

HUMBOLDT COUNTY

CALIFORNIA CHILD AND FAMILY SERVICES REVIEW



System Improvement Plan Progress Report

11/21/2014

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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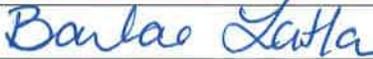
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Part A – SIP Progress Report Signature Sheet

California's Child and Family Services Review System Improvement Plan	
County:	HUMBOLDT
Responsible County Child Welfare Agency:	Department of Health and Human Services (DHHS), Social Services, Children & Family Services (C&FS)
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:	November 21, 2014
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Board of Supervisors (BOS) Approval	
BOS Approval Date:	<i>Not applicable</i>
Name:	
Signature:	

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PART B – 2014 SIP Progress Report Narrative

1. Stakeholder Participation

Monitoring the implementation of the county's SIP strategies and action steps are 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 California Department of Social Services (CDSS). Three SIP work group meetings were held February 13th, March 13th, and April 15th to obtain feedback and updates for the 2014 SIP Progress Report and on SIP action steps that are identified for start-up or completion during 2014. This input was incorporated into this report's Section 3 (Status Update of SIP Strategies and Action Steps) for each of the three goals and their respective targeted strategies and action steps for implementation.

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 to compare to current performance as shown below. CWS Reentry Following Reunification measure shows current outcome to exceed the targeted goal, whereas the other measures are below targeted goal.

S1.1 No Recurrence of Maltreatment – for CWS

CWS Goal of 97% or greater Current (Qtr 4, 2013) Performance is 94.2%

C1.1 Reunification Within 12 Months (exit cohort) – for CWS and Probation

CWS Goal of 78.6% or greater Current (Qtr 4, 2013) Performance is 61.3%

Probation Goal of 57% or greater Current (Qtr 4, 2013) Performance is 33.3%

C1.4 Reentry Following Reunification – for CWS

CWS Goal of 18.6% or less Current (Qtr 4, 2013) Performance is 14.1%

Outcome measure 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/>.

Reference:

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

CWS and Probation conduct quarterly detailed reviews of their outcome measures, in consultation with the CDSS, Children's Services Outcomes & Accountability Bureau. These quarterly reviews 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 three outcome measures are influenced by key factors that may impact the recurrence of maltreatment, reunification delays, and reentry after reunification. These factors are considered as obstacles, systemic issues, or environmental conditions with which children and families often need help. They were identified during the County Self Assessment (CSA) and SIP planning process and reinforced by the stakeholder reviews of the 2013/2014 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, trauma, and/or substance abuse challenges
- Inadequate parenting skills
- Children having behavioral, health or trauma related difficulties
- Lack of physical and community resources (employment, housing, education skills)

Systemic issues and challenges may include:

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

The trend charts shown in the next few pages demonstrate the county's progress in performance over time in the three targeted measures and a comparison to the national standard.

There continues to be a need for CWS improvement in particularly two of the three performance measures, involving No Recurrence of Maltreatment (S1.1) and Reunification Within 12 Months (C1.1), when comparing to the Qtr 3, 2011 (CSA) and Qtr 4, 2011 (SIP) baseline levels and also the targeted improvement goals. CWS has shown improvement in the third performance measure of Reentry Following Reunification (C1.4) compared to the 2011 CSA and SIP baseline levels and has surpassed the target improvement goal.

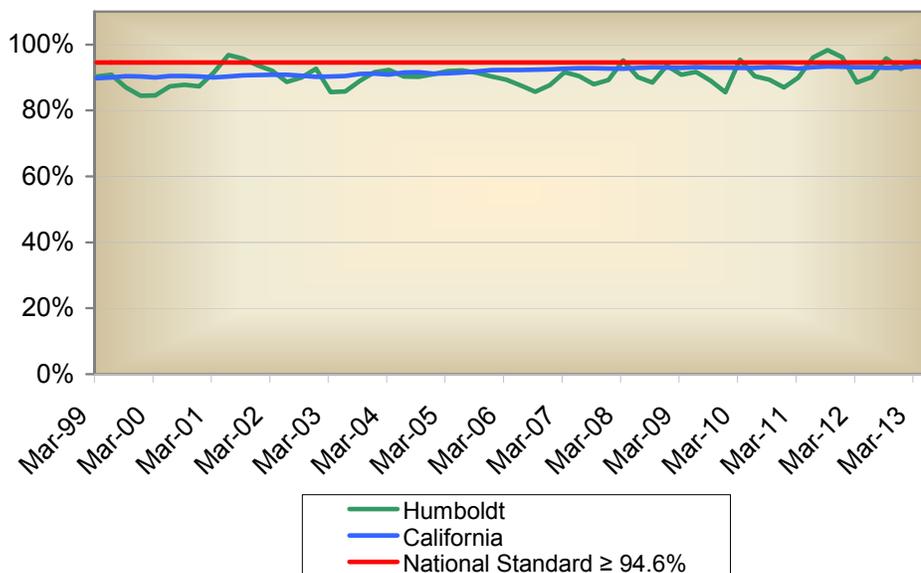
For Probation there has been some improvement in the measure Reunification Within 12 Months (C1.1) compared to the 2011 CSA and SIP baseline levels and toward reaching the targeted improvement goal. However, recent performance in Quarter 4, 2013 has dropped down to the 2011 CSA baseline level, which is easily affected by small changes due to the small population size involving only a few probation youth in this measure.

S1.1 No Recurrence of Maltreatment - CWS

The chart below shows the rate of no recurrence of maltreatment over the last 14 years. 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 annual improvement and decline in this measure such as during 2011 and 2012. Recent results in 2013 show improvement in this outcome measure at 94% (12 out of 184 youth), reaching closer to the national standard (94.6%), CSA and SIP 2011 baselines (90%/96%), and Target Goal (97%), and also exceeding the statewide average (93.1%). Efforts made so far to improve this outcome are carried out through evidence-based practices (EBP), best practices, and other SIP action steps described in Section 3.

**No Recurrence of Maltreatment (Measure S1.1)
March 1999 to June 2013**



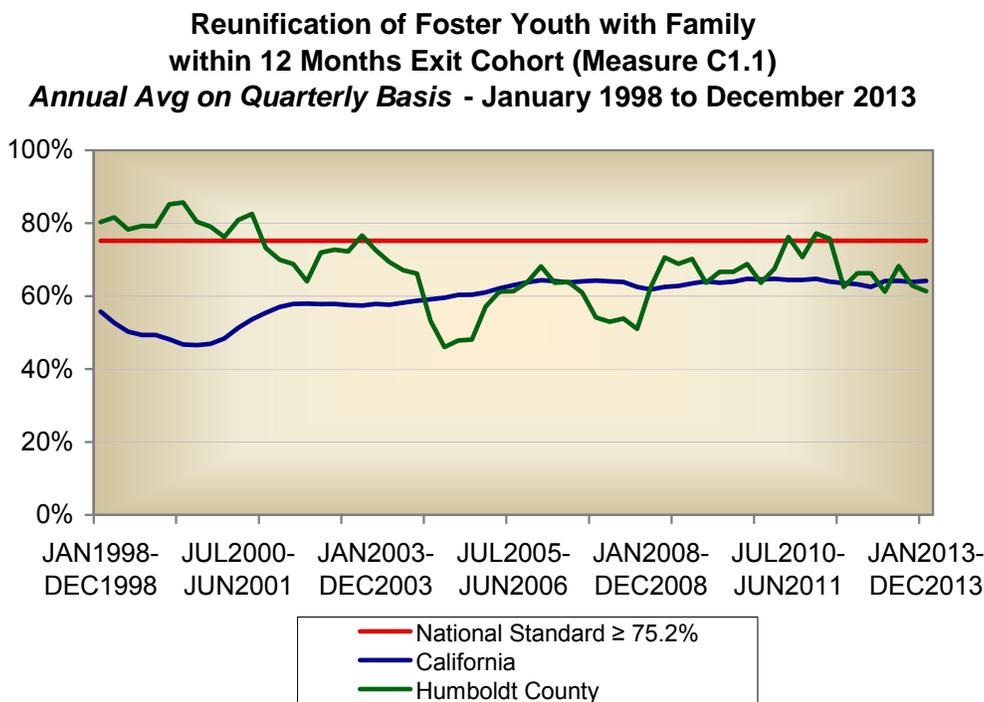
Source: UC Berkeley CWS Outcome Summary Q4, 2013 (03/27/2014)

Further analysis of this measure (in Qtr 4, 2013) by age, ethnicity, gender, and allegation type shows the type of youth more likely to have recurrence of maltreatment are those under age 5 and adolescents ages 11-15, with general neglect allegations often against the birth mother and of Native American or Caucasian descent. Eureka and Hoopa are where the majority of these youth lived and often have siblings relatively close in age. Lack of stable housing, employment, parenting skills, and life skills are key factors.

C1.1 Reunification Within 12 Months - CWS

The following chart shows the trend over the last 14 years in the percentage of foster 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, though variable, improvement over time since 2004. Even though more recently there has been a downturn in the reunification measure, currently at 61.3%, the overall trend is moving in the right direction, nearing the statewide average (64.2%) and the national standard (75.2%), as well as the Target Goal (78.6%) and the CSA/SIP baseline levels (71.9%/76.8%). Efforts are being made to improve this outcome through EBPs, best practices, and other SIP action steps described in Section 3.



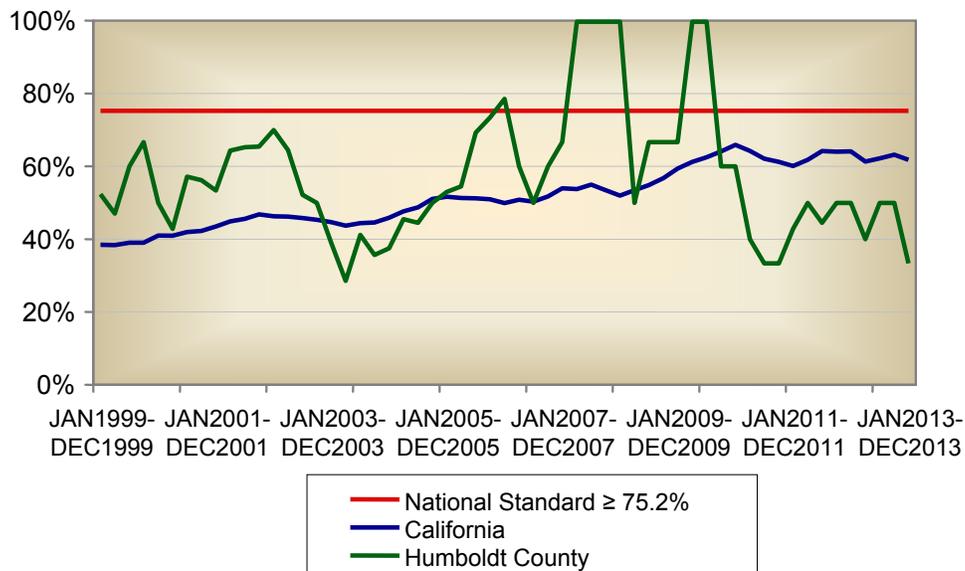
Source: UC Berkeley CWS Outcome Summary
Q4, 2013 (03/27/2014)

Upon further analysis of this measure (in Qtr 4, 2013), it shows 29 out of 75 youth that reunified after 12 months in foster care range mainly in age from 1 to 15 years, with general neglect or physical abuse allegations and of Native American, Latino or White (Caucasian) ethnicity, living predominantly in Eureka and Hoopa areas. The tendency to take greater than 12 months to reunify occurred predominantly in kinship and foster home placements, where parents were undergoing domestic violence counseling and substance abuse treatment.

C1.1 Reunification Within 12 Months - Probation

The reunification measure for Probation is variable, partly due to there being a small number of probation youth in out-of-home placement. Occasional improvement occurred over time during 2004 to 2009, followed by a downward trend in reunification after 2009 and reaching a low level in 2013. Currently the reunification within 12 months rate is 33.3 percent (1 out of 3 youth), which is about same level as the CSA/SIP baseline levels (33.3%/42.9%). Nonetheless, further improvement in this measure is needed to reach the Target Goal (57%), let alone the national standard (75.2%) and the statewide average (61.8%). Efforts to improve this outcome rely upon EBPs, best practices, and other SIP action steps described in Section 3.

**Reunification of Probation Youth with Family
within 12 Months Exit Cohort (Measure C1.1)
Annual Avg on Quarterly Basis - January 1999 to December 2013**



Source: UC Berkeley CWS Outcome Summary
Q4, 2013 (03/27/2014)

Timely reunification of probation youth remains a challenge, especially involving older youth greater than 15 years of age, based on further data analysis (in Qtr 4, 2013). 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.

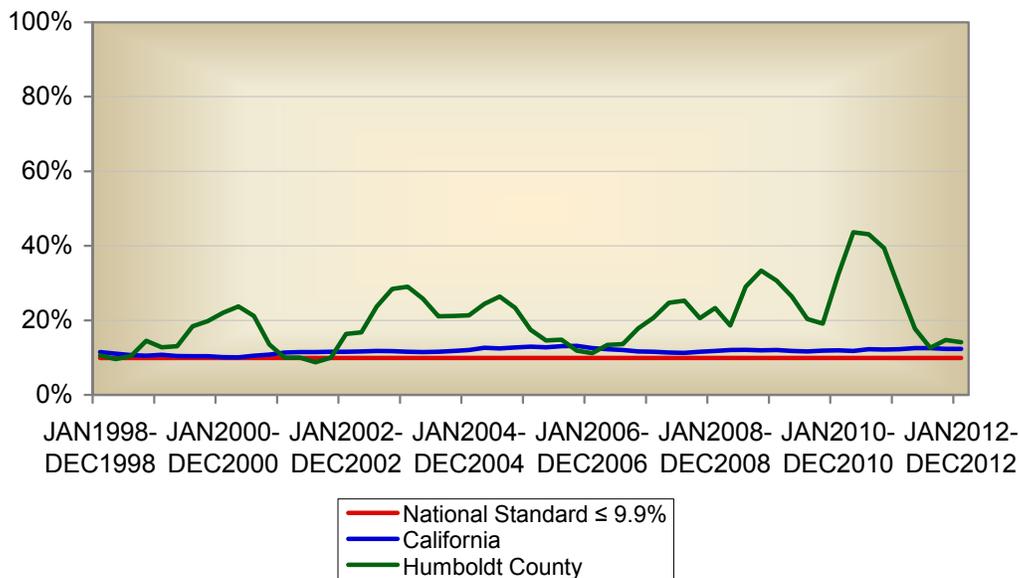
As of March 31, 2014, Probation had eleven youth in placement (2 non-minor dependents in supervised independent living placements, 5 in foster homes and 4 in group homes), with three youth of age 18, four youth of age 17, two youth of age 16, one youth age 15 and one youth age 14. Of the four in group homes, three are in a sexual offender program.

C1.4 Reentry Following Reunification - CWS

The trend of CWS foster care reentry following reunification is demonstrated in the following chart and covers 14 years. This measure is defined as the percentage of children who reentered foster care less than 12 months from the date of exiting foster care during the selected 12-month period.

The trend shows variability in this performance outcome. After reaching a high in 2011, reentry has significantly decreased since 2011. Currently, the reentry rate is at 14.1% (13 out of 79 youth), which has exceeded the Target Goal (18.6%) and the CSA/SIP base line levels (19.1%/32.2%) and getting closer to state average (12.3%) and the national standard (9.9%). Efforts made so far to improve this outcome are implemented through EBPs, best practices, and other SIP action steps described in Section 3.

**Reentry of Children to CWS After
They Were Reunified With Family (Measure C1.4)
Annual Avg on Quarterly Basis - January 1998 to December 2012**



Source: UC Berkeley CWS Outcome Summary
Q4, 2013 (03/27/2014)

Further data analysis of demographics and characteristics during Qtr 4, 2013 shows youth that are more likely to have reentry after reunification are those under age 16 (particularly younger children ages 3 to 5 years), with children of Native American, Latino or White (Caucasian) ethnicity being removed and placed predominantly in Eureka and Hoopa areas. Reentry placements mostly involved Kinship and foster homes, with children often removed for the same allegation of general neglect.

C&FS and Probation rely upon a variety of best 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 plan. 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. These 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) – in process of being replaced with Safety Organized Practice Family Team Meetings
- Family Intervention Team (FIT)
- Wraparound Process
- Children & Family Services Clinic (for CWS and Probation)
- Humboldt County Transition Age Youth Collaboration (HCTAYC)
- Transition Age Youth Division (includes HCTAYC, Independent Living Skills, Peer Support and collocation of CWS, Mental Health and Public Health)
- 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 Regional Facility 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)
- Adolescent Community Reinforcement Approach with Assertive Continuing Care (ACRA/ACC)
- SafeCare
- Transition to Independence Process (TIP) Model

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.

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 (SOP)
- 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, at least several years down the road. The action steps are phased in during years 2012 - 2017 and most were 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.

3. Status Update of SIP Strategies and Action Steps

Goal: No Recurrence of Maltreatment (\$1.1)

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, 2013, is 94.2% compared to CSA/SIP Baseline (Qtr 3/Qtr 4, 2011) of 90%/96%, and Target Improvement Goal of 97%.

<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>Safety Organized Practice (SOP) has been utilized and adapted as part of the Humboldt County Practice Model and the county is in the process of training and implementing it. The purpose is to better engage families with a holistic approach to more available up-front services and community resources that build and strengthen partnerships with families. These are offered through three main objectives: 1) Family support team engagement with interviewing strategies, 2) Enhanced critical thinking by family support team with safety mapping strategies, and 3) Improved achievable safety goals, safety networks, and safety planning.</p> <p>The county is implementing SOP through several staff implementation groups phased in over time as an integral part of CAPP. Humboldt Practice Model Foundational trainings were provided in April and August of 2013 and April 2014 by UC Davis and Humboldt Cultural Coaches to three implementation groups, (CAPP cohorts 1, 2 and 3), followed by subsequent cultural trainings. Participants include supervisors and social workers in Emergency Response, and Family Maintenance/Family Reunification units, as well as public health and mental health representatives. Almost all CWS social workers and supervisors in emergency response, ongoing, placement, independent living services, and adoption units will have been trained in the Humboldt Practice Model, including cultural training. Several SOP follow-up modules have been provided by UC Davis in 2013/14 and there are more scheduled in the near future.</p> <p>Cultural adaptations were made to the Foundational curriculum, tools, and follow up modules based on feedback received from the participants and Tribal partners. Further adaptations and tools will continue to be developed for SOP follow up modules and enhanced to be culturally responsive and meet the unique needs of Humboldt families.</p> <p>In November of 2013, CAPP completed case reviews of 15 closed CWS cases involving Native American children. This review is expected to shed light on system strengths and challenges, as well as needs for system review and practice/implementation 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. The purpose is to facilitate the exchange of information between the eight federally-recognized Native American Tribes in Humboldt County and county CWS, involving potential and active dependency matters of Native American children as defined by ICWA at 25 U.S.C. §1904.</p> <p>As a result, the initial standing protective court order and associated protocol, that were developed and signed during 2012/13 by the Presiding Judge of the Humboldt County Juvenile Court, were renewed in January of 2014 and authorized until January 31, 2015. The protocol includes a referral form and 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. It continues to be revised and refined in procedural methods in communicating with the Tribes.</p> <p>CWS and the Yurok and Wiyot Tribes continued to regularly schedule staff meetings on referrals and open cases involving children affiliated with the Tribes in order to discuss needs and services issues, and prioritize cases. When possible, a combined CWS and Tribe emergency response is conducted prior to case opening.</p> <p>A CAPP advisory sub workgroup meeting was held in collaboration with Tribes to facilitate cross sharing, define safety and risk factors, and discuss adaption of Structured Decision Making to be culturally responsive. It is anticipated that future workgroup sessions will occur with the goal of enhancing collaboration.</p> <p>Humboldt County Children & Family Services System of Care (SOC) grant and Yurok Circles of Care (COC) grant representatives presented together at the June California Partners for Permanency (CAPP) stakeholder advisory team. CAPP agreed to move forward using this advisory team as a platform for continued relational work between county and Tribes, moving from a child welfare focus to an expanded child and family focus that includes mental health.</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> Status: In progress</p>
<p>A practice change was made in the last year where a mental health screening is to be completed at time of referral or early in the investigative process by the emergency response social workers for referred children to CWS that are promoted to an open CWS case. The purpose is to provide timely subsequent mental health assessments and services if needed.</p> <p>C&FS has completed a desk guide that streamlines the referral process to adult mental health for parents involved in CWS. In addition, there is a need to develop a protocol for referral and release-of-information process for non-serious mentally ill children and/or family members, in coordination with community service providers.</p> <p>As a result of an administrative initiative to increase availability of integrated mental health services, behavioral health services provided to CWS children increased from an average of 50% in June 2012 to approximately 80% in March 2014.</p> <p>Mental health services provided by the Child Welfare Behavioral Health Unit consists of clinicians and case managers providing intensive child and family services to higher needs children and families that need more structure during parent and child interactions. These services include individual and family therapy, plan development, case management linkage to services and rehabilitation. Another case manager is dedicated to liaison activities with Education agencies. In the last year, DHHS Mental Health’s Children Center shelter services closed, and as a result the mental health case managers from the Children Center were transferred to the Child Welfare Behavioral Health Unit.</p> <p>The county continues to review and assess if some mental health services may be contracted out in the future.</p> <p>A joint training for CWS and Adult mental health workers was held December of 2013 to improve collaboration between the two disciplines and to inform each other of what each other provides in terms of goals, objectives, responsibilities, services and roles.</p>	

<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 continuing to work with Merit System Services (MSS) to create a job class and career ladder for Family Partners. MSS has reviewed and developed a work classification (e.g. roles, responsibilities, skills, training) and currently salary schedule is being developed. Subsequently, DHHS plans to initiate a hiring process to employ a team of Family Partners.</p> <p>UC Davis established 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>The SOC grant project is continuing to explore and partner 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>This is a longer term goal of the SOC grant project to achieve cultural and linguistic competence by employing bilingual employees that are trained in culturally appropriate practices and values. Possible recruitment will be through LatinoNet.</p> <p>The county’s CAPP Advisory Committee will be incorporating the county’s SOC and the Yurok Tribe’s Circles of Care grant projects into its meetings, resulting in a multi-discipline and agency meeting forum. This will increase access to and choice of culturally appropriate service providers, culturally responsive interventions, and tribal stakeholder input, and provide guidance with partnering with the Tribes and hiring/training county staff to be more aware and competent with regard to local tribal families and communities. The county will continue to utilize the Advisory Committee to explore methods to recruit, train, and support Native American professionals.</p> <p>Cultural Coaches are used to support social workers practicing the Humboldt Practice Model with Native American families and children. This use of coaching is an effort to train and institute cultural knowledge with support for culturally diverse staff.</p>	

Humboldt County DHHS is collaborating with Humboldt State University (HSU) and has provided input into the HSU Social Work Curriculum and recruitment of students in the social work profession.

Humboldt County DHHS administration and management staff have begun to explore potential professional support groups for culturally diverse groups to retain and support culturally diverse staff.

The county is also exploring the possibility of contracting with California Institute for Mental Health to provide mental health training to the Promotores, a subgroup of LatinoNet, representing Spanish speaking persons of different backgrounds and disciplines.

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, 2013, is 94.2% compared to CSA/SIP Baseline (Qtr 3/Qtr 4, 2011) of 90%/96%, and Target Improvement Goal of 97%.

<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>C&FS deputy directors, CWS program managers and supervisors attended the Coaching Institute training, including Safety Organized Practice model, as part of the CAPP project to promote ongoing coaching of Safety Organized Practice.</p> <p>A series of group and individual coaching are in progress of being provided to child welfare supervisors and social workers by contracted cultural and SOP coaches. The cultural coaches and SOP coach are attending the unit meetings regularly to educate about culturally responsive practices and engagement and provide group and individual coaching as needed to CWS social workers and supervisors.</p> <p>The SOP coach is also going to CWS unit meetings to provide SOP training and coaching workshops to supervisors. In addition, a series of four-hour CAPP Practice Behavior trainings are being provided to CWS supervisors and social workers.</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 team meetings so far have incorporated Safety Organized Practice on a regular basis by SOP trained social workers. This number is expected to increase as social workers become more familiar with the family team meeting process and training continues on data entry procedure in CWS/CMS, using the family engagement efforts data fields and the recently created special project code for SOP family team meetings.</p> <p>County social workers already participate in other family meetings, such as family case planning, 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. The plan is to eventually use SOP family team meetings in lieu of team decision making meetings. The goal is for all social workers to utilize family team meetings with all of their families throughout the case. The Emergency response unit is working to ensure social workers are utilizing family team meetings during the investigation and at the promotion of the case.</p> <p>Tribal ICWA social workers and other Tribal support workers are invited and participate in family team meetings. Many of the local Tribal ICWA social workers have been trained in the practice model and have participated in providing input to adapting the model to more of culturally relevant.</p> <p>The CAPP Implementation workgroup, consisting of CWS program managers and other CAPP staff is currently meeting to review and brainstorm ideas to facilitate model implementation, including SOP family team meetings.</p>	
<p>C. Develop family meeting protocol to ensure follow-through after the meetings.</p>	<p>Target date: July December 2013 <u>July 2015</u> Status: Postponed</p>
<p>Since Safety Organized Practice (SOP) is still in the early stage of implementation, more time is needed to allow refining of the Family Team Meeting structure provided by the SOP model. The Humboldt Practice Model Implementation Group will use what has been learned from the Family Team Meetings to develop a family meeting protocol that incorporates SOP and possibly other best practices from Team Decision Making practices.</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, 2013), is 61.3% compared to CSA/SIP Baseline (Qtr 3/Qtr 4, 2011) of 70.7%/77.2%, and Target Improvement Goal of 78.6%.

Probation (Quarter 4, 2013), is 33.3% compared to CSA/SIP Baseline (Qtr 3/Qtr 4, 2011) of 33.3%/42.9%, and Target Improvement Goal of 57%.

<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: Part in progress and part completed</p>
<p>C&FS and Probation administration continue to coordinate with DHHS Training, Education & Supervision Unit to develop a training plan for new and current employees that follows a trauma and loss model and is offered to employees on a systematic basis.</p> <p>The SOC grant project will continue to provide guidance and support in the process of developing and implementing a trauma and loss model training plan.</p> <p>As a result of the Katie A court ruling settlement, all counties in California are required to implement a cross-system Core Practice Model, provide Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) as medically needed to children who are either in foster care or at imminent risk of coming into care. All program managers, supervisors, C&FS Clinicians and Case Managers have been trained in the Core Practice Model (CPM). Mental health case managers have been trained in the targeted case management aspects of ICC and are providing key elements of Intensive Care Coordination (ICC) services. A draft request for proposal for Intensive Home Based Services (IHBS) is under review.</p> <p>As a follow up to the May 2013 training by Dr. Bruce Perry on neuro-developmental effects of trauma and self regulation techniques, there were several Trauma Focused trainings scheduled in late 2013 and Spring of 2014 provided by UC Davis for C&FS and Juvenile Probation workers. Trauma focused topics are also incorporated into the U.C. Davis Core training and CAPP cultural trainings for case workers, and the Adoption trainings held in the Spring of 2014. Supervisors are responsible for ongoing coaching of their staff.</p>	

In March 2014, in collaboration with the Yurok Tribe Circles of Care (COC) (SAMHSA), Children Youth and Family Services (CYFS) clinicians, case managers, and CWS social workers participated in a Native American Children’s Trauma Informed Care Training. The training was facilitated by Delores Bigfoot, Phd., from the Indian Child Traumatic Stress Network out of the University of Oklahoma. The training focused on screening Native American children for trauma, overview of cultural adaptations of evidence-based interventions, historical trauma, and developing training for Native American families to address mental health and historical trauma that are culturally appropriate.

B. Provide trauma informed therapy to the entire family at the beginning of the case.

Target date: July 2014 and ongoing

Status: In progress

As part of the Humboldt Practice Model, C&FS family team meetings are designed to be a forum for identifying children and families’ strengths/needs and matching them to available and effective needed services and treatments, such as trauma informed therapy to the family early on in the life of a case.

Several trauma informed trainings have been provided to C&FS and Juvenile Probation staff throughout the latter part of 2013 and Spring of 2014, sponsored by UC Davis and DHHS Office of Client and Cultural Diversity. The SOC and Yurok Circles of Care have begun discussing the idea of adapting a trauma screening to be culturally appropriate for Native American families.

The Humboldt Practice Model Implementation Group will review and propose a plan of action for implementing this action step.

Humboldt County, along with other Katie A Learning Collaborative Northern Region cohort counties, will be working with the Chadwick Center (in San Diego) for technical assistance on ways to make the county’s system more trauma-informed and to create trauma-informed screening and assessment tools for children and families.

Forms and draft policies and procedures have been developed to track Katie A eligible children, authorization of services, development and updating of service plans, clients declining or losing services, and the distribution of Katie A subclass information to staff.

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, 2013), is 61.3% compared to CSA/SIP Baseline (Qtr 3/Qtr 4, 2011) of 70.7%/77.2%, and Target Improvement Goal of 78.6%.

Probation (Quarter 4, 2013), is 33.3% compared to CSA/SIP Baseline (Qtr 3/Qtr 4, 2011) of 33.3%/42.9%, and Target Improvement Goal of 57%.

<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 continuing 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. Furthermore, several CAPP cultural trainings and other agency cultural trainings occurred in August and October of 2103, and also in March, April and May of 2014 for C&FS and Juvenile Probation staff.</p> <p>Refer to pages 35 – 38 of this report for more SOC and CAPP contributions during 2013/14.</p> <p>The 0 to 8 Mental Health Collaboration Planning and Advisory Committee meetings continue to 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 reached the end of its three-year grant on Disproportionate Minority Contact (DMC) on 12-31-13. As a result of the DMC grant, Probation 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 Native American youth entering the juvenile justice system. The final phase of the project focused on transitioning ongoing DMC activities and oversight to a community collaborative. A local collaborative now exists, the Youth Disparities Reduction Collaborative, to further the goals of reducing disproportional representation of youth of color in the juvenile justice system. Probation continues to play a role in this initiative.</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 implemented 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> <p>Five DHHS staff participated in the A-CRA training in May and November 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 to provide A-CRA services to C&FS, TAY Division and the Regional Facility. Certified supervisors can then train and certify others.</p> <p>One of the trained A-CRA staff is co-located at the Probation Department to improve client outreach. Currently, data is being collected involving A-CRA tools utilized by the Regional Facility.</p> <p>Probation has implemented the EBP Effective Practices in Community Supervision (EPICS) with coaching in order to reduce behavioral issues in adolescents. EPICS relies on a cognitive behavioral approach and relationship skills when engaging with offenders to reduce problematic behaviors.</p> <p>The implementation of EPICS in Humboldt County is in the early stages. Monitoring efforts at this point are focused on monitoring the officers using the model with fidelity. Probation administration will discuss with CDSS staff the feasibility of adding EPICS outcome measures to our System Improvement Plan in the future. Currently, EPICS is used by most juvenile probation officers who supervise family maintenance cases. The in-county placement officer also uses EPICS. Because the EPICS model relies on repetition and completion of homework by youthful offenders, the model was determined by Humboldt County staff to be inappropriate for use on out-of-county placement cases. The current out-of-county placement officer, however, is a trained EPICS coach who is very familiar with the model. She is able to use some elements of the model with those cases, but cannot use the model to fidelity due to the distance away of the youth.</p>	

<p>C. Coach staff during supervision, staffing, and other training meetings on use of referrals to evidence-based practices.</p>	<p>Target date: December 2013 <u>and ongoing</u> Status: In progress</p>
<p>In addition to the current EBP training for new employees, discussions are in progress to improve and expand coaching of staff on EBP referral process (when and how to make referrals to EBPs) and will include A-CRA and Wraparound.</p> <p>Training on Evidence-based Interventions and Treatments was held in December of 2013 for C&FS.</p> <p>As discussed earlier in Goal S1.1 (Strategy 2A), the UC Davis Coaching Institute training series for managers and supervisors were held in June 2013 and February 2014, which provided 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.</p> <p>Currently, staff relies on their supervisor’s experience and perceived client’s need to provide education and referrals to clients on available EBPs.</p> <p>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. An improved EBP reference sheet was completed by R&E and provided to all CWS and Probation staff.</p> <p>The topic of Implementation and use of EBPs will be placed as an ongoing agenda item at Juvenile Probation Unit meetings.</p>	

<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>A couple of evidence based trainings were provided in 2013 to DHHS and Probation staff, and also care providers and community partners. They included, Evidence Based and Promising Practices Orientation, held in November of 2013, and Evidence Based Interventions and Treatments, held in December of 2013.</p> <p>At this time it is planned that EBP trainings may increase to quarterly instead of biannually in future years in order to provide refresher training for DHHS and Probation staff, as well as care providers and community partners.</p> <p>Humboldt County DHHS Research and Evaluation Unit prepared an At-a- Glance document for EBPs used in the county for the CAPP Advisory Meeting and other tribal meetings. This is to be used to educate staff and partners.</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: Being explored further</p>
<p>This action step is still being explored by C&FS and Probation.</p> <p>Discussion is in progress on whether 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, 2013), is 61.3% compared to CSA/SIP Baseline (Qtr 3/Qtr 4, 2011) of 70.7%/77.2%, and Target Improvement Goal of 78.6%.

Probation (Quarter 4, 2013), is 33.3% compared to CSA/SIP Baseline (Qtr 3/Qtr 4, 2011) of 33.3%/42.9%, and Target Improvement Goal of 57%.

<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) meetings are held monthly to explore ways to create a forum for bringing together foster families, relatives, and NREFM care providers, as well as case workers and probation officers. One of the QPI objectives is to find ways for mentoring birth parents and train these participants in mentoring birth parents to strengthen their parenting skills in a variety of settings, such as family meetings and parent/child supervised visits. This topic has been discussed with College of the Redwoods Foster Kinship Program and the Youth Law Center during QPI convenings.</p> <p>QPI is continuing to promote 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 several 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>A Parent Education Summit was held in January 2014, coordinated by SOC representatives, 0-8 Mental Health Collaborative, Humboldt County Office of Education, First Five, and Humboldt Area Foundation. The focus was on reviewing existing parent education resources throughout the county, also identifying gaps and looking at potential models to expand this type of prevention/early intervention activity</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>
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The QPI continues to convene monthly through *Moving Forward Meetings* to promote resource family recruitment with assistance from the New Directions Foster Parent Association. Some recruitment examples include community-wide advertising (e.g. brochures and news ads) and hosting recruitment informational gatherings.

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.

There are currently 20 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.

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 72 licensed foster families in the county, which has not changed much in number over time. More foster families are needed and efforts are being made to recruit by the foster parent association. To better support prospective foster parents, a foster parent will assist the prospective foster parent through the process to become licensed.

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

Strategy 4: Improve identification and documentation of child/family strengths.

Strategy Rationale: Better reunification outcomes for children and families can be achieved by Identifying and documenting child/family strengths early on when report comes in and throughout the case and incorporated into case staffing, family meetings, court reports, and case plans in order to improve identification of resources, action steps, and delivery of services for children and families.

Current Performance Comparison: CWS (Quarter 4, 2013), is 61.3% compared to CSA/SIP Baseline (Qtr 3/Qtr 4, 2011) of 70.7%/77.2%, and Target Improvement Goal of 78.6%.

Probation (Quarter 4, 2013) is 33.3% compared to CSA/SIP Baseline (Qtr 3/Qtr 4, 2011) of 33.3%/42.9%, and Target Improvement Goal of 57%.

<p>A. Work with the local court system to change language in court reports to include child and family strengths.</p>	<p>Target date: July 2014 <u>2015</u> Status: deferred one year</p>
<p>This action step has been deferred to allow more time to work with the local court system and county counsel.</p>	
<p>B. Edit court report templates to include space for discussion of child and family strengths. Provide Spanish interpretation if needed.</p>	<p>Target date: July 2014 <u>2015</u> Status: deferred one year</p>
<p>This action step has been deferred to allow more time to edit the court report template in coordination with the local court system and county counsel.</p>	
<p>C. Train and coach staff to identify and document child/family strengths in case staffing, family meetings, and in case plans.</p>	<p>Target date: July 2014 <u>2015</u> Status deferred one year</p>
<p>This action step has been deferred to allow more time for training and coaching staff on identifying and documenting child/family strengths using the SOP model for case staffing, family team meetings, and case planning.</p>	
<p>D. Train and coach staff to improve identification and information gathering of child/family strengths at hotline level when report comes in.</p>	<p>Target date: July 2014 <u>2015</u> Status: deferred one year</p>
<p>This action step has been deferred to allow more time to improve identification and information gathering of child/family strengths at hotline level and then train and coach staff in the process.</p>	

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, 2013, is 14.1% compared to CSA/SIP Baseline (Qtr 3/Qtr 4, 2011) of 19.1%/32.2%, and Target Improvement Goal of 18.6%.

<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 and ongoing</p>
<p>This action step has been postponed to allow more time for planning and development on an ongoing basis. The CAPP project’s implementation of culturally responsive practice models and system-level changes support this action plan. 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>One of the SOC grant’s goals is to provide decentralized access to mental health clinicians and case managers that will work in remote areas of the county. A DHHS mental health clinician has begun providing services to the northern region of the county at the McKinleyville family resource center, in addition to the county’s satellite site at the Fortuna family resource center. DHHS is partnering with McKinleyville FRC and northern region stakeholders to develop a co-located office for integrated DHHS and community services. Similar work is happening in the Eastern region of the county.</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 that will implement the Core Practice Model Child and Family Team at the county level. This will involve more accessible decentralized wraparound services by an integrated Wrap team to children with high level needs and also expand wrap-like services to children in foster care or at risk of foster care placement who have mental health issues. The county also plans to increase 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/families in an integrated and holistic way.</p>	<p>Target date: December 2013 <u>August 2014 and ongoing</u> Status: Postponed and ongoing</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, 2013, is 14.1% compared to CSA/SIP Baseline (Qtr 3/Qtr 4, 2011) of 19.1%/32.2%, and Target Improvement Goal of 18.6%.

<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: In progress</p>
<p>Currently, the county is continuing to wait to receive new computers in the computer training lab for holding CWS/CMS trainings. In the mean time, case workers will continue to receive CWS/CMS training by email educational screen shots of step-by-step instructions, as well as desk guide procedures on CWS/CMS techniques, on an ongoing basis.</p> <p>The New/Change of Placement form has recently been revised to improve accurate data entry of placement changes and placement episode information in CWS/CMS.</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 quarterly review of performance outcomes and quality assurance system.</p> <p>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. Challenges to Future Implementation of Strategies/Action Steps

Humboldt County fares better than many other California counties in terms of more flexible funding; however, some of the county's main obstacles facing future implementation of SIP strategies and action steps relate to limited work force and financial resources to address 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, historic trauma) and due to the county's rural and remote geographic nature.

Further challenges are related to the implementation of a new practice model. Implementation science informs us that it takes three to five years to fully implement major changes to a system. While many of the SIP strategies directly correlate with implementing our practice model, unanticipated challenges will be experienced that will cause us to reevaluate and adjust, thus causing changes to our action steps and timeframes. Priorities may need to shift due to competing attention from other related initiatives as well.

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 outcomes being consistently below national standard or showing negative trends, with the exception of placement stability.

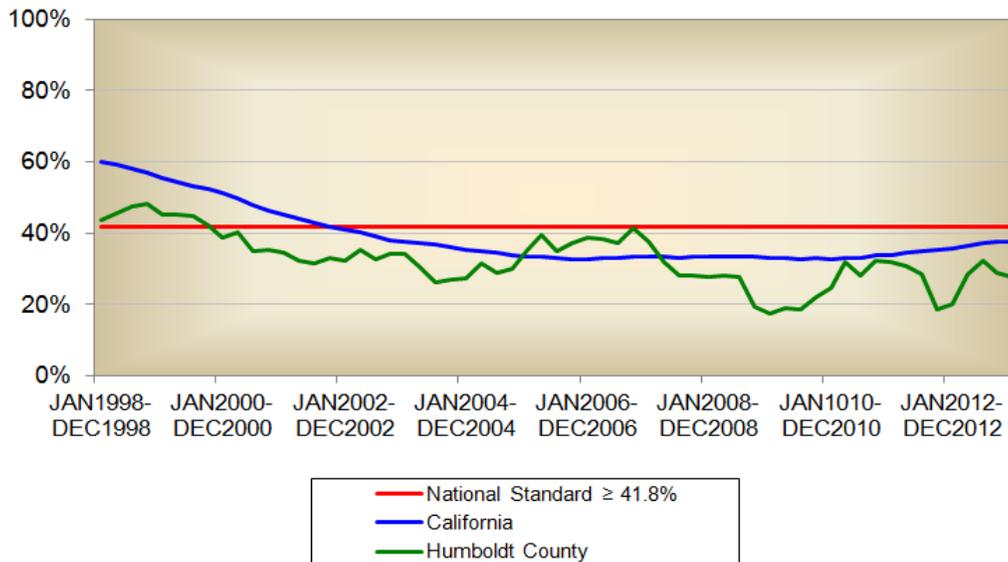
Placement stability is another outcome measure that shows a need for continual improvement. The percent of foster youth experiencing two or fewer placements while in care is the basis of this measurement. Outcome measure C4.3 (Placement Stability in Care At Least 24 Months) is one of the county's previous SIP goals, which has shown some improvement over the last several years, though still shows need for improvement.

CWS

The following chart shows Placement Stability outcome measure for Humboldt County CWS children in out-of-home care at least 24 months. Placement stability has been a challenge for CWS. Over the last 15 years, a general downward trend has occurred in this measure. Periods of improvement have occurred on occasion, particularly in 2005/06. Nonetheless, in the last several years, this measure's improvement has idled at a lower level than preferred. Due to the inconsistency in this outcome there continues the need for improvement.

Currently, the placement stability rate for two or fewer placements is 27.8% (20 out of 72 youth), which has not changed much since the CSA base line level (Qtr 3 2011) and the SIP base line level (Qtr 4 2011), and it is considerably below the national standard of 41.8% and the statewide rate of 37.7 percent. Fewer placement changes occur for younger children and those that are placed in Kinship homes.

**CWS Foster Youth Placement Stability
(In Care At Least 24 Months: Measure C4.3)
Annual Avg. on Quarterly Basis - January 1998 to December 2013**



Source: UC Berkeley CWS Outcome Summary
Q4, 2013 (03/27/2014)

CWS efforts to improve placement stability are being pursued through a variety of ways and are expected to continue during the five-year SIP. Key efforts include the following.

SOC grant implementation goals and Katie A. implementation improvements seek to promote more accessible wrap-like services to children that are hard to place due to mental health needs. As a result, Behavioral Health case managers will be trained to facilitate wrap-like meetings for families whose children are at risk of higher level care.

CWS is in the process of diversifying the purpose of family conferencing meetings by using Safety Organized Practice family team meetings to build upon the lessons learned from Team Decision Making in order to improve placement stability.

A dedicated half-time worker is assigned to do relative and extended family searches early in the case to establish family supports that can promote placement stability if needed.

Foster care behavioral health services for children and their families have been expanded to all CWS programs and provided by a co-located multi-disciplinary team. The next major step is to seek more accessible integrated and decentralized mental health services for children/families that would be provided by trained integrated teams assigned to different geographic areas of the county.

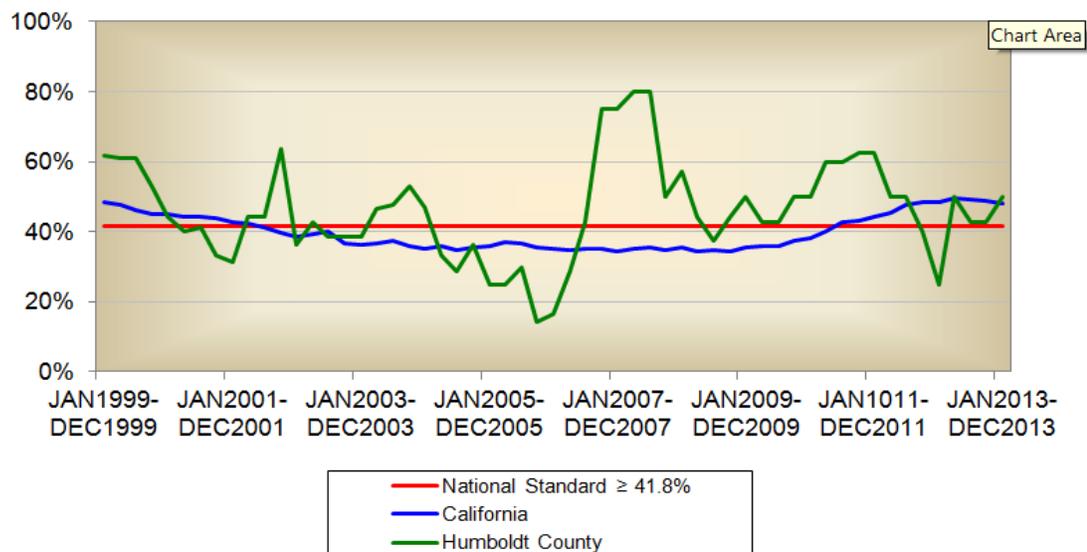
Finally, improvements are being made in recruitment, training and support of care providers to attract high quality skilled care providers that are capable of caring for more difficult to place children, such as older youth and fragile infants. A foster parent recruitment committee was recently formed in response to the county’s urgent need for more families willing to care for foster children. The Humboldt County Foster Parent Association has assisted with hosting a series of events and social functions geared toward informing, educating and recruiting prospective foster families.

Probation

The next chart shows outcome measure for Placement Stability with two or fewer placements in Humboldt County Probation. Improvement in placement stability has occurred since 2006 for probation youth in out-of-home placement. Periods of decline in this measure have occurred occasionally during this time period. Even though placement stability has decreased from its peak at 80% in 2007 to 50% (2 out of 4 youth) in 2013, it is still higher than the current national standard of 41.8% and statewide rate of 48.2 percent.

The longer a youth needs to stay in out-of-home placement, the more placement changes are likely to occur likely due to the youth’s higher needs. 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 2013 represents a total of four Probation youth in out-of-home placement, with the greatest stability occurring in Kinships and group home placements.

**Probation Foster Youth Placement Stability
(In Care At Least 24 Months: Measure C4.3)
Annual Avg. on Quarterly Basis - January 1998 to December 2013**



Source: UC Berkeley CWS Outcome Summary
Q4, 2013 (03/27/2014)

A variety of Probation practices and strategies are in place to improve outcomes in this area, many which parallel CWS activities, 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.

Probation routinely meets monthly contact standards. Nevertheless, Probation continues to closely monitor monthly contacts data because periodically data reports indicate a decline in this area. This is most often caused by data entry errors pertaining to removal and start/stop dates, as well as youth whose whereabouts are unknown. Data entry errors are corrected to accurately reflect case progression.

6. Other Successes, Promising Practices, and Initiatives

Newly Implemented Evidence-Based Practices

The following EBPs are in the implementation process and 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. Staff have been certified for A-CRA /ACC.

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.

SafeCare

Since 2012 DHHS has combined Public Health Nursing (PHN) Home-Visit Case Management services (previously known as the Alternative Response Team) with the

SafeCare parenting training curriculum. Supervising public health nurses and community health outreach workers were trained in SafeCare by the Georgia State University Research Foundation and SafeCare staff certification has been completed. The next step will be to delineate the SafeCare referral process and how best to connect this service to the local Tribes.

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, also adolescent parents or parents who lack social support, resources, parenting strategies. 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 about one hour home visits per week for 18-20 weeks. It is staffed by two public health nurses and seven community outreach workers. It is anticipated that there will be 60 cases by the end of 2014.

SafeCare practice complements 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.

A SafeCare Evaluation Plan has been developed and is 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 has been provided and continues to be 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. There are two mental health clinicians fully trained as trainers in the TIP model. The TIP Progress Tracker database is set up to review behavioral health outcomes and maintain fidelity with the TIP model. 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, as follows.

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 so far in the county’s existing project initiatives and strategic plans in order to expand and sustain the system of care values and principles that address the needs of children and their families with serious mental health conditions. The project’s Core Team that is made up of DHHS Staff, youth and family members and continues to meet weekly. The larger Central Team, which includes DHHS Staff, youth, family, and community partners, continues to meet monthly.

The SOC project is will expand to the different regions of Humboldt County. A senior program manager and administrative analyst are dedicated 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):**
 - Child & Adolescent Needs & Strengths (CANS) Assessment Tool utilization
 - Evidence Based Practices utilization (e.g. TIP, A-CRA, and Wrap)
 - Integrated Therapeutic Foster Care (ITFC) partial funding by Medi-Cal
 - Regionalized services and decentralized access to services to four corners of county
- **Cultural & Linguistic competency (Goal 2):**
 - Latino community outreach and feedback
 - Tribal community outreach and feedback
 - Culturally and linguistically competent staff (Grow Our Own)
- **Integration with Health Care Reform Across a Continuum of Care (Goal 3):**
 - Health Care Reform state implementation plan to subcontract with Beacon Health Strategies to provide services for mild to moderate mental health needs and counties will continue to provide higher need/specialty mental health services.
- **Replication and Dissemination (Goal 4):**
 - Humboldt County SOC presentations were made to California Institutes for Mental Health’s (CIMH) annual EBP symposium in April of 2013.
 - A statement of purpose was created for the SOC project, now called Humboldt BRIDGES Partnering for Children & Families to help with social marketing efforts.

- **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 annual Technical Assistance Site Visits conducted in the Spring.
- Work groups have been formed to promote cross system coordination initiatives and as a follow up to the Parent Education and Support Initiative in collaboration with the schools, public health, family resource centers, and also youth/ family and community advocates. Also SOC representatives are continuing to meet 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):**

- DHHS staff have taken a survey to assess the current level of trauma informed services and the degree to which a trauma informed system exists. The results of this survey will help the Chadwick Center provide technical assistance and guide the county in implementing an appropriate trauma informed screening tool.

- **Family Driven/Youth Guided (Goal 7):**

- HCTAYC staff and Youth Advisory Board have attended the California Mental Health Advocates for Children and Youth in May of 2014.
- California Youth Connection contract approved by county Board of Supervisors to provide youth advocacy services related to mental health/substance abuse issues. Also, DHHS is working with Youth in Mind (YIM) to create a new contract scope of work for additional support and coaching for HCTAYC.

- **Infant/Child Mental Health (Goal 8):**

- Three-hour training on Infant Mental Health was provide in May of 2014 to a broad range of professionals from a variety of disciplines. Follow-up trainings are being explored.

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 Native American and African American children in foster care. Of the four counties in this grant for California, Humboldt is focusing on the disproportionality of Native American children in foster care. As of May 2014, 40% of the children in foster care in Humboldt County are Native American.

A county request for proposal to do a system review went out in February of 2014. The 15 case reviews recently completed will help inform the system review parameters.

Some of the planning activities resulting from CAPP so far include:

- Regular case staffing have been ongoing with both the Yurok and Wiyot Tribes to enhance communication between social workers, their supervisors, and the Tribal Social Services social workers.
- The local CAPP project manager and CAPP project team members participated in several CAPP programmatic activities, including weekly CAPP project planning

- conference calls, monthly CAPP/PII implementation support technical assistance conference calls, and twice monthly CAPP Project Management conference calls.
- Local CAPP Advisory Committee meetings were held almost monthly with DHHS staff, CAPP project team members, and community and Tribal stakeholders.
 - The local CAPP Implementation Team, the cultural coaches, and the first two implementing cohorts met bi-weekly in the “Get Started, Get Better” meetings.
 - Planning meetings for the cultural training occurred monthly involving the CAPP Implementation Team, as well as tribal partners.
 - The CAPP Implementation Team held a planning meeting March of 2014 for the 23 Practice Behaviors orientation.

DHHS is drafting a scope of work contract with a mental health liaison to help establish a local family organization similar to how HCTAYC functions for youth. This organization will help to bridge local groups, such as National Alliance for the Mentally Ill (NAMI), United Advocates for Children and Families (UACF), and other parent organizations to expand the knowledge of resources community-wide and how to advocate for the need of children and families.

UACF has established a Humboldt Core Group for the local chapter and is actively looking for parents, caregivers and family members to join and start attending our support groups and trainings. UACF continues to have welcome meetings for new members and will be beginning a weekly support group at Bear River Rancheria Tish-Non Village Community Center.

Probation EBP Project and Quality Assurance Program

In September 2011 Probation was awarded a two-year EBP grant effective October 2011 to September 30, 2013. The grant period was extended to June 30, 2014. 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. The Department’s July 2nd 2012, rollout of the Juvenile and Adult Management System (JAMS) heightened 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. Addressing a youth's criminogenic needs, in turn, improves the youth's overall outcomes. 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. The report was completed in the Fall of 2012. The recommendations in the assessment report 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 continue to be 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). 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 continues to meet bi-weekly to facilitate the implementation of EFC. Draft EFC policies and procedures are being reviewed by the work group and a tracking sheet of eligible EFC youth is being used by the work group to monitor progress of EFC youth.

As of the end of April 2014, the county has 38 youth *eligible* for extended foster care (29 CWS and 9 Probation), of which 33 of the youth *chose* to continue in extended foster care (28 with CWS and 5 with Probation). So far, six probation youth have transitioned to CWS jurisdiction and one youth transferred from another county after one year of residency. In addition, there is one youth in non-related non-dependent legal guardianship receiving extended benefits and three youth receiving extended AAP benefits. Also, four NMD youth from other counties are being given courtesy supervision by Humboldt County.

Katie A. Court Settlement Implementation Plan

The county’s SOC team is addressing the Katie A. Court Settlement Agreement. So far an eligibility sheet has been developed to assist with tracking children/youth who are members of the Katie A. subclass. Two reports are produced monthly, one describes subclass specifics and the other tracks the number of subclass members added and discontinued. In addition, forms and draft policies and procedures have been created to track eligibility, authorization of services, development and updating of service plans, clients declining services, clients declining or losing eligibility and the distribution of subclass information to staff.

Several SOC goals intersect with Katie A. court implementation improvements and the Core Practice Model, all of which 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), Strategy 2A (refer to page 29 of this page) is to improve reentry following reunification by addressing Katie A. implementation improvements, discussed.

Given the multitude of Humboldt County initiatives and state/federal mandates, 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.

Performance of Targeted Outcome Measures

The following is a comparison between the most current performance of the priority outcome measures (Quarter 4, 2013) and the baseline performance during the County Self Assessment (CSA) in Quarter 3, 2011, and also the SIP in Quarter 4, 2011. Other comparative measures taken into account are the national standard and the county's targeted goals.

Some improvement is shown in the outcome measure No Recurrence of Maltreatment, little improvement is shown in Reunification Within 12 Months, and the most improvement is shown in Reentry Following Reunification.

<p>Priority Outcome Measure: S1.1 No Recurrence of Maltreatment</p> <p>National Standard: 94.6% Target Improvement Goal: 97% CSA/SIP Baseline Performance (Qtr 3/Qtr 4, 2011): 90%/96%</p> <p>Current Performance (Qtr. 4, 2013): 94.2%</p>
<p>Priority Outcome Measure or Systemic Factor: C1.1 Reunification Within 12 Months (exit cohort)</p> <p>National Standard: 75.2% Target Improvement Goal: CWS 78.6% and Probation 57% CSA/SIP Baseline (Qtr 3/Qtr 4, 2011): CWS 70.7%/77.2% and Probation 33.3%/42.9%</p> <p>Current Performance (Qtr. 4, 2013): CWS 61.3% and Probation 33.3%</p>
<p>Priority Outcome Measure or Systemic Factor: C1.4 Reentry Following Reunification</p> <p>National Standard: 9.9% Targeted Improvement Goal: 18.6% CSA/SIP Baseline Performance (Qtr 3/Qtr 4, 2011): 19.1%/32.2%</p> <p>Current Performance (Qtr. 4, 2013): 14.1%</p>

The following section describes the status of all the strategies and action steps related to the three priority outcome measures scheduled to start and/or be completed by the time of finalizing this SIP Progress Report (August 2014).

Note: Shaded areas represent action steps targeted for start-up, progress, or completion during 2014.

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

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

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-December 2013 <u>July 2015</u>	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

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 1: Increase the knowledge of birth families, care providers, partners, and agency staff about the effects of trauma on behavior and wellbeing	<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. Provide training to every <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.	Training for employees by July 2013	C&FS and Probation administration in partnership with the DHHS Training Education & Supervision Unit
B. Provide trauma informed therapy to the entire family at the beginning of the case.	July 2014 and ongoing	C&FS mental health clinicians
C. Evaluate results since implementation to see if there is an increase in knowledge of trauma and its effect on time to reunification.	July 2016 and ongoing	C&FS and Probation program managers and analysts

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 <u>and ongoing</u>	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

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

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 <u>2015</u>	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 <u>2015</u>	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 <u>2015</u> 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 <u>2015</u> 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

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

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

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

