

HUMBOLDT COUNTY
CALIFORNIA CHILD AND FAMILY SERVICES REVIEW



System Improvement Plan Progress Report
9/16/2013

Humboldt County Department of Health and Human Services Mission:
To reduce poverty and connect people and communities to opportunities for health and wellness.
Vision: People helping people live better lives.

Humboldt County Probation Department Mission:
As an agent of the Court, we reduce the impact of crime in our communities through investigation, prevention, supervision, collaboration, detention, and victim restoration.

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Part A – SIP Progress Report Signature Sheet

| California's Child and Family Services Review System Improvement Plan | |
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| County: | HUMBOLDT |
| Responsible County Child Welfare Agency: | Department of Health and Human Services, Social Services, Children & Family Services |
| Period of Plan: | August 31, 2012 through August 31, 2017 |
| Period of Outcomes Data: | Report publication: April 2013. Data extract Qtr 4, 2012 |
| Date Submitted: | <i>September 16, 2013</i> |
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| Name: | Bill Damiano, Chief Probation Officer |
| Signature: | <i>Bill Damiano</i> |
| Board of Supervisors (BOS) Approval | |
| BOS Approval Date: | <i>Not applicable</i> |
| Name: | |
| Signature: | |

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PART B - SIP Progress Report Narrative

1. Stakeholder Participation

Monitoring the implementation of the county's SIP strategies and action steps has been assigned to the SIP contact leads for Children & Family Services and for Probation Department Juvenile Services. The contact leads attend meetings, maintain communication and obtain feedback from agency program managers, supervisors, and project coordinators, as well as partner agencies, community partners, youth representatives, resource parents, tribes, Child Abuse Prevention Council, and CDSS. Two SIP work group meetings were held May 14th and 15th to obtain feedback and updates on SIP action steps identified for start-up or completion during 2013. This input was incorporated into Section 3 of this report (Status Update of SIP Strategies and Action Steps) for each of the three goals, according to targeted strategies and action steps implemented.

2. Improvement Goals and Current Performance

Three performance outcome measures were identified as priorities in the county's five year SIP (2012-2017) and given targeted improvement goals, shown below. Furthermore, a comparison is made between the most current performance (Quarter 4, 2012) and the County Self Assessment (CSA) baseline data (Quarter 3, 2011), as well as the SIP baseline data (Quarter 4, 2011). Another comparative measure shown below is the national standard.

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| <p>Priority Outcome Measure: S1.1 No Recurrence of Maltreatment</p> <p>National Standard: 94.6%</p> <p>CSA/SIP Baseline Performance (Qtr 3/Qtr 4, 2011): 90%/96%</p> <p>Target Improvement Goal: 97%</p> <p>Current Performance (Qtr. 4, 2012): 90.2%</p> |
| <p>Priority Outcome Measure or Systemic Factor: C1.1 Reunification Within 12 Months (exit cohort)</p> <p>National Standard: 75.2%</p> <p>CSA/SIP Baseline (Qtr 3/Qtr 4, 2011): CWS 71.9%/76.8% and Probation 33.3%/42.9%</p> <p>Target Improvement Goal: CWS 78.6% and Probation 57%</p> <p>Current Performance: CWS 66.3% and Probation 50.0%</p> |
| <p>Priority Outcome Measure or Systemic Factor: C1.4 Reentry Following Reunification</p> <p>National Standard: 9.9%</p> <p>CSA/SIP Baseline Performance (Qtr 3/Qtr 4, 2011): 19.1%/32.2%</p> <p>Targeted Improvement Goal: 18.6%</p> <p>Current Performance: 28.4%</p> |

Data is obtained from the official child welfare services data source from University of California at Berkeley Center for Social Services Research website. URL: <http://www.childsworld.ca.gov/PG1358.htm>.

Reference

Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Glasser, T., Williams, D., Zimmerman, K., Simon, V., Putnam-Hornstein, E., Frerer, K., Cuccaro-Alamin, S., Winn, A., Lou, C., & Peng, C. (2009). Child Welfare Services Reports for California, University of California at Berkeley Center for Social Services Research website. URL: http://cssr.berkeley.edu/ucb_childwelfare/

CWS and Probation also rely upon the web-based SafeMeasures database application as part of its quality assurance system, located at: <https://safemeasures.org/ca/>. Safemeasures uploads CWS and Probation case information from CWS/CMS every few days to generate compliance reports on the federal outcome measures and other valuable information that assist with review of case management activities.

Reference:

Children’s Research Center SafeMeasures® Data. Humboldt County Children Family Services Review, Childrens Research Center website, URL: <https://safemeasures.org/ca/>.

In addition, CWS and Probation conduct quarterly detailed reviews of their federal outcome measures (compiled by UC Berkeley), in consultation with the CDSS, Children’s Services Outcomes & Accountability Bureau. The purpose of this quarterly review is to monitor and analyze CWS and Probation progress in complying with federal and state Child and Family Services Review (CFSR) measures, in accordance with AB 636.

The trend charts shown in the next few pages demonstrate that the county’s performance may vary over time in the three targeted measures and also depends upon the baseline selected for comparison. CWS current performance in Quarter 4, 2012, shows there is an overall need for improvement in all three performance measures compared to the CSA (Qtr 3, 2011) and SIP (Qtr 4, 2011) baseline levels and toward reaching the targeted improvement goals (identified above). Probation current performance shows there has been an improvement in the measure Reunification Within 12 Months (C1.1) compared to the CSA and SIP baseline levels and toward reaching the targeted improvement goal.

These three outcome measures reflect key factors that may contribute to recurrence of maltreatment, reunification delays, and reentry after reunification. These factors are considered to be obstacles, systemic issues, or environmental conditions with which children and families often need help. They were identified during the five-year SIP planning process and reinforced by the stakeholder review of the 2013 SIP progress.

Family issues and environmental conditions may include:

- Insufficient family coping, life skills, and communication/relationship abilities (domestic violence, emotional/verbal abuse, etc.)
- Parental mental illness and/or substance abuse challenges
- Inadequate parenting skills
- Children having behavioral or health difficulties
- Lack of physical and community resources (employment, housing, education skills)

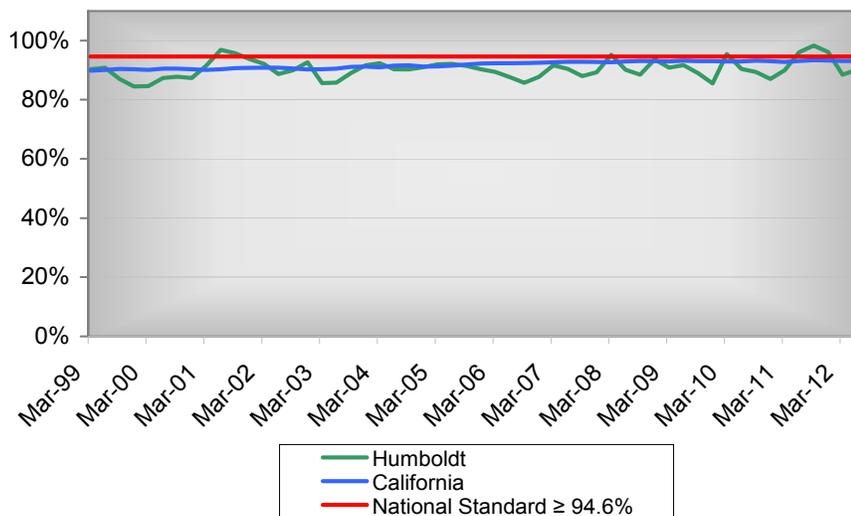
Systemic issues and challenges may include:

- Maintaining social worker continuity in the life of the case and regularly meeting with families using family conferencing for group consensus decision making
- Effectively engaging families in group decision making on their case plan and accurately identifying their strengths, needs and family supports/resources
- Developing and maintaining family advocacy and peer supports
- Providing an effective referral process for evidence-based and effective services, and tracking referral/use of services and measuring effectiveness of meeting family needs
- Providing available and accessible services in the community that address specific needs of the family (e.g. inpatient AOD treatment, in-home parenting training, etc)
- Decentralizing integrated services to be family place-based
- Improving county-wide capacity to serve Native American communities with cultural and linguistic understanding
- Maintaining well-trained workforce, community services providers, and care providers, skilled in working with child/family complexities and key risk factors
- Continuing momentum to support multi-agency partnerships and multi-disciplinary teams, and to share resources across systems of care initiatives

S1.1 No Recurrence of Maltreatment - CWS

The chart below shows over the last 13 years, the rate of no recurrence of maltreatment. This is defined as the percentage of all county’s children with a substantiated allegation of abuse or neglect within the first six months of the 12-month study period who did not have another substantiated allegation during the subsequent six months. The trend shows periods of improvement in no recurrence of maltreatment, such as during 2011, and then periods of decline during early 2012. Efforts made so far to improve this outcome are carried out through EBPs, best practices, and other SIP action steps described in Section 3.

**No Recurrence of Maltreatment (Measure S1.1)
March 1999 to June 2012**

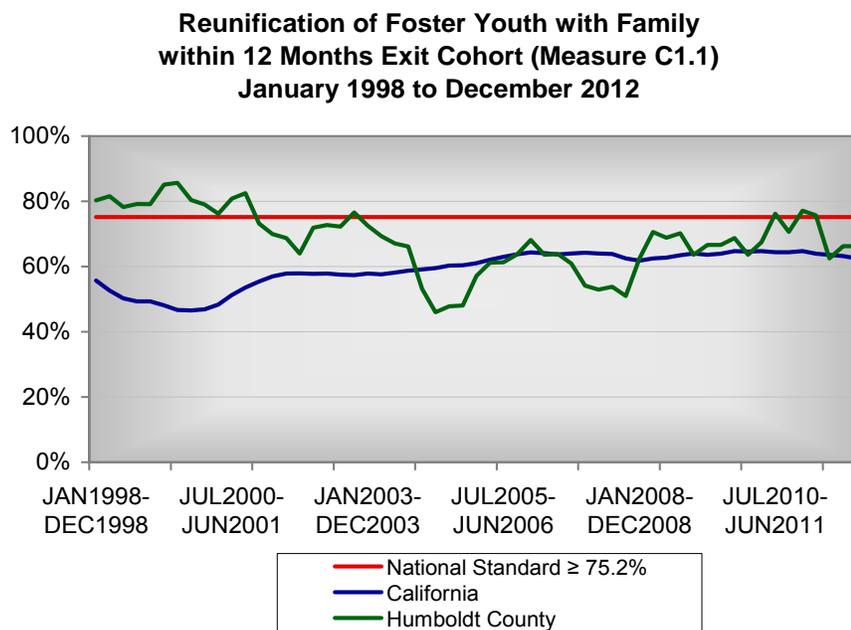


Source: UC Berkeley CWS Outcome Summary
Q4, 2012 (06/11/2013)

Further analysis of this measure (in Qtr 4, 2012) by age, ethnicity, gender, and allegation type shows the type of youth more likely to have recurrence of maltreatment are those under age 11, male, with physical abuse allegations or general neglect allegations. Two out of the 12 children that experienced recurrence of maltreatment had missing ethnicity identification, which could affect the outcome measure given the low total number.

C1.1 Reunification Within 12 Months - CWS

The following chart shows over the last thirteen years, the percentage rate of children who exited foster care to reunification within 12 months of the latest removal from the home. Exiting foster care to reunification is defined as an exit from care to the parent(s) or primary caretaker(s) and includes the following placement episode termination reason types: Reunified with Parent/Guardian (Court), Reunified with Parent/Guardian (Non-Court), and Child Released Home. The trend shows a gradual, but variable, improvement over time since 2004. Even though more recently there has been a downturn in the reunification measure, the overall trend points towards gradual improvement. Efforts are being made to improve this outcome through EBPs, best practices, and other SIP action steps described in Section 3.



Source: UC Berkeley CWS Outcome Summary Q4, 2012 (06/11/2013)

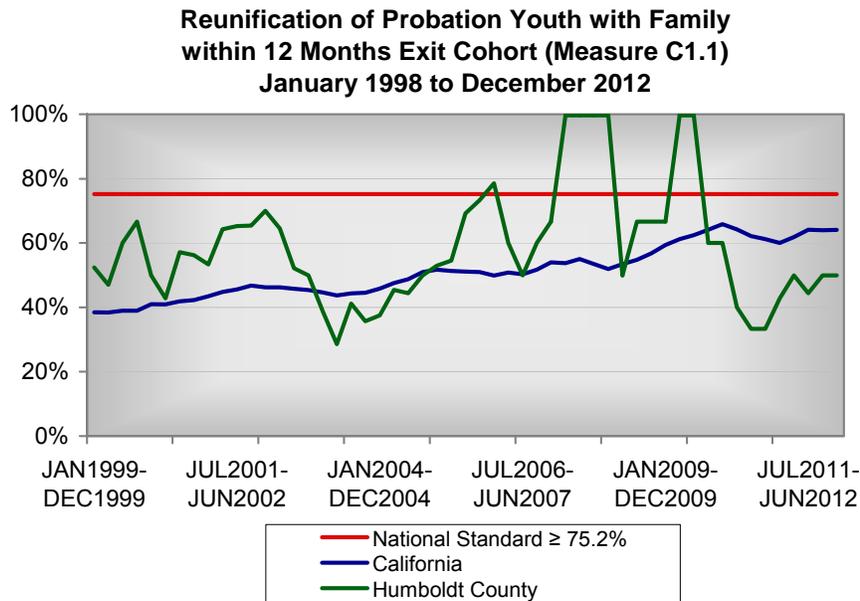
Upon further demographic analysis of this measure (in Qtr 4, 2012), it shows out of the 27 youth that reunified after 12 months in foster care, the age groups ranged from 1 up to 15 years, with a greater likelihood of this to occur for Latino and Native American ethnicity groups. The tendency to take greater than 12 months to reunify occurred predominantly in Kinship and FFA placements, with removal reasons of general neglect and physical abuse allegations.

C1.1 Reunification Within 12 Months - Probation

The reunification trend for Probation over time shows a gradual but variable improvement over time since 2004. Though more recently there has been a downturn in the reunification measure, the overall trend is towards gradual improvement. Efforts to improve this outcome rely upon EBPs, best practices, and other SIP action steps described in Section 3.

Timely reunification remains a challenge for Probation, especially involving older youth greater than 15 years of age, according to further data analysis (in Qtr 4, 2012). Typically, youth who enter foster care through the Probation system are closer to the age of majority and less likely to reunify with their parents. By nature of their delinquent status, these youth have externalized behaviors that are challenging to caregivers and parents alike. Probation foster youth frequently have lengthy child welfare histories and may have had previous foster care placements in the CWS system. The Probation youth who enter residential treatment facilities have complex treatment needs including sexual offending and serious alcohol or drug problems. Most juvenile sex offender treatment programs average 12 to 24 months in length.

The current population of Probation placement youth is reflective of these characteristics. As of August 1, 2013, Probation had six youth in placement (three in foster homes and three in group homes), with 3 youth of age 17, two youth of age 16, and one youth age 15. Of the three in group homes, two are in a sexual offender program.

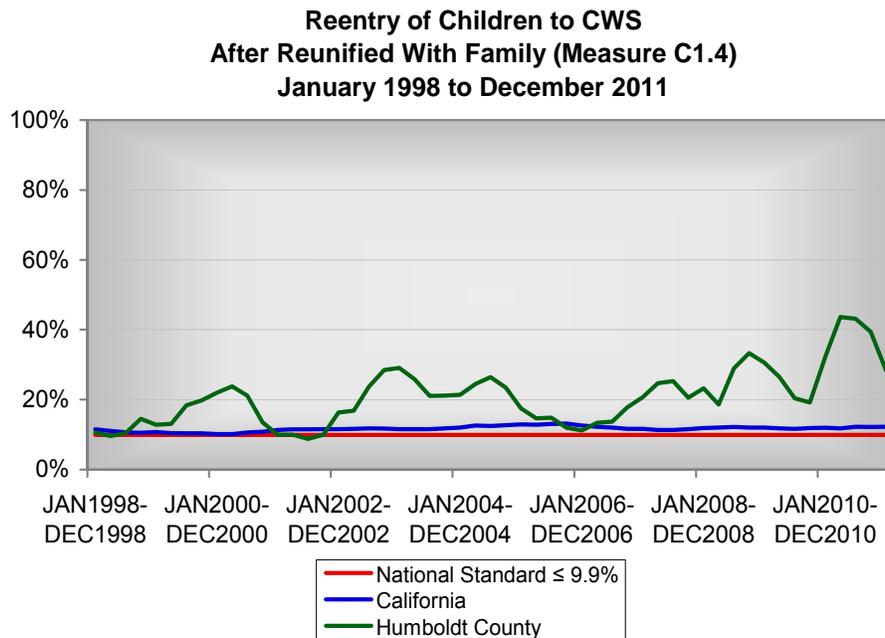


Source: UC Berkeley CWS Outcome Summary
Q4, 2012 (06/11/2013)

Since the Spring of 2011, California Probation Departments have been able to enter and retrieve case information from Child Welfare Services/Case Management System (CWS/CMS). This will greatly increase the Probation Department's ability to evaluate outcomes and monitor the progress of youth and families in the delinquency system.

C1.4 Reentry Following Reunification - CWS

The following chart demonstrates over the last thirteen years, the rate of reentry following reunification. This is defined as the percentage of foster children who reentered foster care less than 12 months from the date of exiting foster care during the selected 12-month period. Over time the trend of reentry into out-of-home foster care has been slowly ratcheting upward. Efforts made so far to improve this outcome are implemented through EBPs, best practices, and other SIP action steps described in Section 3.



Source: UC Berkeley CWS Outcome Summary
Q4, 2012 (06/11/2013)

Upon further data analysis of age, ethnicity, gender, and placement type during Qtr 4, 2102, it shows the type of youth that is more likely to have reentry after reunification are those under age 16 (particularly young teenagers), female, and Native American ethnicity. The tendency for reentry occurred predominantly in foster home and FFA placements.

C&FS and Probation rely upon a variety of best practices, evidence-based practices (EBPs), and new initiatives with informed practices to promote the safety, well-being, and stability of at-risk children and families that are receiving services from C&FS and Probation. These practices are elaborated in the county’s preceding self assessment and system improvement planning reports. For more information, refer to the Humboldt County Self Assessment (July 2012) and System Improvement Plan (2012-2017), pages 65 to 75 and pages 16 to 32, respectively. The reports are posted on the CDSS website at www.childsworld.ca.gov/PG1419.

Best Practices

The county seeks to maintain and refine best practices that guide administration on the delivery of services throughout the system of care to improve outcomes for children and families. Best practices promoted by the county include:

- Integrated services and co-location of child welfare case workers, public health nurses, and mental health clinicians/case managers

- Differential Response (DR)
- Structured Decision Making (SDM)
- Family Finding Efforts (FFE)
- Motivational Interviewing
- Family-to-Family (F2F) Core Strategies
- Team Decision Making (TDM)
- Family Intervention Team (FIT)
- Wraparound Process
- Children & Family Services Clinic (for CWS and Probation)
- Alcohol and Other Drugs (AOD) Services for Youth and Adults
- Transition Age Youth Division and co-location of CWS, Mental Health and Public Health
- Humboldt County Transition Age Youth Collaboration (HCTAYC)
- Mobile Engagement Vehicle (MEV)
- Street Outreach Services
- DHHS Office of Client and Cultural Diversity (OCCD)
- DHHS administered CalWORKs program
- Humboldt County's Superior Court's Healthy Alternatives Juvenile Court
- Probation Department's New Horizons Program

Current Evidence-Based Practices

The county has implemented a variety of EBPs to improve family/children outcomes in safety, wellness and permanency. Several EBPs are used by both C&FS and Probation, of which are delivered by DHHS Mental Health staff. They include:

- Functional Family Therapy (FFT)
- Aggression Replacement Training (ART)
- Trauma Focused Cognitive Behavioral Therapy (TFCBT)

Additional EBPs that are utilized by C&FS include:

- Incredible Years (IY)
- Parent Child Interaction Therapy (PCIT)
- Nurse-Family Partnership (NFP)
- Integrated Dual Diagnosis Training (IDDT)

Probation also utilizes an EBP for risk/needs assessment called Positive Achievement Change Tool (PACT) for juvenile cases, as well as the Detention Risk Assessment Tool (DRAI) for detention cases.

New Evidence-Based Practices

The county continues to explore EBPs to meet service needs and improve family/children outcomes. The following EBPs are in the implementation process as of 2012:

- Adolescent Community Reinforcement Approach with Assertive Continuing Care (ACRA/ACC)
- SafeCare
- Transition to Independence Process (TIP) Model

Developing Initiatives and Practices

Other new activities are also in the implementation process that seek to improve outcomes for children and families:

- Safety Organized Practice
- Quality Parenting Initiative (QPI)
- Children & Family Services System of Care (SOC) Grant
- California Partners for Permanency (CAPP)
- Humboldt County Foster Youth Adoption Services
- Wraparound service expansion
- Probation Disproportionate Minority Contact (DMC) Implementation
- Probation EBP Quality Assurance Program
- Probation Effective Practices in Community Supervision (EPICS) process
- Probation Comprehensive Information Management System Implementation

Goals, strategies, and action steps identified in the county's five-year SIP are expected to have a positive effect on improving the targeted performance outcomes in the future, possibly several years down the road. The action steps are phased in over the next five years and most are scheduled to begin implementation in latter part of 2013. The full beneficial impacts of these initiatives will likely not be seen immediately. Due to the nature of system change, it is possible that effects from the previous three-year SIP action steps will begin to start showing their positive impact on the outcome measures of reunification, entry/reentry, and placement stability, as well as indirectly on other performance outcomes in child permanency, least restrictive placements, and social worker visits.

The following section describes the status of all the strategies and action steps scheduled to start and/or be completed by the time of this SIP Progress Report (August 2013).

3. Status Update of SIP Strategies and Action Steps

Goal: No Recurrence of Maltreatment (S1.1)

Strategy 1: Improve engagement with families earlier in the system.

Strategy Rationale: Family outcomes can be improved by successfully engaging families with respect and knowledge of family strengths/needs/culture and the intent to provide support for their safety, well-being and permanency.

Current Performance Comparison: Quarter 4, 2012, is 90.2% compared to CSA/SIP Baseline (Qtr 3/Qtr 4, 2011) of 90%/96%, and Target Improvement Goal of 97%.

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| <p>A. Develop, train and Implement Safety Organized Practice (e.g. Signs of Safety or similar practice model).</p> | <p>Target date: July 2013 and ongoing efforts Status: Developed and in process of training and implementation</p> |
| <p>The county is in the early stage of implementing Safety Organized Practice (SOP). SOP was selected for its versatility with county practices and its integration with Structured Decision Making. The county is implementing SOP through several staff implementation groups phased in over time as an integral part of CAPP. Foundational training was provided in April 2013 by UC Davis to the first implementation group, involving (CAPP cohort 1) selected supervisors and social workers in Emergency Response, Court Intake, and Family Maintenance/Family Reunification units, as well as public health and mental health representatives.</p> <p>SOP is expected to better engage families with more available up front services and community resources offered through three main techniques: 1) Family support team engagement with interviewing strategies, 2) Enhanced critical thinking by family support team with safety mapping strategies, and 3) Better achievable safety goals, safety networks, and safety planning. In addition, CAPP case reviews of 15 closed CWS cases involving Native American children are in progress and are expected to shed light on system strengths and challenges, as well as needs for practice changes.</p> | |
| <p>B. Develop and implement a protocol for collaborating with the tribes prior to case opening.</p> | <p>Target date: July 2013 and ongoing Status: Developed and in process of implementation</p> |
| <p>CAPP Advisory Board meetings were held regularly with the local tribes and county DHHS representatives. As a result, a standing protective court order has been developed and signed by the Presiding Judge of the Humboldt County Juvenile Court on June 7, 2012. This will facilitate the exchange of information between the eight federally-recognized American Indian tribes in Humboldt County and county CWS involving potential and active dependency matters of an American Indian child as defined by ICWA at 25 U.S.C. §1904.</p> | |

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| <p>A protocol for collaboration has also been incorporated into the court order and filed with the court on January 31, 2013. It describes the procedure for identifying tribe affiliation, tribe enrollment or enrollment eligibility, tribe notification efforts, information sharing regarding reports of suspected child abuse and/or neglect, and collaboration efforts between CWS and Tribal Social Services. In addition, a referral form has been updated to indentify tribal affiliation.</p> <p>CWS and the Yurok Tribe also hold weekly staff meetings on referrals and cases involving Yurok children to discuss needs and services issues, and prioritize cases.</p> | |
| <p>C. Increase availability and referrals to existing integrated Mental Health services for children and families early in the CWS system.</p> | <p>Target date: July 2013 <u>and ongoing</u></p> <p>Status: In progress</p> |
| <p>Over the last year, improvements were made to the monitoring of mental health services provided to CWS children in order to increase awareness and knowledge of the county's policy to conduct mental health screening of all children with an open CWS case and provide subsequent mental health assessments and services if needed.</p> <p>C&FS is working on streamlining a referral process to adult mental health for parents involved in CWS in order to reduce the two month waiting time.</p> <p>In the past year, there was an increase in the percent of CWS children given behavioral health services, from an average of 50% in June 2012 to approximately 85% in March 2013, as a result of administrative initiative to increase availability of integrated mental health services. Recruitment and retention of qualified clinicians continues to be a challenge as in other small rural counties. Continuous recruitment occurs on a regular basis.</p> <p>Mental health services provided by the Child Welfare Behavioral Health Integrated Unit include individual and family therapy, plan development, case management linkage to services and rehabilitation. Currently, there are six clinicians and eleven case managers dedicated to providing intensive child and family services to higher needs children and families that need more structure during family visitation. Another case manager is dedicated to liaison activities with Education agencies. These numbers may vary and some services may be contracted out in the future.</p> | |

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| <p>D. Hire and train Parent/Family Partners to support families throughout the Child Welfare continuum.</p> | <p>Target date: December 2013 <u>2014</u> and ongoing Status: deferred one year</p> |
| <p>Humboldt County DHHS is working with Merit System Services (MSS) to create a job class and career ladder for Family Partners. MSS is currently reviewing the work classification (e.g. roles, responsibilities, skills, training, etc.) and they anticipate providing feedback in the near future. Once the job classification is created, DHHS will hire a team of Family Partners.</p> <p>UC Davis started a parent partner advisory board to assist counties with parent partner program development and will serve as a good resource for the county. Further support can come from the CAPP and SOC grant projects, both which have a parent partner program component as part of their conceptual design for providing peer support/advocacy to tribal families and families with mental health challenges, respectively.</p> | |
| <p>E. Explore opportunities to increase bilingual/cultural staff.</p> | <p>Target date: Ongoing 2013 – 2017 Status: Pending exploration</p> |
| <p>One of the goals of the SOC grant project is to address cultural and linguistic competence. The SOC grant project is partnering with schools, colleges, and cultural communities to establish a “grow our own” project to develop interest and support for students of specific cultures or backgrounds (e.g.: Latino, Native American, former foster youth, mental health involved) to pursue education that would lead to a career path into the area of health and human services.</p> <p>In addition, DHHS and partners will enhance service provider cultural competency by training them on culturally appropriate practices and values. The county will be contracting with California Institute for Mental Health to provide mental health training to the Promotores, a subgroup of LatinoNet.</p> <p>Also, the SOC grant project will increase access to and choice of culturally appropriate service providers by partnering with Tribes to provide services directly, and simultaneously train county staff to be more aware and competent regarding local Tribal families and communities.</p> <p>It is also expected that the CAPP grant project will provide some guidance with this initiative in working with the local tribes.</p> | |

Goal: No Recurrence of Maltreatment (S1.1) - continued

Strategy 2: Increase use of family team approach.

Strategy Rationale: Family outcomes can be improved by increasing family team meetings that engage the family in decision making.

Current Performance Comparison: Quarter 4, 2012, is 90.2% compared to CSA/SIP Baseline (Qtr 3/Qtr 4, 2011) of 90%/96%, and Target Improvement Goal of 97%.

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| <p>A. Train social workers and provide ongoing coaching to use Safety Organized Practice or similar model to explore family relationships and natural circles of support.</p> | <p>Target date: July 2013 and ongoing efforts Status: In progress</p> |
| <p>The county is implementing SOP through several phases involving staff implementation groups. Foundational training was provided in April 2013 by UC Davis to the first implementation group, involving (CAPP cohort 1) selected supervisors and social workers in ER, Court Intake, and FM/FR units, as well as public health and mental health representatives. Supervisors are responsible for ongoing coaching to their staff.</p> <p>A series of coaching trainings are in progress of being provided to child welfare management, by the UC Davis Northern Regional Training Academy. The Coaching Institute was held in September of 2012 and attended by several supervisors. Another training session is scheduled for June 25 – 27, 2013, to be attended by C&FS deputy directors, CWS program managers and most supervisors. The rest of the supervisors will be trained in future trainings as part of CAPP project and Safety Organized Practice.</p> | |
| <p>B. Increase family meetings early and throughout the case to develop family/community/tribal support system.</p> | <p>Target date: July 2013 and ongoing Status: In progress</p> |
| <p>Fifteen family meetings so far have incorporated Safety Organized Practice by SOP trained social workers. County social workers already participate in other family meetings, such as family case planning, family group decision making, team decision making, and treatment team meetings. The next step is to identify how, what and when the variety of family meetings can best be feasibly utilized to optimally assist children and families.</p> | |
| <p>C. Develop family meeting protocol to ensure follow-through after the meetings.</p> | <p>Target date: July <u>December</u> 2013 Status: Pending</p> |
| <p>Since Safety Organized Practice (SOP) is still in the early stage of implementation, more time is needed to develop a family meeting protocol that incorporates SOP and possibly other best practices from Team Decision Making protocols (described in the TDM Desk Guide updated 8/5/2010).</p> | |

Goal: Reunification within 12 months (C1.1)

Strategy 1: Increase the knowledge of birth families, care providers, partners, and agency staff about the effects of trauma on behavior and well-being.

Strategy Rationale: Service providers knowledgeable in the effects of trauma on behavior and well-being can contribute to better understanding of the needs of children and families and support for overcoming their challenges for successful reunification.

Current Performance Comparison: CWS Quarter 4, 2012, is 66.3% compared to CSA/SIP Baseline (Qtr 3/Qtr 4, 2011) of 71.9%/76.8%, and Target Improvement Goal of 78.6%.

Probation Quarter 4, 2012, is 50% compared to CSA/SIP Baseline (Qtr 3/Qtr 4, 2011) of 33.3%/42.9%, and Target Improvement Goal of 57%.

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| <p>A. Provide training to <u>every appropriate</u> new employees on the effects of trauma on parents and children (e.g. removal, historical, abuse/neglect, loss of loved ones, etc.). In addition, provide training twice per year to current employees and ongoing coaching to staff in order to incorporate it into practice.</p> | <p>Target date: Training for employees by July 2013</p> <p>Status: In progress</p> |
| <p>DHHS and Probation administration will be discussing with DHHS Training, Education & Supervision Unit the logistics of how a training plan could be developed for new and current employees and what type of trauma and loss model to adopt (e.g. 3-5-7 Trauma & Loss Model). Appropriate staff to be trained would involve C&FS staff that work with CWS cases and Juvenile Probation Officers, as well as the Court Unit. Supervisors would be responsible for ongoing coaching of their staff.</p> <p>On May 10, 2013, training to DHHS, Probation staff, and community partners was provided by Dr. Bruce Perry on neuro-developmental effects of trauma, self regulation techniques, and benefits of specifically identifying family needs and effectively meeting those needs.</p> <p>The SOC grant project will provide guidance and support in developing and implementing a trauma and loss training project and also mental health assessment screening for child trauma. In addition, the Humboldt County 0 to 8 Mental Health Collaborative Planning and Advisory Group is working toward identifying and organizing trainings to cultivate a qualified workforce in early childhood mental health disciplines, and develop an infrastructure for “in-county” early childhood mental health certification process, as well as facilitating communication and networking across disciplines/agencies.</p> | |

Goal: Reunification within 12 months (C1.1) - continued

Strategy 2: Increase availability of Evidence-Based Practices for children and families.

Strategy Rationale: Increasing availability of effective services and practices based on evidence-based research can increase the child/family chances for successful outcomes.

Current Performance Comparison: CWS Quarter 4, 2012, is 66.3% compared to CSA/SIP Baseline (Qtr 3/Qtr 4, 2011) of 71.9%/76.8%, and Target Improvement Goal of 78.6%.

Probation Quarter 4, 2012, is 50% compared to CSA/SIP Baseline (Qtr 3/Qtr 4, 2011) of 33.3%/42.9%, and Target Improvement Goal of 57%.

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| <p>A. Build tribal/community partnerships to better coordinate service delivery to various populations.</p> | <p>Target date: Ongoing (2013 – 2017) Status: In progress</p> |
| <p>The SOC and CAPP grant projects are spearheading efforts to improve tribal/community partnerships and services to children/families with mental health needs and to tribal children/families, respectively. The CAPP project will assist with tracking and evaluating improvements in coordination of service delivery. Some examples so far of CAPP contributions include the standing court order/protocol for involving the local tribes early in the referral process and weekly staff meetings with the Yurok Tribe involving tribal children referrals to CWS.</p> <p>The 0 to 8 Mental Health Collaboration Planning and Advisory Committee meetings compliment the SOC project by targeting improvements in mental health service systems and service providers to families and young children impacted by mental health issues. Over the next several years, these initiatives will drive outcome improvement efforts for children and families receiving C&FS or Probation services.</p> <p>Probation is reaching the end of its three-year grant on Disproportionate Minority Contact (DMC). As a result of the DMC grant, Probation has hired a part-time Disproportionate Minority Contact (DMC) Coordinator to work with stakeholders in order to develop and implement a plan to reduce the disproportionate number of American Indian youth entering the juvenile justice system. The final phase of the project focuses on transitioning ongoing DMC activities and oversight to a community collaborative.</p> | |
| <p>B. Explore additional EBPs to address adolescent alcohol and other drug (AOD) issues and select which EBPs to recommend for approval.</p> | <p>Target date: November 2012 – November 2013 Status: In progress</p> |
| <p>A new evidence-based practice is in the process of being developed for the adolescent substance abuse treatment program, which will complement or replace the current Matrix Model to better suit the supportive recovery needs of adolescents, including home visits and case management. The EBP is called Adolescent Community Reinforcement Approach with Assertive Continuing Care (A-CRA/ ACC), which shows great outcomes in serving adolescents (12 to 22 years) with substance abuse or co-occurring disorders.</p> | |

Five DHHS staff participated in the A-CRA training in May 2013, representing Children & Family Services, Transition Age Youth Division, and the Regional Facility. The county is in the process of negotiating contract services with a non-profit service provider to assist with A-CRA certification and consultation. Certified supervisors can then train and certify others.

Probation is considering having an A-CRA certified person co-located at Probation to provide substance abuse treatment to adolescents in the Regional Facility. Also, Probation will implement the EBP Effective Practices in Community Supervision (EPICS) with coaching in order to reduce behavioral issues in adolescents. The purpose of the EPICS model is to teach probation officers how to apply the principles of effective intervention and core correctional practices (using cognitive behavioral approach and relationship skills), when engaging with offenders.

C. Coach staff during supervision, staffing, and other training meetings on use of referrals to evidence-based practices.

Target date: December 2013
Status: In progress

Currently, staff rely on their supervisor's experience and perceived client's need to provide coaching and training on referring clients to available EBPs.

Discussions are in progress on ways to improve coaching of staff on referral process (when and how to make referrals to EBPs). The DHHS Integrated Services Research & Evaluation Unit is responsible for tracking and evaluating use and effectiveness of EBPs and the DHHS Training, Education & Supervision Unit is responsible for tracking and evaluating trainings.

The topic of Implementation and use of EBPs will be placed as an ongoing agenda item at Juvenile Probation Unit meetings.

As discussed earlier in Goal S1.1 (Strategy 2A), the UC Davis Coaching Institute training series to managers and supervisors will provide the foundation for providing supervisor coaching to staff in family engagement, case management and service delivery, including referring clients to evidence-base practices and other effective services.

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| <p>D. Increase awareness of all care providers and staff on EBPs utilized by County through quarterly trainings offered by DHHS (e.g. Functional Family Therapy, Incredible Years, Parent Child Interaction Therapy, Nurse Family Partnership, Trauma Focused Cognitive Behavioral Therapy, Aggression Replacement Training, etc.).</p> | <p>Target date: Quarterly each year (2013 – 2017) Status: In progress</p> |
| <p>On April 18, 2013, the Evidence Based and Promising Practices (one hour) Orientation was presented by the DHHS Integrated Services Research & Evaluation (R&E) Unit to 30 attendees, mostly new hires, and also two care providers.</p> <p>On May 7, 2013, the Evidence Based Interventions and Treatments (3 hour) training was presented by Integrated Services R&E. All DHHS and Probation staff and also community partners (including care providers) were invited to this training to learn about the practices used in DHHS.</p> <p>At this time it is planned that each of these trainings will be presented once more as follow-up training during the calendar year 2013 and continue this schedule in subsequent years to provide refresher training for DHHS and Probation staff, as well as care providers.</p> | |
| <p>E. Educate the local court system on the benefits of serving youth and families using EBPs through Court Improvement meetings and In-Service meetings with Attorneys.</p> | <p>Target date: Ongoing (2013-2017) Status: In progress</p> |
| <p>It has been discovered that it would be more feasible to invite dependency attorneys, county counsel and juvenile court judges to future staff trainings on EBPs provided by R&E, instead of through Court Improvement meetings and in-service meetings with attorneys.</p> <p>The TES Unit in coordination with the R&E Unit will track EBP training attendance and evaluate the benefits of the trainings.</p> <p>With the assistance of the University of Cincinnati School of Criminal Justice, Probation developed a Powerpoint presentation to be used for orienting new employees and stakeholder groups on the benefits of utilizing EBPs.</p> | |

Goal: Reunification within 12 months (C1.1) - continued

Strategy 3: Expand the mentor program to all care providers.

Strategy Rationale: Expansion of mentoring to all care providers can increase the skills and supports offered to children and families for better outcomes.

Current Performance Comparison: CWS Quarter 4, 2012, is 66.3% compared to CSA/SIP Baseline (Qtr 3/Qtr 4, 2011) of 71.9%/76.8%, and Target Improvement Goal of 78.6%.

Probation Quarter 4, 2012, is 50% compared to CSA/SIP Baseline (Qtr 3/Qtr 4, 2011) of 33.3%/42.9%, and Target Improvement Goal of 57%.

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| <p>A. Provide annual trainings and ongoing support to foster families, relatives and NREFM care providers on mentoring birth parents to strengthen parenting skills.</p> | <p>Target date: December 2013 and ongoing Status: In progress</p> |
| <p>The Quality Parenting Initiative (QPI) is exploring ways to create a forum for bringing together foster families, relatives, and NREFM care providers, as well as case workers and probation officers, to be trained in mentoring birth parents and strengthening parenting skills in a variety of settings, such as family meetings and parent/child supervised visits.</p> <p>QPI is also promoting care provider participation in icebreaker meetings with birth parents to identify child’s needs in the best interest of the child. So, far icebreaker training has been provided to a few social workers. The icebreaker model has been reviewed and modified by the probation placement officer to better fit the probation foster population. The model has been used by the probation placement officer with several local care providers, foster youth, and parents. The probation placement officer is expected to be an active participant in QPI activities.</p> | |
| <p>B. Recruit and train mentors and assign to relatives and NREFMs that provide care to children.</p> | <p>Target date: Dec. 2013 and ongoing Status: In progress</p> |
| <p>The QPI is convening monthly through <i>Moving Forward Meetings</i> to promote resource family recruitment with assistance from the Foster Parent Association. Some recruitment examples include community-wide advertising (e.g. brochures and news ads) and hosting recruitment informational gatherings.</p> <p>Monthly support group meetings for relative/non-related extended family members are sponsored by the College of the Redwoods Director of Foster & Kinship Care Education Program and facilitated by a C&FS supervisor.</p> <p>There are currently 24 foster parents assigned to seven mentors. Also, two relative/NREFM families with several years of experience have been trained as mentors and assigned to mentor relative/NREFM families. At this time, only one mentor is available to provide mentoring to relative/NREFM families. These mentors coach and support other care providers in mentoring birth parents. Because this is a new philosophy, not all care providers are willing to mentor birth parents, however many new foster parents are willing and encouraging other new foster parents to do the same.</p> | |

Probation uses the same pool of foster parents as CWS; therefore, mentors are also available to foster parents who foster probation youth. Most probation youth are placed with experienced foster parents who do not have assigned mentors. If Probation has a relative/NREFM who would benefit from a mentor, then a mentor could be requested via CWS.

There are approximately 75 licensed foster families in the county. More foster families are needed and efforts are being made to recruit. To better support prospective foster parents, a foster parent will assist the prospective foster parent through the process to become licensed.

Goal: Reentry Following Reunification (C1.4)

Strategy 2: Enhance teaming by various disciplines and improve service delivery to children and families.

Strategy Rationale: Enhancing multi-disciplinary team decision making can improve service options for children and families, which can in turn improve their outcomes.

Current Performance Comparison: Quarter 4, 2012, is 28.4% compared to CSA/SIP Baseline (Qtr 3/Qtr 4, 2011) of 19.1%/32.2%, and Target Improvement Goal of 18.6%.

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| <p>A. Develop integrated teams that include county staff assigned to geographic regions in the county (e.g. located at local FRCs).</p> | <p>Target date: December 2012 <u>August 2014 and ongoing</u> Status: Postponed</p> |
| <p>This action plan has been postponed to allow more time for planning and development. This action plan will be supported by the CAPP project’s implementation of culturally responsive practice models and system-level changes, as well as one of the SOC grant’s goals to provide decentralized access to mental health clinicians and case managers that will work in remote areas of the county, such as near tribal lands and rural communities. The targeted implementation date for this action plan is anticipated to be August 2014. This action plan will be part of the SOC grant’s first phase of implementation. Recently, a senior program manager and analyst have been hired to coordinate the implementation of the SOC grant.</p> <p>Future Improvements resulting from Katie A. vs. Bonta Court Implementation Plan will also support this action plan by the county’s participation in a learning collaborative model of training at the state level in order to implement the Core Practice Model Child and Family Team at the county level. This will involve providing more accessible wraparound services by an integrated Wrap team to children with high level needs (e.g. group home, psychiatric hospital, residential treatment facility, or experienced three or more placements in one year) and also expanding wrap-like services to children in foster care or at risk of foster care placement who have mental health issues. The county plans to expand the number of Wrap facilitators from four to eight within the next two years.</p> | |
| <p>B. Link these teams to other tribal/community partners within their geographic areas to serve children and families in an integrated and holistic manner.</p> | <p>Target date: December 2013 <u>August 2014 and ongoing</u> Status: Postponed</p> |
| <p>Once the above action plan (A) is implemented, the CAPP project team will work closely with the SOC grant team to link the geographic assigned integrated teams to tribal/community partners within their geographic areas, such as the eight local tribes.</p> | |

Goal: Reentry Following Reunification (C1.4)

Strategy 3: Improve accuracy of placement episode data entry in CWS/CMS.

Strategy Rationale: Improving data entry accuracy of placement episode information in CWS/CMS can more accurately represent family outcomes.

Current Performance Comparison: Quarter 4, 2012, is 28.4% compared to CSA/SIP Baseline (Qtr 3/Qtr 4, 2011) of 19.1%/32.2%, and Target Improvement Goal of 18.6%.

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| <p>A. Provide training to Supervisors, Social Workers, and Data Entry Operators on data entry in CWS/CMS twice a year annually.</p> | <p>Target date: January <u>December</u> 2013 Status: Pending</p> |
| <p>Currently, the county’s CWS computer training lab is waiting for 14 new computers, so CWS/CMS training is on hold until these computers are made available. In the mean time, case workers will continue to receive CWS/CMS training by email with screen shots of educational step-by-step desk guide procedures on CWS/CMS techniques, on an ongoing basis.</p> | |
| <p>B. Run quarterly reports to examine accurate data entry on children and youth that have reentered out of home care.</p> | <p>Target date: March 2013 Status: In progress</p> |
| <p>In addition to the quarterly data reports that are extracted for the CFSR federal outcome measures, CWS and Probation also rely upon the web-based SafeMeasures database application as part of its quality assurance system. SafeMeasures uploads CWS and Probation case information from CWS/CMS every few days to generate compliance reports on the federal outcome measures and other valuable information that assist with review of case management activities. These reports have the ability to drill down to the individual case level, which are analyzed for data entry accuracy on children/youth that have reentered out of home care. Of particular focus is whether placement episodes were ended properly. If errors are found, efforts are made to correct them. If the error is not correctable (e.g. case is already closed), then training is provided to case workers and clerical data entry operators to educate them on proper data entry.</p> | |

4. Obstacles to Future Implementation of Strategies/Action Steps

Humboldt County fares better than many other California counties in terms of lower caseload and more flexible funding; however, some of Humboldt County's main obstacles facing future implementation of SIP strategies and action steps relate to limited work force and financial resources because of the numerous needs and challenges experienced by at-risk children and families. Even with all the county's EBPs, best practices, and initiatives, there are challenges related to family complexities (history, characteristics, dynamics) and due to the county's rural and remote geographic nature. These challenges may include facilitating and engaging children/families in family decision making meetings and providing follow-up services that are available for all ages/genders, travel accessible, and effective in service delivery (using hands-on and/or in-home services as much as possible).

It is expected that once the county has fully implemented Safety Organized Practice, social workers will be more successful at engaging families and this will produce better children/family outcomes. Decentralizing access to children's mental health services throughout the county will also reduce service accessibility barriers for families.

5. Other Outcome Measures Not Meeting State and/or National Standards

Based on review of trends for the other federal CFSR outcome measures in the last few years, there is no indication of other measures showing consistently being below national standard or showing consistent negative trends, with the exception of placement stability.

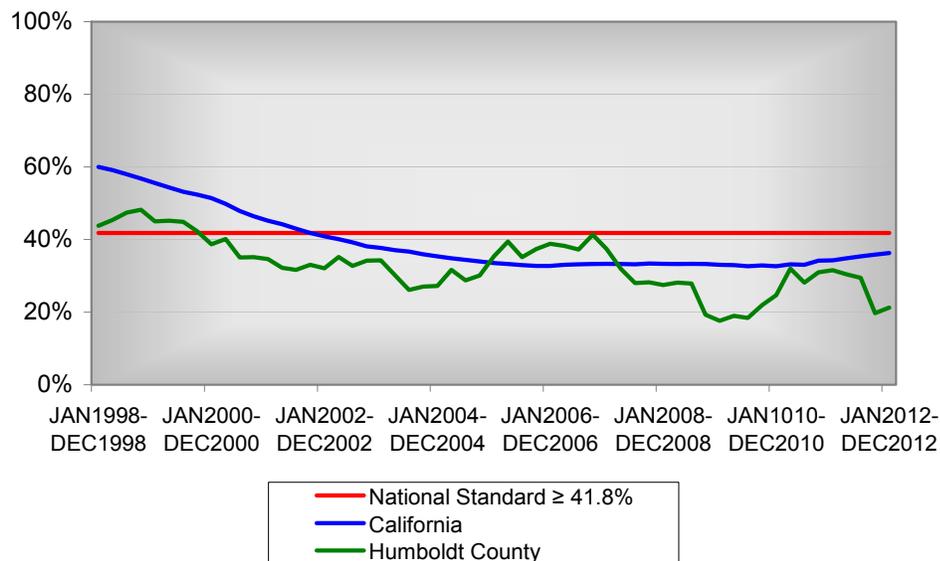
Placement stability is another outcome measure that shows a need for continual improvement. The percent of foster youth experiencing two or fewer placements while in care is the basis of this measurement. Outcome measure C4.3 (Placement Stability in Care At Least 24 Months) is one of the county's previous SIP goals, which has shown improvement over the last several years, though still shows need for improvement. Efforts to improve placement stability measures will continue in the current five-year SIP through SOC grant implementation goals and Katie A. implementation improvements that seek to promote more accessible wrap-like services to children that are hard to place due to mental health needs. Also, more accessible integrated and decentralized services are being sought for children/families with mental health issues that would be serviced by trained integrated teams assigned to geographic areas of the county.

Other efforts to improve placement stability are being implemented through a variety of ways. For example, CWS is encouraging diversifying the purpose of family conferencing meetings, such as the implementation of Safety Organized Practice to complement the use of Team Decision Making. Extended family finding efforts have been expanded to the Emergency Response (ER) unit in addition to the Ongoing units. Also, a dedicated half-time worker has been assigned to do relative and extended family searches to establish family supports. Foster care behavioral health services for youth/families have been expanded to all CWS programs and provided by a co-located multi-disciplinary team.

Finally, recruitment, training and support for care providers are being improved to seek high quality skilled care providers that can care for the more difficult to place children, such as older youth and fragile infants.

The following charts show Placement Stability outcome measures for Humboldt County CWS. During the last several years, improvement has been made in placement stability for children in care at least 24 months; however, its current placement stability rate of 25% has room for improvement to reach the national standard of 41.8% and statewide rate of 31 percent.

**CWS Foster Youth Placement Stability
(In Care At Least 24 Months: Measure C4.3)
January 1998 to December 2012**



Source: UC Berkeley CWS Outcome Summary
Q4, 2012 (06/11/2013)

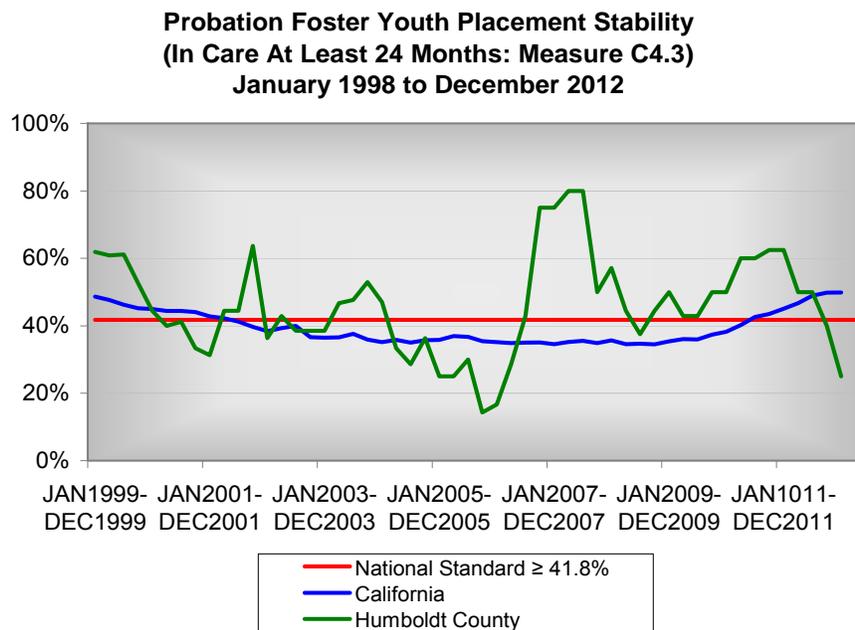
The next chart shows Placement Stability outcome measures for Humboldt County Probation. Since 2006, improvements are shown in the degree of placement stability for Probation youth, with some exceptions during 2009 and within the last year. Placement stability has decreased from its peak at 80% in 2007 to 25% in 2012, and compared to the current national standard of 41.8% and statewide rate of 49.8 percent.

The longer a youth needs to stay in out-of-home placement, the more placement changes are likely to occur. However, the Probation Department has a small population of youth in placement, where a small change in the number of youth could impact the outcomes greatly. The most recent data for the last quarter in 2012 represents a total of four Probation youth in out-of-home placement.

A variety of Probation practices and strategies are in place to improve outcomes in this area, such as mental health and public health nursing services, evidence-based practices, case management, Wraparound services, Independent Living Program Services for youth,

Family Intervention Team for youth with high end needs, and the Family-to-Family Initiatives (Recruitment and Support of Care Providers, Building Community Partnerships, Team Decision Making (TDM), and Self Evaluation).

Local placement options are limited, which is a barrier to active parental participation in reunification services. Youth are often placed out-of-county in foster homes and residential treatment facilities three to six hours away. While parents are supported monetarily for visits and encouraged by the probation officer to engage in family counseling and other reunification services, the distance to travel makes this impractical and a challenge for some parents.



6. Other Successes, Promising Practices, and Initiatives

New Evidence-Based Practices

The following EBPs are in the implementation process since, targeted to meet service needs in adolescent AOD, in-home parenting skills, and youth motivation techniques for transitioning to independence.

Adolescent Community Reinforcement Approach with Assertive Continuing Care

A-CRA/ACC will serve adolescents (12 to 22yrs) with substance abuse or co-occurring disorders. It is a behavioral intervention that seeks to increase the family, social, and educational/vocational reinforcers to support recovery from substance/alcohol abuse. Assertive Continuing Care (ACC) includes home visits and case management. It stresses rapid initiation of services after discharge from treatment to prevent or reduce the

likelihood of relapse. This model has strong research and evaluation results that match local needs.

For more information on A-CRA/ACC, refer to the county's SIP Goal (C1.1) that seeks to increase child reunification with family within 12 months by increasing availability of EBPs for children and families (Strategy 2), discussed on page 15 of this report. This Strategy 2, Action Plan A describes current activities taking place to implement A-CRA /ACC. Staff are in the process of being certified for A-CRA /ACC.

SafeCare

SafeCare is a parent-training curriculum (based on 30 years of research) for parents of children who are at-risk or have been reported for maltreatment. It is a home visitation parent training program designed to reduce child abuse/neglect of children between 0 to 5 years old, promote parenting skills, and increase child/family safety. The program provides 1.5 hour home visits per week for 18-20 weeks.

SafeCare practice supplements the county's existing EBP called Nurse Family Partnership, which is a home-visitation program for low-income women during their first pregnancy and through the first two years of their child's life. SafeCare also fits with DHHS goals of implementing evidence based programs that promote prevention/early intervention and extends an evidence based skill set to paraprofessional staff who are already in roles that support families at risk.

Effective July 1, 2012, DHHS blended Public Health Nursing (PHN) Home-Visit Case Management services (previously known as the Alternative Response Team (ART)) with the SafeCare parenting training curriculum. SafeCare trainings were provided by the Georgia State University Research Foundation to two supervising public health nurses and ten community health outreach workers. SafeCare staff certification is still in progress. Currently, there are seven cases receiving SafeCare services as part of the certification process. The goal will be to have approximately 40 cases by end of 2013. The next step will be to delineate the SafeCare referral process and how best to connect this service to the local tribes.

A SafeCare Evaluation Plan was developed and will be conducted by DHHS Research & Evaluation Unit. The evaluation plan includes a logic model, outcome evaluation tools, fidelity compliance, client satisfaction surveys, data collection process, and quarterly outcome data analysis and reporting methods.

Transition to Independence Process (TIP) Model

This is an evidence-supported model that is being implemented within the Humboldt County Transition Age Youth (TAY) Division. The model is based on studies that demonstrate improvement in self-sufficiency and goal achievement outcomes for youth and young adults with emotional behavioral difficulties. It involves youth, their identified families and other informal key players in a process that facilitates youth exploration of their interests and future in relation to several transition domains: employment and career, education, living situation, personal effectiveness/well-being, and community-life functioning.

TIP training is being provided to TAY Division staff to improve engagement, progress and outcomes for youth/young adults (ages 16 – 26) experiencing serious risk associated with transitioning to adulthood functioning. The model is a good fit within the philosophy of DHHS, which includes strong youth voice, system of care principles, peer support, and multiple discipline collaboration toward holistic recovery. TIP is also a part of the county's SOC grant Goal 1 to promote targeted EBPs (discussed in the following page).

Developing Initiatives

Other new activities are also in the implementation process that seek to improve outcomes for children and families.

Children & Family Services System of Care (SOC) Grant

The System of Care Expansion Implementation Project brings together Humboldt County Department of Health and Human Services–Children and Family Services, community partners, youth and families collaborating to expand services to the County's children, youth and families who have serious emotional disturbance (SED) issues. The goal of the project is to build upon progress made in developing comprehensive strategic plans in order to expand and sustain the system of care values and principles that address the needs of children and youth with serious mental health conditions and their families. The project's Core Team that is made up of DHHS Staff, youth and family members meets weekly. The larger Central Team, which includes DHHS Staff, youth, family, and community partners, meets monthly.

The SOC project is will expand to the different regions of Humboldt County. A senior program manager and administrative analyst were recently hired in April to coordinate the expansion of SOC. The grant's technical team conducted a site visit in May 2013 and included brainstorming, coaching, consultation, and technical assistance with SOC.

SOC Expansion Implementation Project Goals and Objectives consist of the following:

- **Increased integration (Goal 1), includes:**
 - Child & Adolescent Needs & Strengths (CANS) Assessment Tool utilization
 - Focus will be on EBP training and utilization of Transition to Independence (TIP) for transition age youth engagement, Adolescent Community Reinforcement Approach (A-CRA) for adolescent substance abuse treatment, and Wraparound expansion to include children with lower levels of mental health needs. The county began planning process for Risking Connections -Restorative Approach, however it was halted due to Childrens Center (shelter) closure.
 - Decentralized access to integrated mental health services with regional field based services are being explored by the SOC team. The SOC team met with representatives from the McKinleyville Family Resource Center and McKinleyville Union School District to develop a northern regional team for field based expansion. A hiring process is being initiated for a northern region supervisor.
 - Intensive Therapeutic Foster Care (ITFC) regulations are being researched to determined what is needed to move forward with Katie A Court Settlement Agreement in California and to develop a memorandum of understanding with the local foster family agencies.

- **Cultural & Linguistic competency (Goal 2):**
 - Currently planning training for promoting staff awareness of the Latino culture, to be provided to the Promotores, a subgroup of LatinoNet, that seeks to improve the quality of life for Spanish speaking families on the north coast.
 - SOC is coordinating with the Yurok Tribe regarding their Circles of Care grant,
 - Discussion has started regarding how to grow our own culturally and linguistically knowledgeable staff, particularly in Tribal and Latino cultures.
- **Integration with Health Care Reform Across a Continuum of Care (Goal 3):**
 - Health Care Reform team continues to meet weekly.
- **Replication and Dissemination (Goal 4):**
 - Information dissemination (fiscal planning and financial sustainability plan) and
 - Humboldt County SOC presentations were made to California Mental Health Advocates for Children & Youth (CMHACY) and Atlanta grantee meeting in May
 - DHHS is participating on a statewide Joint Management and Leadership Task Force for the Katie A Settlement Agreement, which provides sharing of financing and leadership strategies related to children's system integration.
- **Partnerships - Cross System Coordination (Goal 5):**
 - SOC Core team meets weekly and continues to move comprehensive strategic plans forward to expand and sustain system of care values and principles.
 - SOC Central team meets monthly to prepare for Technical Assistance Site Visits, such as the one in May 2013.
 - Cross system coordination initiative continues to have good representation (schools, public health, family resource centers, and youth, family, and community advocates). Also SOC representatives are meeting with other project teams that have similar goals and objectives, such as CAPP, Yurok's Circle of Care Grant, Katie A Settlement, 0 to 8 Mental Health Collaborative.
- **Trauma Informed System goal (Goal 6):**
 - No specific movement as of yet in developing and integrating culturally appropriate trauma screening tool to be used by integrated staff (mental health, public health, social services, etc.).
- **Family Driven/Youth Guided (Goal 7):**
 - Members of the SOC Central Team in coordination with the United Advocates for Children and Families (UACF) planned an April event to recruit for local UACF chapter potential leaders. The purpose is to promote activities that support youth and their family to recover from mental and substance abuse disorders.
 - California Youth Connection contract approved by county Board of Supervisors to provide youth advocacy services related to mental health/substance abuse issues.
- **Infant/Child Mental Health (Goal 8):**
 - Builds on existing work of the 0 to 8 Mental Health Collaborative, a partnership led by Humboldt First Five and Humboldt County Office of Education to enhance the county-wide capacity for serving young children and families with mental health services. C&FS managers and staff are participating in 0-8 Collaborative.

- DHHS staff participated in Dr. Bruce Perry workshop event on May 10, 2013, that described child neuro-development and ways for staff to work with children impacted by traumatic experiences.

California Partners for Permanency (CAPP)

In 2010, the County of Humboldt became part of California's CAPP grant. This grant is a five-year award to decrease the number of American Indian and African American children in foster care. Of the four counties in this grant for California, Humboldt is focusing on the disproportionality of American Indian children in foster care and coming into the county's child welfare system. As of July 1, 2012, 34% of the children in foster care in Humboldt County are American Indian.

In preparation for the February 2013 implementation date of CAPP's First Cohort, several types of ongoing monthly meetings were held regularly and continue to do so, including CAPP Advisory Group, Implementation Team, and First Cohort Team. Also, Monthly Collaboration Meetings began with the Yurok Tribe in mid March and weekly staff meetings with the Yurok Social Services have begun in March 2013.

CWS implementation of CAPP involved three days of training in American Indian culture and the CAPP Practice Model, which incorporates Safety Organized Practice (SOP) with culturally appropriate material. In April 2013, three days of SOP training was held for the Implementation Team, the first implementation social workers, and tribal partners. Family Meeting Facilitation training was provided in February 2013. The project manager, CAPP analyst, First Cohort manager, and a member of the Implementation Team attended the March Cross Site Meeting. In addition, state technical assistance team (PII-TTAP) conducted a technical assistance Site Visit on March 28th to discuss progress and ideas, such as seeking a family advocacy group that is similar in purpose to the transition age youth advocacy group (HCTAYC).

Some of the activities resulting from CAPP so far include:

- A standing court order and protocol were developed with the Tribes, County Counsel, and DHHS staff to allow CWS referral and case related information sharing with the tribes and CWS/Tribal joint response to referral investigations.
- Some first-implementer (cohort 1) case workers in coordination cultural coaches are in the initial stages of holding family meetings early in their cases.
- As a result of input received from the CAPP Advisory Board, C&FS is conducting a case review of 15 closed CWS cases of Native American children that have membership in one or more of the eight federally recognized Tribes in the county. The purpose of the case reviews is to identify strengths and challenges that the system experiences when working with Tribal families, as well define and aggregate the results and recommendations of the case reviews for needed practice changes.

Probation EBP Project and Quality Assurance Program

In September 2011 Probation was awarded a two-year EBPP grant effective October 2011 to September 30, 2013. The grant consists of three components: Data Integration, Effective Practices in Community Supervision (EPICS) Training, and Organizational Development/Quality Assurance.

One of the main goals of data integration is to expand the department's capabilities in the areas of data collection and reporting. It is expected the department's July 2nd 2012, rollout of the Juvenile and Adult Management System (JAMS) will heighten the ability to collect and analyze data which previously was not obtainable. This component will also include the integration of JAMS with data warehouse product provided by Assessments.com (ADC) called DataMart. ADC is the software provider for Probation's current offender assessment tools. Vast amounts of client information are kept in both JAMS and ADC; by being able to link the data from both an increased capability to generate more meaningful individual and aggregate outcome reports is anticipated. This data should tell us what works, what doesn't work, and where service gaps exist. Capturing outcomes, putting the results into understandable reports, and collaborating with stakeholders to address outstanding issues is the desired outcome of expanding data integration.

EPICS is a model developed by the School of Criminal Justice at the University of Cincinnati. The purpose of EPICS is to teach probation officers how to apply the principles of effective intervention to community supervision practices. Probation officers are trained to identify high-risk thinking and anti-social attitudes, to remain focused on addressing criminogenic needs, and to use a social learning, cognitive-behavioral approach to their interactions. In May 2012, over 40 staff were trained in the model. Selected officers have since participated in continued departmental training and video conferencing with a coach from the University of Cincinnati. Monthly, the participants are rated by trained internal coders on their use of the model. Officers will continue to receive booster trainings and coaching. Fidelity to the model will be monitored carefully.

The final component is organizational development and quality assurance. In March 2012, researchers from the University of Cincinnati spent 3 days on site to conduct interviews with staff, juveniles, and families. Their assessment measured the capacity of the department to deliver evidence based interventions, as well as measure the effectiveness of the content currently provided. The assessment was a labor intensive process which called for the researchers to pore over Probation documents and processes. A final draft of their report was received in Fall 2012. The recommendations in the assessment will be used to give the department direction in the areas of EBP implementation needing improvement. As part of the assessment, the University of Cincinnati offered technical assistance in developing a Continuous Quality Improvement (CQI) plan. CQI is the idea of an ongoing circular process which starts with: (1) identifying goals and objectives; (2) developing a plan; (3) implementing the plan; (4) checking outcomes to determine if implementation has succeeded as planned; (5) making improvements to the process to achieve the desired outcome.

7. State and Federally Mandated Initiatives

County System Improvement Plan Integration with State Program Improvement Plan

The county SIP is the operational agreement between the county and the state, outlining county strategies and actions to improve the county's system of care. The SIP is part of C-CFSR state and local accountability system consisting of results-based comprehensive planning, improvement goals, and outcomes measurements. It is much like the Program Improvement Plan (PIP) that the states submit to the federal government. The SIP is designed to assist the state's efforts in achieving the goals of the federal PIP, including how the county activities described in the SIP contribute to the achievement of the PIP.

Humboldt County's five-year SIP goals and strategies are in line with those of the state's PIP. These goals focus on child/family safety, well-being and permanency, achieved through county improvement goals to reduce recurrence of maltreatment, increase family reunification, and reduce reentry following reunification. Several county strategies reflect the state's PIP, aimed to improve these goals. They include: improving engagement with families earlier in the system and increasing family team approach; increasing availability of evidence-based practices for key risk factors and knowledge of trauma on behavior/well-being; increasing support, training and mentoring to care providers; and finally increasing family reunification supports through enhanced training, coaching and teaming of multi-disciplines and community partners.

Extended Foster Care (EFC) – “After 18”

Extended Foster Care legislation (AB 12) went into effect in California on January 1, 2012, followed by trailer bills AB212, SB1013 and AB1712 enacted in 2012. Foster youth as of age 18 have the option to remain in (or exit and reenter) extended foster care up to the age of 21 as a non-minor dependent (NMD). The maximum eligible age is phased in over three years (up to age 19 in 2012, up to age 20 in 2013, and up to age 21 in 2014). Those eligible for Extended Foster Care (EFC) include CWS dependents, Probation wards, former foster youth in non-related non-dependent legal guardianships established through dependency court, and foster youth receiving Kin-GAP or Adoption Assistance Program (AAP) benefits if established when the youth was 16 years or older. NMDs may receive EFC benefits as long as they meet one of five participation criteria.

An EFC Work Group is meeting bi-weekly to facilitate the implementation of EFC. As of the end of April, the county has 26 youth *eligible* for extended foster care (17 CWS and 9 Probation), of which 20 of the youth *chose* to continue in extended foster care (16 with CWS and 4 with Probation). There is one youth in non-related non-dependent legal guardianship receiving After-18 extended benefits and one youth receiving extended AAP benefits. There are five NMD youth that Humboldt County is supervising for other counties. Two of the youth are San Diego County's jurisdiction, one is from San Bernardino County, one from Mendocino County, and one from Inyo County.

Katie A. Court Settlement Implementation Plan

The county's SOC team is addressing the Katie A. Court Settlement Agreement and determining how it will apply to county policy and practices. Several SOC goals intersect with Katie A. court implementation improvements and the Core Practice Model that will utilize a Wraparound approach. Refer to SOC Goals 1, 4, and 5 (page 24 of this report) for more information on the county activities related to this topic. Also, one of the county's current SIP Goals (C1.4) to improve reentry following reunification addresses Katie A. implementation improvements, discussed in SIP Goal Strategy 2A (page 18 of this report).

California Partners for Permanency (CAPP)

As discussed in the previous section 6 (page 29), Humboldt County is one of four counties chosen by the state to participate in the CAPP project. Humboldt County is focusing on the disproportionality of American Indian children in foster care and coming into the child welfare system. The CAPP Practice Model, incorporating Safety Organized Practice with culturally appropriate material, is expected to improve the American Indian family outcomes in safety, well-being and permanency, including the federal CFSSR outcome measures.

Given the multitude of Humboldt County initiatives, goals and strategies, the challenge is not to spread county resources too thin or too thick across the systems of care. This will be aided by CAPP's objective to cross-link and combine resources among similar initiatives and action plans, as well as agency and community groups with common goals.

Note: Shaded areas represent action steps targeted for completion or start-up during 2013.

PART C – Original CWS/Probation SIP Chart (and Modifications shown with deletions and additions)

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| IMPROVEMENT GOAL: S1.1 No Recurrence of Maltreatment (increase from 96% to 97%) Strategy 1: Improve engagement with families earlier in the system | <input type="checkbox"/> CAPIT | Applicable Outcome Measure(s): S1.1 (No Recurrence), C1.1 (Reunification), C1.4 (Reentry), and C4.3 (Placement Stability) |
| | <input type="checkbox"/> CBCAP | |
| | <input checked="" type="checkbox"/> PSSF | |
| | <input type="checkbox"/> N/A | |
| Action Steps: | Timeframe (Start Date is 1/1/2013, unless otherwise noted, and Completion Date): | Entity Responsible: |
| A. Develop, train and Implement Safety Organized Practice (e.g. Signs of Safety or similar practice mode). | July 2013 and ongoing efforts | C&FS administration, program managers, and supervisors |
| B. Develop and implement a protocol for collaborating with the tribes prior to case opening. | July 2013 and ongoing | C&FS Emergency Response Unit program manager and supervisors |
| C. Increase availability and referrals to existing integrated Mental Health services for children/families early in CWS system. | July 2013 <u>and ongoing</u> | C&FS administration, program managers and supervisors |
| D. Hire and train Parent/Family Partners to support families throughout the Child Welfare continuum. | December 2013 2014 and ongoing | C&FS administration, program managers, and supervisors |
| E. Explore opportunities to increase bilingual/cultural staff. | Ongoing 2013 – 2017 | C&FS administration |
| F. Evaluate results, from the time of implementation, to see if families are engaging in services and analyze impact on the rate of recurrence of maltreatment. | July 2016 <u>and ongoing</u> | C&FS program managers and analysts |

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| IMPROVEMENT GOAL: S1.1 No Recurrence of Maltreatment (increase from 96% to 97%) Strategy 2: Increase use of family team approach | <input type="checkbox"/> CAPIT | Applicable Outcome Measure(s): S1.1 (No Recurrence of Maltreatment), C1.1 (Reunification), C1.4 (Reentry), and C4.3 (Placement Stability) |
| | <input type="checkbox"/> CBCAP | |
| | <input checked="" type="checkbox"/> PSSF | |
| | <input type="checkbox"/> N/A | |
| Action Steps: | Timeframe (Start Date is 1/1/2013, unless otherwise noted, and Completion Date): | Entity Responsible: |
| A. Train social workers and provide ongoing coaching to use Safety Organized Practice or similar model to explore family relationships and natural circles of support. | July 2013 and ongoing efforts | C&FS program managers and supervisors |
| B. Increase family meetings early and throughout the case to develop family/community/tribal support system. | July 2013 and ongoing | C&FS social workers |
| C. Develop family meeting protocol to ensure follow-through after the meetings. | July <u>December</u> 2013 | C&FS program managers, supervisors, and social workers |
| D. Evaluate results since implementation to see if family teams are being developed and impact on the rates of recurrence of maltreatment. | July 2016 and ongoing | C&FS program managers and analysts |

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| <p>IMPROVEMENT GOAL: C1.1 Reunification Within 12 Months (exit) (CWS: increase from 76.8% to 78.6%) (Probation: increase from 42.9% to 57%)</p> <p>Strategy 1: Increase the knowledge of birth families, care providers, partners, and agency staff about the effects of trauma on behavior and wellbeing</p> | <input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A | <p>Applicable Outcome Measure(s): S1.1 (No Recurrence of Maltreatment), C1.1 (Reunification), C1.4 (Reentry), and C4.3 (Placement Stability)</p> |
| <p>Action Steps:</p> | <p>Timeframe (Start Date is 1/1/2013, unless otherwise noted, and Completion Date):</p> | <p>Entity Responsible:</p> |
| <p>A. Provide training to every <u>appropriate</u> new employees on the effects of trauma on parents and children (e.g. removal, historical, abuse/neglect, loss of loved ones, etc.). In addition, provide training twice per year to current employees and ongoing coaching to staff in order to incorporate it into practice.</p> | <p>Training for employees by July 2013</p> | <p>C&FS and Probation administration in partnership with the DHHS Training Education & Supervision Unit</p> |
| <p>B. Provide trauma informed therapy to the entire family at the beginning of the case.</p> | <p>July 2014 and ongoing</p> | <p>C&FS mental health clinicians</p> |
| <p>C. Evaluate results since implementation to see if there is an increase in knowledge of trauma and its effect on time to reunification.</p> | <p>July 2016 and ongoing</p> | <p>C&FS and Probation program managers and analysts</p> |

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| IMPROVEMENT GOAL: C1.1 Reunification Within 12 Months (exit) (CWS: increase from 76.8% to 78.6%) (Probation: increase from 42.9% to 57%) Strategy 2: Increase availability of Evidence Based Practices (EBP) for children and families | <input checked="" type="checkbox"/> CAPIT | Applicable Outcome Measure(s): S1.1 (No Recurrence of Maltreatment), C1.1 (Reunification), C1.4 (Reentry), and C4.3 (Placement Stability) |
| | <input checked="" type="checkbox"/> CBCAP | |
| | <input type="checkbox"/> PSSF | |
| | <input type="checkbox"/> N/A | |
| Action Steps: | Timeframe (Start Date 1/1/2013, unless otherwise noted, and Completion Date) | Entity Responsible: |
| A. Build tribal/community partnerships to better coordinate service delivery to various populations in Humboldt County. | Ongoing (2013 – 2017) | C&FS and Probation administration, program managers, supervisors, & social workers/probation officers |
| B. Explore additional EBPs to address adolescent alcohol and other drug (AOD) issues and select which EBPs to recommend for approval. | November 2012 – November 2013 | C&FS and Probation administration |
| C. Coach staff during supervision, staffing, and other training meetings on use of referrals to evidence-based practices. | December 2013 | C&FS and Probation program managers and supervisors |
| D. Increase awareness of all care providers and staff on EBPs utilized by County through quarterly trainings offered by DHHS (e.g. Incredible Years, Functional Family Therapy, Parent Child Interaction Therapy, Nurse Family Partnership, Trauma Focused Cognitive Behavioral Therapy, Aggression Replacement Training, etc.). | Quarterly each year (2013 – 2017) | C&FS and Probation program managers and supervisors, in coordination with the Foster Parent Association, College of the Redwoods, and DHHS Training Education & Supervision Unit |
| E. Educate the local court system on the benefits of serving youth and families using EBPs through Court Improvement meetings and In-Service meetings with Attorneys. | Ongoing (2013-2017) | C&FS and Probation administration, program managers, and supervisors |

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| IMPROVEMENT GOAL: C1.1 Reunification Within 12 Months (exit) (CWS: increase from 76.8% to 78.6%) (Probation: increase from 42.9% to 57%) Strategy 3: Expand the mentor program to all care providers | <input type="checkbox"/> CAPIT | Applicable Outcome Measure(s): S1.1 (No Recurrence of Maltreatment), C1.1 (Reunification), C1.4 (Reentry), and C4.3 (Placement Stability) |
| | <input type="checkbox"/> CBCAP | |
| | <input checked="" type="checkbox"/> PSSF | |
| | <input type="checkbox"/> N/A | |
| Action Steps: | Timeframe (Start Date is 1/1/2013, unless otherwise noted, and Completion Date): | Entity Responsible: |
| A. Provide annual trainings and ongoing support to foster families, relatives and NREFM care providers on mentoring birth parents to strengthen parenting skills. | December 2013 _and ongoing | C&FS and Probation program managers, supervisors, and Placement Unit, in coordination with the Foster Parent Association and College of the Redwoods Foster/Kinship Education Program |
| B. Recruit and train mentors and assign to relatives and NREFMs that provide care to children. | December 2013 and ongoing | C&FS and Probation Placement Units |
| C. Evaluate results since implementation to see if there have been mentors identified for care providers and effect on time to reunification. | July 2016 and ongoing | C&FS and Probation program managers and analysts |

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| IMPROVEMENT GOAL: C1.1 Reunification Within 12 Months (exit) (CWS: increase from 76.8% to 78.6%) (Probation: increase from 42.9% to 57%) Strategy 4: Improve identification and documentation of child/family strengths | <input type="checkbox"/> CAPIT | Applicable Outcome Measure(s): S1.1 (No Recurrence of Maltreatment), C1.1 (Reunification), C1.4 (Reentry), and C4.3 (Placement Stability) |
| | <input type="checkbox"/> CBCAP | |
| | <input type="checkbox"/> PSSF | |
| | <input checked="" type="checkbox"/> N/A | |
| Action Steps: | Timeframe (Start Date is 1/1/2013, unless otherwise noted, and Completion Date): | Entity Responsible: |
| A. Work with the local court system to change language in court reports to include child and family strengths. | July 2014 | C&FS and Probation program managers and supervisors |
| B. Edit court report templates to include space for discussion of child and family strengths. Provide Spanish interpretation if needed. | July 2014 | C&FS and Probation program managers, supervisors, and CWS/CMS analyst |
| C. Train and coach staff to identify and document child/family strengths in case staffing, family meetings, and in case plans. | July 2014 and ongoing | C&FS and Probation program managers and supervisors |
| D. Train and coach staff to improve identification and information gathering of child/family strengths at hotline level when report comes in. | July 2014 and ongoing | C&FS and Probation program managers and supervisors |
| E. Evaluate results since time of implementation to see if child and family strengths are addressed in court reports, case staffings, family meetings, case plans, and also effect on time to reunification. | July 2016 and ongoing | C&FS and Probation program managers and analysts |

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| IMPROVEMENT GOAL: C1.4 Reentry Following Reunification (decrease from 32.2% to 18.6%) Strategy 1: Increase post reunification family supports | <input type="checkbox"/> CAPIT | Applicable Outcome Measure(s): S1.1 (No Recurrence of Maltreatment), C1.4 (Reentry), and C4.3 (Placement Stability) |
| | <input type="checkbox"/> CBCAP | |
| | <input type="checkbox"/> PSSF | |
| | <input checked="" type="checkbox"/> N/A | |
| Action Steps: | Timeframe (Start Date is 1/1/2013, unless otherwise noted, and Completion Date): | Entity Responsible: |
| A. Train and coach staff to identify families' circle of supports at case opening, using processes such as mapping and working with family to increase the number of support people throughout the case. | December 2014 and ongoing | C&FS program managers and supervisors |
| B. Train and coach social workers to develop post reunification plan with each family that facilitates a shared understanding and agreement of support network roles and commitment in maintaining post-dependency circles of support for the child and family. | December 2014 and ongoing | C&FS program managers and supervisors |
| C. Evaluate results since implementation to see if after care planning occurs and effect on reentry rates. | July 2016 and ongoing | C&FS program managers and analysts |

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| IMPROVEMENT GOAL: C1.4 Reentry Following Reunification (decrease from 32.2% to 18.6%) Strategy 2: Enhance teaming by various disciplines and improve service delivery to children and families | <input type="checkbox"/> CAPIT | Applicable Outcome Measure(s): S1.1 (No Recurrence of Maltreatment), C1.1 (Reunification), C1.4 (Reentry), and C4.3 (Placement Stability) |
| | <input type="checkbox"/> CBCAP | |
| | <input type="checkbox"/> PSSF | |
| | <input checked="" type="checkbox"/> N/A | |
| Action Steps: | Timeframe (Start Date is 1/1/2013, unless otherwise noted, and Completion Date): | Entity Responsible: |
| A. Develop integrated teams that include county staff assigned to geographic regions in the county (e.g. located at local FRCs). | December 2012 <u>August 2014 and ongoing</u> | C&FS administration, program managers, and supervisors |
| B. Link these teams to other tribal/community partners within their geographic areas to serve children and families in an integrated and holistic manner. | December 2012 <u>August 2014 and ongoing</u> | C&FS administration, program managers, and supervisors |
| C. Evaluate results of implementation to see if improved teaming and service delivery occurs and its effects on reentry rates. | July 2016 and ongoing | C&FS program managers and analysts |

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| IMPROVEMENT GOAL: C1.4 Reentry Following Reunification (decrease from 32.2% to 18.6%) Strategy 3: Improve data entry accuracy of placement episode information in CWS/CMS | <input type="checkbox"/> CAPIT | Applicable Outcome Measure(s): S1.1 (No Recurrence of Maltreatment), C1.1 (Reunification), and C1.4 (Reentry), and C4.3 (Placement Stability) |
| | <input type="checkbox"/> CBCAP | |
| | <input type="checkbox"/> PSSF | |
| | <input checked="" type="checkbox"/> N/A | |
| Action Steps: | Timeframe (Start Date is 1/1/2013, unless otherwise noted, and Completion Date): | Entity Responsible: |
| A. Provide training to Supervisors, Social Workers, and Data Entry Operators on data entry in CWS/CMS twice a year <u>annually</u> . | January <u>December</u> 2013 | C&FS program managers and analysts |
| B. Run quarterly reports to examine accurate data entry on children and youth that have reentered out of home care. | March 2013 | C&FS program managers and analysts |
| C. Evaluate results since implementation to see if data entry has improved and effect on reentry rates. | July 2016 and ongoing | C&FS program managers and analysts |

