputy County Counsel
GEORGE VALENZUELA	Deputy County Counsel

<b>RUTH LINCOLN</b>	Acting Deputy Director- HHSA/ Public Health
<b>SHARON CONVERY</b>	Senior Program Manager- HHSA/ Public Health
<b>SHERYN HILDEBRAND</b>	CASA Director
<b>BLYTHE POST</b>	Mendocino County Office of Education, Foster Youth Liaison
<b>JOANNE OLSON</b>	Mendocino County Youth Project Executive Director
<b>CAMILLE SCHRAEDER</b>	Redwood Community Services Executive Director
<b>JENA CONNER</b>	Deputy Director- HHSA/ Family & Children's Services
<b>JIM MOCKEL</b>	Senior Program Manager- HHSA/ Family & Children's Services
<b>DEBORAH LOVETT</b>	Senior Program Manager- HHSA/ Family & Children's Services
<b>THELMA GIWOFF</b>	Senior Program Manager- HHSA/ Family & Children's Services
<b>SUE NORCROSS</b>	Senior Program Manager- HHSA/ Family & Children's Services
<b>ANNE NAVA</b>	Social Worker Supervisor- HHSA/ Family & Children's Services
<b>CASSIE QUADRELLI</b>	Social Worker Supervisor- HHSA/ Family & Children's Services
<b>DAISY ALAM</b>	Social Worker Supervisor- HHSA/ Family & Children's Services
<b>JOHN GRIFFITH</b>	Social Worker Supervisor- HHSA/ Family & Children's Services
<b>LISA ALLISON</b>	Social Worker Supervisor- HHSA/ Family & Children's Services
<b>MATT PURCELL</b>	Social Worker Supervisor- HHSA/ Family & Children's Services
<b>NATALIE SHEPARD</b>	Social Worker Supervisor- HHSA/ Family & Children's Services
<b>JOAN ROSS</b>	Social Worker Supervisor- HHSA/ Family & Children's Services
<b>MELISSA PHILLIPS</b>	Social Worker Supervisor- HHSA/ Family & Children's Services
<b>SUSAN ROGERS</b>	Social Worker Supervisor- HHSA/ Family & Children's Services
<b>KENDRA PASHALES</b>	Program Specialist- HHSA/ Family & Children's Services
<b>ANGELA WYNACHT</b>	Social Worker- HHSA/ Family & Children's Services
<b>ELENA ROBERTS</b>	Social Worker- HHSA/ Family & Children's Services
<b>GAIL VIERA</b>	Social Worker- HHSA/ Family & Children's Services
<b>KORT PETERSEN</b>	Social Worker- HHSA/ Family & Children's Services
<b>KRISTIN SURGES</b>	Social Worker- HHSA/ Family & Children's Services
<b>MICHELE STECKTER</b>	Social Worker- HHSA/ Family & Children's Services
<b>MIMI CABRAL</b>	Social Worker- HHSA/ Family & Children's Services
<b>HEATHER TIDRICK</b>	Social Worker- HHSA/ Family & Children's Services
<b>MELISSA WALKER</b>	Social Worker- HHSA/ Family & Children's Services
<b>NORI DOLAN</b>	Social Worker- HHSA/ Family & Children's Services
<b>PAULA BURNS-HERON</b>	Social Worker- HHSA/ Family & Children's Services
<b>RACEL MONTANO-GERMAIN</b>	Social Worker- HHSA/ Family & Children's Services
<b>CHELA RUANO</b>	Social Worker Assistant- HHSA/ Family & Children's Services
<b>DEBBIE PULLINS</b>	Social Worker Assistant- HHSA/ Family & Children's Services
<b>MANDI JOHNSTON</b>	Social Worker Assistant- HHSA/ Family & Children's Services
<b>MOISES SORIA</b>	Social Worker Assistant- HHSA/ Family & Children's Services
<b>TAMI VORIS</b>	Social Worker Assistant- HHSA/ Family & Children's Services

Following that meeting, the FCS management team consolidated the various suggested and selected strategies that would be doable. Lastly, on February 8, 2016, FCS Deputy Director Jena Conner presented a draft of the SIP strategies and activities for the four focus areas to the Mendocino County Policy Council on Children and Youth/Child Abuse Prevention Council to

gather further feedback and input. The SIP chart included reflects the valuable input, feedback and suggestions gathered through this process.

The 5-year System Improvement Plan Chart outlines implementation timelines for all of the strategies targeting improvement in identified focus areas listed above. Because safety and permanency are interrelated, each strategy may impact outcomes in one or more of the targeted areas. The section below provides a brief summary of the data analysis contained in the 2015 County Self-Assessment (CSA) to provide context for the strategies included in the 2016-2021 System Improvement Plan (SIP).

### **Family and Children's Services SIP Focus Areas:**

#### **1) Recruitment and Retention of Social Work Staff (Systemic Factor)**

**Federal/CWS Outcomes Measure:** not applicable

#### **Analysis on this systemic factor from the CSA with updated information:**

Staff turnover is an ongoing issue. From July 2013 through July 2015, approximately 44 staff (in various classifications including office assistants, program specialists, social worker assistants, social workers, social worker supervisors, legal clerks, a program administrator and a foster care eligibility supervisor) left FCS, although we have had a slight net increase in our full time positions. 17 of the 44 staff members were social workers; 10 left or were let go in fiscal year 2013-2014 and 7 left or were let go in fiscal year 2014-2015. Reasons for staff (all staff members) leaving include retirement, not passing probation, termination, transfers or promotions to other departments, relocation out of Mendocino County, lack of affordable housing in the county, and higher paying jobs in the county or in neighboring counties.

Due to being a rural county without a university and pay and/or benefits that are not competitive with neighboring counties, we have a difficult time recruiting master level social workers (Social Worker IV / V). We currently have a waiver from the California Department of Social Services in effect through January 2018 due to our inability to meet the State

requirements for social workers with a master's degree in social worker education or its equivalent in education and/or experience as certified by the State Personnel Board or county civil service board. On November 1, 2015, hiring for Family and Children's Services changed from Merit System Services, which was administered by CPS HR Consulting for the California Department of Human Resources, to Mendocino County Civil Service, an Approved Local Merit System (ALMS). Unfortunately, Merit Systems did not count any experience as being equivalent to a master's degree. This change gave our county's Civil Service Commission the flexibility to review job classifications and allow experience to count in lieu of having a master's degree. In the first Social Worker IV and V recruitment since the change to Civil Service, four Social Worker IIIs were able to promote to the Social Worker IV or V classifications based on their extensive years of experience performing child welfare services. As of March 28, 2016, we will have 34 social workers, 12 of whom are Social Worker IV or Vs (35%).

We have been more successful with recruiting lower level social workers who then pursue an MSW through the Title IV-E distance learning programs with Humboldt or Chico State, although once they obtain an MSW, many of them pursue jobs with counties that offer higher rates of pay or take jobs with mental health providers in order to gain clinical hours towards becoming Licensed Clinical Social Workers. Many of our Social Worker I positions are filled by staff promoting up from the Social Worker Assistant, Eligibility Worker or Employment Services Representative classifications from our Employment and Family Assistance Services division.

In 2014, FCS began contracting with two Licensed Clinical Social Workers (LCSW) in the community to provide clinical supervision for our Social Worker IVs and Vs and Social Worker Supervisor IIs who are registered with the Board of Behavioral Sciences as Associate Clinical Social Workers (ASWs), Marriage and Family Therapist Interns (MFTIs) or Professional Clinical Counselor Interns (PCCIs) to help them meet some of their supervision requirements in working towards becoming Licensed Clinical Social Workers (LCSWs), Marriage and Family Therapists (MFTs) or Licensed Professional Clinical Counselors (LPCCs). Last year we had three staff take advantage of this opportunity, and five additional staff began participating in January 2016. We are also collaborating with the Mendocino County Youth Project, a community based mental

health provider, for ASW, MFTI and PCCI staff to gain the required clinical hours completing mental health assessments, diagnosing and/or providing treatment while maintaining their full time employment with FCS. The Memorandum of Understanding is currently in the county review process and once completed, we will be able to implement this opportunity.

We also work with our local community college, Mendocino College, to recruit interns in their Human Services certificate program, as well as with the BSW and MSW programs at Humboldt and Chico State Universities.

Lack of sufficient social work staff has a direct impact on our ability to make improvements in the other focus areas of the SIP detailed below. Further, lack of sufficient resources, particularly an adequate number of county vehicles for FCS staff to perform work such as field investigations, home visits and client transports, also has a direct impact on our ability to make improvements in the other focus areas of the SIP.

## **2) Recurrence of Maltreatment (Measure S2)**

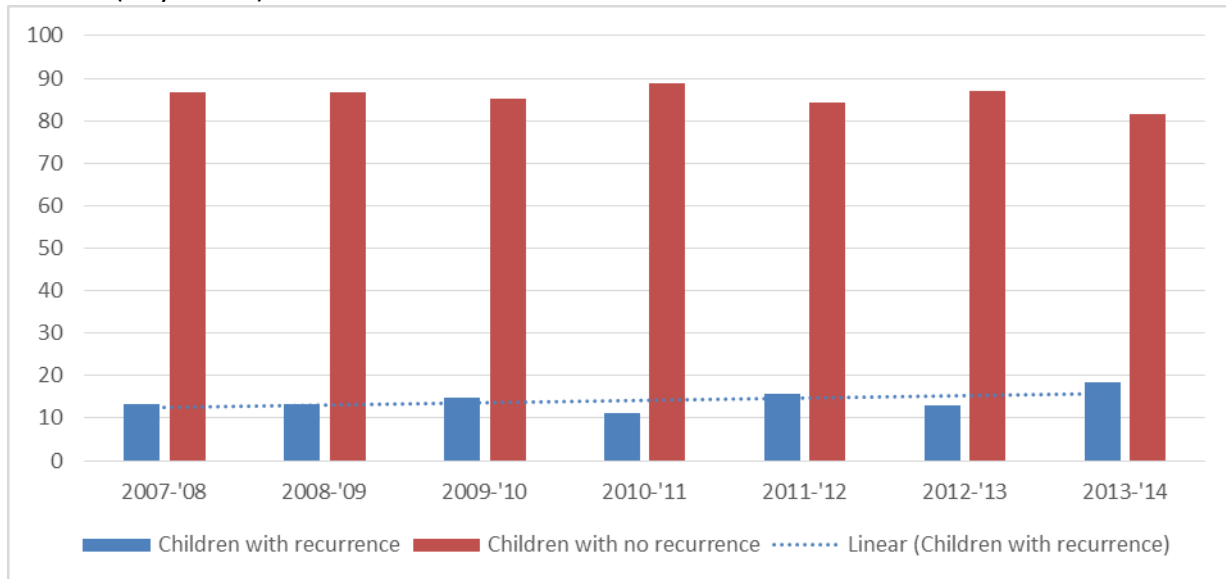
**Federal/CWS Outcomes Measure:** Of all children who were victims of a substantiated maltreatment allegation during a 12-month reporting period, what percent were victims of another substantiated maltreatment allegation within 12 months of their initial report?

**Methodology:** The denominator is the number of children with at least one substantiated maltreatment allegation in a 12-month period. The numerator is the number of children in the denominator that had another substantiated maltreatment allegation within 12 months of their initial report. If there is a subsequent report of maltreatment within 14 days of the earlier report, it is not counted as recurrent maltreatment. Youth who are age 18 or more are excluded from the calculation of the indicator.

**Performance:** Performance for this measure is the numerator divided by the denominator, expressed as a percentage.

**National Standard:** The national standard for this measure is performance less than or equal to 9.1%.

Table: Children with substantiated allegation during 12-month period- Recurrence within 12 months (July - June).



**Analysis on this measure from the CSA:**

The data reflects that Mendocino County is currently out of compliance (and has been over time) on this measure (18.4% of children experience recurrence while the national standard is 9.1%). The number of children with recurrences has been increasing over time, with a demonstrated dip in the time frame July 2012 through June 2013. In comparison, the state of California’s average since 2007 has remained consistent with an average of 10.2% of children experiencing recurrence of maltreatment.

Stakeholders provided the following feedback regarding this outcome measure and Family and Children’s Services agrees with these insights:

- Substance abuse is one of the largest factors leading to recurrence of maltreatment. Most, if not all, are struggling with polysubstance abuse and due to the prevalence of substance abuse in the community, parents that get clean have a hard time maintaining sobriety when living amongst multi-generational abuse. Substance abuse increases the risk of involvement in domestic violence, other neglect or maltreatment of children,

unemployment, lack of monitoring children's school attendance and likelihood of engaging in criminal activity. All of these factors necessitate the county increasing the amount of treatment and support programs that are available to help service this need, as well as workers with the skill to help walk clients through engagement in the early stages, when their abuse makes it difficult for them to see their own need. The community is so impacted by the marijuana industry, that there are a lot of transient people coming into the county to work seasonally that may have no local support system in place, and they bring their families with them in some cases. Youth come to school reeking of it and the lifestyle is normalized.

- Mental health is difficult to address with parents as they often do not recognize how their mental health concerns impact their ability to parent. When they are assessed for services, they often will report that they have no problem and then are determined to not need services or be eligible for services. When they do meet criteria, there is a need to develop better support networks around families to ensure they participate in services, are given support from their network, and are provided support and education from their social worker on how their specific concerns are impacting their parenting. There needs to be a system to help prioritize adults with higher need, such as individuals coming off of a 5150 hold.
- Recurrence of maltreatment occurs due to a variety of issues, including:
  - Drug or alcohol relapse,
  - Prior interventions/services did not meet the family's need or the changes in behavior were not integrated into practice,
  - Family law or custody issues,
  - Parents not identifying or accepting risk factors, or not being able to see that they are able to be the solution to their own problem,
  - Families do not leave their environment and they relapse or slip into old behaviors under the influence of others; peer pressure and environmental triggers,
  - Additional information is provided to the department (FCS) in subsequent referrals that provide more information to substantiate allegations,



- If the intervention is not enough to meet the family's needs, the family's risk or safety issue may elevate to require a stronger intervention. Once these families are identified, they also have more mandated reporters in their lives who can make future reports if there are subsequent risk or safety issues.
- Once a referral is received, there is strong communication with community partners and there is excellent communication and collaboration to ensure that the families' needs are met. Partners ask how they can help support the family to prevent future issues.
- When a family continues to have escalation of risk and safety issues, this could be due to not properly identifying all risk and safety issues, lack of full disclosure by children of all abuse experienced, retaliation from family members against children who disclose, lack of the family's belief in child's disclosure leading to failure to protect or engage in the safety plan, or the family not addressing the issue. Another common stressor is difficult behaviors exhibited by teenagers that parents struggle to deal with when they have limited or impaired parenting.
- Some of the interventions that have been identified as most effective for preventing recurrence are:
  - Safety Organized Practice family team meetings, involving support networks, getting kids involved in safety planning, follow up after meeting to ensure stable, transparent process and family needs to have support network (but could be co-dependency which is not good).
  - For children under 5, Head Start does in-home parenting, needs and strengths assessments and goal setting with families and refers out for things that cannot be handled in-house such as to First Five, Tapestry Family Services, or parenting classes. Head Start also works with families on the goals the family may have with FCS or other providers to incorporate those goals into the Head Start plan.
  - Sometimes getting a wakeup call from authorities helps to prevent recurrence.
  - RED (Review, Evaluate, Direct) Team process reviewing every non-immediate referral that comes into FCS countywide with a group decision making process to critically assess referrals.

- Of the areas identified as gaps or missing services that could help with prevention of recurrence, the following were recommendations of the stakeholders to address or develop:
  - Develop a Differential Response system for incoming ER referrals
  - Adult mental health services
  - Access to mental health services for teenagers
  - Sober living environments
  - Foster parents who can take minor parents with babies
  - Mentors- Big Brothers/Big Sisters
  - Medical providers- getting their assistance in coordinating health/mental health services for clients
  - Getting families connected to resources (CalWORKs/Medi-Cal) when they have limited transportation resources to get into office to apply
  - Consolidated Tribal Health has two staff to help get clients enrolled with Medi-Cal
- For families in isolated geographical areas of the county, there are limited services, but school based services seem to be the only ones that are accessible. Consider other methods of service delivery that make it easier for families to access services in their area.

### **3) Re-entry to Foster Care (Measure P4)**

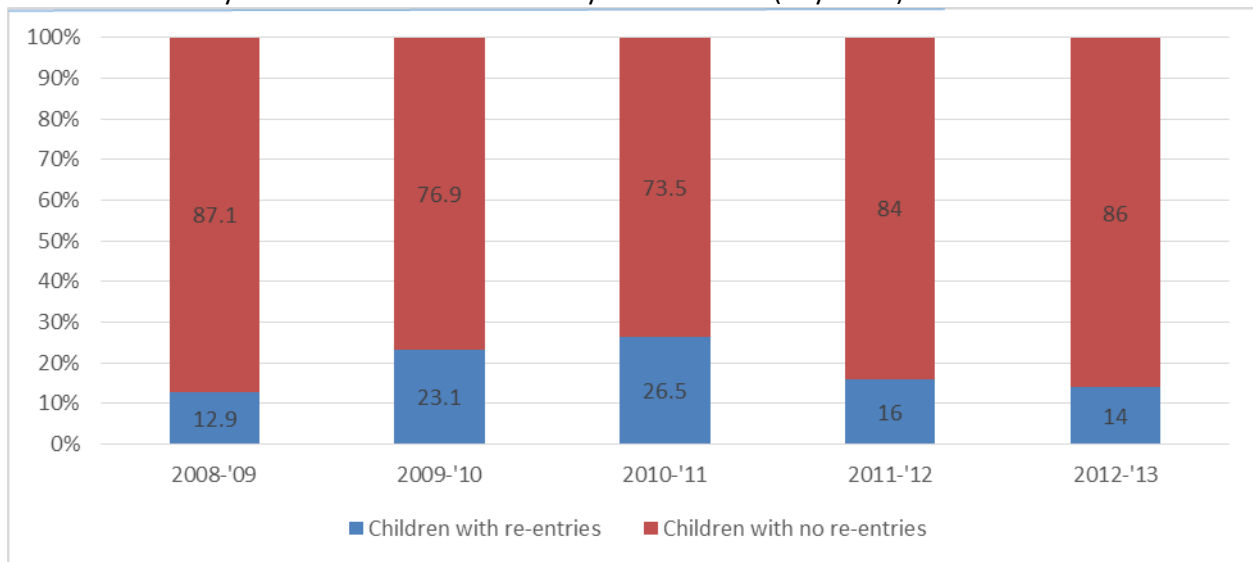
**Federal/CWS Outcomes Measure:** Of all children who enter foster care in a 12-month period who discharged within 12 months to reunification, living with a relative(s), or guardianship, what percent re-enter foster care within 12 months of their discharge?

**Methodology:** The denominator is the number of children who entered foster care in a 12-month period who discharged within 12 months to reunification, or guardianship. Please note that this denominator does not include children discharged to adoption, who re-enter within 12 months. Children in foster care for less than 8 days or who enter or exit foster care at age 18 or more are excluded from the denominator. The numerator is the number of children in the

denominator who re-entered foster care within 12 months of their discharge from foster care. If a child re-enters foster care multiple times within 12 months of when they left, only the first re-entry into foster care is selected.

**National Standard:** The national standard for this measure is performance less than or equal to 8.3%.

Table: Permanency Performance Area 4- Re-entry to foster care (July–June)



**Analysis on this measure from the CSA:**

The data indicates that Mendocino County is currently out of compliance with this measure, at 14% compared to the national standard of 8.3%, and has not achieved compliance on this measure over time. However, the current trend is downward, indicating less re-entry into foster care. Families reenter the system due to a variety of issues, including:

- Drug or alcohol relapse.
- Prior interventions/services did not meet the family’s need or the changes in behavior were not integrated into practice.
- Family law or custody issues.
- Parents not identifying or accepting risk factors, or not being able to see that they are able to be the solution to their own problem.
- Families do not leave their environment and they relapse or slip into old behaviors under the influence of others; peer pressure and environmental triggers.

- Additional information is provided to FCS in subsequent referrals that provide more information to substantiate allegations.
- If the intervention is not enough to meet the family's needs, the family's risk or safety issue may elevate to require a stronger intervention. Once these families are identified, they also have more mandated reporters in their lives that can make future reports if there are subsequent risks or safety issues.

This measure was also the focus for FCS of the Peer Review. The following is the summary of findings regarding strengths, challenges and recommendations for improvement regarding this measure from the peer reviewers:

#### Strengths:

- Peer Reviewers found the social workers of Mendocino County to have desire to be quality social workers and engage families. Social workers demonstrated a strong practice around quality assessment of the client's needs and used that to guide the development of case plans with clients. FCS uses the Ages and Stages Questionnaire (ASQ) for young children coming into care, and the Structured Decision Making (SDM) tools for other points requiring assessment in the case. Once the assessment is complete, social workers include families in the case planning process and include their feedback into the case plan presented to the court. By engaging families, there are greater levels of participation and buy in from the families in the services in the case plan. Social worker dedication and being "hands on," such as driving clients to and from services and actively supporting clients demonstrated their dedication to their clients.
- Social workers are resourceful and utilize available resources and collaborate well with service providers, community partners and families natural support systems. When FCS Social workers used these supports, there were positive outcomes and this helped to support successful reunification and prevent reentry.
- FCS has an 8 week Intake Support Group that is offered immediately after detention. This group is used to help support parents and minimize the trauma of removal for both the parent and child, as well as helping the parents learn how to navigate the process

and get engaged. This practice has been in place for many years and is fully integrated into the child welfare practice.

- FCS has a strong and effective Parent Partner Program to support families in navigating the child welfare system after completing the initial Intake Support Group. There is also a Family Empowerment Group offered to families as an additional support resource.
- The local foster family agencies offer quality placements and supports to youth. Whenever possible, youth are placed with siblings and any services that can be offered to support successful placements or transition home are utilized.
- FCS uses Wraparound services to maintain youth in the home or to transition youth home. In some cases, the agency was able to pair up unique resources, such as VA services for a parent who was a veteran.
- Mental health providers are able to offer quality services to clients, especially to children under Katie A. There was excellent communication with Mental Health providers, social workers and families to provide the best possible services to families.
- Social workers saw their clients as often as possible, often more than once a month (the required mandate as per the state). When case transitions were to occur, the social workers had a “warm hand off” to help ease transitions and promote good communication.
- Mendocino County Family Dependency Drug Court was effective in promoting better participation in services, offering increased levels of accountability and encouragement, and has better outcomes for families with substance abuse issues. Families that participated in the Family Dependency Drug Court and successfully completed services were more likely to reunify successfully.

#### Challenges:

- There is a challenge in recruiting and retaining social workers. It is difficult to attract quality workers or retain staff when they can take positions in surrounding counties and earn a higher wage. Also tied to the turnover in staff, is the challenge of frequent case assignment changes. This is difficult in that youth and families must go through changes in social workers and have to build trust and rapport over and over, diminishing family

engagement. Additionally, the more social worker changes a case experiences, the more likely it is that there will be placement changes and less likely that a family will reunify. Social workers also may experience higher caseload sizes due to this challenge and subsequently do not have time to perform high quality, hands on social work.

- There is a lack of education of new social workers, outside service providers and families of the services available within the county, presenting a challenge in families being able to access meaningful services.
- There are limited resources for adult mental health and substance abuse treatment. There is also a delay in accessing services, which is crucial to families having successful reunification with the court timelines. Much of this is attributed to the recent transition from use of county mental health providers to private providers.
- Due to the geographic makeup of the county, there are challenges in clients getting to and from services, social workers traveling to see families and youth in placement, and supporting visitation for families.
- There is a lack of affordable and safe housing for families, which is a key component for families in preparing to bring youth home. Without safe housing, social workers cannot return children, and families are competing for the same limited housing options.
- There are limited local placements, resulting in youth needing to be placed out of county or needing to use a relative or extended family placement, which may not be available in every case. Although there was family finding initially, there could be more done through the life of the case to support family placement and bring in family supports.
- There is a challenge engaging ambivalent or resistive parents, and social workers need more training and tools to help them engage these parents. Social workers would like more Motivational Interviewing training to support this need.
- There was not an identified clear or consistent visitation progression plan to support reunification. Each case had a different visitation plan or style, and peers felt that this was a challenge in knowing when to implement progressive visitation, limited visitation hours, knowing what levels of supervision were available, etc. Specifically, there was no

identified use of third party visitation supervision, even when there were appropriate individuals available to help supervise visits.

- In several cases there was inconsistent inclusion of families, support networks and service providers in making decisions in the case. Peers thought that this was something that could be improved or refined.
- Beyond the Wraparound offered during reunification, there were no other identified after care services within the county. Without this resource, there is a higher risk of reentry.
- FCS can benefit from having more bilingual workers and bilingual service providers to reach families that might otherwise have barriers in communicating and engaging. Also, there needs to be increased training around cultural sensitivity/awareness.
- There are challenges in the court either dismissing cases against FCS' recommendation, which can increase reentry, or there were extensive delays and reunification went on longer than standard timeline (i.e., 18 months of FR, 18 months FM, etc.).

#### Recommendations:

- Provide ongoing training to social workers on topics that will help support practice and improve engagement and client outcomes. Specifically, provide information on how to navigate and access local resources, quality and progressive visitation, motivational interviewing, and other family engagement trainings. Consider creating a resource guide for use by social workers or introducing a monthly resource fair for families and staff to connect to providers.
- Have administration work with county leadership to look at what can be done to return staffing levels to full time and adjust wages to make the county more competitive. Look at what other changes can be implemented to improve competitiveness for recruitment and retention. Also, look for strategies for improving social worker morale and job satisfaction, including helping to maintain reasonable caseload sizes, adding support staff and self-care or enrichment activities.

- Consider implementing the use of Team Decision Making Meetings for all placement changes to involve all natural supports and service providers in case planning/placement moves.
- Develop a plan or process for implementing Aftercare Services or for use of stronger safety networks at the time of case closure, helping to ensure family stability and reducing reentry. Implement Wraparound for whole family, not just the focus child, at the time of reunification. Expand bilingual services and offer additional cultural awareness trainings.
- Build more specific elements into case plans, including danger and safety statements, and increasing the time spent with families in engaging them in case planning.
- Develop mental health referral process and training staff on this process to ensure that all staff have this information and there are not delays in families being able to access services.

#### **4) Placement Stability (moves per 1,000 days) (Measure P5)**

**Federal/CWS Outcomes Measure:** Of all children who enter foster care in a 12-month period, what is the rate of placement moves per day of foster care?

**Methodology:** The denominator is, of children who enter foster care in a 12-month period, the total number of days these children were in foster care as of the end of the 12-month period. Children in care less than 8 days or who enter care at age 18 or more are excluded from the denominator. The days in care during the placement episodes are cumulative across episodes reported in the same year. Youth who turn 18 during the 12-month period do not have time in care beyond their 18th birthday counted. The numerator is, among children in the denominator, the total number of placement moves during the 12-month period. The initial placement in foster care (removal from home) is not counted, but all subsequent moves occurring within the 12-month period are included in the calculation. The moves during the placement episodes are cumulative across episodes reported in the same year. Entries to care and exits from care--including exits to trial home visits, runaway episodes, and respite care--are

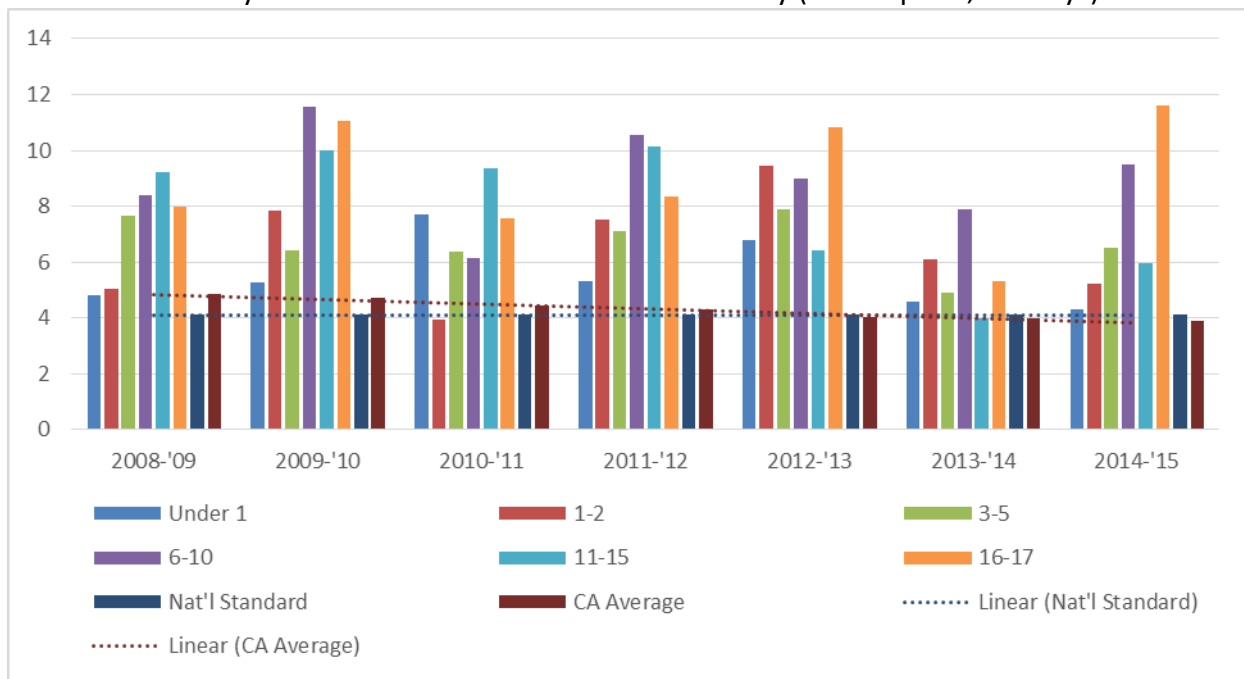


not counted as moves. Youth who turn 18 during the 12-month period do not have moves after their 18th birthday counted.

**Performance:** Performance for this measure is the numerator divided by the denominator, expressed as a rate per 1,000 days. The rate is multiplied by 1,000 to produce a whole number which is easier to interpret. A decrease in the rate per 1,000 days indicates an improvement in performance. The days in care and moves during the placement episodes are cumulative across episodes reported in the same year. Youth who turn 18 during the 12-month period do not have time in care beyond their 18th birthday or moves after their 18th birthday counted.

**National Standard:** The national standard for this measure is performance less than or equal to 4.12 per 1,000.

Table: Permanency Performance Area 5- Placement Stability (moves per 1,000 days)



**Analysis on this measure from the CSA:**

As noted in the above table, Mendocino County is not in compliance with the national standard, and is also moving placements at a rate higher than the state average. Mendocino County’s most recent performance in this measure is 6.37 from July 2014-June 2015.

Stakeholders provided significant feedback regarding the strengths and challenges for finding permanent placements in Mendocino County. Their feedback is listed below and can be categorized by general issues, mental health issues and services.

#### General issues:

- There is a lack of well-trained and experienced foster homes. These placements are needed to be able to deal with youth that have behaviors or have experienced trauma, or who may need additional services to support them in placement. Experienced foster parents have developed skills to help with these youth and know how to work with them, their families, and work with the system and local resources to help the youth meet their needs.
- When recruiting homes to offer better placement matching, there needs to be more ethnic diversity of placement options to support cultural needs of youth whenever possible.
- Need to recruit more homes in the geographic regions that the youth are being detained from. This will allow children to stay in their school of origin and have fewer classroom changes and stay on track with school, as well as maintaining their relationships.
- Better define placement types and how placement decisions are made. For example, respite versus a new placement, extended visit versus a return home, etc. Ensure that staff understand these policies and enter this correctly into the CWS/CMS system for better data accuracy.

#### Mental Health:

- Of all the mental health issues faced by children in placement, the most disruptive include: suicidal ideations or threat of self-harm, attachment issues and sexualized behaviors. These behaviors require additional services or supports to help youth work through their needs and for the placement providers to be able to support the youth.
- There is a reduced use of mental health services by Hispanic or Latino clients; there is a need for more bilingual or culturally sensitive social workers to work with this

population and perhaps outreach to the community to break down barriers or stigma around using these services.

- Soon after entering the foster care system, for either probation or child welfare, each child is assessed for mental health needs. These assessments are collaborative and when needs are identified, an immediate referral to services is initiated for the youth. This referral process can be cumbersome, requiring extensive documentation to be provided, and sometimes there is a challenge in getting information from the Ukiah Valley Medical Center or Hillside Health providers. In addition, there are limitations on services to youth in the outlying areas of the community, with most services centered in the larger towns. There is an additional barrier of a limited number of qualified child therapists in the area. If a JV-220 is needed to get youth psychotropic medications, there is also a delay in accessing permission through the court due to the statutory time frames.

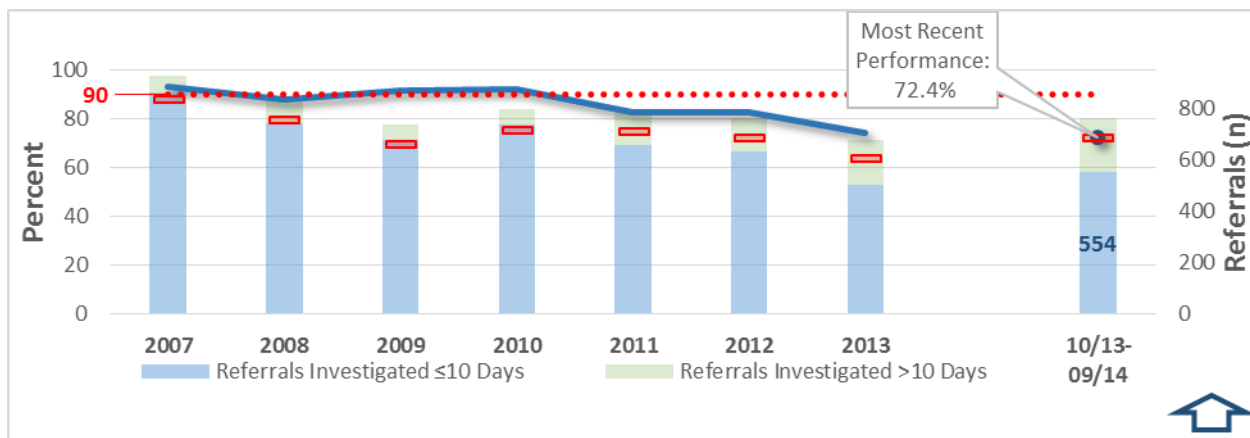
#### Collaboration/Service Providers:

- FCS works with placement and service providers to assess and determine needs of youth for the purposes of concurrent planning. This process begins at the jurisdiction/disposition hearing, and the department is careful to ensure that family finding is also occurring at this time to identify possible relative placements.
- There is a need for more special education classrooms or school and more resources to meet the unique needs of the students.
- Improve working relationships with schools to help develop more support services that would allow students to remain in their school of origin and address behavioral issues that may arise.
- Currently, FCS regularly practices collaboration, but should continue to improve collaboration. Work collaboratively at administrative level within agencies to develop a better understanding of not only the child's needs for stability, but what agencies need to support stable placements such as better training, better information exchange, more financial resources, etc.

- Redefine what placement stability looks like and when to move a child to a lower level of care. Look at developing criteria or a process for making these decisions that will make these decisions more collaborative to ensure that children are in the lowest level of care appropriate.

### 5) Referrals Time to Investigation 10-day (Measure 2B)

These report counts both the number of child abuse and neglect referrals that require, and then receive, an in-person investigation within the time frame specified by the referral response type. In order for a referral which has been assigned as a 10-day response to be investigated timely, documentation of the visit or attempted visit must occur within 10 days of receipt of the referral. Please note that this is a state measure and the state standard is 90%.



The arrow at the bottom right-hand corner of the graph indicates desired goal direction; in this case *higher* percentages correspond with successful outcomes. Please note the scale of the graphs, as data are presented in both percentage (line graph) and numerical (stacked bars) formats.

#### Analysis on this measure from the CSA:

Mendocino County is currently out of compliance with 10-Day investigations and has been out of compliance with 10-Day Response investigations for the past eight (8) quarters and for 14 of

the 15 most recent quarters (a period of time spanning January 1, 2011 to September 30, 2014). This is mostly a function of staffing and work is being done to be able to recruit and retain an adequate number of staff to achieve the state goal, as well as testing mobile technology to assist social workers with rapid entry of data into CWS/CMS from the field.

**Probation’s Services SIP Focus Areas:**

**1) Reunification within 12 months (Measure P1)**

**Federal/CWS Outcomes Measure:** Of all children who enter foster care in a 12-month period, what percent discharged to permanency within 12 months of entering foster care?

**Methodology:** The denominator is the number of children who enter foster care in a 12-month period. Children who are in foster care for less than 8 days are excluded. Children who enter foster care at age 18 or more are excluded. For children with multiple episodes during the same 12-month period, this measure only evaluates the first episode within the period. The numerator is the number of children in the denominator who discharged to permanency within 12 months of entering foster care. For the purposes of this measure, permanency includes exit status of ‘reunified’, ‘adopted’ or ‘guardianship’. Children with a current placement of ‘trial home visit’ are included in the count of children reunified if that visit lasted at least 30 days, its start date fell within 11 months of the latest removal date, and it was the final placement before the child was discharged from foster care to reunification.

**National Standard:** The national standard for this measure is performance greater than or equal to 40.5%.

Table: probation, **count** of children finding permanency in 12 months

COUNT	INTERVAL			
	JUL2010-JUN2011	JUL2011-JUN2012	JUL2012-JUN2013	JUL2013-JUN2014
	N	N	n	n
REUNIFIED	1	3	4	3
ADOPTED	.	.	.	.
GUARDIANSHIP	.	.	.	.

EMANCIPATED	.	.	1	.
OTHER	1	.	.	4
STILL IN CARE	2	4	6	4
TOTAL	4	7	11	11

Mendocino County Probation’s performance on this measure has fluctuated greatly over time. The small size of the data set contributes to what appears to be aberrant performance, as each individual case contributes significantly to percentage calculations.

Juvenile probation practice is a difficult area to examine in small counties where there are small numbers of cases to review for practice. The rate of reunification did not result in successful reunification for youth, but the youth did have good outcomes that were in their best interest. For some youth, though they successfully completed their treatment and were ready to reunify, their family circumstances were unstable and returning them home would have resulted in a likelihood of their reoffending and returning into probation supervision. Many of the youth were exited to extended foster care where they could live in a more supportive environment and be successful, but still maintain their connections with family and their extended support system.

This measure was also the focus for Probation of the Peer Review. The following is the summary of findings regarding strengths, challenges and recommendations for improvement regarding this measure from the peer reviewers:

**Strengths:**

- Probation officers are passionate, motivated and thorough, demonstrating strong follow through on service delivery and aftercare. The officers show a commitment to work from a strength based perspective, striving to focus on ways to build on the families’ strengths and natural supports.
- Probation collaborates well with service providers and child welfare. By carefully selecting treatment facilities, officers are able to find programs that support offering mental health services directly to the youth, ensuring there is no delay in accessing

services. Probation ensures that all Indian Child Welfare Act (ICWA) eligible cases are able to access native and tribal supports and have tribal involvement.

- Probation officers emphasize engaging youth in case planning, as well as including families in the case planning process. The use of assessment tools and client focused services based on needs and indicators in their assessment help to ensure that services are appropriate and meaningful. Officers also try to include youth in making placement decisions and finding the best fit for youth, minimizing the risk of placement moves and providing stability. Even when placement out of county is in the best interest of the youth, the officer will advocate for the youth's needs with the court, etc. For example, if the youth needs to be moved to a placement out of the area to provide space from poor associations, then the officer will find a program out of the area that is a good fit.
- Probation officers work with youth to develop their Transitional Independent Living Plan, focused on seeking independence for the youth and the best possible plan to support that transition. These plans are well developed and case specific, ensuring that youth are engaged in Independent Living Skills Program (ILSP) classes and supports. When appropriate, officers will also support youth in entering extended foster care.
- Probation officers are dedicated to the planning for and ensuring there were adequate step-down services after placing youth in out of county programs. At the return home, they are integrated back home with supportive services to help them be successful in transition and reduce the risk to reoffend or return to placement.
- Probation officers strive to have good communication with family, service providers, school staff and group home staff. Also, as part of maintaining communication and consistency, there is an emphasis put on maintaining the same officer, minimizing challenges in transitioning cases to new probation officers.
- In both probation cases, in spite of the difficult nature of the cases and the fact that the youth were not reunited within a year of removal, the officers were able to prioritize the safety of the family and the minor in making reunification decisions. Overall, this resulted in successful outcomes for the minors.

## Challenges:

- Though there is good collaboration with Family and Children's Services, it occurs on a limited basis.
- Beyond what is offered to youth while in placement, there are a lack of other mental health services, especially for the parents and families of the probation youth.
- There is a general lack of knowledge about what resources are available to families, youth upon return, and for prevention. Probation officers need additional training and support from management to develop or receive training on the resources, as well as trainings on motivational interviewing to better support building rapport with families and increase collaboration for case planning with resistive clients or parents.
- Increased training on family finding, along with software or resources and a policy on their use to ensure consistent efforts are made through the life of the case to find family for placement and to be part of the support system for youth.
- There is a lack of local placements and placement that can be used to step youth down in care. Though this is sometimes in a youth's best interest, this does present a challenge in travel for officers to visit youth each month and for families to have visitation, bot parental and siblings. The department has limited to no resources to support families who need assistance with travel costs.
- When placement changes do occur, there could be a better hand off between officers to support the youth and family in transitioning.

## Recommendations:

- Provide Motivational Interviewing training and ongoing support to officers to increase and improve practices around family engagement. This includes support from leadership on time and resources to support this practice.
- Utilize the case plan more fully as a tool in motivating youth and their families in making changes. Though a challenging task, the structure of the case plan can be used to leverage families and help the implement positive changes to help youth reunify or prevent entry.



- Look at exhaustive use of outside resources to prevent placement of youth. Consider all early intervention practices that can help, including Wraparound prior to placement to support families.
- Provide training on Family Finding and develop a process for this to occur within the department. Train staff on how this is to occur and provide support staff to support this area of practice.
- Develop training for available resources and how to access them for officers and clients, as well as look at missing needs and how they can be addressed by building up new resources. This could include partnerships with other agencies or Family and Children’s Services to share existing resources. This could include co-sponsoring a county wide family and child resource fair to help connect clients and families to existing resources within the county and building rapport in the county for more families to get connected to services.

## 2) Placement Stability (moves per 1,000 days) (Measure P5)

Table: Permanency Performance Area 5- Placement Stability (moves per 1,000 days)

	TIME PERIOD						
	JUL2008- JUN2009 per 1,000 days	JUL2009- JUN2010 per 1,000 days	JUL2010- JUN2011 per 1,000 days	JUL2011- JUN2012 per 1,000 days	JUL2012- JUN2013 per 1,000 days	JUL2013- JUN2014 per 1,000 days	JUL2014- JUN2015 per 1,000 days
<b>UNDER</b>	.	.	.	.	.	.	.
<b>1</b>	.	.	.	.	.	.	.
<b>1-2</b>	.	.	.	.	.	.	.
<b>3-5</b>	.	.	.	.	.	.	.
<b>6-10</b>	3.12	.	0	.	.	1.92	0
<b>11-15</b>	1.81	1.64	1.44	1.81	2.08	2.21	2.22
<b>16-17</b>	1.58	1.24	1.17	1.56	1.65	1.67	1.62
<b>TOTAL</b>	1.69	1.43	1.3	1.68	1.83	1.89	1.87

Probation is in compliance with this measure, however, as is the case with all of the data, their numbers of youth on probation are low enough to make the data inappropriate to analyze.

## **Strategy Rationale**

The strategies that comprise the 2016-2021 System Improvement Plan are categorized by their contribution and improvements to one or more of the SIP focus areas and can be used across units, regional offices and populations. They were selected based on input from staff, stakeholders, the peer review process and the Grand Jury findings and recommendations regarding FCS.

### **Family & Children's Services' Strategies:**

#### **Strategy 1: Recruitment and Retention of Social Work Staff**

We know that to successfully improve any of the areas in the SIP, an adequate, trained and stable workforce is needed. Therefore, continued efforts to advocate for an on-going recruitment process, recruitment incentives and retention of social work staff as well as providing on-going training will be a key focus during this next SIP.

#### **Strategy 2: Differential Response**

Differential Response (DR) was a common strategy that has been identified by staff and community providers alike. DR will provide the ability to offer earlier intervention and alternate methods of providing services to families who have come to the attention of FCS due to allegations of abuse or neglect. The response to an abuse/neglect referral is a customized approach based on an assessment of safety, risk and protective capacity as well as the ascertainment of facts to determine the strengths and needs of the child and family. DR creates three paths of response to the referral that better match needs and services in a timely way and will enable more children and families to receive the support they need to help keep children safely in their homes before difficulties escalate and child removal is required. DR relies on strong partnerships with community providers who can provide prevention and early intervention services.

### **Strategies 3 and 4: Structured Decision Making (SDM)**

SDM is a family of assessment tools used at key decision points during the life of a case covering response time, safety, risk, family/child strengths and needs, reunification and case closure.

SDM tools can help identify families that are at high or very high risk of recurrence of maltreatment and help focus resources and services to reduce the risk. In order to improve in this area, FCS will continue to focus on increasing the timely utilization of all of the SDM tools throughout the life of referrals and cases.

### **Strategy 5: Safety Organized Practices**

Safety Organized Practice Family Team Meetings are held prior to initial and subsequent case plan development to map with the family the worries, strengths and what needs to happen next to address the harm or danger that resulted in child welfare involvement and the family's safety goal. The family, Indian Child Welfare Act (ICWA) workers, service providers and the family's natural supports are invited to the family mapping meetings and these meetings are facilitated by program specialists in our Integrated Services Unit who have been through extensive training regarding Safety Organized Practices, Motivational Interviewing and Appreciative Inquiry. The focus of the initial family mapping meeting is the development of behaviorally based goals and objectives and the identification of appropriate services and/or strategies to help meet the behavioral objective. Subsequent family mapping meetings review the initial case plan and progress and determine if adjustments are needed to the case plan or the direction of the case. Input from service providers on the client's progress is obtained by the social worker for these meetings if the service provider is unable to be present at the meeting. FCS has been routinely conducting mapping meetings, but this SIP will focus on implementing the various other SOP tools, especially safety planning *and practicing of the safety plan* to help ensure successful outcomes for children and families.

### **Strategies 6 and 9: Community Based Prevention Services and community resources for early intervention and after care**

HHS is the designated agency to administer child abuse prevention funds received through the Office of Child Abuse Prevention (OCAP). Currently, HHS contracts with the Family Resource

Center Network to offer a variety of prevention services at family resource centers throughout the county including some parent education, resource assistance, case management and more. There are also a number of other community based providers that are able to offer prevention and aftercare services. Early intervention is an important strategy to reduce recurrence of maltreatment. Contracts for the OCAP funds are due for a Request for Proposal (RFP) in 2016 and FCS will be evaluating connecting OCAP funds more directly to the goals of this SIP.

Prevention work is critically important as Mendocino County residents have experienced a higher rate of adverse childhood experiences (ACEs) when compared to other parts of the state. (Center for Youth Wellness Data Report, A Hidden Crisis, Findings on Adverse Childhood Experiences in California, website: [CYW\\_HiddenCrisis\\_Report\\_110514.pdf](#)). Adverse childhood experiences of abuse (emotional, physical, sexual), neglect (emotional, physical) and household dysfunction (domestic violence, substance abuse, mental illness, parental separation/divorce, incarcerated household member) without the mitigating effect of protective factors or resilience, increase the likelihood of engaging in risky behavior as an adult, such as drug/alcohol abuse or domestic violence and/or developing health related problems such as heart disease, early death, etc. It will be the goal of the RFP to ensure the community providers selected to receive OCAP funds provide direct services and supports to mitigate the impact of ACEs and reduce the occurrence of child abuse and neglect in Mendocino County.

**Strategies 7 and 8: Improving support and providing enhanced services for families transitioning from family reunification to family maintenance**

Helping support families at an important critical, and often stressful, time in their case when their children are being returned home can help reduce the risk of future maltreatment and re-entry to foster care. Engaging with families to help them identify the supports they need and providing those supports can help lead to better rates of successful reunification. In addition, creating a team with the birth family/family of origin and the foster family can help ensure successful transition of the child back home and help support the birth family/family of origin.

### **Strategies 10 and 12: Increasing foster parent support and training**

With the implementation of Continuum of Care Reform and Resource Family Approval, it is critical that foster parents be provided with additional concrete supports and training to provide care for higher needs children and youth who would otherwise have been placed in group homes or who are unable to successfully stabilize in foster care placements. FCS is coordinating with internal staff as well as external community partners to develop a plan for additional foster parent training and providing additional concrete supports to foster parents.

### **Strategy 11: Developing and improving transition planning for foster youth moving between placements and/or returning home**

Using the Child and Family Team approach, placement decisions should be based on the child's identified needs and a road map developed to help determine when the child no longer needs a higher level of care. Therefore, it will be important to develop transition plans at the start of a placement so the child, family and group home/foster family agency are aware at the outset of the placement what the transition plan will be for the child so everyone will know when the child is ready to move home or to their permanent placement.

### **Strategy 13: Expediting referral assignment during the RED Team process**

In January 2015, Mendocino County Family and Children's Services implemented the RED Team. The RED (Review, Evaluate, Direct) team process consists of at least one Senior Program Manager and Emergency Response Social Worker Supervisor, a Hotline Screener, a Foster Care Nurse, a Substance Use Disorder Treatment Counselor, a Program Specialist, a meeting facilitator and clerical support staff. Investigating and Case Carrying Social Workers do not generally attend RED Team unless a subsequent referral is received on family with an open referral or case. The group is charged with making sound group decisions regarding how referrals alleging abuse or neglect will be handled. All non-immediate and evaluate-out referrals coming into the agency through the phone screeners are reviewed four days a week by the team and either assigned as a 10-day investigation or evaluated out. Referrals received by 11:00 AM are reviewed at RED Team the same day. Referrals received after 11:00 AM are reviewed in RED Team the following business day. A Safety Organized Practice format of

mapping is done on each referral, with questions about harm and danger, risk, safety, contributing factors, strengths and next steps. The RED Team members develop a strategy to assess the family's needs so they can be matched with relevant services.

The team process is a shift from a single social worker supervisor making a decision on the action that will be taken on a referral, to a Family and Children's Services team. The RED team provides both structure and process in the review of alleged reports of child maltreatment, evaluation of the available information, and direction regarding the Agency's response, as well as helps promote countywide consistency regarding referral determinations. Emergency Response Social Worker Supervisors have noted that the RED Team process has helped speed up the process of investigating social workers responding timely to referrals in that much of the background information is summarized for them during RED Team as well as clarifying key areas to assess during the investigation process.

Even prior to clerical staff entering the referral into the CWS/CMS database, referrals can be immediately assigned to an investigating social worker prior to and/or during the RED Team process. This will help ensure referral response times are not delayed.

#### **Strategy 14: Timely Data Entry**

FCS recently conducted a pilot project with two Emergency Response social workers regarding the use of computer tablets to assist them in accessing and entering information into CWS/CMS while in the field as well as completing SDM tools from the field. Prior to the pilot project, social workers only used desktop computers at the office. The tablets help with timely entry of information into CWS/CMS and timely completion of the SDM tools in the web application. In addition, FCS provided all of the Emergency Response social workers and supervisors with smart phones. We are now implementing a roll-out plan to equip all social worker supervisors, social workers and social worker assistants with smart phones as well as providing computer tablets to all social workers and social worker supervisors. We believe using advanced technology will enable staff to do their jobs more efficiently, especially with critical and timely data entry into CWS/CMS.

### **Strategy 15: Referral response time**

FCS will be considering whether implementing a shorter time frame to respond to specific 10 day referrals will help social workers locate and assess children more quickly to help reduce recurrence of maltreatment and connect families to community support and resources if needed. In addition, FCS will be reviewing policies on time frames to make subsequent attempts to locate alleged victims after the first initial in-person attempt was unsuccessful.

Applicable research or literature that supports the strategies:

- California Department of Social Services. (2010, May). *The California Child Welfare Improvement Activities Differential Response Guidelines and Resources for Implementation*. Retrieved from the California Department of Social Services Child's World website: [http://www.childsworld.ca.gov/res/pdf/DR\\_Guidelines.pdf](http://www.childsworld.ca.gov/res/pdf/DR_Guidelines.pdf)
- UC Davis Northern California Training Academy. (2009, August). *Predicting and Minimizing the Recurrence of Maltreatment*. Retrieved from the California Department of Social Services Child's World website: <http://www.childsworld.ca.gov/res/pdf/LR-PredictingRecurrence.pdf>
- UC Davis Northern California Training Academy. (2008, November). *Preventing Re-Entry into the Child Welfare System*. Retrieved from the California Department of Social Services Child's World website: <http://www.childsworld.ca.gov/res/pdf/PreventingRe-entry.pdf>
- UC Davis Northern California Training Academy. (2008, August). *Placement Stability in Child Welfare Services*. Retrieved from the California Department of Social Services Child's World website: <http://www.childsworld.ca.gov/res/pdf/PlacementStability.pdf>
- American Public Human Services Association. (2012, October). *Practice Innovations in Child Welfare*. Retrieved from the American Public Human Services Association website: <http://www.aphsa.org/content/dam/aphsa/pdfs/OE/InnovativePracticesinChildWelfare.pdf>
- California State Auditor. (2014, April). *Child Welfare Services: The County Child Welfare Services Agencies We Reviewed Must Provide Better Protection for Abused and*

*Neglected Children, Report 2013-110*. Retrieved from the California State Auditor's website: <https://www.auditor.ca.gov/pdfs/reports/2013-110.pdf>

- Foster parent recruitment and retention ideas retrieved from the following websites:
  - National Resource Center for Diligent Recruitment- <http://www.nrcdr.org/>
  - Child Welfare Information Gateway, US Department of Health and Human Services, Administration for Children and Families, Children's Bureau- <https://www.childwelfare.gov/topics/adoption/adopt-managers/strategic/recruitment/>

Systemic changes needed to support improvement goals:

- Identification of community partners who can participate in DR program and target funding for DR services.
- Significant change in the emergency response and intake decision making process to include DR response paths.
- Decreased vacancy rate in Social Work positions.
- Significant increase in staff efforts regarding timely entry of referral data into CWS/CMS.
- Significant focus between social work staff, foster parents and foster family agencies/group homes to enhance teaming approaches with the child and family and transition planning.
- Significant focus on foster parent recruitment and retention.

Educational/training needs to achieve goals:

- DR training for RED (Review, Evaluate and Direct) Team members.
- DR training for community partners that will be participating in DR.
- Supervisory staff training on staff accountability expectations.
- Staff training on transition planning.



## **Probation's Strategies:**

### **Strategies 1 and 5: Family Assessment and Placement Matching**

Family assessment tools will be used at key decision points during the youth's probationary period. Using evidence based practices and best practices and an identified tool as a guide, the family can be adequately assessed for healthy and timely reunification. The family's readiness to have the youth return home should not only be based on the child's identified needs, but on the family's needs as well. Therefore, it will be important to maintain comprehensive assessments to better develop transition plans at the beginning and throughout the placement so the youth, placement, and family are all informed and ready for the youth to move home or to their permanent placement.

### **Strategy 2: Family Finding**

Family Finding is a practice that offers methods and strategies to locate and engage the relatives of children who are living in out-of-home care. The goal of family finding is to provide each child with the life-long connections that only a family can offer. Core beliefs inherent in this approach include:

- Every youth has a family;
- Meaningful connections to family help a youth develop a sense of belonging and can reduce recidivism.
- A main identified factor contributing to positive outcomes for youth involves meaningful connections and lifelong relationships with family.

The goals for the Probation Department include connect youth to family members, paying particular attention to families in our most rural areas of the county. The Probation Department will design tools and implement technology to track Family Finding progress and outcomes; and to train Probation Officers to advocate for changes within the department to promote family unity and lifelong connections for youth on probation. Probation will be reviewing policies on Family Finding and time frames to make subsequent attempts to locate family members throughout the youth's probationary period.

### **Strategy 3: Training**

The Probation Department's training goal is to continually improve the Probation Officer's ability to provide excellent service to probation youth and families that is informed by new developments in the field, including evidence-based practices and best practices. The Probation Department supports the training and implementation of evidence based practices, motivational interviewing, intake and investigations, including computer programs and software training, case plans that include needs and services assessments for the youth and family. The Probation Department is committed to improving Probation Officer's focus on permanency topics ranging from targeted trainings and sustaining learned practices to meet the challenges probation youth present.

### **Strategy 4: Improve in person contact with parents and caregivers**

The Probation Department recognizes the importance of maintaining contact with youth and their families. Through frequent family contacts, best practice and comprehensive case planning, the focus is not only the presenting issues at a specific time, but also the underlying casual factor for behavior and family dynamics affecting the youth. Focused decisions should consider both the immediate situation and the longer term welfare of the youth and the safety of the community. Contact will keep parents involved and allow for a smoother transition from placement to the youth's own home. Additionally, parent contact provides the opportunity to observe how parents are organizing their lives and the priority they are giving to support the youth. It also helps the parent receive the message that they are a valuable part of the youth's lives. Additionally, frequent contact will allow the Probation Officer to help the youth develop coping skills if they recognize their existing attachments may be dysfunctional or pose problems.

Applicable research or literature that supports the strategies:

- National Institute for Permanent Family Connectedness  
NIPFC([www.familyfinding.org](http://www.familyfinding.org)) and had the honor of having the practice of Family

Finding added to the California Evidence-Based Clearinghouse for Child Welfare database.

- UC Davis Northern California Training Academy. Motivational Interviewing in Child Welfare Services. Retrieved from the Northern California Training Academy [humanservices.ucdavis.edu/academy](http://humanservices.ucdavis.edu/academy).
- National Resource Center for Permanency and Family Connections. Fostering Connections to Success and Increasing Adoptions Act of 2008
- Assessments.com Positive Achievement Change Tool, Full Assessment for Evidence Based Practice. [www.assessments.com](http://www.assessments.com)

Systemic changes needed to support improvement goals:

- Train Probation Officers on specific topics related to Family Finding
- Train Probation Officers in software and programs used for Family Finding
- Ongoing training in Motivational Interviewing and Evidence Based Practices.
- Significant increase in Probation Officer's efforts regarding frequent and timely contact with probation youth's family.
- Significant focus between Probation Officers, foster parents and foster family agencies/group homes to develop and manage family assessments for smooth transition planning.
- Develop tools for the Probation Officer to use as a guide and quality assurance for family finding and transition plans.

Educational/training needs to achieve goals:

- Family Finding training for Probation Officers and support staff.
- Supervisor training on staff accountability and expectations.
- Probation Officer training on evidence based practice and best practices in case planning and transition.

### **C. Prioritization of Direct Service Needs- CAPIT/CBCAP/PSSF**

Prioritization and selection of direct service needs currently funded with CAPIT/CBCAP/PSSF began with an analysis of the previous County Self-Assessment and System Improvement Plan including county demographic factors, stakeholder input, Peer Review recommendations, outcome measure performance and data trends to determine unmet or continued needs/gaps in service delivery, and to identify population disproportionality. The current contract for CAPIT/CBCAP/PSSF funds has been awarded to the Family Resource Center Network of Mendocino County and it expires on June 30, 2016.

The Family Resource Center Network of Mendocino County distributes the CAPIT/CBCAP/PSSF funds to eight non-profit family resource centers located throughout Mendocino County who provide allowable services and activities. The Mendocino County Board of Supervisors oversees the distribution of these funds through the annual budget process as well as through the approval of the Family Resource Center Network annual contract. A Request for Proposal (RFP) is generally done on a three year cycle and was last awarded to the Family Resource Center Network. Representatives from each of the Family Resource Centers meets monthly and prior to the adoption of the annual OCAP (Office of Child Abuse Prevention) funds contract, the representatives review what services they are able to provide that meet the requirements of the various OCAP funding categories and funding is distributed accordingly. The Family Resource Center contract and annual expenditure report submitted to the State shows the distribution of these funds.

Based on the new County Self-Assessment and System Improvement Plan, a new Request for Proposal (RFP) will be done to determine contract(s) for fiscal year 2016-2017. CAPIT/ CBCAP/ PSSF direct service needs to be funded will be prioritized and selected based on whether the proposed direct service will mitigate identified unmet or continued needs/gaps, incorporates evidence-based, evidence-informed or child welfare best practices, incorporates an expansive service delivery model such as being offered to a broad eligible population and/or a broad geographic extent, meets the requirements of the CAPIT/CBCAP/PSSF funding sources, has the potential to have far reaching positive impacts towards reducing the causal factors associated with child abuse and neglect and are tied to the goals of this current SIP.

The current CSA revealed that children in Mendocino County were alleged to have been abused or neglected at almost double the state rate (93.1 per 1,000 children versus the state rate of 54.7) and substantiations of abuse and neglect are also double the state rate (18.7 per 1,000 children versus the state rate of 9). General neglect is the most prevalent removal reason and children ages 0 to 5 represent the highest percentage of children in care. Therefore, it will be important for the selected CAPIT/CBCAP/PSSF funding recipients to be able to provide prevention and intervention services to directly target these areas.

### **Child Abuse Prevention Intervention and Treatment (CAPIT)**

CAPIT funds are currently used to support a) after school and summer programs, b) tutoring programs and c) parent education and support.

a) After school and summer programs:

1. Laytonville Healthy Start FRC After School Program students include minorities, disabled, adoptive and at risk-children. Laytonville serves students in grades 6-12 and runs a two day a week after school program with activities such as cooking and snack making, homework help, computer access, gardening, arts and crafts, kite making, and physical activities (basketball, etc.). The Summer Program for children ages 4-11 utilizes teenagers from the community to act as mentors. The three-day-a-week, four-week program provides respite to parents and care-givers, since child care services are limited in the community.
2. Nuestra Alianza FRC has a bilingual program for children who attend the three grammar schools in Willits. Their first priority is to work intensively with new student arrivals from Mexico who only speak Spanish. The second priority is bilingual help with homework. The third priority is to assist all children with homework. When the academic component is over, the children participate in sports, games, art projects, dance and have nutritious snacks.

3. The Arbor Youth Resource Center will provide a one day a week youth drop-in program to include any youth, including: foster, adoptive, at-risk, minority and disabled clients. The drop-in program provides computer access, games (such as pool), snack and clothing closet. The goal is to give adolescents a safe place to hang out, get a snack, do homework, learn something new, and to expose them to healthy adult role models from the community.

b) Tutoring programs

English and Spanish speaking children are provide with a safe place where they can build academic skills. These programs offer students with mentoring and college prep courses in addition to the usual academic support and enrichment activities. Pre and post testing is conducted to evaluate each student's progress and program effectiveness. The pre scores are entered into MendoFRC database by October and the post scores are entered in May of each year.

Round Valley FRC in Round Valley, Action Network FRC in Gualala, Safe Passage in Fort Bragg and Potter Valley Youth & Community Center FRC in Potter Valley offer after-school tutoring. All FRCs serve at-risk, low income, and minority children. Participants have transportation to the sites, which are off-campus. They receive individual and group assistance with homework in subjects including math, science and reading. The instructors check back with the students to make sure there is comprehension of the materials covered. All students complete a pre and post-test to evaluate their individual progress and the effectiveness of the program.

The target population for Potter Valley is children from First Grade through Junior High, ranging in age from 6 -13 years. This is a multicultural group. The "Good Students Don't Join Gangs" tutoring program at Safe Passage works with 2<sup>nd</sup> graders who are English Language Learners (this is not a requirement), falling behind academically, not enrolled

in the KUDOS after school program. Both Action Network FRC and Round Valley FRC provide services to Native American children as well.

c) Parent education and support

The ARC FRC offers “Mama Y Yo”, a structured playgroup, which includes free play, a healthy snack, a structured activity, and regular ASQ & ASQ-SE (Ages and Stages) screening with discussion and follow up with trained staff. The ARC provides bilingual services and supports and primarily serves children 0-5 years old and their parents.

### **Community Based Child Abuse Prevention (CBCAP)**

The CBCAP funded activities are Parent Education and Support- Parenting Classes and Groups. The Arbor Youth Resource Center in Ukiah, Safe Passage FRC in Fort Bragg and Laytonville Healthy Start FRC in Laytonville offer parents the group-level 3 or 4 “Triple P” Program (Positive Parenting Program), which is evidence-based and offered to community members at large, and may include adoptive parents. The primary goal of this program is to prevent behavioral, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents. The program emphasizes five core principles of positive parenting: (i) ensuring a safe and engaging environment; (ii) promoting a positive learning environment; (iii) using assertive discipline; (iv) maintaining reasonable expectations; and (v) taking care of oneself as a parent. The program typically consists of eight weekly sessions lasting one hour each including the final Progress Review Survey. The parents are given weekly homework to practice their newly acquired skills while interacting with their children. There is a pre and post-test utilized to measure the effectiveness of this program.

Each FRC provides the following imbedded in their program curricula:

- Parent education in classes, groups and/or individual counseling sessions in English or Spanish addressing a continuum of parenting issues.

- Parental support, information, assistance, referral and enrollment of children in health insurance programs as needed.
- Comprehensive bilingual information, assistance, referral and support services to families.

### **Promoting Safe and Stable Families (PSSF)**

**Family Preservation** funds support case management services, parent/caregiver education and support groups, teen programs, financial literacy education and relationship support groups as follows:

a) Safe Passage FRC provides

1. Case management services, which include at least three families with a minimum of four contacts per family, per month. The contacts range from a referral for services, such as Medi-Cal health insurance application assistance, housing assistance and referrals to outside agencies. Having a case manager provides consistency for clients and the expertise needed to develop and implement a case plan, which includes positive and realistic goals.

b) Round Valley FRC provides:

1. **Motherhood is Sacred:** The curriculum offers participants the opportunity to gain a deeper understanding of the importance of responsible motherhood as reflected in Native American values and beliefs.
2. **Fatherhood is Sacred:** The curriculum offers participants the opportunity to gain a deeper understanding of the importance of responsible fatherhood as reflected in Native American values and beliefs.
3. **Money Matters:** Financial literacy training for individuals and families.
4. **Strengthening Relationships:** This 14-week program provides individuals the knowledge and skills to assist fathers, mothers and families to



enhance their capacity to promote strong, healthy and positive relationships.

***Community Based Family Support Services*** funds support case management as follows:

Action Network FRC, and The ARC FRC provide case management services to parents and families. Both ARC FRC and Action Network's Case Managers are bilingual/bicultural. If the client is involved with FCS, Action Network works closely with FCS and other involved agencies. Action Network FRC serves clients in a remote setting where FCS does not have an office. Action Network and ARC FRC provide case management services, which include at least three families with a minimum of four contacts per family, per month. The contacts can range from a referral for services, such as Medi-Cal health insurance application assistance, housing assistance, referrals to outside agencies, financial literacy education and parent education.

***Time Limited Family Reunification*** funds support various activities at The Arbor Youth Resource Center as follows:

- a) **Real Talk:** Real Talk is an informal Peer Support group that is facilitated by rehabilitation specialists. The goal of the group is to assist youth living with severe mental illness cope with the challenges of living independent living. Real Talk provides peer support from participants as well as therapeutic interventions from staff facilitators.
- b) **Healthy Relationships:** Facilitated by Project Sanctuary, this workshop gives youth participants the knowledge of what healthy relationships look like.
- c) **Sexual Education:** Project Sanctuary, The Arbor, and Planned Parenthood provide workshops to youth to have a dialogue about sexual education. This course is designed to not only provide pregnancy prevention information, but also information about sexually transmitted infections, proper self-care, and ways to access treatment locally.
- d) **The Arbor Garden:** The Arbor Garden is a community garden for youth. Youth will learn gardening techniques from NCO's Garden Project, Arbor staff and peers. Youth will also

learn the health benefits of growing your own food, the mental health benefits of gardening, and the importance of the spectrum of wellness.

- e) **The Arbor Youth Board:** The Youth Board is a group designed to offer youth healthy peer relationships, adult-to-youth mentoring, leadership and advocacy development skills and ways to de-stigmatize mental illness.
- f) **Good Eats:** Under the guidance of the Arbor staff, youth work together to prepare, cook, eat and clean up after an inexpensive, healthy meal. There is a pre and post survey for this program.
- g) **Anger Management:** This program is in collaboration with Project Sanctuary and the Arbor where youth are taught anger management skills through a six-week course. Those who require an Anger Management class through probation can fulfill it here; however, it is also open to anyone who feels they need to take this course. There is a pre and post survey for this program.

***Adoption Promotion and Support Services*** funds services and supports related to adoption promotion and support at all of the non-profit family resource centers. Family Resource Centers have on site, informational brochures and flyers related to foster care and adoption and are also provided to participants during public events. In addition to making referrals to local foster and adoption agencies, the Network coordinates with these agencies to provide presentations to not only the Network, but to the individual FRC communities as well.

## Child Welfare/Probation Placement Initiatives

Family and Children's Services and Probation have implemented or are beginning to implement several federal and state initiatives.

**Katie A.**

FCS began the implementation of the Katie A. Core Practice Model as required by the Katie A. v. Bonta et al. Settlement Agreement in 2013. The California Departments of Social Services and Health Care Services' goal in creating the model was to improve access to mental health services for children/youth in child welfare through timely screenings, assessment and service delivery using the Core Practice Model guidelines.

In 2013, county mental health services were contracted out to two administrative services organizations; Redwood Quality Management Company (RQMC) for persons 24 and under and Ortnier Management Group (OMG) for persons 25 years and older. RQMC subcontracts with three primary mental health providers (Redwood Community Services, Mendocino County Youth Project and Tapestry Family Services) and then other service providers as needed. With the implementation of the requirements of the Katie A. vs. Bonta lawsuit, we have forged a closer, collaborative working relationship with RQMC and the three primary mental health providers through weekly meetings to ensure the mental health needs of our children and youth are being met.

When county mental health services were contracted out in 2013, HHS Behavioral Health and Recovery mental health clinicians and rehabilitation specialists were reassigned to Family and Children's Services to our Katie A/Wraparound unit and they are co-located with FCS staff in all three of our offices. They provide mental health screenings for all children/youth in an open FCS case at the start of the case and annually thereafter. They also assist with referring children/youth to mental health providers for assessment and services. In addition, through our Wraparound program, they provide Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) for children/youth who are Katie A. subclass members and are at home with a parent or are in a relative or non-related extended family member placement or are in a state licensed or non-treatment foster care placement. Redwood Community Services and Tapestry Family Services provide ICC and IHBS for Katie A. subclass children/youth who are placed in their foster homes.

Mendocino County Family and Children's Services, Behavioral Health and Recovery Services and Redwood Quality Management Company representatives participated in the 18 month long Katie A. State Leadership Collaborative and the Northern Regional Learning Collaborative. This allowed Mendocino County to share successes and challenges in implementing Katie A. in Mendocino County and also learn successful strategies from other counties.

### **Approved Relative Caregiver Program (ARC)**

Mendocino County opted into the Approved Relative Caregiver Program in March 2015, which provides base foster care funding to relatives of non-Title IV-E eligible children and youth who have been removed from their parents and placed in relative care. We have a very low number of these cases (currently: 10) but this additional funding makes a significant difference to the relatives caring for the children.

### **Continuum of Care Reform (CCR)**

CCR is a significant reform of the foster care placement system within California. The objective is to transform group homes and foster family agencies into programs supporting the safety, permanency and well-being of children and which are aligned with current research and practices that support positive outcomes for children and their families. Group homes will be transitioning into Short Term Residential Treatment Centers (STRTCs) and will become a short term intervention to stabilize a youth versus a long term destination placement. Under CCR, an assessment of the child and family's strengths and needs will help guide and inform the selection of the child's placement. CCR will also be restructuring the foster care payment rates and implementing performance and accountability measures.

### **Residential Based Services (RBS)**

In order to prepare for CCR, Mendocino County implemented a Residential Based Services (RBS) pilot program through 2018 with one of our community partners, Redwood Community Services. This program began on December 1, 2015 and serves both FCS and Probation youth. During the planning of this program, we were already anticipating Continuum of Care reform

requirements and the need for group homes to transition to Short Term Residential Treatment Centers (STRTCs). With that in mind, we designed the RBS program to be a short term, intentional residential treatment program, that will provide our high needs children and youth with the support and services they need while simultaneously working intensively with their family or a lower level of care option to transition the child out of residential as quickly as safely possible for the child. In addition, we are transforming the way we consider residential treatment for a child and not waiting for them to “fail up” to be able to get the level of treatment they need. The RBS program will also assist the probation youth who are transitioning back into the community after being in an out of county group home setting in order to work more closely with the parent and community prior to their transition home.

### **Resource Family Approval (RFA)**

RFA is another state legislative change that will become effective for all counties on January 1, 2017. Like CCR, RFA is a complete transformation in the approval of foster parents, particularly relative and non-relative extended family member placements. RFA will set a common standard of approval, including initial and on-going training requirements, for all foster parents. Currently, relative and non-relative extended family member placements are not required to participate in any foster parent training. In addition, all foster parents will receive a permanency assessment during the initial approval process which should help determine the foster parents’ ability to provide permanency for a foster child at the start of the placement.

### **California Child Welfare Core Practice Model**

Mendocino County has been participating through workshops, meetings, webinars and convenings with the County Welfare Directors Association (CWDA) and CDSS in the development of a statewide practice model that will serve as a guide for individual County programs by integrating various successful initiatives/practices into a comprehensive framework that supports the safety, permanency, and well-being of children and their families. The goal is to develop a practice model that integrates the key and common elements of existing California initiatives and proven practices, some of which Mendocino County has been a part of including Continuum of Care Reform (CCR), Safety Organized Practice (SOP),

Wraparound and Katie A. By guiding practice, service delivery and decision-making, the Core Practice Model will help improve consistent child welfare practice through specific casework skills and practices that child welfare workers will use within the framework to perform through all stages and aspects of child welfare casework in order to optimize outcomes of children who enter, move through and exit the child welfare system.

### **Fostering Connections After 18 Program**

Mendocino County has actively participated in the Fostering Connections After 18 Program since January 2012. The Federal Fostering Connections to Success and Increasing Adoptions Act of 2008 created an extension of federal funding for foster care services for non-minors ages 18 to 21. California implemented AB 12 effective January 1, 2012 to provide foster care benefits up to age 21. Since then, legislative amendments have been made to extend Kinship Guardianship Assistance Payments (KinGAP) and Adoption Assistance Program (AAP) benefits up to age 21 as well. Federal legislation created a new term for youth in extended foster care- Non Minor Dependent (NMD).

Since implementation, Mendocino County FCS has had a dedicated unit and social workers assigned to handle those cases. This has helped those social workers be able to dedicate their attention solely to these young adults and help them successfully transition to adulthood. In addition, FCS also handles the majority of Probation foster youth who have successfully completed their rehabilitation goals and elect to participate in the AB 12 program. Probation maintains case management of NMDs who have not completed their rehabilitation goals.

The Probation Department has adopted a protocol to work with the high risk youth and juvenile sex offenders who transition to Extended Foster Care. FCS works with the probation youth that either are low level offenders or have been a previous dependent child who transition to Extended Foster Care. The Probation Officer meets with the youth and the newly assigned FCS social worker in an informal setting during the transition process. This way the former probation youth becomes familiar with the social worker. In addition, the probation officer then works closely with the social workers assigned to handle those cases. This has helped those

social workers be able to work with former probation youth and help them successfully transition to adulthood.

### **Family and Children's Services Organizational Review**

In addition to these federal and state initiatives, Family and Children's Services has contracted with the U.C. Davis Northern Region Training Academy to conduct an organizational assessment of FCS to: 1) identify organizational strengths as well as impediments to the delivery of high quality services to children and families; 2) look at gaps in the organizational system that prevent the delivery of high quality services; 3) identify policy or regulation deficiencies; and 4) suggest actions to eliminate those gaps or lessen their impact. We anticipate having the assessment completed by July 2016.

## 5 – YEAR SIP CHART

CHILD WELFARE
<p><b>Priority Outcome Measure or Systemic Factor: Recruitment and Retention of Social Work Staff (systemic factor)</b></p> <p><b>State Standard:</b> 50% of the professional staff providing emergency response services and family maintenance services shall possess a master’s degree in social worker education or its equivalent in education and/or experience as certified by the State Personnel Board of county civil service board.</p> <p><b>CSA Baseline Performance:</b> As of March 28, 2015, we are at 35%.</p> <p><b>Target Improvement Goal:</b> Increase our ratio of social workers with master’s degrees or equivalent in education and/or experience to at least 50%.</p>
<p><b>Priority Outcome Measure or Systemic Factor: No Recurrence of Maltreatment (Measure S2)</b></p> <p><b>National Standard:</b> Less than or equal to 9.1%</p> <p><b>CSA Baseline Performance:</b> July 2012-June 2013, which was the most recent time period analyzed in the 2015 CSA, Mendocino County’s rate was 18.4%. The most current data period, Quarter 3 2015, the rate was 18.5%.</p> <p><b>Target Improvement Goal:</b> Decrease our rate of recurrence of maltreatment to 9.1% or lower over the next five years.</p>
<p><b>Priority Outcome Measure or Systemic Factor: No Re-Entry into Foster Care Following Reunification (Measure P4)</b></p> <p><b>National Standard:</b> Less than or equal to 8.3%</p> <p><b>CSA Baseline Performance:</b> July 2012-June 2013, which was the most recent time period analyzed in the 2015 CSA, Mendocino County’s rate was 14%. The most current data period, Quarter 3 2015, the rate was 19.3%.</p> <p><b>Target Improvement Goal:</b> Decrease our rate of recurrence of maltreatment to 8.3% or lower over the next five years.</p>



**Priority Outcome Measure or Systemic Factor: Placement Stability (Measure P5)**

**National Standard:** Less than or equal to 4.12 per 1,000 days.

**CSA Baseline Performance:** July 2014-June 2015, which was the most recent time period analyzed in the 2015 CSA, Mendocino County's rate was 6.37%. The most current data period, Quarter 3 2015, the rate was 7.16.

**Target Improvement Goal:** Decrease our number of placement moves to 4.12 or less over this five year period.

**Priority Outcome Measure or Systemic Factor: 10 Day Referral Response (Measure 2B)**

**State Standard:** 90%

**CSA Baseline Performance:** October 2013-September 2014, which was the most recent time period analyzed in the 2015 CSA, Mendocino County's rate was 72.4%. The most current data period, Quarter 3 2015, the rate was 76.4%.

**Target Improvement Goal:** 90%

**PROBATION**

**Priority Outcome Measure or Systemic Factor: Reunification Within 12 Months (Measure P1)**

**National Standard:** 40.5%

**CSA Baseline Performance:** July 2013-June 2014, which was the most recent time period analyzed in the 2015 CSA, Mendocino County's rate was 27% (3 of 11 youth reunified within 12 months). The most current data period, Quarter 3 2015, the rate was 30.8% (4 of 13 youth).

**Target Improvement Goal:** Increase our reunification rate to 40.5%

**Priority Outcome Measure or Systemic Factor: Placement Stability (Measure P5)**

**National Standard:** Less than or equal to 4.12 per 1,000 days.

**CSA Baseline Performance:** July 2014-June 2015, which was the most recent time period analyzed in the 2015 CSA, Mendocino County's rate was 1.87%. The most current data period, Quarter 3 2015, the rate was 2.03.

**Target Improvement Goal:** Maintain compliance of 4.12 or less placement moves per 1,000 days over this five year period.

## FAMILY AND CHILDREN'S SERVICES

<b>Strategy 1: Recruitment and Retention of Social Work Staff</b>	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <b>Recurrence of Maltreatment, Reentry into Foster Care; Placement Stability; 10 Day Referral Response</b>	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A		
	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project		
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
<b>A.</b> Continue to encourage the Board of Supervisors to provide on-going financial support for recruitment and retention of social workers.	April 2016	April 2021	HHSA Director
<b>B.</b> Continue to encourage the Board of Supervisors to use recruitment incentives such as assisting with initial housing costs (initial rent/deposit) and/or moving expenses to assist social workers willing to relocate to Mendocino County.	April 2016	April 2021	HHSA Director
<b>C.</b> Advocate with the Civil Service Commission, County Human Resources and the Board of Supervisors to have continuous recruitments of social workers in order to fill vacant positions in an expedient manner.	April 2016	April 2021	HHSA Director

<p><b>D.</b> Advocate with the Board of Supervisors to add additional social worker positions to FCS to assist in reducing referral and caseload numbers per social worker in order to keep up with mandated requirements and provide quality social work to children and families.</p>	<p>April 2016</p>	<p>April 2021</p>	<p>HHSA Director</p>
<p><b>E.</b> Continue to support ways to retain master's level social workers who wish to pursue clinical licensure while remaining FCS social workers.</p>	<p>April 2016</p>	<p>April 2021</p>	<p>HHSA Director</p>
<p><b>F.</b> Request approval from the Board of Supervisors to increase the county vehicle fleet assigned to FCS to for social work staff to be able to respond timely to investigate referrals in the field and conduct home visits and client transports.</p>	<p>April 2016</p>	<p>April 2021</p>	<p>HHSA Director</p>
<p><b>G.</b> Continuously review the number of social work staff assigned to hotline screening and continuing services versus investigations and determine if adjustments are needed while not impacting case mandates.</p>	<p>April 2016</p>	<p>April 2021</p>	<p>FCS Deputy Director, Senior Program Managers and Social Worker Supervisors</p>

<b>Strategy 2: Implement Differential Response (DR) Program with Community Providers</b>	<input checked="" type="checkbox"/> CAPIT-possibly	Applicable Outcome Measure(s) and/or Systemic Factor(s): <b>Recurrence of Maltreatment</b>	
	<input checked="" type="checkbox"/> CBCAP-possibly		
	<input checked="" type="checkbox"/> PSSF-possibly		
	<input type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
<b>Action Steps:</b>	<b>Implementation Date:</b>	<b>Completion Date:</b>	<b>Person Responsible:</b>
<b>A.</b> Review funding options for DR including CAPIT, CBCAP and PSSF and other available funding sources.	April 2016	June 2016	FCS Deputy Director HHS Fiscal Team HHS Assistant Director & Director
<b>B.</b> Review and select a DR model based on factors including community partnerships and local demographics and issue a Request for Proposal (RFP).	By July 2016	By December 2016	FCS Deputy Director HHS Assistant Director & Director
<b>C.</b> Develop any necessary forms and revise any current referral staffing processes such as RED Team to incorporate DR and DR partners in the referral staffing.	By January 2017	By February 2017	FCS Deputy Director, Emergency Response Program Managers, Social Worker Supervisors and Social Workers DR community partners
<b>D.</b> Implementation of DR, including training of FCS staff on utilization of DR.	February 2017 (or sooner if possible)	April 2021	FCS Deputy Director, Emergency Response Program Managers, Social Worker Supervisors and Social Workers DR community partners

<b>Strategy 3: Increase consistency of decision making using SDM for <u>referrals</u></b>	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <b>Recurrence of Maltreatment; Reentry to Foster Care</b>	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input checked="" type="checkbox"/> N/A		
<b>Action Steps:</b>	<b>Implementation Date:</b>	<b>Completion Date:</b>	<b>Person Responsible:</b>
<b>A.</b> Implement regular SDM trainings and refresher trainings for supervisors and staff a minimum of twice a year.	May 2016	April 2021	FCS Program Managers, Training Supervisor and Training Coordinator
<b>B.</b> Ensure social workers complete SDM risk and safety assessments at time of referral staffing with their supervisor for every referral investigated.	April 2016	April 2021	FCS Emergency Response Program Managers, Social Worker Supervisors and Social Workers
<b>C.</b> Twice monthly, high/very high risk investigated referrals will be staffed with ER Supervisors and Managers to determine outcome of referral. Completed SDM risk and safety assessment tools must be brought to staffing by the social worker.	April 2016	April 2021	FCS Emergency Response Program Managers, Social Worker Supervisors and Social Workers
<b>D.</b> Supervisors will utilize Safe Measures to monitor SDM tools completion and approve.	April 2016	April 2021	FCS Emergency Response Social Worker Supervisors
<b>E.</b> Evaluate opening of a voluntary or formal supervision Family Maintenance (FM) case to ensure maximum stability for	April 2016	April 2021	FCS Emergency Response Program Managers, Social Worker Supervisors and Social Workers

the family and safety for the child if FM services would help reduce risk of further maltreatment in conjunction with recommendations of SDM tools. ER investigator to staff referral with supervisor and Voluntary Services Social Workers.			
<b>F.</b> Review repeat referrals following a substantiation of maltreatment to provide a learning forum for Emergency Response Social Workers to discuss ideas and best practices for preventing recurrence of maltreatment. Repeat referrals will be identified during the monthly ER Supervisors-Managers meetings and incorporated into existing social worker trainings.	April 2016	April 2021	FCS Emergency Response Program Managers, Social Worker Supervisors and Social Workers

<b>Strategy 4: Increase consistency of decision making using SDM for <u>open cases</u></b>	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <b>Recurrence of Maltreatment</b>	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
<b>Action Steps:</b>	<b>Implementation Date:</b>	<b>Completion Date:</b>	<b>Person Responsible:</b>
<b>A.</b> Implement regular SDM trainings and refresher trainings for supervisors and staff a minimum of twice a year.	May 2016	April 2021	FCS Program Managers, Training Supervisor and Training Coordinator

<b>B.</b> Ensure social workers complete SDM risk re-assessment and safety assessments at time of 6 month review case conferences.	April 2016	April 2021	FCS Emergency Response Program Managers, Social Worker Supervisors and Social Workers
<b>C.</b> Ensure social workers complete SDM risk re-assessment and safety assessment prior to case closure and review with supervisor,	April 2016	April 2021	FCS Emergency Response Program Managers, Social Worker Supervisors and Social Workers
<b>D.</b> Supervisors will utilize Safe Measures to monitor SDM tools completion and approve.	April 2016	April 2021	FCS Emergency Response Social Worker Supervisors

<b>Strategy 5: Fully integrate SOP tools focusing on safety goals and safety plans into daily work</b>	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <b>Recurrence of Maltreatment; Reentry to Foster Care</b>	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
<b>A.</b> Staff will make diligent efforts to assist families with identifying and engaging their natural and community supports (not FCS). Additional on-going training and coaching will be provided to staff to assist in this engagement process.	April 2016	April 2021	FCS Social Worker Supervisors, Social Workers and Social Worker Assistants

<p><b>B.</b> Social Workers to integrate Family Mapping focusing on the safety goal and safety plan into daily work with the child and family.</p>	<p>April 2016</p>	<p>April 2021</p>	<p>FCS Social Worker Supervisors, Social Workers and Social Worker Assistants</p>
<p><b>C.</b> Increase and enhance practicing and testing the family's safety plan, with a minimum of two safety plan drills, to ensure it will provide safety for the child and identify any glitches in the plan to adjust before referral is closed or case is dismissed.</p>	<p>April 2016</p>	<p>April 2021</p>	<p>FCS Social Worker Supervisors, Social Workers and Social Worker Assistants</p>



<b>Strategy 6: Enhance and expand collaboration with community providers</b>	<input checked="" type="checkbox"/> CAPIT-possibly	Applicable Outcome Measure(s) and/or Systemic Factor(s): <b>Recurrence of Maltreatment</b>	
	<input checked="" type="checkbox"/> CBCAP-possibly		
	<input checked="" type="checkbox"/> PSSF-possibly	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input type="checkbox"/> N/A		
<b>Action Steps:</b>	<b>Implementation Date:</b>	<b>Completion Date:</b>	<b>Person Responsible:</b>
<b>A.</b> Families with children under the age of 5 with an inconclusive or substantiated child abuse or neglect allegation will be referred to Head Start/Early Head Start in their community.	April 2016	April 2021	FCS Emergency Response Social Worker Supervisors and Social Workers
<b>B.</b> Refer families to HHS/Public Health's home visiting program for children 0-5 who are medically fragile or high risk families.	April 2016	April 2021	FCS Social Worker Supervisors and Social Workers
<b>C.</b> Enhance referral link to First 5 for all children under 5 who have had a child abuse/neglect referral to FCS.	April 2016	April 2021	FCS Social Worker Supervisors and Social Workers
<b>D.</b> Enhance referrals to Mendocino County Youth Project to connect school age children with an MCYP youth worker at school sites.	April 2016	April 2021	FCS Social Worker Supervisors and Social Workers

<p><b>E.</b> Work with HHSA divisions to expand mental health and substance abuse treatment for parents county wide.</p>	<p>April 2016</p>	<p>April 2021</p>	<p>FCS Deputy Director BHRS Director and Deputy Director HHSA Assistant Director and Director HHSA Fiscal Team</p>
<p><b>F.</b> Train staff at least twice a year regarding the impact of Adverse Childhood Experiences (ACEs) and the prevention and intervention programs available in the community to help reduce the recurrence of maltreatment and impact of ACEs.</p>	<p>September 2016</p>	<p>April 2021</p>	<p>FCS Deputy Director and Senior Program Managers, Training Coordinator, Training Supervisor and Community Partners</p>
<p><b>G.</b> Continue to collaborate with community partners to educate the community about the Adverse Childhood Experiences (ACEs) study, the longer term impact of ACEs and the prevention and intervention programs available in the community to help reduce the recurrence of maltreatment and impact of ACEs.</p>	<p>April 2016</p>	<p>April 2021</p>	<p>FCS Deputy Director Community Partners</p>
<p><b>H.</b> Expand mandated reporter training countywide.</p>	<p>September 2016</p>	<p>April 2021</p>	<p>FCS Senior Program Managers and CASA Director</p>

<b>Strategy 7: Improve transition from Family Reunification (FR) to Family Maintenance (FM)</b>	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <b>Recurrence of Maltreatment</b>	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input checked="" type="checkbox"/> N/A		
<b>Action Steps:</b>	<b>Implementation Date:</b>	<b>Completion Date:</b>	<b>Person Responsible:</b>
<b>A.</b> Ensure family mapping occurs prior to child's transition home, readjust safety plan as needed and ensure natural and community supports are in place.	April 2016	April 2021	FCS Integrated Services Unit, FCS Social Worker Supervisors and Social Workers
<b>B.</b> Enlist foster parents to mentor birth parents when child returns home.	April 2016	April 2021	FCS Social Workers and Foster Family Agency case managers
<b>C.</b> Coordinate with school when a child goes home to ensure school is providing ongoing services.	April 2016	April 2021	FCS Social Workers, FCS School Success Coordinator and MCOE Foster Youth Liaison
<b>D.</b> Work with CalWorks to ensure supports are in place before or at the time the child returns home for eligible families.	April 2016	April 2021	FCS Deputy Director, EFAS Deputy Director, FCS Foster Care Eligibility Unit, FCS Social Worker Supervisors, FCS Social Workers
<b>E.</b> Evaluate length of time FM cases are kept open to ensure maximum stability for the family and safety for the child. Cases to be reviewed every six months to determine if further FM services would	April 2016	April 2021	FCS Senior Program Managers, Social Worker Supervisors and Social Workers

help reduce risk of further maltreatment in conjunction with recommendations of SDM tools.			
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<b>Strategy 8: Provide enhanced family maintenance services when child transitions to Family Maintenance (FM)</b>	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <b>Recurrence of Maltreatment; Re-Entry into Foster Care</b>	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input checked="" type="checkbox"/> N/A		
<b>Action Steps:</b>	<b>Implementation Date:</b>	<b>Completion Date:</b>	<b>Person Responsible:</b>
<b>A.</b> Increase number of Child and Family Team (CFT) meetings between FM and case dismissal (a minimum of 3) to ensure family is on track and needed after care (community and natural) supports are in place.	April 2016	April 2021	FCS Social Worker Supervisors and Social Workers
<b>B.</b> Utilize focus group with parents to determine what could be done differently to avoid reentry a minimum of twice a year.	June 2016	April 2021	FCS Quality Assurance Unit First Five Mendocino (to provide incentives to participating parents)
<b>C.</b> Develop natural supports/networking during life of case to include mappings and network circles.	April 2016	April 2021	FCS Integrated Services Unit, FCS Social Worker Supervisors, Social Workers and Social Worker Assistants

<b>D.</b> Explore providing funding options, such as through the Office of Child Abuse Prevention (OCAP), to provide respite care to birth families when needed.	April 2016	June 2016	FCS Deputy Director HHS Fiscal Team HHS Assistant Director and Director
<b>E.</b> Assign designated Social Worker Assistants (SWAs) to cases in FM to provide support to families during FM for all in-county FM cases.	May 2016	April 2021	FCS Integrated Services Unit Supervisor, Ukiah Family Center Supervisor, FCS Social Worker Supervisors, Social Workers and Social Worker Assistants
<b>F.</b> Review prior In-Home Support protocol to update and adjust to current needs; train staff and implement.	May 2016	June 2016	FCS Senior Program Managers, Training Supervisor and Training Coordinator

<b>Strategy 9: Identify/refer clients to community resources who can provide on-going assistance when FCS is no longer involved</b>	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <b>Re-Entry into Foster Care</b>	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
<b>Action Steps:</b>	<b>Implementation Date:</b>	<b>Completion Date:</b>	<b>Person Responsible:</b>
<b>A.</b> Ongoing identification of supports including First 5 Mendocino, Family Resource Centers, North Coast Opportunities (Head Start/Early Head Start/Rural Communities Child Care) and Boys and Girls Club, and utilizing all resources available that will help meet families' on-going needs.	May 2016	April 2021	FCS Social Worker Supervisors, Social Workers, Social Worker Assistants and Training Supervisor

<b>B.</b> Connect families to their community family resource centers who can provide on-going support to a family during the life of case and following case closure.	May 2016	April 2021	FCS Social Worker Supervisors, Social Workers, Social Worker Assistants and Family Resource Center Network Coordinator
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<b>Strategy 10: Improve foster parent support</b>	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <b>Placement Stability</b>	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input checked="" type="checkbox"/> N/A		
<b>Action Steps:</b>	<b>Implementation Date:</b>	<b>Completion Date:</b>	<b>Person Responsible:</b>
<b>A.</b> Create Resource Family Home Support Coordinator position.	September 2016	April 2021	FCS Deputy Director
<b>B.</b> Create Foster Parent Support group.	September 2016	April 2021	FCS staff and/or community partner.
<b>C.</b> Collaborate with community partners to identify and develop priority child care resources within the county for resource families to be able to take immediate placements and non-school age placements and provide after school care for working foster parents.	July 2016	April 2021	FCS Deputy Director Community Partners

D. Develop foster parent hub homes.	March 2016	June 2016 *May be continued pending further Foster Parent Recruitment, Retention and Support (FPRRS) funding from CDSS.	FCS Deputy Director and Placement Unit Local Foster Family Agencies
E. Providing funding for emergency needs to either to prepare home for placement or pending first payment.	March 2016	June 2016 *May be continued pending further FPRRS funding from CDSS.	FCS Deputy Director and Placement Unit Local Foster Family Agencies

<b>Strategy 11: Ensure Transition Plan is in place at the start of placement to ensure successful permanency when child moves from a Short Term Residential Treatment Center (STRTC) to a lower level of care or home or from a lower level of care to home which includes coordinated services provided by FCS, FFAs, group homes and therapists, and includes bio-family, resource families, attorneys and others involved in the case</b>	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <b>Placement Stability</b>  <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:

<p><b>A.</b> Develop a transition plan form that social workers will use with the Child and Family Team to identify what needs to happen and be in place for a child to transition towards a permanent placement.</p>	<p>June 2016</p>	<p>June 2016</p>	<p>FCS Senior Program Managers, Placement Unit supervisor</p>
<p><b>B.</b> Provide training to all case carrying social workers on transition plan development within the child and family multi-disciplinary team context.</p>	<p>August 2016</p>	<p>August 2016</p>	<p>FCS Senior Program Managers, Placement Unit supervisor, FCS Training Supervisor, Training Coordinator, Redwood Quality Management Company (for mental health services), MCOE Foster Youth Educational Liaison and other community or training partners</p>
<p><b>C.</b> Ensure social workers pull together a child and family team for all children/youth in placement and develop a transition plan for all youth.</p>	<p>September 2016</p>	<p>April 2021</p>	<p>FCS Social Worker Supervisors and Social Workers</p>
<p><b>D.</b> Develop tracking to ensure transition plans are developed and are reviewed every three months to ensure things are on track and if needed, adjustments are made in collaboration with the whole child and family team.</p>	<p>September 2016</p>	<p>April 2021</p>	<p>FCS Social Worker Supervisors and Social Workers</p>



<b>Strategy 12: Enhanced training for caregivers</b>	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <b>Placement Stability</b>	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input checked="" type="checkbox"/> N/A		
<b>Action Steps:</b>	<b>Implementation Date:</b>	<b>Completion Date:</b>	<b>Person Responsible:</b>
<b>A.</b> Increase amount of training/education provided to caregivers including trauma informed training to assist in their ability to care for high needs children/youth.	January 2017	April 2021	FCS Resource Family Approval Program Administrator position, Mendocino College Foster and Kin Care Education Program, Foster Family Agency trainers and Title IV-E training partners

<b>Strategy 13: Expediting referral assignment during the RED Team process</b>	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <b>10 Day Referral Response</b>	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input checked="" type="checkbox"/> N/A		
<b>Action Steps:</b>	<b>Implementation Date:</b>	<b>Completion Date:</b>	<b>Person Responsible:</b>
<b>A.</b> Assign referral same day as RED Team meeting using off line screener form instead of waiting for referral entry into CWS/CMS by clerical staff.	March 2016	April 2021	FCS Emergency Response Senior Program Managers and Social Worker Supervisors

<b>B.</b> Ensure referral paperwork is immediately sent to the appropriate regional office for immediate assignment during RED Team, even while clerical staff is inputting referral into CWS/CMS.	March 2016	April 2021	FCS Emergency Response Senior Program Managers, Social Worker Supervisors and Hotline Screeners
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<b>Strategy 14: Improve timely data entry</b>	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <b>10 Day Referral Response</b>	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input checked="" type="checkbox"/> N/A		
<b>Action Steps:</b>	<b>Implementation Date:</b>	<b>Completion Date:</b>	<b>Person Responsible:</b>
<b>A.</b> Provide smart phones and computer tablets to all Emergency Response Social Workers.	April 2016 (and as new staff are hired)	April 2021	FCS Deputy Director County Information Services
<b>B.</b> Provide training on use of tablets, smart phones and CWS/CMS to enhance work efficiency.	April 2016 (and as new staff are hired)	April 2021	FCS Deputy Director, Training Supervisor, Help Desk Program Specialist County Information Services
<b>C.</b> Review and if needed, revise FCS Contact Policy and Procedure to ensure 1 <sup>st</sup> contact/attempt is entered into CWS/CMS by the 10 <sup>th</sup> day of referral.	April 2016	May 2016	FCS Deputy Director and Senior Program Managers

<b>D.</b> Utilize Safe Measures to monitor compliance.	April 2016	April 2021	FCS Senior Program Managers, Social Worker Supervisors and Quality Assurance Unit
<b>E.</b> Review consistency of referral investigation narrative format throughout agency; streamline while ensuring all important information is captured in narratives.	April 2016	April 2021	FCS Senior Program Managers and Social Worker Supervisors
<b>F.</b> Use clerical staff to ensure all referral files are in order and include investigation narratives, RED team staffing, SDM tools and are filed correctly to ensure prompt access to information when a subsequent referral is received.	April 2016	April 2021	FCS Office Assistant Supervisors and Social Worker Supervisors

<b>Strategy 15: Improve time to making in-person contact with alleged victims for non-immediate referrals</b>	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <b>10 Day Referral Response</b>	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input checked="" type="checkbox"/> N/A		
<b>Action Steps:</b>	<b>Implementation Date:</b>	<b>Completion Date:</b>	<b>Person Responsible:</b>
<b>A.</b> Review and consider Policies & Procedures from other counties who utilize alternative (shorter) response times for non-immediate referrals.	May 2016	June 2016	FCS Deputy Director, Senior Program Managers and Emergency Response Social Worker Supervisors
<b>B.</b> Review and consider Policies & Procedures from other counties regarding time frame expectations for follow up attempts when initial attempt was unsuccessful in making in-person contact with the alleged victim.	May 2016	June 2016	FCS Deputy Director, Senior Program Managers and Emergency Response Social Worker Supervisors
<b>C.</b> Develop working draft policies and procedures including process when assigned social worker is unable to complete initial contact in shorter time frame for specific referrals or was unable to make an in-person contact with the alleged victim at the first attempt.	July 2016	August 2016	FCS Senior Program Managers and Emergency Response Social Worker Supervisors

<p><b>D.</b> Implement with Emergency Response social workers to ensure they know they know the time frame expectations, beginning with identifying the deadline and time frames in RED Team. 6 month trial period before finalization of policy and procedure.</p>	<p>September 2016</p>	<p>April 2021</p>	<p>FCS Senior Program Managers and Emergency Response Social Worker Supervisors and RED Team Facilitators</p>
<p><b>E.</b> Monitor compliance with time frames, at least quarterly, using Safe Measures, to determine if this is improving 10 day referral response compliance, as well as making in-person contact with alleged victims sooner. Adjust if needed.</p>	<p>September 2016</p>	<p>April 2021</p>	<p>FCS Senior Program Managers and Emergency Response Social Worker Supervisors and FCS Quality Assurance Unit</p>

**PROBATION**

<p><b>Strategy 1: Implement family assessments</b></p>	<input type="checkbox"/> CAPIT	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): <b>Reunification Within 12 Months</b></p>	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
<p>Action Steps:</p>	<p>Implementation Date:</p>	<p>Completion Date:</p>	<p>Person Responsible:</p>
<p><b>A.</b> Develop a system and tool to assess parent’s readiness for reunification and identify the home supports needed during reunification process.</p>	<p>June 2016</p>	<p>April 2021</p>	<p>Deputy Probation Officers, Supervisors and Division Manager, Training Manager</p>

<b>B.</b> Create a check list to identify needs and services to strengthen the family prior to reunification.	April 2016	April 2021	Deputy Probation Officers, Supervisors and Division Manager
<b>C.</b> Develop a tool to identify and document risk factors and strengths of the family prior to removing the child from the home and offer appropriate services and interventions to match the risk factors.	April 2016	April 2021	Deputy Probation Officers, Supervisors and Division Manager
<b>D.</b> Attend and participate in all Multi-Disciplinary Team Meetings, Community Care Meetings relating to Probation youth in Foster Care/Group Home placements.	April 2016	April 2021	Deputy Probation Officers, Supervisors and Division Manager
<b>E.</b> Work with our HHS partners who provide support to parents. Identify natural supports. Actively participate with FCS Wraparound Team.	April 2016	April 2021	Deputy Probation Officers, Supervisors and Division Manager
<b>F.</b> Develop a family finding tool. Identify and contract with Internet data bases and software for family finding. Train probation staff on how to do family findings.	June 2016	April 2021	Deputy Probation Officers, Supervisors and Division Manager

<b>Strategy 2: Family Finding</b>	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <b>Reunification Within 12 Months; Placement Stability</b>	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input checked="" type="checkbox"/> N/A		
<b>Action Steps:</b>	<b>Implementation Date:</b>	<b>Completion Date:</b>	<b>Person Responsible:</b>
<b>A.</b> Develop Family Tree to be used for ongoing family findings and make it assessable within the file.	April 2016	April 2021	Deputy Probation Officers, Supervisors and Division Manager
<b>B.</b> Identify and contract with Internet databases and software for family finding.	April 2016	April 2021	Deputy Probation Officers, Supervisors and Division Manager
<b>C.</b> Utilize existing databases within the county Probation Department to include the use of Justware, Aegis and CWS/CMS.	April 2016	April 2021	Deputy Probation Officers, Supervisors and Division Manager
<b>D.</b> Enhance training which includes learning to develop natural supports such as family members and NREFMs for youth and family.	April 2016	April 2021	Deputy Probation Officers, Supervisors and Division Manager

E. Review and consider Policies & Procedures from other counties regarding Family Finding strategies and best practices.	April 2016	April 2021	Deputy Probation Officers, Supervisors and Division Manager
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<b>Strategy 3: Training</b>	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <b>Reunification Within 12 Months; Placement Stability</b>	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input checked="" type="checkbox"/> N/A		
<b>Action Steps:</b>	<b>Implementation Date:</b>	<b>Completion Date:</b>	<b>Person Responsible:</b>
<b>A.</b> Train probation staff on computer software and databases for family finding including social media, CMS/CWS and department software.	July 2016	April 2021	Deputy Probation Officers, Supervisors Division Manager, Training Manager
<b>B.</b> Train staff on interviewing techniques to include family finding.	April 2016	April 2021	Deputy Probation Officers, Supervisors Division Manager and Training Manager
<b>C.</b> Increase amount of training/education provided to Probation Officers in areas of retaining and recruiting quality relative and non-relative resource families.	April 2016	April 2021	Probation Supervisors and Division Manager
<b>D.</b> Provide Family Finding training to Probation Officers.	April 2016	April 2021	Probation Supervisors and Division Manager



E. Continue working with Family Finding Agencies and Vendors to train Probation Officers and explore new ways to find family connections.	April 2016	April 2021	Probation Supervisors and Division Manager
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<b>Strategy 4: Improve in-person contact with parents and caregivers</b>	<input type="checkbox"/> <u>CAPIT</u>	<u>Applicable Outcome Measure(s) and/or Systemic Factor(s):</u> <b>Reunification Within 12 Months</b>  <input type="checkbox"/> <u>Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project</u>	
	<input type="checkbox"/> <u>CBCAP</u>		
	<input type="checkbox"/> <u>PSSF</u>		
	<input checked="" type="checkbox"/> <u>N/A</u>		
<u>Action Steps:</u>	<u>Implementation Date:</u>	<u>Completion Date:</u>	<u>Person Responsible:</u>
A. Monitor compliance with contacts, at least quarterly, using CWS/CMS and Justware to determine if this is improving, as well as making in-person contact with parents, relatives and potential caregivers.	September 2016	April 2021	Deputy Probation Officers, Supervisors and Division Manager
B. Review consistency of initial Intake and investigation narrative format and use of family finding tool ensuring all important information is captured in narratives and family finding tool to allow Probation Officers to locate parents, relatives and caregivers in order to make contacts.	July 2016	April 2021	Deputy Probation Officers, Supervisors and Division Manager

<b>Strategy 5: Placement matching</b>	<input type="checkbox"/> CAPIT	<u>Applicable Outcome Measure(s) and/or Systemic Factor(s):</u> <b>Placement Stability</b>	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF	<input type="checkbox"/> <u>Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project</u>	
	<input checked="" type="checkbox"/> N/A		
<u>Action Steps:</u>	<u>Implementation Date:</u>	<u>Completion Date:</u>	<u>Person Responsible:</u>
<b>A.</b> Continue to use a centralized placement unit that will explore and use local foster homes and the Residentially Based Services as we move toward Continuum of Care Reform.	May 2016	April 2021	Probation Supervisors and Division Manager
<b>B.</b> Ensure transition plan is in place at the beginning of placement which includes coordinated services and support for Extended Foster Care youth.	May 2016	April 2021	Probation Supervisors and Division Manager
<b>C.</b> Train Probation Officers to maximize the “match” between the youth and the caregiver.	May 2016	April 2021	Probation Supervisors and Division Manager
<b>D.</b> Improve identification of the youth’s needs and the foster family or group home’s ability to meet those needs by utilizing assessments and case plans.	May 2016	April 2021	Probation Supervisors and Division Manager

# CAPIT/CBCAP/PSSF

## Program and Evaluation Description

### PROGRAM NAME

After School Drop-In Programs

### SERVICE PROVIDER

Laytonville Healthy Start Family Resource Center

The Arbor Youth Resource Center

Nuestra Alianza Family Resource Center

### Program Description

- 1) Laytonville Healthy Start FRC After School Program students include minorities, disabled, adoptive and at risk-children. Laytonville serves students in grades 6-12 and runs a two day a week after school program with activities such as cooking and snack making, homework help, computer access, gardening, arts and crafts, kite making, and physical activities (basketball, etc.). The Summer Program for children ages 4-11 utilizes teenagers from the community to act as mentors. The three-day-a-week, four-week program provides respite to parents and care-givers, since child care services are limited in the community.
- 2) Nuestra Alianza FRC has a bilingual program for children who attend the three grammar schools in Willits. Their first priority is to work intensively with new student arrivals from Mexico who only speak Spanish. The second priority is bilingual help with homework. The third priority is to assist all children with homework. When the academic component is over, the children participate in sports, games, art projects, dance and have nutritious snacks.
- 3) The Arbor Youth Resource Center provides a one day a week youth drop-in program to include any youth, including: foster, adoptive, at-risk, minority and disabled clients. The drop-in program provides computer access, games (such as pool), snack and clothing closet. The goal is to give adolescents a safe place to hang out, get a snack, do homework, learn something new, and to expose them to healthy adult role models from the community.

### FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Youth Programs, Mental Health Services

### 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 and families identified at risk for child abuse or other forms of family violence through county CPS Referral process.

#### TARGET GEOGRAPHIC AREA

Laytonville, Willits and Ukiah areas in Mendocino County.

#### TIMELINE

2011-2015; a new RFP will be issued in 2016 to determine CAPIT funded programs for the SIP period 2016-2021.

### EVALUATION

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

Desired Outcome		Indicator	Source of Measure	Frequency
Improve Social and Emotional Competence of Children		90% of children will demonstrate improved social interactions.	Surveys completed at the beginning and ending of the program.	Beginning and ending of services.
New provider contracts are anticipated to be awarded, through an RFP process, beginning July 1, 2016. During the RFP process each bidder will provide goals and objectives and number of anticipated clients they expect to serve over the course of any contract year. It is anticipated that each bidder will describe educational/vocational curriculum and any if applicable, the evidence-based early intervention program, that will be utilized to provide this service.				

**CLIENT SATISFACTION**

<b>Method or Tool</b>	<b>Frequency</b>	<b>Utilization</b>	<b>Action</b>
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.

## CAPIT/CBCAP/PSSF Program and Evaluation Description

### PROGRAM NAME

Youth Programs

### SERVICE PROVIDER

Round Valley Family Resource Center

Action Network Family Resource Center

Safe Passage Family Resource Center

Potter Valley Family Resource Center

### ***Program Description***

These Family Resource Centers offer after-school tutoring. All FRCs serve at-risk, low income and minority children. Participants have transportation to the sites, which are off-campus. They receive individual and group assistance with homework in subjects including math, science and reading. The instructors check back with the students to make sure there is comprehension of the materials covered. All students complete a pre and post-test to evaluate their individual progress and the effectiveness of the program.

### FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Youth Programs

### IDENTIFY PRIORITY NEED OUTLINED IN CSA

- 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. (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 Referral process and pregnant women who are lacking prenatal care and education.

**TARGET GEOGRAPHIC AREA**

Covelo, Fort Bragg, Gualala and Potter Valley areas in Mendocino County.

**TIMELINE**

2011-2015; a new RFP will be issued in 2016 to determine CAPIT funded programs for the SIP period 2016-2021.

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

Desired Outcome	Indicator	Source of Measure	Frequency
Children's social and emotional needs are met	95% of children will improve academic performance	Pre and Post Test	At the beginning and ending of school period

New provider contracts are anticipated to be awarded, through an RFP process, beginning July 1, 2016. During the RFP process each bidder will provide goals and objectives and number of anticipated clients they expect to serve over the course of any contract year. It is anticipated that each bidder will describe educational/vocational curriculum and any if applicable, the evidence-based early intervention program, that will be utilized to provide this service.

**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.

# CAPIT/CBCAP/PSSF

## Program and Evaluation Description

### PROGRAM NAME

Mama Y Yo

### SERVICE PROVIDER

ARC Family Resource Center

### *Program Description*

The Mama y Yo Structured Playgroup is a family-centered program designed for the prevention and treatment of child abuse and neglect. Parents and children participate in a classroom setting. Lessons are competency-based ensuring parental learning and mastery of skills. The ARC Family Resource Center provides structured playgroup activities to provide parenting services to school aged children.

The program lessons focus on remediating five parenting patterns known to form the basis of maltreatment:

- Having inappropriate developmental expectations of children
- Demonstrating a consistent lack of empathy towards meeting children’s needs
- Expressing a strong belief in the use of corporal punishment and utilizing spanking as their principle means of discipline
- Reversing the role responsibilities of parents and children so that children learn to become the caregivers to their parents
- Oppressing the power and independence of children by demanding strict obedience to their commands

### FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Parent Education and Support

### 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 and families identified at risk for child abuse or other forms of family violence through county CPS Referral process.

**TARGET GEOGRAPHIC AREA**

Ukiah area in Mendocino County.

**TIMELINE**

2013 (FRC opened)-2015; a new RFP will be issued in 2016 to determine CAPIT funded programs for the SIP period 2016-2021.

**EVALUATION**

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

Desired Outcome	Indicator	Source of Measure	Frequency
Knowledge of Parenting and Child Development	95% of parents or caretakers will show improvement of parenting style	Pre and Post Test	Quarterly

New provider contracts are anticipated to be awarded, through an RFP process, beginning July 1, 2016. During the RFP process each bidder will provide goals and objectives and number of anticipated clients they expect to serve over the course of any contract year. It is anticipated that each bidder will describe educational/vocational curriculum and any if applicable, the evidence-based early intervention program, that will be utilized to provide this service.

**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.

## CAPIT/CBCAP/PSSF Program and Evaluation Description

### PROGRAM NAME

Triple P (Positive Parenting Program)

### SERVICE PROVIDER

Safe Passage Family Resource Center

The Arbor Youth Resource Center

Laytonville Healthy Start Family Resource Center

### **Program Description**

The Arbor Youth Resource Center in Ukiah, Safe Passage Family Resource Center in Fort Bragg and Laytonville Healthy Start Family Resource Center in Laytonville offer parents the group-level 3 or 4 “Triple P” Program (Positive Parenting Program), which is evidence-based and offered to community members at large, which may include adoptive parents. The primary goal of this program is to prevent behavioral, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents. The program emphasizes five core principles of positive parenting: (i) ensuring a safe and engaging environment; (ii) promoting a positive learning environment; (iii) using assertive discipline; (iv) maintaining reasonable expectations; and (v) taking care of oneself as a parent. The program typically consists of eight weekly sessions lasting one hour each including the final Progress Review Survey. The parents are given weekly homework to practice their newly acquired skills while interacting with their children. There is a pre and post-test utilized to measure the effectiveness of this program.

Each FRC will provide the following imbedded in their program curricula:

- Parent education in classes, groups and/or individual counseling sessions in English or Spanish addressing a continuum of parenting issues.
- Parental support, information, assistance, referral and enrollment of children in health insurance programs as needed.
- Comprehensive bilingual information, assistance, referral and support services to families.

### FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CBCAP	Parent Education, Counseling services, Public awareness

### 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

Vulnerable families at risk of abuse or neglect including all parents, families with children 0-18 and low-income families.

#### TARGET GEOGRAPHIC AREA

Fort Bragg, Ukiah and Laytonville areas in Mendocino County.

#### TIMELINE

2011-2015; a new RFP will be issued in 2016 to determine CBCAP funded programs for the SIP period 2016-2021.

#### 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.	Safe Measures	Quarterly
New provider contracts are anticipated to be awarded, through an RFP process, beginning July 1, 2016. During the RFP process each bidder will provide goals and objectives and number of anticipated clients they expect to serve over the course of any contract year. It is anticipated that each bidders will describe educational/vocational curriculum and any if applicable, the evidence-based early intervention program, that will be utilized to provide this service.			

#### 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.
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# CAPIT/CBCAP/PSSF

## Program and Evaluation Description

### PROGRAM NAME

Case Management Services

### SERVICE PROVIDER

Safe Passage Family Resource Center

### **Program Description**

Case management services, which include at least three families with a minimum of four contacts per family, per month. The contacts range from a referral for services, such as Medi-Cal health insurance application assistance, housing assistance and referrals to outside agencies. Having a case manager provides consistency for clients and the expertise needed to develop and implement a case plan, which includes positive and realistic goals.

### FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
PSSF- Family Preservation	Case management

### IDENTIFY PRIORITY NEED OUTLINED IN CSA

- High rate of poverty and substantial economic hardship. Families need advocacy, strategies and concrete support service. (CSA pages 15,16,22,30,141,144,177)
- 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 6-10 year olds. (CSA, page 23, 144).
- 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 23.5% (CSA page 10).

### TARGET POPULATION

Vulnerable families with children at risk of abuse or neglect, families with one or more risk factors and families with open child welfare cases.

### TARGET GEOGRAPHIC AREA

Fort Bragg area in Mendocino County.

### TIMELINE

2011-2015; a new RFP will be issued in 2016 to determine PSSF funded programs for the SIP period 2016-2021.

## 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.	Safe Measures	Quarterly

New provider contracts are anticipated to be awarded, through an RFP process, beginning July 1, 2016. During the RFP process each bidder will provide goals and objectives and number of anticipated clients they expect to serve over the course of any contract year. It is anticipated that each bidder will describe educational/vocational curriculum and any if applicable, the evidence-based early intervention program, that will be utilized to provide this service.

### 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.

# CAPIT/CBCAP/PSSF

## Program and Evaluation Description

### PROGRAM NAME

Motherhood and Fatherhood is Sacred  
Financial Literacy Workshops  
Strengthening Relationship workshops

### SERVICE PROVIDER

Round Valley Family Resource Center

### Program Description

Motherhood and Fatherhood is Sacred offers participants the opportunity to gain a deeper understanding of the importance of responsible motherhood as reflected in Native American values and beliefs.

Money Matters offers financial literacy training for individuals and families

Strengthening Relationships is a 14-week program providing individuals the knowledge and skills to assist fathers, mothers and families to enhance their capacity to promote strong, healthy and positive relationships.

### FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
PSSF- Family Preservation	Parent Education, Financial Literacy Education

### 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

Vulnerable families with children at risk of abuse or neglect, families with one or more risk factors and families with open child welfare cases.

**TARGET GEOGRAPHIC AREA**

Covelo area in Mendocino County.

**TIMELINE**

2015-2016; a new RFP will be issued in 2016 to determine PSSF funded programs for the SIP period 2016-2021.

**EVALUATION**

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

Desired Outcome	Indicator	Source of Measure	Frequency
Improve Parent Resilience	95% of parents will demonstrate improved life skills management	Pre and Post Test	Every 6 Months
<p>New provider contracts are anticipated to be awarded, through an RFP process, beginning July 1, 2016. During the RFP process each bidder will provide goals and objectives and number of anticipated clients they expect to serve over the course of any contract year. It is anticipated that each bidder will describe educational/vocational curriculum and any if applicable, the evidence-based early intervention program, that will be utilized to provide this service.</p>			

**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.



# CAPIT/CBCAP/PSSF

## Program and Evaluation Description

### PROGRAM NAME

Case Management Services

### SERVICE PROVIDER

Action Network Family Resource Center

The ARC Family Resource Center

### Program Description

These two agencies provide case management services to parents and families. Both the ARC FRC and Action Network FRC's case managers are bilingual/bicultural. If the client is involved with FCS, Action Network works closely with FCS and other involved agencies. Action Network FRC serves clients in a remote setting where FCS does not have an office. Action Network and ARC FRC provide case management services, which include at least three families with a minimum of four contacts per family, per month. The contacts can range from a referral for services, such as Medi-Cal health insurance application assistance, housing assistance, referrals to outside agencies, financial literacy education and parent education.

### FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
PSSF- Community Based Family Support Services	Case management

### IDENTIFY PRIORITY NEED OUTLINED IN CSA

- High rate of poverty and substantial economic hardship. Families need advocacy, strategies and concrete support service. (CSA pages 15,16,22,30,141,144,177)
- 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 6-10 year olds. (CSA, page 23, 144).
- 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 23.5% (CSA page 10).

### TARGET POPULATION

Vulnerable families with children at risk of abuse or neglect, families with one or more risk factors and families with open child welfare cases.

### TARGET GEOGRAPHIC AREA

Gualala and Ukiah areas in Mendocino County.

**TIMELINE**

2011-2016; a new RFP will be issued in 2016 to determine PSSF funded programs for the SIP period 2016-2021.

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

<b>Desired Outcome</b>	<b>Indicator</b>	<b>Source of Measure</b>	<b>Frequency</b>
Re-occurrence of maltreatment reduction	94% of parents or caretakers will not have re-occurrence of maltreatment substantiation.	Safe Measures	Quarterly

New provider contracts are anticipated to be awarded, through an RFP process, beginning July 1, 2016. During the RFP process each bidder will provide goals and objectives and number of anticipated clients they expect to serve over the course of any contract year. It is anticipated that each bidder will describe educational/vocational curriculum and any if applicable, the evidence based early intervention program, that will be utilized to provide this service.

**CLIENT SATISFACTION**

<b>Method or Tool</b>	<b>Frequency</b>	<b>Utilization</b>	<b>Action</b>
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.

## CAPIT/CBCAP/PSSF Program and Evaluation Description

### PROGRAM NAME

Real Talk

Healthy Relationships

Sexual Education

The Arbor Garden

The Arbor Youth Board

Good Eats

Anger Management

### SERVICE PROVIDER

The Arbor Youth Resource Center

### ***Program Description***

The Arbor Youth Resource Center provides: Mom-to-Mom: An opportunity for young mothers to bring their babies and socialize with experienced mothers. Under the guidance of First 5 Mendocino, young and experienced mothers come together to discuss parenting issues/concerns and how to resolve them. There is an adoption support and promotion component addressed during this class. There is a pre and post survey for this program. Financial Literacy: Topics covered will include basic banking info, bank functionality, credit, investments and bankruptcy/loans. This program is made exclusive to youth via an application process. Youth participants will receive a \$25 bank account credit with Mendo-Lake Credit Union following the completion of the 6 week series and school credit. Youth also participate in free weekly raffles for arriving on time and staying until the end of the session. A pre and post survey is utilized for this class. Positive Parenting: A parenting program for young mothers led by the Arbor staff. This program works on teaching young mothers about the health and safety factors that are essential in bringing up a child. It also covers positive discipline techniques, parenting skills, fun recipes, and more. There is a pre and post questionnaire for this program. Good Eats: Under the guidance of the Arbor staff, youth work together to prepare, cook, eat, and clean up after an inexpensive healthy meal. Anger Management: This program in collaboration with Project Sanctuary and the Arbor where youth are taught anger management skills through a six week course. Those who require an Anger Management class through probation can fulfill it here; however, it is also open to anyone who feels they need to take this course. There is a pre and post survey for this program.

## FUNDING SOURCES

source	list funded activities
PSSF-Time Limited Family Reunification Services	Domestic violence services, Peer support, Behavior/Mental Health Services, Parent Education,

## 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

Child welfare and probation foster youth.

## TARGET GEOGRAPHIC AREA

Ukiah area in Mendocino County.

## TIMELINE

2011-2016; a new RFP will be issued in 2016 to determine PSSF funded programs for the SIP period 2016-2021.

## EVALUATION

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

Desired Outcome	Indicator	Source of Measure	Frequency
Children's social and emotional development needs are met	80% of children will improve resiliency	Incident reports	Every 6 Months
<p>New provider contracts are anticipated to be awarded, through an RFP process, beginning July 1, 2016. During the RFP process each bidder will provide goals and objectives and number of anticipated clients they expect to serve over the course of any contract year. It is anticipated that each bidder will describe educational/vocational curriculum and any if applicable, the evidence based early intervention program, that will be utilized to provide this service.</p>			

**CLIENT SATISFACTION**

<b>Method or Tool</b>	<b>Frequency</b>	<b>Utilization</b>	<b>Action</b>
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.

# CAPIT/CBCAP/PSSF Program and Evaluation Description

## PROGRAM NAME

Community Adoption Outreach

## SERVICE PROVIDER

Laytonville Healthy Start Family Resource Center

Nuestra Alianza Family Resource Center

The Arbor Resource Center

ARC Family Resource Center

Action Network Family Resource Center

Safe Passage Family Resource Center

Potter Valley Youth & Community Center

Round Valley Family Resource Center

## **Program Description**

Family Resource Centers have on site, informational brochures and flyers related to foster care and adoption and are also provided to participants during public events. In addition to making referrals to local foster and adoption agencies, the Network coordinates with these agencies to provide presentations to not only the Network, but to the individual FRC communities as well.

## FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
PSSF- Adoption Promotion & Support	Adoptive parent recruitment; Family Resource Center

## 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**

Families exploring adoption

**TARGET GEOGRAPHIC AREA**

All areas in Mendocino County.

**TIMELINE**

2011-2016; a new RFP will be issued in 2016 to determine PSSF funded programs for the SIP period 2016-2021.

**EVALUATION**

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

Desired Outcome	Indicator	Source of Measure	Frequency
Increase number of families adopting foster children	Number of new adoptive homes	Reports from FFAs and State Adoptions	Quarterly

New provider contracts are anticipated to be awarded, through an RFP process, beginning July 1, 2016. During the RFP process each bidder will provide goals and objectives and number of anticipated clients they expect to serve over the course of any contract year. It is anticipated that each bidder will describe educational/vocational curriculum and any if applicable, the evidence based early intervention programs, that will be utilized to provide this service.

**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.